



*cutting through complexity*

## FINAL REPORT

# Keep them Safe Interim Review: Location Based Evaluation

Department Premier and Cabinet

December 2012

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## Executive summary

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### Keep Them Safe - Background to the reforms

In 2007, the Hon James Wood AO, QC was commissioned by the New South Wales (NSW) Governor to lead a Special Commission of Inquiry (the Inquiry) into child protection services in NSW. The purpose of this Inquiry was to determine the level of change required to the current child protection system in order to cope with the increasing level of demand that is arising. In November 2008, the Inquiry delivered its findings. These findings took a holistic view of the needs of children, young people and their families, and were founded on the principle that child protection in NSW was to be the collective responsibility of the whole of government and the community.

### The KTS Action Plan

In response to the recommendations outlined in the report, the NSW Government released “Keep Them Safe: A shared approach to child wellbeing” (KTS) which endeavours to support and protect vulnerable children through the collaboration of government and non-government organisations (NGOs). The goal of the KTS reforms, as outlined by the NSW Government, is to ensure that “all children in NSW are healthy, happy and safe, and grow up belonging in families and communities where they have opportunities to reach their full potential.”<sup>1</sup>

The KTS Action Plan<sup>2</sup> has 186 actions. Some of these are new initiatives arising from the recommendations of the Wood Inquiry, whilst others are adjustments to, or the expansion of, existing programs, and others involve the roll-out of federal programs at the state and local level. KTS is a complex schedule of reforms, which extends beyond traditional child protection boundaries. KTS spreads across multiple program areas in both the government and non-government service systems.<sup>3</sup>

In order to support the implementation of KTS, the Government provided a \$750 million package of funding over five years to provide for services delivered by NGOs, the expansion of prevention and early intervention services, increased support for Aboriginal children, young people and their families, and funding to support children and young people entering out of home care.

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<sup>1</sup> Department of Premier and Cabinet (2012), *Principles supporting Keep Them Safe* (webpage), accessed May 2012, <[http://www.keepthemsafe.nsw.gov.au/about/principles\\_supporting\\_kts2](http://www.keepthemsafe.nsw.gov.au/about/principles_supporting_kts2)>

<sup>2</sup> Department of Premier and Cabinet (2009), *Keep Them Safe: A shared approach to child wellbeing*, NSW Government: Sydney, accessed 21 May 2012, <[http://www.dpc.nsw.gov.au/\\_data/assets/pdf\\_file/0004/57145/Keep\\_Them\\_Safe.pdf](http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0004/57145/Keep_Them_Safe.pdf)>

<sup>3</sup> Department of Premier and Cabinet (2009), *Keep Them Safe: A shared approach to child wellbeing*, NSW Government: Sydney, p. 4, accessed 21 May 2012, <[http://www.dpc.nsw.gov.au/\\_data/assets/pdf\\_file/0004/57145/Keep\\_Them\\_Safe.pdf](http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0004/57145/Keep_Them_Safe.pdf)>

## The KTS Interim Review and Location Based Evaluation

The KTS Interim Review is being undertaken as an initial assessment of the progress of the reforms in line with the actions identified within the KTS Action Plan<sup>4</sup>. It proposes six inter-linked strategies for assessing current progress towards the overall goals of KTS. The Location Based Evaluation forms one of these strategies.

The Location Based Evaluation was undertaken in three locations (Liverpool, Newcastle and Tamworth) and assesses the extent to which, by 2012, KTS is:

- strengthening the continuum of services available to vulnerable and at-risk children, young people and families
- building workforce capability, capacity and a culture of collective responsibility (that child protection is everyone's business)
- achieving coordination, collaboration and effective information exchange amongst all those working with children, young people and families
- influencing knowledge, understanding and practice change among mandatory reporters
- improving the response to children and young people at risk of significant harm, and to particular cohorts, including Aboriginal children and families and young people.

## Key findings

The following discussion sets out the key findings with respect to the Location Based Evaluation questions.

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### Which KTS reforms and programs have been implemented in each location, and which are considered most important by service providers/users in these locations?

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A range of reforms and new/enhanced programs have been implemented in the three locations: legislative change authorising agencies and NGOs to share information and raising the threshold for mandatory and voluntary reporting to Community Services; introduction of new intake and referral pathways (such as the Child Wellbeing Units (CWUs) and Family Referral Services (FRS); initiatives to build workforce capacity to support children and families; strengthening of universal services, early intervention response, specialist services and support to children in care; changes to court services; and changes to the Aboriginal service responses.

Those that have made the most difference to service providers are the Chapter 16A provisions of the *Children and Young Persons (Care and Protection) Act 1998* authorising information exchange, and the introduction of the CWUs.

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<sup>4</sup> Keep Them Safe Evaluation Steering Committee n.d. *Keep Them Safe – A shared approach to child wellbeing Interim Review Plan*, Keep Them Safe Senior Officer's Group, NSW Government: Sydney.

Chapter 16A was consistently cited among the reforms that have had the greatest impact on service providers' capacity to respond to vulnerable and at-risk children and young people. The increased focus on information exchange, and the legislative authority underpinning this, were helpful and necessary to improve responses to children and families. Information sharing is also an essential building block for coordination and collaboration as it enables the notion of collective responsibility and supports better identification of cumulative harm.

The CWUs were identified as a major contributor to behaviour change among mandatory reporters: CWU advice and support has contributed to better understanding of risk and vulnerability, critical thinking about how best to support families, stronger understanding of 'who else is involved in the case' (enabling stronger collaboration around the family), greater confidence in working with a more complex cohort of families, and better responses for families where risk of significant harm is not present.

Clients were not asked about the reforms themselves, but rather the characteristics of services which most made a difference to them. The elements that were most important for parents, carers and young people were the strength of the relationship with their caseworker (influenced by the degree to which the caseworker was supportive, understood their situation, listened to their views and was genuinely interested in supporting change for the family), timeliness of support, and the capacity to access other required services and supports. These are characteristics that services – at all points of the continuum – can apply to support best possible outcomes for children and families.

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### **To what extent has the implementation of KTS influenced the availability and capacity of services and continuum of supports for children, young people and services?**

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Overall, KTS has extended the range of services across the continuum. Many of these – for example, Rural New Street, Whole Family Teams and additional funding for Aboriginal and Home School Liaison Officers – are offering valuable support to children and families.

However, while improving the service system in pockets, these efforts have not consistently strengthened the capacity to respond to children and families of varying levels of complexity and risks.

There is a significant gap in terms of agency capacity and (in some cases) capability to respond to two cohorts of children and families:

- those who require early intervention services (such as Brighter Futures) but are unable to access an appropriate response
- those who are considered either too complex to be supported by early intervention programs, but whose risk level is not sufficient to warrant statutory intervention; or those at risk of significant harm who are not allocated for follow-up by Community Services.

Restrictive program guidelines and eligibility criteria (which limit service access to particular age groups, levels of client complexity or risk factors) can also offer challenges.

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## **How has KTS influenced local practice and systems, including the capacity of government agencies and NGOs to provide a coordinated response? What factors have enabled and detracted from change in this area?**

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Collaboration and coordination has shown gradual improvement since the implementation of KTS. Change is dependent on services' understanding of KTS, the degree of commitment to collective responsibility, the extent to which professionals are making active use of Chapter 16A, and the degree of exposure to KTS initiatives, with an emphasis on strong coordination and collaboration.

Shared governance has been strengthened by greater use of joint planning and service system development, shared training, and use of shared protocols and procedures among agencies involved with children and families.

There are some good examples of collaborative practice and coordinated service delivery. Specific investment, for example in dedicated positions such as out-of-home care Health Coordinator roles, was reported to have supported the capacity for greater coordination and collaboration in service delivery.

CWUs are reported to be particularly valuable in influencing collaborative practice in children's best interests. There is, however, further opportunity to ensure information held by the CWUs is fully utilised to inform Community Services' decision-making and to enable alternative support options for children who remain unallocated. An ongoing focus on coordination and communication across CWUs and between the CWUs and Community Services will continue strengthen their role in supporting collaborative practice.

The FRS was also noted as valuable service for NGOs and Independent and Catholic Schools that may not have a strong understanding of the local service system and are seeking to link children and families into an appropriate early intervention response.

There was widespread agreement that the information sharing provisions of Chapter 16A have greatly improved the potential for collaboration.

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## **How has KTS influenced workforce capacity (within government and non-government services) and cultural change? What factors have enabled and detracted from change in this area?**

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Under KTS, some reasonable steps have been taken to enable workforce capability, including: offering education, information and training sessions; creating dedicated positions; and developing tools/resources for the workforce, such as the Mandatory Reporting Guidelines (MRG) and CWUs.

As an outcome, a greater proportion of the workforce is now demonstrating an understanding of child wellbeing, including what constitutes a child protection concern, and capability to identify risk and implement appropriate responses.

The most significant change has occurred with respect to child-focused sectors, with adult services perceived to be slower to change. Further, failure to implement the *Keep Them Safe Workforce Development and NGO Capacity Building Plan* or offer NGOs access to the CWUs was seen as an impediment to building the capacity and capability of NGOs (and Independent and Catholic schools).

Stakeholders were unable to comment on any strategies implemented through KTS to address the challenges associated with recruiting and retaining a suitably qualified workforce. This is a particular challenge for Community Services: with staff vacancies – either of a temporary or longer term nature - continue to compromise direct case work capacity.

KTS is creating a shift towards collective responsibility. Individuals, professionals and agencies were reported to be more aware of their responsibilities to vulnerable children and more willing to support vulnerable children and families, beyond reporting to the Helpline.

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### **What is the current status of reforms among mandatory reporters? Consider both knowledge of the reforms and practice.**

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Following the change in reporting threshold, there is generally strong awareness and understanding of the MRG, and the behaviour of mandatory reporters is changing. Mandatory reporters appear to be making good use of the MRG, correctly identifying risk of harm and contacting the CWU about cases below the threshold.

NGOs, Independent and Catholic Schools appear to be at a disadvantage in terms of their capacity to respond to those below the risk of significant harm (ROSH) threshold by not being able to access the advice and support of the CWUs.

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### **Has KTS investment improved capacity to address the needs of children and young people at risk of significant harm? How and to what effect?**

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There has been no substantive change in Community Services' capacity to respond appropriately to children who meet the ROSH threshold. Whilst the total number of reports received by Community Services has decreased, without substantive changes in practice – to ensure more time is spent engaged in direct case work with children and families - and the filling of staff vacancies, Community Services does not have the capacity to allocate more cases for follow-up.

Community Services has implemented multiple strategies to ensure that those at greatest risk are prioritised. Despite significant efforts, this has not resulted in a significantly higher absolute number of reported cases receiving an adequate response. Rather, a significant number of cases that meet the threshold are reportedly being closed. While some children and young people may receive an alternate response, this is dependent on the capacity for Community Services to engage mandatory reporters at the point of closure, the strength of the relationship between the family and mandatory reporter, and the individual capacity and capability of the mandatory reporter to remain involved.

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## **Has KTS improved capacity to respond to the needs of identified population groups, such as vulnerable older children and adolescents, and Aboriginal children, young people and their families? How and to what effect?**

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KTS has minimal impact on capacity to respond to vulnerable older children and adolescents. Services for this cohort continue to be a critical gap in the service continuum, not least because programs often prioritise younger children. Two KTS-funded programs – additional Home School Liaison Officers (HSLOs)/Aboriginal School Liaison Officers (ASLOs) and Rural New Street (operating in some locations) – were cited as having made a difference to the needs of older children and adolescents. In addition, some non-KTS initiatives (such as the introduction of Headspace) are supporting, or will support, an improved response for this cohort. Beyond these services, there are very limited support options for older children and adolescents.

KTS has made little progress towards an improved response to Aboriginal children, young people and families. This reflects very limited additional investment for Aboriginal specific services (although noting ‘pockets’ of investment are contributing to improved outcomes for families) and that the majority of mainstream organisations remain in the early stages of demonstrating cultural proficiency and genuine engagement with Aboriginal organisations to support child and family needs.

Whilst there are some good examples of collaborative practice between mainstream and Aboriginal organisations, this is far from routine or systemic. There are few referrals from Aboriginal agencies to mainstream services, and there is limited evidence that mainstream organisations are seeking secondary assessment and advice from Aboriginal agencies to support more appropriate service responses.

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## **What are the key factors that have influenced the capacity for KTS to achieve its objectives?**

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Several factors have influenced the extent to which KTS has achieved its objectives.

The most significant barriers relate to the nature of the investment in the service continuum, including the extent to which the balance at all points in the continuum is right to enable earlier intervention and stem child protection demand; a continued lack of capacity for Community Services to respond to reports of ROSH given existing practices; restrictive guidelines and eligibility criteria which may limit access to those who need services most; the extent to which universal services (required to support children’s development) have been adapted to reach more vulnerable children and families; and the limited focus on and funding for NGO workforce capability building, to enable the needs of more vulnerable children to be met.

The most significant enablers of change – according to the evidence gathered under this project – are Chapter 16A, which has created the authorising environment for information exchange; genuine collaboration around families and stronger capacity to identify cumulative harm; the CWUs, which have strengthened the capacity for professionals to support vulnerable families; the emerging culture of collective responsibility; and the range of dedicated positions

embedded in the workforce (such as the out-of-home care Health Coordinator) that have influenced workforce knowledge of child and family needs, streamlined access to services and promoted a better service response.

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### **What data should be collected to report against Population Outcome Indicator items 5 (c) and 9 (a) (i)-(iv), and how should it be collected and analysed?**

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The evaluation was asked to identify proposed measures and data requirements to assess progress towards the following indicators:

- Aboriginal communities report increased participation in the protection and wellbeing of Aboriginal children and young people.
- Increased number of vulnerable and at risk families who report that they: consider targeted support services to be relevant to their needs; found services to be accessible and appropriate; consider systems and services to be responsive and timely; and consider that services are culturally appropriate and inclusive.

With respect to the first indicator, *genuine consultation and engagement with Aboriginal stakeholders and institutional support to enable Aboriginal stakeholders to participate in decision-making*, were identified as important. On this basis, the measures of progress towards this indicator have been developed, comprising:

- a number of interim measures (e.g. provision of support for Aboriginal stakeholders to engage in decision-making or evidence of mainstream services dedicating time to build relationships with Aboriginal stakeholders) that will act as proxies of progress, and will contribute to good performance against the longer term measures
- a number of longer term measures, which emphasise the importance of Community Services, universal, early intervention and tertiary services consulting with Aboriginal stakeholders, with respect to both vulnerable children and families and those at risk of significant harm.

As a basis to collect data against these measures, a mixed methods approach has been proposed, comprising consultation with members of the Aboriginal Consultation Advisory Panels; reviews of Community Services' case files; reviews of prevention, early intervention and tertiary services' case files; and engagement of Aboriginal stakeholders across the government, non-government and community controlled sectors in community forums.

