

Keep Them Safe Interim Review

Spatial Mapping and Analysis Final report

Keep Them Safe Implementation Unit
NSW Department of Premier and Cabinet

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Glossary

ACARA	Australian Curriculum Assessment and Reporting Authority
ABS	Australian Bureau of Statistics
ADR	Alternative Dispute Resolution
AEDI	The Australian Early Development Index
ANU	Australian National University
CAEPR	The Centre for Aboriginal Economic Policy Research
CSGP	Community Services Grants Program
CSE	Child Social Exclusion
CWU	Child Wellbeing Unit
DAGJ	NSW Department of Attorney General and Justice
DPC	NSW Department of Premier and Cabinet
DEC	NSW Department of Education and Communities
FACS	NSW Department of Family and Community Services
HEALTH	NSW Ministry of Health
JIRT	Joint Investigative Response Team
KTS	Keep Them Safe
LHD	Local Health District
LGA	Local Government Area
NATSEM	National Centre for Social and Economic Modelling
NGO	Non-Government Organisation
OOHC	Out of Home Care
POLICE	NSW Police Force
ROSH	Risk of Significant Harm
SEIFA	Socioeconomic Indexes for Areas
WOOD INQUIRY	The Special Commission of Inquiry into Child Protection in NSW

Executive Summary

Keep Them Safe (KTS): A shared approach to child wellbeing 2009-2014 was announced by the NSW Government in March 2009 as a direct response to the Wood Inquiry into the NSW child protection system.

The KTS reform package consists of \$750 million over five years for projects focusing on:

- A strong universal service system;
- Enhanced early intervention and community based services;
- A streamlined statutory child protection system focusing on children at greatest risk;
- Better systems to link families to the right services and improved coordination and information sharing;
- Improved support for Aboriginal children and families;
- Strengthening partnership – working with the non-government sector and achieving workforce and cultural change; and
- Delivering the KTS plan and measuring success.

In accordance with the *Implementation Plan for Evaluation of Keep Them Safe*, the NSW Government is currently undertaking an Interim Review of Keep Them Safe, which is due to conclude by December 2012. This report is the output of *The Spatial Mapping and Analysis Project*, one of six components of the Interim Review (Urbis 2011).

The project has considered how and where the \$451 million KTS budget for 2008-09 to 2011-12 has been distributed across the State and the relationship between the level of expenditure in communities and their relative level of need.

Treatment of KTS expenditure

Only KTS expenditure in programs that could reasonably be attributed to an area within NSW has been included in the spatial analysis. Other KTS expenditure on programs related to change management, upgrades to internal systems, evaluation and some funding directed through Non-Government Organisations (NGOs) has been excluded. Overall, just under half of the KTS expenditure has been mapped (\$222 million).

Measures of need

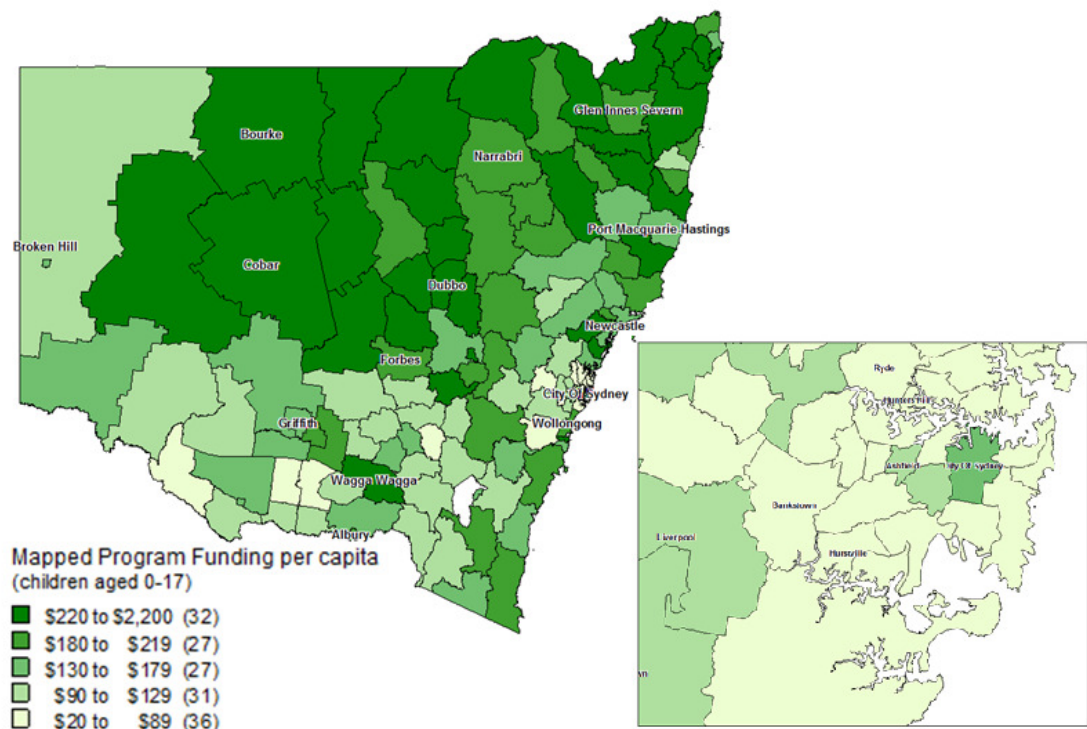
The project has considered the need for KTS services in communities around NSW based on measures of relative disadvantage, including the SEIFA Index of Relative Socioeconomic Disadvantage and the Indigenous Socioeconomic Ranking, as well as child protection reporting patterns.