The second indicator is designed to assess the perceptions of vulnerable and at-risk families about service provision. The proposed measures take into account the known dimensions of effective service delivery; client perspectives about what is meaningful for them, in the context of receiving services; and the views of professional stakeholders.

A range of measures have been proposed for each dimension of effective service delivery. For example, as a basis to assess relevance, proposed measures include the extent to which services

listened, considered their needs, reflected the needs of parents and children, helped them to achieve their personal goals and were adapted to their needs.

As a basis to reduce the burden of information collection for both agencies and clients, wherever possible, reporting against this indicator should draw on routine quality processes, with client feedback data collected through existing quality audits. Where this is not considered to be feasible, telephone interviews could be conducted with a random selection of clients.

## Abbreviations

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ACWA	Association of Children’s Welfare Agencies
AECGs	Aboriginal Education Consultative Groups
AMIHS	Aboriginal Maternal and Infant Health Strategy
ASLO	Aboriginal School Liaison Officer
CALD	Culturally and Linguistically Diverse
CSC	Community Services Centre
CSGP	Community Services Grants Program
CWU	Child Wellbeing Unit
DAA	Department of Aboriginal Affairs
DAGJ CS	Department of Attorney General and Justice – Corrective Services
DAGJ JJ	Department of Attorney General and Justice – Juvenile Justice
DEC	Department of Education and Communities
EIPP	Early Intervention and Placement Prevention
FaCS -ADHC	Department of Family and Community Services – Ageing, Disability and Home Care
FaCS – CS	Department of Family and Community Services – Community Services
FCM	Family Case Management
FRS	Family Referral Service
HNE Health	Hunter New England Local Health District
HSLO	Home School Liaison Officer
ICD	Interagency Case Discussion

IFBS	Intensive Family Based Services
IFS/IFP	Intensive Family Support / Intensive Family Preservation
JIRT	Joint Investigation Response Team
LGA	Local Government Area
MRG	Mandatory Reporter Guide
NGO	Non Government Organisations
RIG	Regional Implementation Group
ROSH	Risk of Significant Harm
RTO	Registered Training Organisation
SARA	Safety Assessment and Risk Reassessment
SAY	Safe Aboriginal Youth
SDM	Structured Decision Making™ Tool
WAM	Weekly Allocation Meeting
WFT	Whole Family Team

## Glossary

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<b>Capacity</b>	The resources available to services and agencies.
<b>Capability</b>	The skills and knowledge of the service/agency and its staff.
<b>Coordination</b>	Coordination refers to collaborative service delivery to children, young people and their families. It involves the use of a care team approach including joint assessment, joint planning and joint casework among services involved with children, young people and families.
<b>Impact</b>	Impact is taken to mean the achievement of, or progress towards, the overall KTS outcomes. This is measured by examining and understanding change. Particular focus is placed on understanding change in the areas of workforce and culture, practice and systems.
<b>Partnerships</b>	Formal arrangements between services and/or agencies to deliver services and supports.
<b>Success</b>	Success refers to the achievement of Keep Them Safe outcomes in whole or the achievement of milestones or 'actions' as described in <i>Keep Them Safe: A shared approach to child wellbeing</i> .
<b>Wider child protection system</b>	<p>The <i>Keep Them Safe: A shared approach to child wellbeing</i> indicates that child protection consists of more than Community Services. Rather, it comprises multiple government agencies and services and the broad range of community services provided by NGOs.</p> <p>Services that form part of the wider child protection system have responsibility for providing universal services, early intervention services and statutory child protection services to children and families.</p>

# 1 Introduction

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A Special Commission of Inquiry into Child Protection Services in New South Wales (the Inquiry) was established in 2007, in response to the number of cases of child death through abuse and neglect.

The purpose of the Inquiry, which was conducted by the Hon James Wood AO, QC, was “to investigate changes needed in the child protection system to provide more effective services to protect children and to meet future levels of demand.”<sup>5</sup> The Inquiry handed down its findings (the Wood Report) in November 2008. The Wood Report made 111 recommendations, underpinned by a number of principles focussing on collective responsibility; improved systems and ways of working; and improved, more holistic and needs-based service delivery.<sup>6</sup>

“Keep Them Safe: A shared approach to child wellbeing” (KTS) was the NSW Government’s response to the recommendations in this Report.

In June 2012, the Department of Premier and Cabinet (DPC) NSW commissioned KPMG to undertake a Location Based Evaluation of KTS, as one component of the KTS Interim Review. The evaluation assesses the extent to which, as of 2012, KTS is contributing to its objectives with respect to: strengthening the service continuum; building workforce capability, capacity and culture; coordination and collaboration; information exchange; influencing practice change among mandatory reporters; and improving the response to children and young people at risk of significant harm, and to particular cohorts, including Aboriginal children and families and young people.

The evaluation adopted a qualitative, location based approach, considering the implementation and impact of KTS in three locations – Liverpool, Newcastle and Tamworth. This involved the collection of data from approximately 240 people involved in the reforms – including agency leaders, frontline staff, Aboriginal service providers, Aboriginal Elders, service users and other key informants – and analysis of documentation generated by the Special Commission of Inquiry and the range of agencies involved in KTS.

This report provides an overview of the evaluation findings. The evaluation is of the changes to the system three years after commencement of the roll-out of the reforms.

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<sup>5</sup> Department of Premier and Cabinet (2009), *Keep Them Safe: A shared approach to child wellbeing*, Department of Premier and Cabinet: Sydney, accessed 21 May 2012,

<[http://www.dpc.nsw.gov.au/\\_data/assets/pdf\\_file/0004/57145/Keep\\_Them\\_Safe.pdf](http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0004/57145/Keep_Them_Safe.pdf)>

<sup>6</sup> State of NSW through the Special Commission of Inquiry into Child Protection Services in NSW 2008, *Report of the Special Commission of Inquiry into Child Protection Services in NSW: Vol 1.*, NSW Government: Sydney, accessed 24 May 2012,

<[http://www.dpc.nsw.gov.au/\\_data/assets/pdf\\_file/0010/33796/Volume\\_1\\_-\\_Special\\_Commission\\_of\\_Inquiry\\_into\\_Child\\_Protection\\_Services\\_in\\_New\\_South\\_Wales.pdf](http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0010/33796/Volume_1_-_Special_Commission_of_Inquiry_into_Child_Protection_Services_in_New_South_Wales.pdf)>

## 1.1 Keep Them Safe

The goal of KTS as outlined by the NSW Government is to ensure that “all children in NSW are healthy, happy and safe, and grow up belonging in families and communities where they have opportunities to reach their full potential”.<sup>7</sup>

To achieve this goal, KTS included a \$750 million package of funding over five years, providing for supports, programs and initiatives across seven action elements:

- 1 **The universal service system** – a strong universal service system for all children in the community, providing essential education, healthcare and support for parents.
- 2 **Strengthening early intervention and community-based services** – enhanced early intervention and community-based services to support children and families in the community and prevent children from entering the child protection system.
- 3 **Better protection for children at risk** – a streamlined statutory child protection system focusing on children at greatest risk.
- 4 **Changing practices and systems** – better systems to link families to the right services, and improved coordination and information sharing.
- 5 **Supporting Aboriginal children and families** – improving the support available to Aboriginal children, young people and families recognising the often complex and high needs of this group.
- 6 **Strengthening partnerships across the community services sector** – working better with the non-government sector, workforce and cultural change to encourage stronger partnerships, and an enhanced role for the non-government sector in service delivery.
- 7 **Delivering the plan and measuring success** – monitoring the Action Plan for KTS to ensure actions are delivered and the desired outcomes for children, young people and their families are achieved.<sup>8</sup>

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<sup>7</sup> Department of Premier and Cabinet (2012), *Principles supporting Keep Them Safe* (webpage), accessed May 2012, <[http://www.keepthemsafe.nsw.gov.au/about/principles\\_supporting\\_kts2](http://www.keepthemsafe.nsw.gov.au/about/principles_supporting_kts2)>

<sup>8</sup> Department of Premier and Cabinet (2009), *Keep Them Safe: A shared approach to child wellbeing*, NSW Government: Sydney, accessed 21 May 2012, <[http://www.dpc.nsw.gov.au/\\_data/assets/pdf\\_file/0004/57145/Keep\\_Them\\_Safe.pdf](http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0004/57145/Keep_Them_Safe.pdf)>

## 1.2 KTS Interim Review

KTS includes a commitment to the ongoing monitoring, evaluation and review of the individual components of the KTS Action Plan and the reforms as a whole.<sup>9</sup>

The KTS Interim Review<sup>10</sup> was developed as an initial assessment of the progress of the reforms in line with the actions identified within the KTS Action Plan. The Interim Review aims to describe the delivery of KTS to date, determine the degree to which the early stage goals of KTS have been achieved, analyse the impact of KTS implementation (particularly focusing on workforce practice and systems), learn about the drivers or inhibitors of change and progress, identify areas (be they geographic, issue or population) that require more targeted work, investigate the degree to which the conditions for achieving the overall outcomes of KTS are in place, and provide, for specific indicators, a baseline of information against which future change can be measured.<sup>11</sup> It has a particular focus on workforce and cultural change, and practice and system changes, as these have been identified as the likely first points of change in the system.

The Interim Review also aims to examine the differential effects that KTS is having on specific population groups – for example, Aboriginal children, young people and their families, and children and young people in the out-of-home care system. Draft and Final Interim Review reports will be developed by the DPC KTS Implementation Group in late 2012.

To achieve these goals, the Interim Review seeks to answer the following specific questions:<sup>12</sup>

1. To what degree is the universal system stronger and more extensive?
2. Have early intervention services been enhanced?
3. Are early intervention services supporting children and parents in the community?
4. Are workers engaging with the Mandatory Reporter Guide and the new reporting threshold so that the statutory child protection system is more streamlined and focussed on children at greatest risk?
5. Have out-of-home care and children's court processes improved?
6. To what degree is there coordination and information sharing amongst agencies?

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<sup>9</sup> Department of Premier and Cabinet (2009), *Keep Them Safe: A shared approach to child wellbeing*, Department of Premier and Cabinet: Sydney, p.49. Accessed 21 May 2012, <[http://www.dpc.nsw.gov.au/\\_data/assets/pdf\\_file/0004/57145/Keep\\_Them\\_Safe.pdf](http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0004/57145/Keep_Them_Safe.pdf)>

<sup>10</sup> Department of Premier and Cabinet (2012), *Keep Them Safe: A shared approach to child wellbeing. Interim Review Plan Prepared by the KTS Evaluation Steering Committee on behalf of the KTS Senior Officers Group*. Provided by DPC.

<sup>11</sup> Keep Them Safe Evaluation Steering Committee (n.d.) *Keep Them Safe – A shared approach to child wellbeing Interim Review Plan*, Keep Them Safe Senior Officer's Group, NSW Government: Sydney, p. 11.

<sup>12</sup> Keep Them Safe Evaluation Steering Committee (n.d.) *Keep Them Safe – A shared approach to child wellbeing Interim Review Plan*, Keep Them Safe Senior Officer's Group, NSW Government: Sydney, p. 11.

7. Do new systems effectively link families to services?
8. Are services more available and better able to meet the needs of Aboriginal children, young people and families?
9. Have services increased the levels of cultural awareness, cultural competence and partnerships with Aboriginal communities?
10. What is the current state of partnerships between government and non-government services?
11. Have government and non-government services engaged positively in the process of workforce culture change?

### 1.3 Location Based Evaluation: purpose, evaluation questions and approach

The Location Based Evaluation is one of six components by which the Interim Review seeks to answer these questions. It informs the assessment of progress to date in achieving the reforms of the NSW child protection system as described in the KTS Action Plan, through analysis of information collected about three selected areas in NSW (described below).<sup>13</sup> More information on the alignment between the Location Based Evaluation and the overall Interim Review is provided in Appendix B.

The evaluation has responded to the following questions:

1. Which KTS reforms and programs have been implemented in each location, and which are considered most important by service providers/users in these locations? What was the associated KTS investment in each location?
2. To what extent has the implementation of KTS influenced the availability and capacity of services and continuum of supports for children, young people and services?
3. How has KTS influenced local practice and systems, including the capacity of government agencies and NGOs to provide a coordinated response? What factors have enabled and detracted from change in this area?
4. How has KTS influenced workforce capacity (within government and non-government services) and cultural change? What factors have enabled and detracted from change in this area?
5. What is the current status of reforms among mandatory reporters? Consider both knowledge of the reforms and practice.

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<sup>13</sup> Department of Premier and Cabinet 2009, *Keep Them Safe: A shared approach to child wellbeing*, NSW Government: Sydney, accessed 21 May 2012, <[http://www.dpc.nsw.gov.au/\\_data/assets/pdf\\_file/0004/57145/Keep\\_Them\\_Safe.pdf](http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0004/57145/Keep_Them_Safe.pdf)>

6. Has KTS investment improved capacity to address the needs of children and young people at risk of significant harm? How and to what effect?
7. Has KTS improved capacity to respond to the needs of identified population groups, such as vulnerable older children and adolescents, and Aboriginal children, young people and their families? How and to what effect?
8. What are the factors that influence the capacity of KTS to achieve its objectives?
9. What data should be collected to report against Population Outcome Indicator items 5 (c) and 9 (a) (i)-(iv), and how should it be collected and analysed?

## 1.4 Research strategy and interpretation of results

The Location Based Evaluation employed a combination of methods to answer these questions. These are summarised in the following figure, which also shows the number of stakeholders engaged via each method. Further details are provided in Appendix A.3.

Figure 1: Summary of evaluation methods

Method	Liverpool	Newcastle	Tamworth	
Interviews and focus groups	<b>Frontline staff</b>	<ul style="list-style-type: none"> <li>29 focus group participants</li> <li>4 interviews with community services caseworkers</li> </ul>	<ul style="list-style-type: none"> <li>40 focus group participants</li> <li>4 interviews with community services caseworkers</li> </ul>	<ul style="list-style-type: none"> <li>27 focus group participants</li> <li>5 interviews with community services caseworkers</li> </ul>
	<b>Agency leaders</b>	<ul style="list-style-type: none"> <li>20 Agency leaders</li> </ul>	<ul style="list-style-type: none"> <li>27 Agency leaders</li> </ul>	<ul style="list-style-type: none"> <li>25 Agency leaders</li> </ul>
	<b>Aboriginal service providers</b>	<ul style="list-style-type: none"> <li>2 Agency leaders</li> <li>4 Frontline staff</li> </ul>	<ul style="list-style-type: none"> <li>7 Agency leaders</li> <li>2 Frontline staff</li> </ul>	<ul style="list-style-type: none"> <li>1 Agency leaders</li> <li>14 Frontline staff</li> <li>9 Elders</li> </ul>
	<b>Service users</b>	<ul style="list-style-type: none"> <li>14 parents, carers and young people</li> </ul>		
<b>Key informants</b>	<ul style="list-style-type: none"> <li>4 interviews with Directors of Child Wellbeing Units</li> <li>2 interviews with representatives from the Special Commission of Inquiry</li> </ul>			
<b>Survey</b>	<ul style="list-style-type: none"> <li>24 responses</li> </ul>	<ul style="list-style-type: none"> <li>47 responses</li> </ul>	<ul style="list-style-type: none"> <li>41 responses</li> </ul>	
<b>Documentation analysis</b>	<ul style="list-style-type: none"> <li>Inquiries and reports into the state of child protection in NSW (e.g. Ombudsman's reports, Wood Inquiry and associated written submissions)</li> <li>Material generated for Interim Review (e.g. spatial analysis, survey of mandatory reporters)</li> <li>Service specifications, program guidelines, program reviews and evaluations</li> </ul>			

Source: KPMG

The discussion in this report is based on the perceptions (feedback) of the individuals engaged in the three locations. Whilst care has been taken to ensure the validity and reliability of the information provided by stakeholders, the views of those engaged do not necessarily give a complete picture of the situation.

It also cannot be assumed that the experience in the case study locations is typical or representative of the experience in other locations across the state – both on methodological grounds and because a number of key KTS initiatives were pilots or trials and therefore were

not implemented across the state. Generalisations drawn from the findings of this report must therefore be treated with caution.

## 2 Evaluation Findings

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### 2.1 Strengthening the service continuum<sup>14</sup>

Overall, KTS has extended the range of services across the continuum, many of which are offering valuable support to children and families. Whilst these changes have improved the service system in pockets, they have not consistently strengthened the capacity to respond to children and families of varying levels of complexity and risk.

#### Universal services

At the universal end of the spectrum, children and families are benefiting from greater access to supported playgroups, parenting programs (e.g Triple P), universal home visiting and mental health screening through SAFE START. Additional investment in these services was made through KTS.

However, the capacity of many pre-existing universal services to reach vulnerable and at-risk children and families has not changed. Identified service system gaps varied by location. For example, in Newcastle and Tamworth, long waitlists were identified for services required to promote children's development and school readiness (i.e. speech therapy and occupational therapy). In Tamworth, the availability of primary health care and generalist counselling was identified as a gap. In Liverpool, the availability of child care and support to access preschool for vulnerable children and, in particular, Aboriginal children, were noted as gaps. These differences reflect the nature of the pre-existing service system in each location.

The characteristics of service models and their suitability for more vulnerable families is also a consideration: many have limited outreach capacity, lack resources to persist where families fail to engage, and are not providing non-stigmatising responses (such as the provision of targeted services from universal settings such as school or child care).

#### Early intervention and placement prevention

Changes to early intervention and placement prevention services have had a mixed impact. More significant benefits have been derived where investment has been used to create new services (such as the Family Referral Services (FRS) or Whole Family Teams (WFTs)) or to enhance the capacity of valued pre-existing services (such as the HSLOs/ASLOs):

- The FRS is particularly valued by schools and police as a means to support an early intervention response for vulnerable children and families. Acting primarily as an information, advice and referral pathway, the service is reported to effectively identify families' risks, strengths and needs, enabling families to be linked into services at an earlier

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<sup>14</sup> Refers to the continuum of prevention, early intervention, specialist and tertiary services available to children and families.

point. Family referral workers are able to provide time-limited case management support while families are awaiting allocation to other services (such as IFS or IFP).

- Enhancement funding for additional HSLOs and ASLOs has contributed to an increased focus on educational neglect and the capacity to respond proactively to school engagement and attendance.
- The response provided by WFTs is perceived to have addressed a significant (pre-KTS) service gap for families with mental health and/or substance use problems and parenting difficulties. WFTs are valued for their coordinated team approach which engages specialists from both fields (mental health and alcohol and drug team services) and holistic perspective, whereby the team works with all members of the family over a six to eight month period. In many cases, the approach is reported to have increased children's safety and wellbeing and helped them stay with their families.

However, changes with respect to other early intervention and placement prevention programs have been less positive, in terms of their capacity to influence change for children and families. Stakeholder feedback suggests this is a product of two related factors:

- Funding has been re-allocated between programs, with no additional capacity created within the system as a whole. The Early Intervention and Placement Prevention (EIPP) Program was seen as a case in point: modifications to this program mean there is greater capacity to undertake preventive work with families experiencing low level risk factors, however, there is reduced capacity for services to work longer and more intensively with families experiencing complex and co-occurring risks.
- Insufficient targets – in programs such as Brighter Futures, Intensive Family Services and Intensive Family Preservation – to keep pace with demand and enable a response to all those who may benefit.

As a result, an increasing number of children, young people and families are reportedly not receiving the required early intervention or placement prevention service response: in the absence of services, there is a risk that family situations may deteriorate such that they require child protection or out-of-home care intervention.

## Specialist services

There has been some positive change to specialist services as a result of new funding. The enhancement of Rural New Street Adolescent Service (particularly in Newcastle and Tamworth), as well as additional funding for New England Area Health Service's Kaleidoscope Sexualised Behaviour Program (Sparks), has enhanced the capacity to respond to children and young people demonstrating sexualised behavior and/or to those who are sexually abusive. The Family Case Management (FCM) pilot – while still early in its implementation – was seen as a valuable means to bring agencies together to consider and plan integrated responses for vulnerable and at risk children and families who are known to multiple services and whose risks are likely to escalate to the ROSH threshold without intervention.

## Out-of-home care

Enhancements are apparent at the tertiary end of the service continuum in terms of out-of-home care. Out-of-home care health and Education Coordinators have improved the capacity for early identification and meeting the health and education needs of children and young people in out-of-home care.

## Challenges and barriers

Despite increased investment, capacity to respond to vulnerable and at-risk children and families, at all points across the continuum, remains challenging: while new and enhanced services offer tangible benefit to those families who can access them, services are unable to support all of those who require their support.

There are critical service system gaps for the following groups of children, young people and families: those who are deemed to be at risk of significant harm, but are unable to be allocated by Community Services; children and families who are considered too complex to be supported by early intervention programs, but risk is not sufficient to warrant statutory intervention; families with co-occurring mental health issues, alcohol and drug issues and parenting concerns who are not involved with the statutory system; children and young people over the age of 12; and young people who require long-term funded accommodation.

To some degree across all sites, this was also seen to be compounded by service system fragmentation: program guidelines and eligibility criteria require that families access different services depending on need, complexity, presenting issues and age of the child/young person involved, and many services (such as WFTs and child protection counselling services) are limited to families referred through Community Services but are required by a much larger contingent of families.

Changes brought about by the EIPP are also reported to have reduced the availability of 'soft entry points' (such as family drop in centres), which can act as a non-stigmatising means to engage vulnerable children and families in services.

## 2.2 Information exchange

The evaluation found that information sharing between agencies has improved since the implementation of KTS.

Chapter 16A was consistently cited among the reforms to have had the greatest impact on service providers' capacity to respond to vulnerable and at-risk children and young people. Without exception, stakeholders reported that the increased focus on information sharing, and the legislative authority underpinning this, were helpful and necessary to improve responses to children and families. Information sharing was also seen as an essential building block for other aspects of the KTS reforms.

## Awareness and understanding of Chapter 16A

There is generally strong awareness of Chapter 16A and its provisions across government and non-government with respect to early intervention, specialist and tertiary services. This tends to be most apparent among agencies that have a direct responsibility for children and families, with lower levels of understanding reported among adult-focused services such as housing and disability.

## Use of Chapter 16A

There is increasing use of Chapter 16A in practice: this includes greater exchange of information between NGOs, between government agencies, and between government agencies and NGOs. The improvement in information exchange was particularly noted by stakeholders outside of Community Services.

## Impact of 16A on response to children and families

Chapter 16A has improved the capacity of service providers to respond to vulnerable and at-risk children and young people by enabling more targeted services responses; increasing capacity to identify needs early; supporting better decision-making (through access to client history and current circumstances); improved planning; and streamlining referral processes (with CWU assessment officers having the legal basis to make connections between services involved with children and families, leading to more timely referrals).

Concurrently, Chapter 16A is a critical enabler of improved consultation and collaboration between agencies, providing "*permission and protection*" to confidently share information in the best interests of children and families. This contrasts with the more formal and directive nature of s. 248 requests.

Effective information exchange (often with CWU assistance) also assists to build a picture of cumulative harm. This has directly contributed to the capacity of non-Community Services staff to support children and families and to better identify suspected risk of significant harm.

## Barriers and challenges to information exchange

While information exchange is generally perceived to be better as a result of KTS, there are some outstanding barriers that need to be resolved relating to knowledge of the provisions, workforce practice, capacity and culture. Some professionals are reported to be unaware of the legislative requirement and processes for exchanging information. Others suggested that concerns about breaching client confidentiality and a strong information privacy culture, remain barriers to information exchange with some health professionals. Less effective information exchange with Community Services was thought to relate to the limited time for Community Services to share information, as well as a need to encourage a culture within Community Services of collaboration. Finally, there is still a reported tendency for professionals to share information with those they know, rather than sharing information more

broadly with all those professionals who may require information to inform their practice with children and families.

This suggests the need for continued training and awareness regarding information exchange to ensure that a culture of exchanging information is embedded in ways of working with vulnerable children and families.

## 2.3 Coordination and collaboration<sup>15</sup>

KTS has generally improved coordination and collaboration among service providers involved with children and families at two levels:

- Governance – comprising joint planning and service system development, networks, shared training, shared protocols and procedures and use of structures to share good practice
- Service delivery – characterised by joint case management, case conferences, care team meetings and coordination at the client level.

### Governance level coordination

KTS has strengthened the level of shared governance among services involved with children, young people and families. Respondents to the KTS Location Based Evaluation Survey agreed that the use of the following practices had increased since KTS, indicative of a stronger sector-wide response to children and families: joint planning and service system development; shared training among agencies/professionals involved with children and families; forums and events to share and disseminate good practice; use of local networks; and shared protocols/procedures.

Where this was most apparent, reference was made to the use of a Regional Implementation Group (RIG) to engage senior representation across government agencies and the NGO sector; network meetings (for case workers and managers) to enable open discussions between agencies about issues of capacity and demand, referral pathways and shared problem-solving with respect to vulnerable and at-risk children and families; and agency specific governance arrangements to coordinate a strategic response to the KTS reforms across the local health district.

The Regional Project Manager (RPM) also has the potential to drive a continued focus on KTS at the local level, foster links between government and NGOs and facilitate coordination across the regional service network. However, pre-conditions to the success of the role include senior

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<sup>15</sup> Coordination and collaboration may involve informal and formal arrangements (such as partnerships). 'Collaboration and coordination' refers to collaborative service delivery designed to support vulnerable children and young people, and children and young people at risk of significant harm. Collaboration occurs at a governance (organisation and program) level and may involve informal and formal arrangements (such as partnerships), and include activities such as networking, joint training, and information sharing. Coordination occurs at a service delivery level and ensures that vulnerable and at risk children and families have access to the services they need, and may include activities such as referral protocols, care team meetings, and joint case management.

support for the role (across all agencies) and ensuring the role remains filled (i.e. it is not vacant for long periods of time).

## Service delivery coordination

There has been gradual improvement in coordination and collaboration around individual children and families, with responses to the KTS Location Based Evaluation Survey suggesting greater use of shared case management and coordination between agencies and professionals, greater participation in case conferencing/care team meetings and a greater focus on better ways to support shared clients. The great majority attributed changes in this area to KTS.

Where progress has been made, the following 'better practice' was evidenced: earlier identification of needs and more timely/streamlined referral to specialist services; ongoing engagement with the other services working with the family to ensure shared and active monitoring of family safety issues and changing needs; and a broader range of interested parties (e.g. teachers) attending care team meetings.

### *Coordination and collaboration with Community Services*

One of the most important types of collaboration, at both governance and service delivery levels, concerns relations between Community Services and other agencies. KTS has contributed to 'pockets' of improved collaboration in this regard. Improvements tend to reflect a leadership change among some managers and senior managers in Community Services, that is, individual initiative to champion KTS, including messages to staff about openness, transparency and the importance of a shared approach in children's best interests.

More effective collaboration with Community Services was identified by stakeholders as having the following benefits:

- Community Services are more open about their capacity and display a more inclusive attitude, for example by inviting other professionals to attend Weekly Allocation Meetings or to participate in Interagency Case Discussions (ICDs). This has helped build relationships, establish a positive climate of collaboration and address gaps in support for children and families

*"Before KTS there was a strong perception that everything was Community Services' fault; Community Services were not inclined to attend meetings with other services, as they would open themselves up to criticism. Post-KTS, there has been a clear message that Community Services should get out and engage. So there has been a cultural shift in this sense. Community Services is also now being open that they are only able to respond to 20 per cent of cases; they are also being open about their processes, their limitations in terms of being able to respond and are quite open in saying 'call us after the Weekly Allocation Meeting and we'll tell you what's happening with the case'."*  
(Key informant – Newcastle)

- there is stronger capacity for relationship-building around shared clients, such as those involved with Intensive Family Services/Intensive Family Preservation, with examples cited of monthly meetings with Community Services caseworkers and managers, joint home

visits, and regular telephone contact. This is also flowing through to better relationships between Community Services and other services involved with the client group.

### Enablers and barriers to improvement

Factors consistently identified by stakeholders as contributing to stronger coordination and collaboration in the three locations included the implementation of Chapter 16A, collective responsibility for children’s wellbeing and funding for new programs/positions which created the structure for collaboration. Details are provided in the table below.

*Table 1: Enablers of collaboration*

Factor	Value
<b>Implementation of Chapter 16A</b>	The Chapter 16A provisions have clarified the mutual obligations of agencies, the concept of collective responsibility and have aided collaboration and working together across the NGO and government sectors, e.g. <i>“Other agencies [are] more willing to engage in conversations with you/your service about shared clients. Less ‘us vs. them’”</i> (Location based evaluation survey response).
<b>Emergence of collective responsibility</b>	The emergence of a culture of collective responsibility is illustrated through what many stakeholders to the evaluation described as the belief that a shared approach will make a difference for children and families, together with a willingness to work towards a shared vision, despite the complications of implementation.
<b>Funding for new services/programs/ dedicated positions</b>	<p>KTS has funded a range of new programs and positions that, in themselves, create the structures for collaboration and coordination.</p> <p>This relates to their function (i.e. that facilitating streamlined referral, enabling better inter-agency coordination and/or providing an integrated response for families with complex and co-occurring issues was part of the intent of the program or position); and that, in many cases, there is a dedicated individual or team with funded responsibility for the coordination activity and/or formalised structures for coordination have been created.</p> <p>Programs cited by stakeholders as enabling coordination and collaboration in this manner include the FRS with its referral function; CWUs with their capacity to identify and facilitate coordination amongst services involved with the same family; out-of-home care Health Coordinators, who have the dedicated role of supporting collaboration between health professionals, carers, NGOs and other government agencies and streamlining</p>

Factor	Value
	pathways/access to health services for children and young people at risk; WFTs, comprising mental health and alcohol and drug professionals working together to support a holistic response and common language around shared clients; and the Family Case Management (FCM) pilot, which is formalising an integrated multi-agency response, underpinned by trust and collective responsibility, for families with multiple issues for whom change has been difficult to effect.