Conclusions

Geographic analysis of the mapped KTS expenditure from 2008-09 to 2011-12 shows that expenditure has generally been highest in areas of the State with the highest levels of need – whether this is measured by the number of children who are the subject of child protection reports or another measure of relative disadvantage.

Non-metropolitan areas with the highest levels of per capita funding include the Far West, West, Northern and Hunter-New England regions of the State – all areas of relatively high need. Similarly, in metropolitan areas, there has been a greater level of KTS expenditure in the relatively disadvantaged Western and South Western Sydney regions, although, not to the same level as disadvantaged non-metropolitan areas. Overall, substantially more expenditure has occurred in non-metropolitan areas of the State at \$224 per child compared with metropolitan areas at \$95. Some reasons for this are discussed in Chapter 5 of this report.

Figure A.1 KTS expenditure per capita (children aged 0-17)



KTS funding has supported a substantial number of pilot programs, trials and staged program roll-outs, which contribute to variations in the level of per capita expenditure across the State. In most cases decisions have been made to locate these programs in disadvantaged areas or areas of high need. KTS funding has also included a number of programs targeting Aboriginal children and families. The distribution of expenditure on these programs differs from other programs and has generally been directed towards areas where there is a relatively high population of Aboriginal children and young people and a strong need for services. These programs have had a predominantly rural focus.

Implications for future resource allocation

Although expenditure on KTS projects has generally been greatest in areas of high need, not all areas of high need have been funded equally. Areas of high need that have received relatively less funding include the non-metropolitan Murrumbidgee and Southern regions and parts (but not all) of the Far West region. Metropolitan areas with high levels of

disadvantage have also received less funding per capita than similarly disadvantaged non-metropolitan areas.

These issues should be a considered in future resource allocation decisions along with the relationship of KTS expenditure to broader NSW government spending on child protection and universal services, as well as services delivered by other bodies such as the Commonwealth Government.

1 Introduction

This chapter provides a broad overview of the child protection system in NSW and of the Keep Them Safe reform program. More detailed information about the Keep Them Safe reforms can be found at: <http://www.keepthemsafe.nsw.gov.au>.

1.1 Child protection in NSW

Over the past ten years, the child protection system in NSW has undergone substantial legal and administrative reform, and simultaneously had to cope with continued increases in demand for services. According to the Department of Family and Community Services (FACS) (Zhou 2010), the proportion of NSW children aged below 18 years who were known to FACS increased from 19 per cent in 2005 to 27 per cent in 2009. In the same period, the number of children aged below 18 years is estimated to have increased by about 1.5 per cent from 1.59 million in 2005 to 1.61 million in 2009 (ABS 2011).

1.1.1 The Wood Inquiry

In light of this and following the high profile deaths of two children in circumstances of abuse and neglect, a Special Commission of Inquiry into Child Protection in NSW was established in November 2007, conducted by the Hon. James Wood AO, QC. The Inquiry (referred to in this report as the 'Wood Inquiry') investigated the changes needed to provide more effective and holistic services to protect children and to meet future levels of demand. A major aim of its recommendations was to address the underlying issues which lead to children and young people requiring the State to step in to keep them safe. It recommended the move towards more flexible prevention and early intervention services available for children, young people and their families.

1.1.2 Inquiry recommendations

The Inquiry handed down its findings in November 2008. A key theme of the Inquiry's report was the shared responsibility of the government and community in protecting children. The report also had a strong focus on prevention and early intervention services and identified particular vulnerable population groups, such as Aboriginal children and their families, and children in out-of-home care.