Source: KPMG

Stakeholders identified capacity; lack of understanding of Chapter16A provisions; difficulties in navigating the service system; culture and entrenched practices; and funding and accountability mechanisms as barriers to coordination and collaboration.

Details are provided in the table below.

*Table 2: Barriers to collaboration*

Factor	Description
<b>Capacity to collaborate</b>	High caseworker to client ratios, staff vacancies and staff turnover were cited as barriers to participation in care team meetings, case conferences and other forms of collaborative practice. This barrier was more frequently cited by Community Services staff.
<b>Knowledge and understanding</b>	While information exchange was perceived to have fundamentally improved, gaps in knowledge - amongst some professionals – were perceived to limit the capacity for collaboration.
<b>Service system navigation</b>	A number of stakeholders participating in evaluation consultations were not aware of the range of services available in their local communities or how they could be accessed. This was cited as potentially contributing to families receiving a series of unrelated responses.
<b>Culture and workforce practices</b>	Several respondents to the Location Based Evaluation Survey suggested that agencies continued to operate in a siloed fashion and were unwilling to collaborate. This ranged from being protective of their clients; a lack of long-term planning across services involved with the same families; power imbalances between agencies with no shared philosophy; and in some cases, a perceived reluctance by agencies to share the risk associated with more vulnerable and complex families.

Factor	Description
<b>Funding and accountability</b>	<p>Existing funding and accountability structures are perceived by NGOs to limit the capacity for collaboration: agencies are accountable for achieving defined targets, and there is limited incentive and capacity to provide secondary consultation and advice or to engage in team meetings where the agency is not the primary case manager.</p> <p>Tendering processes – whereby agencies compete for limited government funds – were also reported to impede collaboration.</p>

Source: KPMG

## 2.4 Workforce capability, capacity and culture

KTS has clearly contributed to a positive change in workforce capability to respond to vulnerable and at-risk children and a culture of collective responsibility. Stakeholders were generally unable to identify strategies introduced through KTS to build and maintain workforce capacity via recruiting and retaining a suitable workforce.

### Workforce capability

Under KTS, some steps have been undertaken to build the capability of the workforce to support better outcomes for vulnerable and at-risk children and families. These include: offering a range of education, information and training sessions; creating dedicated positions (e.g. Health Child Wellbeing Area Coordinators, Regional KTS Project Managers, out-of-home care Health and Education Coordinators, and HSLOs/ASLOs); and developing a series of tools/resources for the workforce, such as the MRG and CWUs.

The same factors were identified by stakeholders as contributing to the knowledge, skills and confidence of the workforce:

- Introductory education and training sessions (including the KTS Regional Engagement Tour, statewide KTS information sessions and KTS change management training) were valuable in introducing professionals to the reforms, their roles and responsibilities and the available resources, such as the Mandatory Reporter Guide.
- CWUs have been a critical tool to build the skills of individual workers/professionals and government agencies as a whole. At the agency level, CWUs have continued to reinforce messages about the new reporting threshold and capacity for information exchange through Chapter 16A. At the individual level, CWUs – through their critical questioning of mandatory reporters – contribute to better understanding of risk and vulnerability and more lateral thinking about how best to support families.

- The range of dedicated positions, detailed above, have supported better awareness of agency roles and responsibilities with respect to vulnerable and at-risk children and the capacity for better identification of risk/need. For example, the Hunter New England (HNE) Health Child Wellbeing Area Coordinator was instrumental in building skills and capabilities among health staff within the Local Health District, and driving cultural change. Similarly, the out-of-home care Health Coordinator, Health Case Manager positions and the out-of-home care Education Coordinator positions have increased awareness among health professionals and educators of the significant health and educational disadvantages faced by children and young people in out-of-home care, and support improved responses for this cohort.

As a result, a greater proportion of the government and non-government workforce is now demonstrating an understanding of child wellbeing, including what constitutes a child protection concern; capacity to discuss concerns with families; capability to identify risk; and a capacity to implement appropriate responses with families.

However, the extent to which improvement was reported to have occurred varied within and across sectors. The evidence gathered in the three locations suggests the most significant change has occurred in child-focused sectors, with adult services perceived to be slower to change. Further, failure to implement the *Keep Them Safe Workforce Development and NGO Capacity Building Plan* or offer NGOs with access to the CWUs was seen as an impediment to capability building in NGOs, as well as Independent and Catholic schools.

## Workforce capacity

Stakeholders were unable to comment on any strategies implemented through KTS to address the challenges associated with recruiting and retaining a suitably qualified workforce. This reflects that limited progress has been made in implementation of the *Keep Them Safe Workforce Development and NGO Capacity Building Plan*.

Difficulties in attracting, recruiting and retaining staff were more likely to be cited in Tamworth, with its more rural location being the overriding factor, and in Community Services in all locations.

## Workforce culture

Overall, KTS is creating a shift towards collective responsibility. Individuals, professionals and agencies were reported to be:

- more aware of their responsibilities to vulnerable children, beyond reporting to the Helpline, e.g. *“It is now common for Principals to recognise that Child Protection is a partnership, and take on supporting roles such as providing breakfast programs or helping to make appointments with the Centrelink or pediatricians”*
- more likely to make contact with the CWU or engage with other child, youth and family services where there are concerns for a child’s wellbeing. For example, where mandatory

reporters are unable to address the issue themselves, they will seek support from other services – *“looking to provide additional support is now common thinking”*

- more likely to work with other services to gather further information to substantiate risk
- more likely to stay involved post a report, acting as a protective/safety factor for a child, and continuing to re-report as required.

Staff are also *“starting to think about what they can do, rather than just waiting for the outcome of a report; they are continuing to work with families even where risk is involved”*. This was in contrast to previous practices, which was described as *“hands off”*, with a general expectation that *“now I’ve reported to Child Protection, I’ve done my bit”*.

## 2.5 Status of mandatory reporters

Consultation with stakeholders suggests that, following the increase in the reporting threshold, the behaviour of mandatory reporters is changing: mandatory reporters appear to be making use of the MRG, and correctly identifying risk of harm; government employees are also contacting their CWUs about cases below the threshold. The MRG and CWUs are supporting mandatory reporters to respond to vulnerable children and young people.

### Awareness, understanding and use of Mandatory Reporter Guide

There is generally strong awareness, understanding and use of the MRG by mandatory reporters to inform their decision-making with respect to children and families.

For the most part, mandatory reporters see the MRG as a clear, easy-to-use tool. However, use of the MRG varies with individuals’ skills, confidence and professional background. Those with long-term experience in working with children and with specialised knowledge of child development and trauma, tended to find the MRG less useful than adult services or less experienced child and families staff. Staff with more specialised skills tend to rely more heavily on professional judgment, although many reported using MRG for documentation purposes.

Amongst those who are coming to terms with the notion of collective responsibility, there is also a growing recognition that the MRG can prove a valuable investigative tool as it highlights areas that may warrant further inquiry.

### Identification of risk of significant harm

Feedback from the CWUs and Community Services Helpline, together with the (noted) reduction in the number of reports made to Community Services, suggests that – for the most part – mandatory reporters are accurately identifying risk of harm, and their ability to do so is improving. Mandatory reporters are generally clear about the threshold for reports to the Helpline and understand the resources available when an issue is suspected to fall below risk of significant harm (i.e. the MRG and CWUs).

However, “*knowing how to identify ROSH has been a learning curve for mandatory reporters.*” The speed of the learning process varies with existing skill sets and capacity, exposure to risk issues, level of training, and access in the past to advice and support about child protection concerns.

Across all agencies, CWUs were consistently cited as having a positive impact on service providers’ capacity to respond to vulnerable children, young people and families. Anecdotally, this value can be demonstrated via the increasing use of the CWUs and the rate of repeat use.

CWU staff are providing a range of supports to mandatory reporters to assist them in both assessing risk, and identifying and implementing appropriate responses. CWU assessment officers are: prompting callers to seek further information and, in some cases, facilitating information exchange; helping mandatory reporters to develop action plans for families; suggesting referral options; and identifying resources and other support services.

### Capacity of mandatory reporters to assist vulnerable children and young people

KTS has been successful in promoting the idea of child protection as ‘everybody’s business’, and mandatory reporters have generally welcomed the opportunity to take on a more hands-on role in supporting vulnerable children and young people. CWUs were cited by professional stakeholders as the most significant influence of change in this area; some also referred to the MRG as a helpful reference for identifying options for supporting families.

However, stakeholders identified access to a CWU, service system capacity and workforce skills as factors which consistently inhibited practice change, as noted in the table below.

*Table 3: Barriers to practice change among mandatory reporters*

Factor	Value
<b>Access to the CWU</b>	<p>Mandatory reporters without access to a CWU – such as NGO staff and principals of Independent and Catholic schools – suggested they would be more confident about how to assist children and families if they had access to a similar support. They also suggested this reduced the capacity for information exchange, seeking advice and support and the capacity to access WellNet to establish patterns of accumulated harm.</p> <p>Services that operate after hours find it difficult to use CWU because it is a 9am – 5pm service – as a result, these services rely on email communication, meaning that urgent queries do not receive an immediate response. On this basis, professionals are more inclined to use the Child Protection Helpline.</p>

Factor	Value
<b>Service capacity</b>	Mandatory reporters’ ability to refer children and families to support services still depends on the capacity of those services. A critical concern was the limited capacity of some services (e.g. Brighter Futures) to take referrals.
<b>Workforce skill and capability</b>	A number of stakeholders who responded to the Location Based Evaluation Survey identified as not having adequate skills or resources to support families in cases where the MRG indicated that they should ‘document and continue relationship’. Ongoing education and training is needed to build these skills.

Source: KPMG

## 2.6 Community services response

There has been no substantive change in Community Services’ capacity to respond appropriately to children who meet the ROSH threshold. Whilst the total number of reports received by Community Services has decreased, without substantive changes in practice – to ensure more time is spent engaged in direct case work with children and families - and the filling of staff vacancies, Community Services does not have the capacity to allocate more cases for follow-up.

### Capacity for Community Services to respond

Data included in the 2011 Ombudsman’s report indicates that, since the implementation of KTS, there has been a significant reduction in the number of child protection reports to the Helpline and in the number of reports sent by the Helpline to a local Community Services Centre (CSC) or JIRT for further investigation. The Ombudsman expressed significant concern as to whether these changes have in fact led to an increase in Community Services’ capacity to respond to reports of risk of significant harm. The report found that, despite the reduced volume of reports, a substantial number of families at risk of significant harm were receiving no child protection response.<sup>16</sup>

These concerns were echoed by stakeholders to the evaluation, with Community Services noted to be under extreme capacity strain. Capacity strain is reported to be limiting the capacity to allocate new cases; at times promoting the immediate closure of cases requiring a response with 24-hours; and reducing the capacity for case workers to conduct face-to-face assessments. Community Services were cited as “*the missing piece of the puzzle*” that is required to promote change.

<sup>16</sup> NSW Ombudsman (2011) ‘Keep Them Safe? A Special Report to Parliament under s31 of the *Ombudsman Act 1974*’ p. 5

Given the scope of the evaluation, KPMG was unable to explore in any depth the reasons for cases not being allocated. However, staff vacancies – related to maternity leave, annual leave and policies related to use of temporary staff – were identified as a contributor to high case loads and reduced capacity to take on additional cases. Factors such as time spent managing Court matters, an undue focus on procedural compliance, a culture of risk management (i.e. with time taken up by practices that effectively protect the Agency) and administrative burden (i.e. disproportionate time taken with tasks such as records management) were also reported as concerns.

### **Alternate arrangements made where Community Services cannot respond**

There are emerging indications that Community Services is attempting to put in place alternate responses, where the case cannot be allocated. While these may evidence systemic problems, they are also indicative of the commitment of the frontline workforce.

In some limited cases, interagency case discussions (ICDs) have been convened where risk of significant harm has been substantiated and the case is unable to be allocated. Where these work well, ICDs provide an open forum for discussion and resolution, provide clarity in the roles and responsibilities of all services working with the family, and are an avenue to identify a service to take on a lead case management role for the family. Effectively, they help prevent families from “slipping through the cracks”. However, some staff view ICDs in a less positive light and regard them as being solely for the benefit of Community Services to ensure that “someone is monitoring the family” in an ongoing way.

The practice of holding ICDs does not, however, appear to be the norm, and many unallocated ROSH cases are reportedly not receiving alternative responses. This seems to be at least partly due to:

- A lack of feedback from Community Services to mandatory reporters about the status of cases. In theory, when cases are unallocated, mandatory reporters should be contacted by Community Services to discuss alternative support options. In practice – given the time pressure caseworkers are under – this does not happen consistently. Conversations to discuss protective factors and ensure support options are in place, are more likely to occur if the mandatory reporter has a relationship with the individual caseworker at the local CSC, or if the mandatory reporter proactively seeks feedback.<sup>17</sup>
- Strict eligibility criteria and capacity constraints of support services such as Brighter Futures, Strengthening Families and IFS/IFP services. Families who would benefit from the support provided by these services are often unable to gain access.

Further, the capacity for mandatory reporters to stay involved with families is generally dependent on the nature of the relationship between the mandatory reporter and the client, and

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<sup>17</sup> Some Community Services staff reported that, whilst they would like to ensure that support options are available for unallocated cases, they are reluctant to follow up with mandatory reporters as it helps remove the expectation that Community Services can provide any response for unallocated cases.

the extent to which this is longstanding.<sup>18</sup> A number of mandatory reporters reported being encouraged by caseworkers at their local CSC to re-report with the hope that the case can be allocated at a later date.

## Demand management and prioritisation of ROSH cases

Community Services have taken a proactive approach to managing demand and are applying the following strategies:

- *Streamlined intake processes* – effectively reducing the number of intake staff in an effort to free-up caseworker resources and increase capacity.
- *Joint allocation* – recognising extreme capacity strain at the Mayfield CSC, a joint WAM is held across the Mayfield, Charlestown and Edgefield CSCs to share resources and ensure the highest needs cases are prioritised. This strategy is reported to have increased the allocation rate.
- *Prioritisation* – demand continues to necessitate extreme prioritisation according to the following criteria:
  - allocation of all pre-natal cases
  - a focus on younger children (the majority of cases allocated are for children aged 0-4 or 0-2)
  - prioritising cases with multiple risk factors
  - prioritising cases where no other services are involved (i.e. there is a lack of protective factors).

## 2.7 Capacity to respond to Aboriginal children, young people and families

KTS has made limited progress towards an improved response to Aboriginal children, young people and families.

### Availability of Aboriginal services

Both Tamworth and Liverpool have received very limited additional investment for Aboriginal specific services. Newcastle has received slightly more investment – in particular, they have received funding for the Safe Aboriginal Youth (SAY) Patrol.

Where they exist, ‘pockets’ of investment are contributing to improved outcomes for families:

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<sup>18</sup> For example, it is possible for housing workers to monitor the cases of tenants, but it is not possible for them to monitor families applying for housing.

- The long-term, intensive support offered by the Aboriginal Intensive Family-Based Support (IFBS) service model and Brighter Futures are regarded as effective models for Aboriginal families.
- The SAY Patrol is engaging hard-to-reach, older Aboriginal children through the use of the non-stigmatising Activities and Meals Program<sup>19</sup>.
- The increased number of ASLO positions is enabling a stronger focus on attendance and school engagement related issues for Aboriginal students.
- Whilst not Aboriginal-specific, the Out-of-home care Health and Education pathways are supporting earlier identification of and response to the health and education needs of Aboriginal children and young people in out-of-home care.

There remain, however, significant gaps in the service system's capacity to respond to the needs of Aboriginal children, young people and families. Availability of culturally appropriate out-of-home-care placements for Aboriginal children and young people were highlighted, as was the impact of changes to funding criteria (as a result of the CSGP realignment) on the capacity to provide a holistic response to Aboriginal children and families across the service continuum<sup>20</sup>.

While the transfer of Brighter Futures to the NGO sector was intended as a means to break the association with Community Services (i.e. the institution responsible for removing children and young people from their families), this has not occurred in practice. A continued perception that Aboriginal Brighter Futures is aligned with Community Services is reported to create a reluctance to refer children and young people to the program.

Further, the program is receiving fewer Community Services referrals, and a large proportion of the referrals that are received from Community Services are reportedly at a risk level far higher than is appropriate for the service. Aboriginal agencies delivering Brighter Futures reported turning down an increased number of referrals that they felt would be more appropriate for Strengthening Families (i.e. a service designed to work with higher risk families).

## Investment in capacity building for Aboriginal services

Community Services has outlined a number of initiatives to build the capacity of NGOs to meet the needs of Aboriginal children and families. These include efforts to increase the capacity of Aboriginal NGOs to win funding to provide Aboriginal services, and the Aboriginal out-of-home care Services Capacity Building Initiative, aiming to support the transition of out-of-home care placements to the NGO sector.

Stakeholders were concerned that the capacity of Aboriginal NGOs to support vulnerable children, young people and families continues to be limited by:

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<sup>19</sup> It is important to note however that this 'augmented' activity component of the SAY program is the initiative of and funded by the NGO provider.

<sup>20</sup> In particular, Aboriginal services felt restricted in their capacity to provide support at both the 'lower end' of early intervention, and for very high risk non-ROSH families.

- a reported tendency for mainstream organisations to win funding to provide Aboriginal services, without evidence of genuine consultation with Aboriginal organisations, or demonstrated experience in providing culturally appropriate services
- ongoing challenges in recruiting and retaining a suitably qualified workforce
- challenges faced by Aboriginal staff working in their own communities
- lack of awareness and understanding of KTS in some Aboriginal communities. This was reported to reflect the lack of effective engagement with these communities in the early stages of the reforms.<sup>21</sup>

### **Cultural proficiency and engagement demonstrated by mainstream organisations**

The majority of mainstream organisations remain in the early stages of demonstrating cultural proficiency and genuine engagement with Aboriginal organisations to support child and family needs.

Whilst there are some good examples of collaborative practice between mainstream and Aboriginal organisations, this is far from routine or systemic. There are limited referrals from Aboriginal agencies to mainstream services, and there is limited evidence that mainstream organisations are seeking secondary assessment and advice from Aboriginal agencies.

Although most mainstream organisations showed an awareness of the need to build their cultural proficiency and develop genuine partnerships, many are unclear about the most effective means of achieving this intent. Aboriginal stakeholders were concerned that, in the majority of cases, engagement remains 'tokenistic'. As a result, Aboriginal organisations continue to be wary of partnerships with mainstream organisations.

'Successful' relationships (whether formal partnerships or informal linkages) generally rely on the leadership of key individuals within the mainstream organisation to initiate and drive genuine consultation, and are supported by the attitudes of front-line staff.

It was noted that staff from IFBS services generally reported better relationships<sup>22</sup> with Community Services compared to other programs and services.

Stakeholders generally agreed that more opportunities for networking – such as interagency meetings or joint training – would promote engagement between Aboriginal and mainstream organisations as they help establish face-to-face relationships, build trust and contribute to a better understanding of other agencies' strengths and capacity.

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<sup>21</sup> This issue was mainly raised by stakeholders in Tamworth.

<sup>22</sup> Staff involved in the IFBS services generally reported that Community Services was more responsive to their needs, including taking the time to consider the Aboriginal perspective in care team meetings.

## Strengthening the response for Aboriginal children, young people and families

The evaluation identified the following pre-conditions for improved responses for Aboriginal children, young people and families:

- *Access to Aboriginal staff within both mainstream and Aboriginal organisations.* Within mainstream organisations, Aboriginal staff are a critical cultural resource – in terms of both developing cultural proficiency of service responses and building relationships with local Aboriginal services. There is an ongoing need to promote and support the role of Aboriginal staff.
- *Genuine partnerships between mainstream and Aboriginal organisations* in which mainstream and Aboriginal partners offer mutually beneficial support – that is, the Aboriginal partner promotes cultural understanding, while mainstream services bring the appropriate resources to the relationship and support the development of casework skills and capabilities.

### 2.8 Capacity to respond to vulnerable adolescents

KTS has had minimal impact on capacity to respond to vulnerable older children and adolescents. Services for this cohort continue to be a critical gap in the service continuum. Stakeholders noted that *“they were the gap before, and they’re the gap now”*.

Two KTS-funded programs – additional HSLO/ASLOs and Rural New Street (in some locations) – were cited as having made a difference to the needs of older children and adolescents. In addition, some non-KTS initiatives (such as the introduction of Headspace) are supporting, or will support, an improved response for this cohort.

However, beyond these services, there are very limited support options for older children and adolescents. Key services (such as Brighter Futures, Families NSW Services and Family Support Services) are restricted to families with children aged from 0-8 or 0-12; demand pressures in Community Services are forcing the prioritisation of younger children<sup>23</sup>; and there is a view that services do not necessarily have the same depth of knowledge and expertise in relation to the needs of young adults as compared to the needs of younger children and their parents.

There are also specific gaps in services that can respond to older children and adolescents. In particular: mental health services, drug and alcohol services, youth-specific accommodation, foster carers for older children, leaving care initiatives to support transition from out-of-home care to independent living, and more ‘flexible’ alternative education options for young people

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<sup>23</sup> Stakeholders noted that, whilst younger children are generally considered to be more vulnerable and/or at greater risk of harm, older children and adolescents also have particularly complex and challenging needs. In particular, many are likely to be disengaged from school, with housing insecure and engaged in risky behaviours.

who have disengaged from school. It was also noted that, as a result of the rise in the school leaving age, services expect increased reporting of educational neglect for the cohort aged 15-17.

Requirements to strengthen response to vulnerable older children and adolescents include:

- increased investment in youth-oriented initiatives and workforce skills and training
- ongoing support for and increased use of youth-focused services and programs (such as HSLOs/ASLOs, Youth Liaison Officers, the Bail Assistance Line, and the SAY Program<sup>24</sup>)
- improved communication and collaboration between ‘universal’ services such as health and education and services and agencies that regularly engage with vulnerable and at-risk older children and adolescents, particularly Juvenile Justice and the police.

## 2.9 Summary of factors influencing the implementation of KTS

There are a number of significant enablers which collectively – according to the evidence gathered under this project – contribute to the achievement of the KTS objectives.

The enhanced capacity for information exchange under Chapter 16A, access to the FRS and CWUs, and the initial training designed to build understanding of the reforms and a culture of collective responsibility, have collectively contributed to practice change among mandatory reporters. Where these factors are in place concurrently, there tends to be greater understanding of respective roles and responsibilities in relation to children and families, a greater willingness to offer support, and stronger capability to intervene in considered and purposeful ways to support children’s best interests.

Capacity and capability to respond has also been influenced by the funding for new services and positions: the CWUs, FRS and Out-of-home care health and Education Coordinator positions have not only created the structure for collaboration across agencies and professional groups, but have concurrently enhanced workforce capability.

The most significant barriers reflect capacity for early intervention with vulnerable children and families and capacity to respond appropriately to all those families at risk of significant harm. Early intervention is reportedly being impeded by the limited capacity with early intervention services such as Brighter Futures and the reorientation of Family Services to work with a lower risk cohort, thereby reducing the availability of a longitudinal and intensive response to more vulnerable families. Restrictive eligibility criteria and workforce capability further compound this issue.

Limited capacity to respond to children at risk of significant harm appears to be the product of three related factors: staff vacancies within Community Services, the manner in which practitioners are using their time (i.e. time spent on Court matters, procedural tasks

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<sup>24</sup> Service for Aboriginal older children and adolescents

administration) and the extent to which collaboration with other services is prioritised, to enable an alternate response for those cases that are unable to be allocated.

## 2.10 Service user perspectives

As part of the Location-Based Evaluation, KPMG sought the perspectives of young people, parents and carers on the service response provided by early intervention, placement prevention and related services. The intention was to understand the characteristics of the service response, including those elements which contribute to a positive service experience. Fourteen interviews with parents and carers and young people were conducted, which was significantly lower than originally planned for reasons discussed below.

These clients of the service system were engaged with a variety of service types, including Community Services, out-of-home-care, family support, Brighter Futures, and Staying Home Leaving Violence. Only one client had current involvement with Community Services. The length of client involvement with services varied from less than one month to between two and five years. However, almost half of clients had been involved with their current service for less than six months. The majority of clients were in contact with their worker at least once a week.

### Perspectives on coordination and collaboration

The vast majority of parents and carers agreed or strongly agreed that their worker linked them into or helped them to access other services that they needed. Approximately half of respondents indicated that the other services were useful. Clients were often linked into multiple services by their worker, including health, housing, financial counselling, mental health, and generalist counselling support.

Client responses indicate that workers proactively engaged with other services on their behalf, and supported clients to develop links with services. Examples provided by respondents included workers organising meetings for clients, attending meetings at new services with the client, and assisting clients to understand the types of services available. Respondents were generally unclear regarding the extent of information-sharing between services, but overall were positive about the role of their worker in ensuring they were linked with other services.

A couple of respondents provided critical responses relating to their experiences with Community Services, who were perceived to be under-resourced and overworked. One respondent commented on limited information sharing between Community Services and other services.

### Relationship with workers

When asked about their first involvement with services, more than half of respondents commented that their initial contact with the service was positive. Services were perceived as responsive, with face-to-face contact occurring quickly for the majority of clients. Only one client advised of difficulty in receiving a service response, stating that it took 5-6 months to receive a face-to-face response.

All clients indicated that workers had involved them in decision making and that they had been provided with an opportunity to express their views. Parents and carers commented that workers were encouraging and supportive, listening to and respecting their views and working in partnership with them to make decisions and develop case plans. Respondents indicated that workers took sufficient time to explain the type of support they could provide to the parent/carer, as well as other support options that were available. Workers were perceived as approachable and flexible. The adolescent respondent felt that his worker was accessible and listened to his views and issues.

When asked to comment on the way information was provided to them, the vast majority of clients responded positively, stating that their worker gave them information in a way they could understand. Parents and carers commented on the range of ways that information was provided, and also reported that workers were responsive to feedback about providing information in a certain way. A number of respondents commented that after initial information had been provided workers took the time to respond to all questions the parent or carer had. The negative responses regarding information provision related to interactions with Community Services, or between Community Services and other services. For example, one client commented that Community Services would not provide them with any information about why they were referred to the program.

Most clients either agreed or strongly agreed that when they asked for assistance, the worker responded in a timely way. The one respondent who strongly disagreed was referring to their experience with Community Services, but general conclusions cannot be drawn from this fact alone.

Overall, parents and carers responded positively when asked to describe their relationship with their worker. Workers were described as friendly, non-judgmental, understanding, helpful and responsive. Parents and carers felt that workers were flexible and supportive, provided them with choices and assisted them to access the services they needed. The adolescent respondent commented that generally he felt comfortable calling his worker if he had any problems or needed support. He commented that the relationship with his worker was more like that of a friend.

### **Nature of support provided**

Workers provided a variety of support to clients. Types of support included financial assistance through vouchers or material aid, as well as practical support, such as ensuring clients had food and a clean home environment. A number of respondents discussed how workers provided strategies to support clients to manage their child's behavioural problems. Approximately half of respondents discussed the role of workers in linking them with other support services. Workers also had an important role in coordinating service responses when multiple services were involved with a family.

## Strengths of services

When asked about the best part of the service response they received, many clients commented on the strength of the relationship with their worker. Parents and carers described how their worker was understanding and supportive of their family situation. A number of clients commented on the follow-up support provided by workers once issues were identified. Clients commented that workers helped them to have a better understanding of their child or family's needs. The adolescent respondent commented that the best part of the service response was *"knowing I always had someone to talk to"*.

## Opportunities for improvement

When asked what could be improved, clients suggested communication between workers and clients, timeliness of service response, and capacity of workers to respond given high caseloads. There was some criticism of interactions with Community Services, for example a lack of communication between Community Services and the parent or carer.

The adolescent respondent commented that during certain periods, too many workers were involved in providing him with support, and that he would have preferred a single point of contact.

## Service user views on client feedback mechanisms

The views of parents and carers were also sought about the most appropriate means of collecting client feedback, to inform the development of methods for collecting data about the specified population indicator of effective service delivery<sup>25</sup> (see Section 3: Performance Measurement).

Parents and carers were asked how they like to provide feedback about a service, as well as their opinion of the best way to collect feedback from children and young people. Many respondents preferred to provide face-to-face feedback to their worker, however, respondents also indicated that online and paper surveys, and feedback provided over the telephone were appropriate. The importance of using technology to engage young clients was raised. Respondents suggested using the internet would be more effective than paper based surveys for some clients, although face-to-face discussions with young people were also mentioned.

## Other suggestions to engage service users

It was originally intended to interview 30 clients of the service system in each location. The evaluation faced some challenges in engaging clients in these numbers, and the comments outlined above regarding the status of the service system and the response they were receiving must be read in that light. The following factors contributed to the low number of interviews:

- Time available for client recruitment and interview: due to the evaluation timeframes, most agencies had only a two-three week window to distribute information about the evaluation

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<sup>25</sup> Indicator 9 (a) i – iv – services are relevant, accessible and appropriate, timely and culturally appropriate

to clients; in many cases, it took time for this to occur – either for managers to meet with their staff and discuss the approach, or for workers to distribute information to clients, given for many services fortnightly client contact is the norm.