Overall, the Wood Inquiry's report contained 111 recommendations for reform, 107 of which were accepted by the NSW Government.

1.2 Keep Them Safe

Keep Them Safe (KTS): A shared approach to child wellbeing 2009-2014 was announced by the NSW Government in March 2009 as a direct response to the Wood Inquiry. It consists of a five-year action plan, which aims to reshape the way family and community services are being delivered in NSW in order to improve the safety, welfare and wellbeing of children and young people. Key initiatives include:

1. A strong universal service system;
2. Enhanced early intervention and community based services;
3. A streamlined statutory child protection system focusing on children at greatest risk;
4. Better systems to link families to the right services and improved coordination and information sharing;
5. Improved support for Aboriginal children and families;
6. Strengthening partnership – working with the non-government sector and achieving workforce and cultural change; and
7. Delivering the KTS plan and measuring success (DPC 2009a).

The KTS action plan has 186 proposed actions. Some are new initiatives arising from the recommendations of the Wood Inquiry while others are adjustments to current programs. KTS spans multiple program areas in both government and non-government service systems. The overarching aim of KTS is to develop a holistic and integrated service delivery model to improve access to a range of services for children, young people and their families. This is intended to address the underlying causes of child welfare and protection issues before they become serious enough to require the intervention of the statutory child protection system.

1.2.1 Interim Review

KTS has now reached the mid-point of its five-year plan and an interim review of its implementation and effectiveness is being conducted. The Interim Review focuses on the workforce and cultural changes, and practice and system changes, with a view to understanding the likelihood of achieving overall KTS outcomes.

Components of the KTS interim review

The KTS interim review will include the following six components:

1. Review of actions against the current reporting mechanisms including KTS Annual Report;
2. Spatial mapping to provide a geographic-based representation of KTS investment and activity across NSW;
3. A workforce survey to understand the impact of KTS on the workforce of mandatory reporters – the first level at which outcomes are likely to be identified;
4. Detailed focused evaluations at up to four locations in NSW, where there has already been KTS investment ;
5. A synthesis of relevant information from KTS Project Evaluations; and
6. Reporting of the first tranche of data against KTS performance indicators (DPC 2012).

The questions which the Interim Review seeks to address appear in Appendix A.

1.2.2 Spatial analysis project

This report is the output of the spatial mapping and analysis component of the review. The project has involved:

- Mapping KTS-specific child, family and community-related investment across NSW communities;
- Identifying clustered investment activity;
- Illustrating the relationship to population characteristics regarding relative disadvantage, child protection reporting, childhood development and health, and relevant aspects of social determinants of health; and
- Identifying reporting patterns to the Child Protection Helpline and to Child Wellbeing Units (CWUs).

The purpose of the spatial mapping and analysis project is to:

- Identify the degree of service expansion and enhancement undertaken to date under KTS, measured by the overall level of expenditure;
- Test alignment between areas of need and areas of investment;
- Inform location selection for the Location Based Analysis component of the Interim Review;
- Contextualise the relative effects of KTS on child wellbeing outcomes in different areas; and
- Assist in informing decisions regarding any future allocation of resources on a geographical basis.

1.3 Structure of this report

The remainder of this report is structured as follows:

- Chapter 2 provides a summary of the KTS programs and the process for attributing KTS expenditure between different areas of the State;
- Chapter 3 introduces a number of alternative measures of the need for KTS services;
- Chapter 4 tests the relationship between the distribution of KTS expenditure and the indicators of need identified in Chapter 3; and
- Chapter 5 outlines the conclusions of this report.

The report also includes three appendices:

- Appendix A lists the KTS Interim Review questions and those relevant to this project;
- Appendix B provides details on the KTS programs referred to in this report; and
- Appendix C outlines some selected characteristics of NSW Local Government Areas (LGAs).

2 Investment in Keep Them Safe

This chapter summarises the different programs implemented as part of the KTS reforms and provides descriptive statistics of the level of investment in each program.