- Time required to build a relationship with the evaluators: agencies appeared to be more willing to assist after they had participated in a focus group with KPMG, and some trust and credibility had been established.
- Pool of clients available: many agencies that were willing to assist were seeing fewer clients than anticipated, either due to low caseloads and/or staff illness and leave during the recruitment period.
- Related to the above, preparedness of some key services to engage: workforce capacity issues prevented CSC involvement in this phase of the evaluation. This impacted on the capacity to reach a large number of children, young people and parents/caregivers.
- Nature of the clients themselves:
  - Information packs were not provided to clients where staff made a professional judgement regarding the capacity of their clients to provide informed consent, and/or where staff were concerned that providing information packs would impact on the relationship with their client/s.
  - Participant Information Statements and Consent Forms, required by the research ethics committee, were reported to be too long and complex for many clients.
  - Low literacy levels and a lack of confidence to contact KPMG independently. Many clients may find it difficult to contact a 1800 telephone number to express an interest in participating.

As a basis to overcome these issues for the Final Evaluation of KTS, consideration will need to be given to the following factors:

- Engaging a wide range of agencies, including Community Services, well before the Final Evaluation: agencies should be engaged in the four–six months prior, to discuss the purpose of the evaluation and how the evaluation will benefit their agency, the purpose of client engagement, the client engagement approach, the ethical issues and how these may be overcome.
- Appropriate lead time for recruitment: a minimum eight week period should be set aside for client recruitment, enabling sufficient time for information about the evaluation to filter through agencies and for follow-up with the evaluators regarding any concerns.
- The client engagement approach: clients are often best engaged through the trusted relationship they have with their case workers, with another independent member of the agency (apart from the caseworker) seeking their consent to participate and organising an appropriate time for an interview. This achieves a balance between maximum participation, while reducing the potential for coercion/power imbalance which may arise if the worker themselves took on this task.

- The extent to which service user perspectives can be gathered through existing client feedback mechanisms: many of the agencies that the evaluators spoke with routinely administer client feedback surveys. A sub-set of key questions could be added to these tools (for consistency) enabling these to be used for evaluation and ongoing monitoring purposes. This is discussed further in section 3.4.

## 3 Performance measurement

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The evaluation was also designed to answer the question *what data should be collected to reported against population indicator items 5 (c) and 9 (a) (i) (v) so as to assess the nature and extent of changes over time (in response to KTS)*. These population indicators include:

- Aboriginal communities report increased participation in the protection and wellbeing of Aboriginal children and young people.
- Increased number of vulnerable and at risk families who report that they:
  - consider targeted support services to be relevant to their needs
  - found services to be accessible and appropriate
  - consider systems and services to be responsive and timely
  - consider that services are culturally appropriate and inclusive.

In developing a range of measures and methodological approaches, KPMG has prioritised rigour, validity and reliability. We have assumed that a full assessment of the practicality of these approaches will be undertaken by government.

### 3.1 Approach

In order to further develop the population indicators identified above, the evaluation considered each population indicator, giving particular regard to:

- how KTS is intended to influence outcomes in this area
- the factors that clients, community members and service providers are most likely to be able to comment upon with respect to the indicator
- what meaningful change in this area looks like for clients, community members and service providers
- how this change may feasibly be assessed (e.g. potential data sources and methods).

During interviews with clients and focus groups with service providers, stakeholders were asked to comment on what data should be collected based on a number of draft measures developed by KPMG. They were also encouraged to offer views about how this data could be obtained. This information was synthesised to provide a basis for further revisions, and supplemented with additional analysis of relevant policies and program documentation.

This document sets out the synthesised feedback, the refined draft measures based on client and service provider perceptions about relevant and important aspects of service delivery for vulnerable and at risk families, and proposes data collection and reporting requirements taking

into account what works for the client group and the extent to which the information is currently collected/available.

## 3.2 Synthesis of stakeholder feedback

The following synthesis identifies themes from the stakeholder consultation feedback.

### Indicator 5 (c) – Aboriginal participation

Aboriginal stakeholders commented at a global level that the draft measures (see Appendix C) for this indicator were reasonable and appropriate. They also commented that:

- measures are right to focus on Aboriginal input into decision-making
- measures should focus strongly on *genuine consultation* by non-Aboriginal organisations with Aboriginal organisations
- accountability mechanisms should be in place, otherwise there will be poor performance against the proposed measures
- the resources that Aboriginal organisations have to put toward participating in the protection and wellbeing of Aboriginal children and young people will influence performance against the proposed measures; funding is needed to support this function.

### Indicator 9 (a) i – iv – services are relevant, accessible and appropriate, timely and culturally appropriate

#### *Professional feedback*

Many professional stakeholders commented at a global level that the draft measures were reasonable, serviceable and appropriate. A small number of individual measures were identified as being highly appropriate (e.g. that a welcoming environment is important to families from Culturally and Linguistically Diverse (CALD) backgrounds, that respect is important when working with Aboriginal families). Feedback about alternative or additional ways of measuring each dimension is summarised below:

- ‘Relevance to needs’ could be enhanced to: ensure questions are child focused; focus on personal goal attainment; check if opinions were heard on key decisions; check if requests to participate in programs were met; and assess families’ willingness to engage with services in the future.
- ‘Accessible and appropriate’ could be enhanced to: differentiate between the existence of services or the quality of existing services; differentiate between crisis situations and general support; include barriers to service access (e.g. transport, child care); and consider unmet demand which takes into account families that were unable to access a service.

- 'Responsive and timely' could be enhanced to: consider waiting list management; check adequacy of service duration; determine if services were in place when engagement ended; check responsiveness to issues raised by children; and determine if other services are involved and whether services are working together.
- 'Culturally appropriate and inclusive' could be enhanced to: ensure non-Aboriginal organisations employ Aboriginal workers in meaningful roles; and ensure understanding that each Aboriginal person and family will be different.

### *Client feedback*

Parents and carers were asked to describe what certain aspects of service delivery meant to them:

- A service that is 'relevant to your needs' - clients discussed the importance of services being flexible and adapting as the client's needs changed. Services were perceived as relevant when they listened to clients, connected them with other services, and considered the needs of parents as well as children.
- A service that is 'accessible and appropriate' – services that meet this criterion have capacity to respond to clients, are adequately funded and do not have excessive waiting lists. Clients felt that they should not have to go through Community Services to access a service. Services are accessible when they are easy to get to (reach) and clients do not have to travel to receive the service. Services are appropriate when they are approachable, child-centred, and provide the answers clients need.
- A service that is 'responsive and timely' - according to parents and carers, a responsive and timely service is one where workers return client telephone calls, either on the same day or within 24 hours. Workers are responsive when they make appointments with clients, arrive at appointments on time, and follow through with promised actions.
- A service that is 'culturally appropriate and inclusive' - culturally appropriate and inclusive services respect all ethnic backgrounds and religions and provide training to help carers understand different cultural backgrounds. Children and young people from different cultural backgrounds can easily access cultural support. Services recognise that clients from CALD backgrounds may require extra support from workers.

### **3.3 Development of specified population indicators**

The next section proposes some revised measures, including a rationale for their inclusion, and sets out recommendations for collecting data in relation to the proposed measures. The revisions and recommendations have been developed in response to the principal themes which emerged from a synthesis of stakeholder feedback and further analysis of relevant policies and guidelines. In addition, any redundant or non-essential elements, as well as areas of overlap with related population outcome indicators in the KTS Interim Review Plan, have been identified and removed.

### Indicator 5 (c)

The following table captures proposed measures in relation to indicator 5(c).

*Table 4: Indicator 5c measures*

Indicator	Measures
<p><b>Aboriginal communities report increased participation in the protection and wellbeing of Aboriginal children and young people.</b></p>	<ul style="list-style-type: none"> <li>• Proportion of cases involving Aboriginal children and young people that involve consultation with Aboriginal stakeholders within Community Services (e.g. Aboriginal Case Workers, the Aboriginal Consultation Advisory Panel)</li> <li>• Aboriginal Community Controlled Organisations report that they have been consulted by Community Services during the <i>investigation of protective concerns</i> involving Aboriginal children and young people</li> <li>• Aboriginal Community Controlled Organisations report that they have been consulted by Community Services to help identify and involve relevant members of the Aboriginal community to which the child belongs in (a) case planning decisions and (b) decisions about placement</li> <li>• Aboriginal stakeholders report that they have been consulted by universal services (especially health and schools), early intervention and secondary services about cases involving vulnerable Aboriginal children and young people</li> </ul> <p><u>Interim measures</u> in support of the above measures include:</p> <ul style="list-style-type: none"> <li>• Community Services case workers are familiar with practice guidelines that require them to engage and consult with Aboriginal stakeholders in cases involving Aboriginal children and young people</li> <li>• Aboriginal stakeholders report that they have received funding or other institutional support to participate in decision-making related to Aboriginal children and young people</li> <li>• Aboriginal stakeholders report they have an established working relationship with their local Community Services Centre</li> <li>• Aboriginal stakeholders report they participate in interagency meetings about vulnerable Aboriginal children and young people</li> <li>• Aboriginal stakeholders report that mainstream services dedicate time to build relationships with Aboriginal organisations, service providers and communities</li> </ul>

## Rationale for proposed measures

The proposed measures assume that genuine consultation with Aboriginal stakeholders is an indicator of increased participation by Aboriginal communities in the protection and wellbeing of Aboriginal children. This assumption is supported in stakeholder feedback from Aboriginal agencies and is upheld in various guidelines including *the Family and Community Services Aboriginal Consultation Guide* and *Working with Aboriginal People and Communities: A Practice Resource*.

Aboriginal stakeholders involved in the consultation process may be identified from within Community Services (e.g. Aboriginal Case Workers, the Aboriginal Consultation Advisory Panel) or outside Community Services (e.g. Aboriginal families and kinship groups, Aboriginal Education Officers, Aboriginal Community Liaison Officers, Aboriginal Health Workers or other staff employed by Aboriginal Community Controlled Organisations)<sup>26</sup>. Reports from Aboriginal communities in relation to this indicator should be representative of diverse Aboriginal stakeholders involved in the protection and wellbeing of Aboriginal children and young people.

The development of an integrated service system through KTS reforms means that Aboriginal communities should expect to be consulted by Community Services as well as by universal, early intervention and secondary services. In relation to Community Services, Aboriginal communities need to be consulted throughout Community Services' involvement in the life of an Aboriginal child or young person<sup>27</sup>, and particularly during the investigation of protective concerns, case planning decisions and decisions concerning placement.

To respond to stakeholder feedback from Aboriginal organisations about the need for accountability mechanisms and institutional support to participate in protection and wellbeing of Aboriginal children and young people, a number of interim measures have been proposed that are attainable in the short term and will contribute to good performance against the longer term measures that have been proposed.

## Data collection and reporting requirements

It is proposed that the perspectives of Aboriginal stakeholders working within Community Services could be obtained through semi-structured interviews with members of Aboriginal Consultation Advisory Panels (ACAPs). ACAPs are locally based panels which operate in some regions and provide a regular forum to allow case workers to consult with Aboriginal staff and community organisations/members about strategies to engage and support Aboriginal families<sup>28</sup>. Since internal consultation should occur with ACAPs on all casework matters<sup>29</sup>, they are an important mechanism to target for data collection purposes. This would work effectively in those regions where ACAPs operate and there are regional processes and practices that

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<sup>26</sup> Department of Family and Community Services (NSW), 2011, *Aboriginal Consultation Guide*.

<sup>27</sup> Department of Family and Community Services (NSW), 2011, *Aboriginal Consultation Guide*.

<sup>28</sup> Department of Family and Community Services (NSW), 2011, *Aboriginal Consultation Guide*.

<sup>29</sup> Department of Family and Community Services (NSW), 2011, *Aboriginal Consultation Guide*.

establish its use. An advantage of this method is that it would include members of the wider Aboriginal community where those individuals have nominated to participate on the Panel.

To more accurately identify the proportion of Community Services cases involving Aboriginal children and young people that involve consultation with a broader range of Aboriginal stakeholders, it is proposed that file reviews of Community Services cases are conducted. Case file reviews can be used to check for evidence of consultation with Aboriginal stakeholders during the investigation of protective concerns, case planning decisions and decisions concerning placement. The main advantage of this method is that it is unobtrusive and provides a 'behind the scenes' look at case work practice that is not directly observable. The main disadvantage of this method is that it assumes record keeping practices are of a high standard. This assumption may be reasonable in statutory cases but may be less reliable in non-statutory cases. This method could be used in conjunction with checking for compliance with the Aboriginal Child Placement Principle, which is identified as a separate indicator for this outcome in the KTS Interim Review Plan.

Data collection about Aboriginal children and young people not experiencing Community Services involvement but who may be in contact with other services is more challenging, and involves the use of more than one method. One method is to conduct case file reviews on agencies funded to provide prevention and early intervention services through the KTS reforms and to incorporate this as a requirement under service agreements. This way an expectation about good record keeping practices is formalised and processes that seek client consent to share information for the purposes of evaluation can be instituted.

Another method is a series of community forums that aim to be representative of Aboriginal stakeholders operating in the government and non-government sector including the Aboriginal community controlled sector. In addition to gathering information about the proposed measures, this method helps raise the level of awareness and understanding about the principles behind KTS, and assists with ongoing implementation of the reforms. In addition, feedback from community members during this evaluation suggests that carefully planned forums may be more culturally appropriate to the communication needs of Aboriginal people compared to traditional data collection methods.

The following table summarises the proposed methods for collecting data in relation to indicator 5(c).

## Summary of proposed methods for indicator 5(c)

Table 5: indicator 5(c) methods

Method	Information source	Advantages	Disadvantages
<b>Semi-structured interviews</b>	<ul style="list-style-type: none"> <li>Aboriginal Consultation Advisory Panel (including community members and members of Aboriginal organisations)</li> </ul>	<ul style="list-style-type: none"> <li>Captures the extent of Aboriginal consultation within Community Services</li> </ul>	<ul style="list-style-type: none"> <li>Not useful in regions where structured internal Aboriginal consultation processes do not operate</li> </ul>
<b>File reviews</b>	<ul style="list-style-type: none"> <li>Community Services cases involving Aboriginal children and young people</li> </ul>	<ul style="list-style-type: none"> <li>Unobtrusive</li> <li>Could be used in conjunction with checking for ACPP compliance</li> </ul>	<ul style="list-style-type: none"> <li>Information may be incomplete</li> </ul>
<b>File reviews</b>	<ul style="list-style-type: none"> <li>Aboriginal cases involving agencies funded to provide prevention and early intervention services</li> </ul>	<ul style="list-style-type: none"> <li>Incorporated into service agreements</li> </ul>	<ul style="list-style-type: none"> <li>Information may be incomplete</li> </ul>
<b>Community forums</b>	<ul style="list-style-type: none"> <li>Aboriginal stakeholders across the government, non-government and Aboriginal community controlled sector</li> </ul>	<ul style="list-style-type: none"> <li>Raises level of awareness and builds community ownership</li> </ul>	<ul style="list-style-type: none"> <li>May not be completely representative of the community</li> </ul>

Finally, the opportunity to leverage routinely collected information should be explored. Since the Act makes special provisions relating to Aboriginal children and families (sections 11-14), information exchange (Chapter 16A) and coordination (245E), relevant government departments may have identified performance indicators that enable them to monitor compliance with the legislation. In addition, the results of any internal Community Services file audit processes could be applicable, especially where checking for evidence of Aboriginal consultation is an area of focus. Where measures that have been proposed in this document are similar to any existing performance indicators or other evidentiary standards, this information should be used in support of the evaluation.

### 3.4 Indicator 9 (a) i-iv

The following table captures proposed measures in relation to indicator 9 (a) i-iv.

Table 6: Indicator 9 measures

Indicators	Measure
<p><b>Increased number of vulnerable and at risk families who report that they consider targeted support services to be relevant to their needs.</b></p>	<p>Number and proportion of families who reported that:</p> <ul style="list-style-type: none"> <li>• services listened to them</li> <li>• services considered their needs</li> <li>• they received services that they needed (and for parents/carers, to support the child or young person)</li> <li>• they received services that helped them achieve their own personal goals</li> <li>• they felt their opinions were heard on key decisions</li> <li>• that services were adapted to their needs</li> </ul>
<p><b>Increased number of vulnerable and at risk families who report that they found services to be accessible and appropriate.</b></p>	<p>Number and proportion of vulnerable and at risk families who reported that:</p> <ul style="list-style-type: none"> <li>• they knew how to access services for children and families</li> <li>• services for children and families were easy to access when they needed them</li> <li>• there are a range of services for children and families available in the local area to meet their needs</li> <li>• if any member of the family has special needs, support was provided to use a service (e.g. transport, interpreters, child care)</li> </ul>
<p><b>Increased number of vulnerable and at risk families who report that they consider systems and services to be responsive and timely.</b></p>	<p>Number and proportion of families who reported that:</p> <ul style="list-style-type: none"> <li>• the service responds to telephone calls or requests in a timely manner, i.e. within 24 hours</li> <li>• the service arrives at appointments on time</li> <li>• the service follows through on promises</li> <li>• the worker held regular discussions with the child or young person and their family</li> <li>• waiting times for getting a service were reasonable</li> <li>• if there was a need for a new worker, the transition was well coordinated</li> </ul>

Indicators	Measure
<p><b>Increased number of vulnerable and at risk families who report that they consider that services are culturally appropriate and inclusive.</b></p>	<p>Number and proportion of families who reported that:</p> <ul style="list-style-type: none"> <li>• they had the choice of accessing either mainstream or Aboriginal/CALD services in their local area</li> <li>• they were made to feel welcome by the service</li> <li>• there is a positive approach to Aboriginal/CALD clients by all staff</li> <li>• they feel culturally safe when dealing with the service</li> <li>• information is available in a way that respects their culture</li> <li>• if needed, communication and language services were made available</li> <li>• decisions took into consideration their cultural needs and interests and religious faith (if any)</li> <li>• if a child was in a placement with carers from a cultural background other than the one to which the child belongs, actions were identified that allowed the child to maintain contact with their community and culture</li> </ul>

### Rationale for proposed measures

Indicator 9(a) focuses on commonly accepted dimensions of effective service delivery, and proposed measures have been identified to take into account stakeholder and service user suggestions and good practice concepts and elements grounded in literature. The proposed measures have also been selected with regard to other KTS population outcome indicators to avoid the risk of duplication which may occur where similar types of information are collected in support of related outcomes.

### Data collection and reporting requirements

It is important to note that indicator 9(a) is directly relevant to quality improvement standards, particularly service standards. A number of stakeholders from the non-government sector indicated that obtaining client feedback through telephone interviews in conjunction with routine quality improvement processes has worked successfully in the past. Utilising these processes would allow evidence collected as part of the routine quality audit process to be used to inform this indicator.

To confirm the feasibility of this approach, it would be necessary to review the elements of relevant standards to ensure there is alignment with the proposed measures in this document. Agencies would also be required to ensure the proposed measures are embedded in their client feedback tools. This could be formalised through service agreements. Advantages of this method are that it reduces evaluation burden for participants and that it is responsive to red tape reduction strategies. It would also avoid the requirement for ethics approval. One

disadvantage of this approach is that it requires significant, up-front planning and coordination effort.

If this effort is considered to be excessive, it is proposed that telephone interviews with randomly selected clients are conducted. Although this method would necessitate ethics approval, it would be consistent with existing quality improvement/quality assurance approaches to gathering client feedback. It is expected that agency workers who hold the relationship with the client would be responsible for recruitment while independent researchers would be responsible for conducting telephone interviews. The use of agency workers to recruit participants is proposed to help mitigate the stigmatisation of being identified as a Child Protection client, an issue that was identified by some workers as being a potential barrier to use of this data collection method. This method is also sensitive to potentially low literacy levels in some clients, an issue that was identified by stakeholders as being problematic when relying upon written surveys. A disadvantage of this method is that interviews are time-consuming to set up and, owing to the nature of the client group, may need to be re-scheduled a number of times before being successfully completed.

The following table summarises the proposed methods for collecting data in relation to indicator 9(a).

### Summary of proposed methods for indicator 9

*Table 7: Indicator 9 methods*

Method	Information source	Advantages	Disadvantages
<b>Telephone interviews in conjunction with quality improvement processes</b>	<ul style="list-style-type: none"> <li>• Clients (and families)</li> </ul>	<ul style="list-style-type: none"> <li>• Reduces evaluation burden for participants</li> <li>• Reduces red tape for organisations</li> <li>• No requirement for ethics approval</li> </ul>	<ul style="list-style-type: none"> <li>• Requires significant up front planning and coordination effort</li> </ul>
<b>Telephone interviews</b>	<ul style="list-style-type: none"> <li>• Clients (and families)</li> </ul>	<ul style="list-style-type: none"> <li>• Can be applied in a non-stigmatising way</li> <li>• Accommodates varying literacy levels</li> </ul>	<ul style="list-style-type: none"> <li>• Time-consuming</li> </ul>

## 4 Opportunities to strengthen the implementation of Keep Them Safe

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The evaluation has identified a number of opportunities for reconfiguring aspects of KTS to ensure it meets its objectives more effectively.

### 1 Achieving the right balance of investment across all points of the service continuum

One of the main goals of KTS is to strengthen the continuum of services available to children and families. A critical question is the extent to which the balance of investment is 'right' in order to generate both short-term change (effectively, a reduction in child protection demand from ROSH reports) and to develop longer term capacity for prevention and early intervention.

The evaluation identifies challenges in meeting the needs of two groups of children, young people and families in particular:

- those who require early intervention services (such as Brighter Futures) but are unable to access an appropriate response.
- those who are considered: either too complex to be supported by early intervention programs, but risk is not sufficient to warrant statutory intervention; or are at risk of significant harm but are unable to be allocated by Community Services.

At times, both groups of children, young people and families are reportedly "falling through the cracks". In these cases, there is a risk that needs escalate to requiring a child protection response, or alternatively, they experience a pattern of repeat reports to child protection, until such point that risk is considered to be at a high enough level to enable allocation.

This trend is reportedly compounded by the changes to the EIPP program. Changes have meant that family support services are largely unable to provide longitudinal/intensive responses and there are reportedly insufficient targets for Brighter Futures, IFS and IFP.

There is a need, in the first instance, to review the balance of investment in services that support children of low, low-medium and higher risk cohorts, ensuring that sufficient investment is allocated to medium-high risk cohorts in the short term, while building the capacity of other services (to low-medium risk cohorts) in the longer term.

There is also a need to review the spread of existing services and infrastructure (i.e. NSW Government expenditure on pre-existing services that may support vulnerable and at-risk families), to ensure that – rather than reflecting historic patterns of population growth and need – they reflect current need, or what can be reasonably predicted as future need. This information should be used to better target, plan and coordinate service provision.

## 2 Adopting a stronger place-based response

The evaluation noted barriers to better service responses to vulnerable and at-risk children, young people and families at two levels.

With respect to *governance*, the RIGs are generally perceived as an information sharing forum, rather than acting as a mechanism for strategic inter-agency collaboration to plan for and effectively respond to local community needs.

In terms of *service delivery*, there are consistent issues with respect to service system fragmentation. These include the impact of exclusive eligibility criteria that restrict access to certain groups of children, and the impact of a program focus instead of a client focus, meaning the onus is on families and professionals to make sense of the service system, and that families are often required to change services as risk and complexity levels change.

Adopting a stronger place-based response – effectively targeting a whole location to address issues at a system level - has the potential to promote positive change. This would involve:

- *Strengthening the operation of the RIGs* so that, within each local area or region, they are clearly responsible for overseeing service system development and effectiveness. In this manner, RIGs would be responsible for:
  - undertaking planning to support better matching of service development to community needs and priorities and ensuring equity in the distribution of resources/services, based on the identified characteristics and needs of vulnerable children and families
  - consolidating the continuum of services, as well as improving the range, flexibility and responsiveness of services delivered
  - identifying the requirement for new service models
  - identifying and addressing workforce capability and capacity building requirements.
- *Strengthening existing elements of service delivery structures, in particular:*
  - *Strengthening the use of the FRS to become a visible and accessible point of entry* to all services and supports required by vulnerable and at-risk families within the region/locality – effectively creating a ‘no-wrong door’ approach. This could extend to all services and supports required to support health, wellbeing, community engagement and economic participation.
  - *Strengthening the capacity of the CWUs to support government agencies and NGOs at a local level.* There appear to be differential outcomes achieved for CWUs, dependent on their location and the extent to which they are embedded within the region that they are servicing. For example, the Health CWU appeared to be demonstrating best outcomes within Newcastle, as it was geographically located within the Newcastle area. Based on experience of evaluating similar program, this may reflect that CWU staff are embedded in local communities and have a strong working knowledge of the local service system. They therefore have a stronger capacity to provide targeted and relevant advice to

mandatory reporters. Further, there is greater opportunity for face-to-face training sessions and site visits with the direct input of CWU assessment officers, contributing to greater trust and better uptake of the CWU by local health professionals.

Based on these observations, consideration should be given to trialing 'regionalisation of the CWUs' to further strengthen support for mandatory reporters and promote better early intervention practice.

### 3 Introducing the notion of progressive universalism

The evaluation noted that service delivery models are often not well matched to the needs of vulnerable and at-risk children and families. They often have limited outreach capacity, lack of resources to persist where families fail to engage and there were limited examples of co-location of services to facilitate ease of access, or the provision of specialist services in universal settings (such as child care and schools) to promote a non-stigmatising response.

The concept of progressive universalism may assist with these issues. Progressive universalism recognises that neither targeted nor universal interventions alone can decrease the gradient of overall social inequality often experienced by vulnerable families, and acknowledges the dual importance of universal access to support and the need to take action that is proportionate to the degree of individual vulnerability.<sup>30</sup> While responses will vary based on local needs and local conditions, practical examples of this approach include:

- Strengthening the use of outreach services close to where vulnerable families live. For example, maternal and child health visits to supported playgroups, child care, kindergartens or schools; or the use of an outreach based supported playgroup. This will ensure that vulnerable families, who may not actively seek such services, gain the required levels of support.
- Out-posting family services staff (or potentially FRS staff) to work in schools or child care settings. This would enable early intervention for vulnerable children and families by supporting provision of consultation and advice to school staff, and improving communication and referral pathways for schools to services. Short-term family service intervention and case work could also be provided in schools to meet immediate needs and reduce the level of referral to secondary/specialist services.
- Where families have more complex and co-occurring needs, access to a key worker could be considered (building upon the FCM model to a degree). This individual would offer intensive case management, provide relationship-based support, offer advocacy and coordinate care team meetings. The role of the Key Worker is modeled on the concept of a Lead Professional which has been implemented in Scotland and England. Where implemented, the role has been found to provide a more focused, timely and effective

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<sup>30</sup> Lewis G (2005) Difference and social policy. In: Ellison, N and Pierson, C (eds) *Developments in British Social Policy 2*. Basingstoke: Palgrave Macmillan.

response to children's needs.<sup>31</sup> Similar intervention approaches have been demonstrated to provide sustained reductions (in the order of 30–50 percent) in problems associated with family functioning, health, and education over a 12 month period.<sup>32</sup>

#### 4 Continuing to build workforce capability and a culture of collective responsibility

KTS has made some gains in terms of building the capability and culture of professionals to respond to vulnerable and at-risk children and families. However, there is still some way to go in terms of ensuring that NGO services have the capability to respond/intervene early with more vulnerable children and families, and that adult-focused services are able to deliver on the notion of collective responsibility.

Considerations include:

- Influencing the focus of tertiary-based study to ensure: the notion of child protection as everyone's business is embedded into the teaching of all related professionals (e.g. those studying medicine or allied health); there is sufficient focus on child development, trauma or attachment theory; and that theory is sufficiently linked to practice to equip new graduates with the required practical skills and knowledge for early intervention.
  - A program of ongoing training, development and information sessions (for government agencies and NGOs) overseen by the Regional Implementation Group and embedded into agency practice. This would focus on improving understanding of the needs of children and families and early intervention capacity across NGOs.
- 5 Expanding CWU access to the NGO sector (inclusive of Independent and Catholic schools), in recognition of its capacity to influence practice change. **Leveraging the early successes of KTS and maintaining the momentum for change**

There are now many good practice examples demonstrating the capacity of KTS to **achieve change for children, young people and families. These highlight the value** of the reforms and effectively 'why workers across all sectors should remain engaged'. There is, however, a need to continue to build the momentum for change.

There is an opportunity to disseminate these good practice examples – through regional and state-wide forums and the KTS website – to maintain ongoing commitment, and enable professionals, agencies and regions to learn from one another.

This will support new practice to be embedded into professional and organisational culture.

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<sup>31</sup> The Scottish Government (2009), *Changing Professional Practice and culture to Get it Right for Every Child: An Evaluation of the Development and Early Implementation Phases of Getting it right for every child in Highland: 2006-2009*, pp.60-61.

<sup>32</sup> Munro E (2011), *The Munro Review of Child Protection: Final Report – a child-centred system*, p.76.

## A Evaluation approach

This section outlines the methodological design and the specific methods used to collect and analyse information to inform this evaluation.

### A.1 A qualitative approach

A qualitative approach was used to inform the evaluation's understanding of the implementation and impact of KTS. Information gathered in three locations was used to address each of the evaluation questions discussed in section 3, creating a picture of the status of the service system pre-KTS, the nature of services and supports that have been implemented through KTS and the emerging impacts with respect to service system capacity, workforce, culture, systems and practices, cooperation and coordination and the response to vulnerable children and families.

#### A.1.1 Selection of the location based evaluation sites

Three locations have been chosen to inform the evaluation: Liverpool, Newcastle and Tamworth.

A number of key criteria were used to select these locations:

- **Level of KTS investment** – with a preference for locations that have reasonably high levels of investment in order to assess the KTS impact.
- **Level of pre-existing infrastructure** – the extent of existing services available to children, young people and families. There was a preference to mix high and low levels of pre-existing infrastructure to assess the impact of KTS investment.
- **Level of need** – as determined by population characteristics including the total population, population under the age of 18, Aboriginal population under the age of 20, statistical indicators of social exclusion and susceptibility to future contact with the statutory Child Protection System (e.g. the NATSEM Child Social Exclusion index<sup>33</sup>), and rates of ROSH reports to the Community Services Helpline.

Consideration was then given to the following aspects:

- The presence of one of the prominent KTS reform initiatives (e.g. FCM, Alternative Dispute Resolution, FRS and WFTs) in at least one of the locations

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<sup>33</sup> NATSEM 'Child social exclusion: an updated index from the 2006 Census' July 2008 accessed at [http://www.canberra.edu.au/centres/natsem/publications?sq\\_content\\_src=%2BdXJsPWh0dHAIM0EIMkYlMkZ6aWJvLndpbi5jYW5iZXJyYS5lZHUuYXUIMkZuYXRzZW0IMkZpbmRleC5waHAIM0Ztb2RIITNEChVibGJjYXRpb24IMjZwdWJsaWNhdGlvbiUzRDEwOTAmYWxsPTE%3D](http://www.canberra.edu.au/centres/natsem/publications?sq_content_src=%2BdXJsPWh0dHAIM0EIMkYlMkZ6aWJvLndpbi5jYW5iZXJyYS5lZHUuYXUIMkZuYXRzZW0IMkZpbmRleC5waHAIM0Ztb2RIITNEChVibGJjYXRpb24IMjZwdWJsaWNhdGlvbiUzRDEwOTAmYWxsPTE%3D) on 25 May 2012. The NATSEM child social exclusion report classifies data from the 2006 Census. The bottom quintile (quintile 1) represents those Statistical Local Areas (SLAs) in which children have the highest risk of social exclusion.

- Providing a balance between locations in the North, South, East, West of the state
- Ensuring locations included both metropolitan and regional/rural locations.

Table 6 below summarises the profile of Liverpool, Newcastle and Tamworth.

*Table 8: Location profile*

Location	KTS Investment	Pre-existing Infrastructure	Level of Need
Liverpool	Medium/High	Medium/High	Medium/High
Newcastle	High	High	High
Tamworth	High	Low	High

Source: KPMG

Other notable characteristics of the three sites are as follows:

- **Liverpool** – has an established FCM service. Neither Tamworth nor Newcastle has a FCM service.
- **Newcastle** – the extent of the investment is greater than that in other similar areas (\$195 per child compared to about \$80 per child). Newcastle is only one of three locations that has a well-established FRS.
- **Tamworth** – also has a face-to-face FRS, although it was established more recently than the Newcastle service.

## A.2 Conceptual approach to the analysis

The evaluation applied a multi-level approach to the analysis of qualitative information to reflect the complexity of KTS and its implementation. These levels include:

- **Level 1: Location based analysis.** Information gathered in the three locations was used to assess implementation and impact of KTS, in the context of each location.
- **Level 2: Components of the KTS reforms.** Each of the following components were considered separately in terms of its contribution to the overall objectives of KTS:
  - service system capacity
  - workforce
  - culture
  - systems and practices

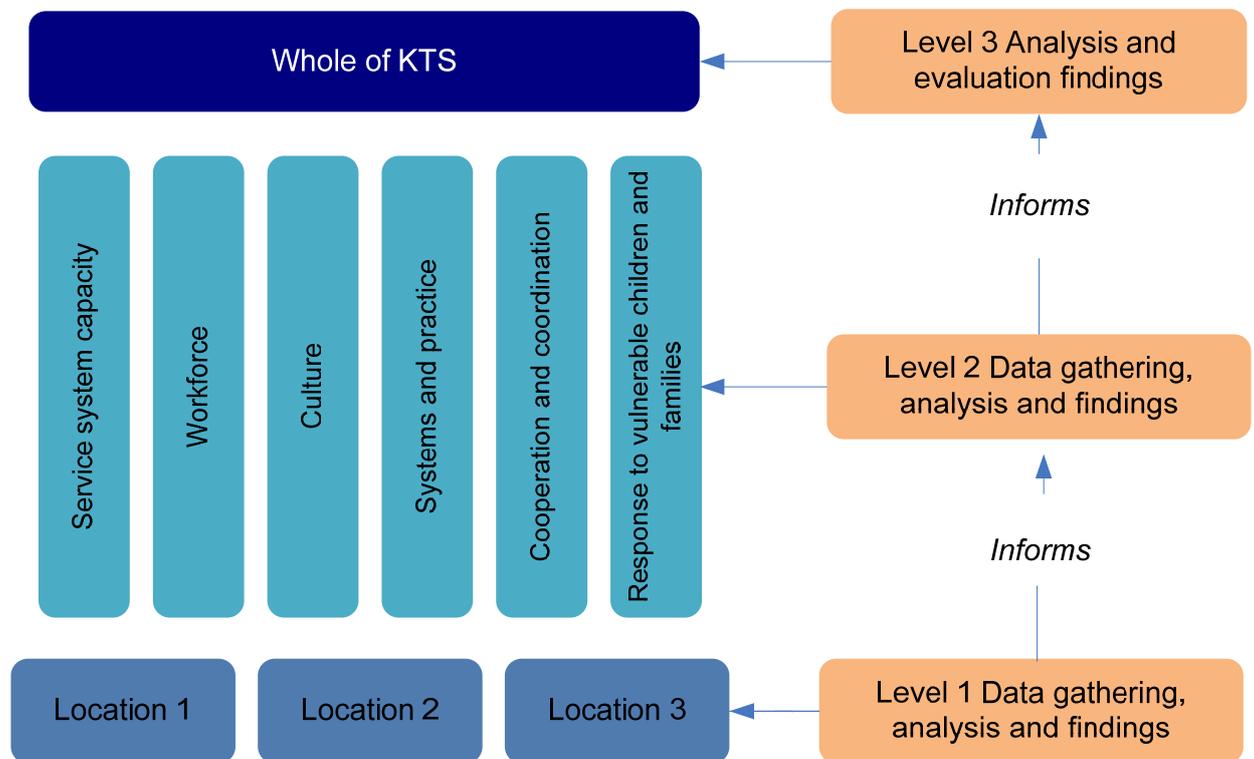
- cooperation and coordination
- response to vulnerable children, young people and families.

Data and information from each of the three locations was aggregated to the component level, to enable an assessment to be made as to the individual contribution of each component to the overall KTS objectives.

- **Level 3: Whole of KTS.** This draws upon the information and findings at the previous two levels to draw conclusions about implementation of KTS and their effectiveness in contributing to the issues highlighted in the Wood Inquiry and the KTS objectives<sup>34</sup>.

This multi-level analytical approach is depicted in Figure 2 below.

Figure 2: Conceptual approach to evaluation design



Source: KPMG

### A.3 Methods

Three methods were used to undertake the qualitative research to inform the evaluation: documentation analysis, consultations with stakeholders and a service provider survey.

<sup>34</sup> *Keep Them Safe*, op cit

### A.3.1 Documentation analysis

Analysis of key documentation produced at the statewide and location based level formed an important input to the evaluation and contributed to the understanding of:

- the status of the service system in each location pre-KTS
- how KTS was designed to improve this situation
- the nature of what has been implemented in each location, including key similarities and differences in arrangements
- how key variables (e.g. geography, nature of pre-existing infrastructure, nature of new programs/strategies put in place, period of establishment, level of investment and other domains) influenced the effectiveness of the KTS reforms
- local needs
- processes and structures designed to embed change in the medium to long term.

An understanding of the local implementation of KTS reforms, through analysis of key documents, informed and enriched consultations with stakeholders. This understanding prompted lines of enquiry and ensured that questions were relevant for stakeholders and maximised their opportunity to contribute a detailed account of their experiences and knowledge.

### A.3.2 Consultations with stakeholders

The evaluation consulted with stakeholders using a range of qualitative methods, tailored to reflect differences in the nature of the stakeholder group, the point in time at which the consultation occurred, the specific purpose of the consultation, and the issues that emerged through the evaluation.

Consultation occurred with individuals who have had direct involvement in the KTS reforms and initiatives and who were likely to have been directly impacted by the reforms. This included:

- **Agency leaders** (i.e. CEOs and senior staff from within key government agencies and NGOs, as well as representatives of peak bodies).
- **Service provider staff** (i.e. front-line staff from KTS initiatives, as well as universal, early intervention, Community Services and out-of-home care services, the courts and mandatory reporters).
- **Children, young people and families.**

### A.3.3 Location Based Evaluation Survey

One of the key tasks of the evaluation was to identify sectoral and other networks, attending to the degree of cooperation, collaboration, coordination between services and the effects on service-users.

The survey design built on (rather than duplicated) the responses previously gained from mandatory reporters and service providers through the *Workforce Survey* (a separate component of the KTS Interim Review). It was designed to further explore issues identified through this survey. Appendix C identifies the areas of the *Workforce Survey* that were relevant to this evaluation.

The survey was administered in each location at each of the five focus groups with service providers as well as with agency leaders.

## B Evaluation questions mapped to Interim Review Questions

Findings have been structured against the Location Based Evaluation questions articulated in the KPMG evaluation framework. The discussion of findings aligns with the seven Interim Review questions addressed by the location based evaluation (see table below).

Interim Review Questions	Location Based Evaluation Questions (KPMG Evaluation Framework)
1 <b>To what degree is the universal service system stronger and more extensive?</b>	Which KTS reforms and programs have been implemented in each location, and which are considered most important by service providers/users in these locations? What was the associated KTS investment in each location?
2 <b>Have early intervention services been enhanced?</b>	To what extent has the implementation of KTS influenced the availability and capacity of services and continuum of supports for children, young people and families?
3 <b>Are early intervention services supporting children and parents in the community?</b>	
4 <b>Are workers engaging with the Mandatory Reporter Guide and the new reporting threshold so that the statutory child protection system is more streamlined and focussed on children at greatest risk?</b>	<p>What is the current status of reforms among mandatory reporters? Consider both knowledge of the reforms and practice.</p> <p>Has KTS investment improved capacity to address the needs of children and young people at risk of significant harm? How and to what effect?</p>
5 <b>Have out-of-home care and children's court processes improved?</b>	Focus only on Alternative Dispute Resolution at a very high level and out-of-home care, with reference to the new coordinator positions.

Interim Review Questions	Location Based Evaluation Questions (KPMG Evaluation Framework)
6 <b>To what degree is there coordination and information sharing amongst agencies?</b>	How has KTS influenced local practice and systems, including the capacity of government agencies and NGOs to provide a coordinated response? What factors have enabled and detracted from change in this area?
7 <b>Do new systems effectively link families to services?</b>	
8 <b>Are services more available and better able to meet the needs of Aboriginal children, young people and families?</b>	Has KTS improved capacity to respond to the needs of identified population groups, such as vulnerable older children and adolescents, and Aboriginal children, young people and their families? How and to what effect?
9 <b>Have services increased the levels of cultural awareness, cultural competence and partnerships with Aboriginal communities?</b>	
10 <b>What is the current state of partnerships between government and non-government services?</b>	How has KTS influenced local practice and systems, including the capacity of government agencies and NGOs to provide a coordinated response? What factors have enabled and detracted from change in this area?
11 <b>Have government and non-government services engaged positively in the process of workforce culture change?</b>	How has KTS influenced workforce capacity (within government and non-government services) and cultural change? What factors have enabled and detracted from change in this area?

## C Indicators and draft measures

The following draft measures were prepared for discussion in focus groups and with service users.

Indicators	Measure
<p><b>Aboriginal communities report increased participation in the protection and wellbeing of Aboriginal children and young people.</b></p>	<p>Aboriginal Community Controlled Organisations report that they have received support to participate in decision-making related to Aboriginal children and young people.</p> <p>Aboriginal Community Controlled Organisations report increased participation in each of the following areas <i>for children and young people at risk of significant harm</i>:</p> <ul style="list-style-type: none"> <li>• Investigation of protective concerns</li> <li>• Assisting children, young people and families to better understand the reasons for Community Services' involvement and the investigation processes</li> <li>• Providing information and advice to Community Services on the child's family and community, suitable local support services and community networks for the purpose of referral</li> <li>• Assisting Community Services to identify and involve the child's extended family and community members in decision making</li> <li>• Case management</li> <li>• Decision-making about placing a child in care and the most appropriate placement</li> <li>• Cultural Support planning for Aboriginal children in out-of-home care.</li> </ul> <p>Aboriginal Community Controlled Organisations report increased participation in each of the following areas <i>for children and young people who are vulnerable</i>:</p> <ul style="list-style-type: none"> <li>• Providing information and advice to universal, early intervention and secondary services on suitable local support services and community networks for the purpose of referral</li> <li>• Case management.</li> </ul>

Indicators	Measure
<b>Increased number of vulnerable and at risk families who report that they consider targeted support services to be relevant to their needs.</b>	Number and proportion of families who reported that: <ul style="list-style-type: none"> <li>• The services were useful in helping themselves and their family</li> <li>• Services responded to their identified needs</li> <li>• Services helped them to address issues which were impacting on their capacity to care for their child</li> <li>• Services were useful in promoting the health or wellbeing of their child.</li> </ul>
<b>Increased number of vulnerable and at risk families who report that they found services to be accessible and appropriate.</b>	Number and proportion of vulnerable and at risk families who reported that: <ul style="list-style-type: none"> <li>• They knew how to access universal, early intervention and secondary services in their local area</li> <li>• That services were easy to access when they needed them</li> <li>• That there are the range of services available in their local to meet their needs.</li> </ul>
<b>Increased number of vulnerable and at risk families who report that they consider systems and services to be responsive and timely.</b>	Number and proportion of families who reported that: <ul style="list-style-type: none"> <li>• Services/their case worker visited them regularly</li> <li>• When they asked for assistance, the case worker/service responded in a timely way</li> <li>• They were referred to additional support services that met their needs.</li> </ul>
<b>Increased number of vulnerable and at risk families who report that they consider that services are culturally appropriate and inclusive.</b>	Number and proportion of families who reported that: <ul style="list-style-type: none"> <li>• They had the choice of accessing either mainstream or Aboriginal/CALD services in their local area</li> <li>• They were made to feel welcome by the service</li> <li>• There is a positive approach to Aboriginal/CALD clients by all staff</li> <li>• They feel culturally safe when dealing with the service</li> <li>• Information is available in a way that honours and respects their culture</li> <li>• There are feedback processes to enable them to comment on staff/carer/ volunteer cultural competence.</li> </ul>