2.1 Overall investment

Funding for the implementation of KTS actions was announced on 16 June 2009, as part of the 2009-10 NSW State Budget. In total, the KTS funding package consisted of \$750 million over five years (2009 to 2014), which included the broad areas of:

- Enhanced prevention and early intervention services (\$114 million)
- Improving services for Aboriginal children and young people (\$25 million)
- Enhanced acute services (e.g. intensive family preservation) (\$58 million)
- Changes to the child protection system and services (\$170 million)
- Out-of-home care (\$222 million) (DPC 2009b).¹

In total, funding was allocated to more than 79 projects delivered by a range of government agencies and non-government organisations. Following recent machinery-of-government changes, this funding is now being administered by six Departments:

- Department of Attorney General and Justice (DAGJ);
- Department of Education and Communities (DEC);
- Department of Family and Community Services (FaCS);
- Department of Premier and Cabinet (DPC);
- NSW Ministry of Health (Health); and
- NSW Police Force (Police).

More than 40 per cent of funding was allocated to non-government organisations (NGOs), reflecting an increased role of the NGO sector as recommended by the Wood Inquiry. Much of the NGO funding was allocated for the delivery of out-of-home care services.

While \$750 million was allocated to the KTS reforms over the period 2009-2014, this spatial analysis project only considers actual and forecast expenditure up to the end of the 2011-12 financial year. Information provided by the NSW Department of Premier and Cabinet (DPC) indicates that the total amount allocated to KTS-funded projects from 2008-09 to 2011-12 equates to \$451 million (Figure 2.1).

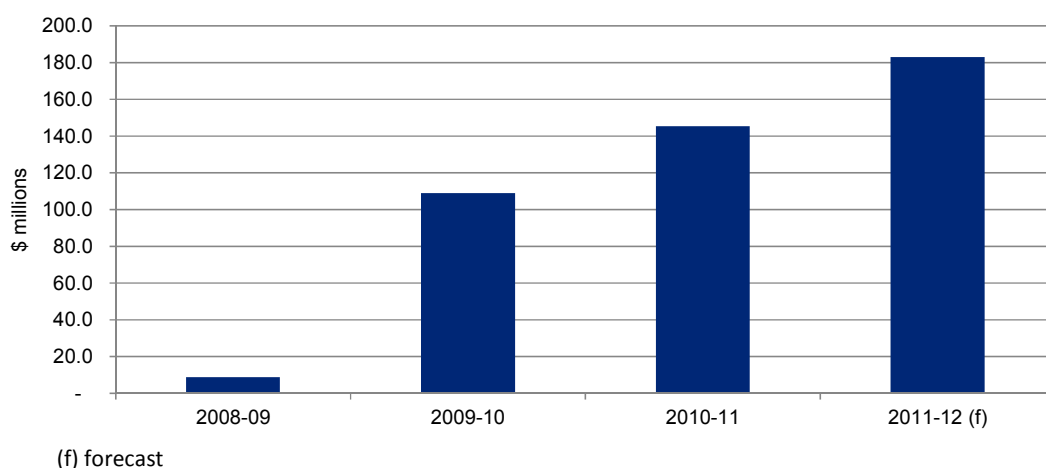
Importantly, the total amount allocated to KTS projects represents only a sub-set of the NSW Government's total expenditure on child protection across all of the relevant

¹ Note that KTS expenditure also occurred in areas outside these categories. More information on the total funding package can be found at:

<http://www.keepthemsafe.nsw.gov.au/v1/what_is_keep_them_safe_a_shared_approach_to_child_wellbeing./funding_for_keep_them_safe>

portfolios. For example, in 2011-12 the amount allocated to KTS-funded programs across agencies in that year was \$182 million (as shown in Figure 2.1). By comparison, the FaCS budget alone included \$169 million for Child, Youth and Family Prevention and Early Intervention Services; and \$424 million for Statutory Child Protection – of which approximately \$102 million was for KTS initiatives (NSW Treasury 2011).

Figure 2.1 KTS program budget 2008-09 to 2011-12



2.2 KTS-funded programs

This section provides an overview of the 79 KTS-funded programs. Further detail on individual programs is contained in Chapter 4 and also Appendix B.

2.2.1 Major programs

As identified above a substantial portion of the KTS reform budget was allocated for enhancements to out-of-home care, including funding for both NGO and FaCS activities in this area. These programs account for approximately one third of the 2008-09 to 2011-12 KTS budget.

Other substantial programs, in terms of budget include the funding for additional child protection caseworkers, the Child Wellbeing Units (CWUs) established in four agencies, funding allocated to Brighter Futures² and funding for the Child Protection Helpline. Table 2.1 shows the KTS-funded programs with budgets exceeding \$10 million over the period 2008-09 to 2011-12. These 12 programs account for two-thirds of the total KTS budget over this period.

Most of the remaining KTS-funded programs had a total budget of less than \$3 million, with many less than \$1 million. A full list of the funded programs is provided in Appendix B.

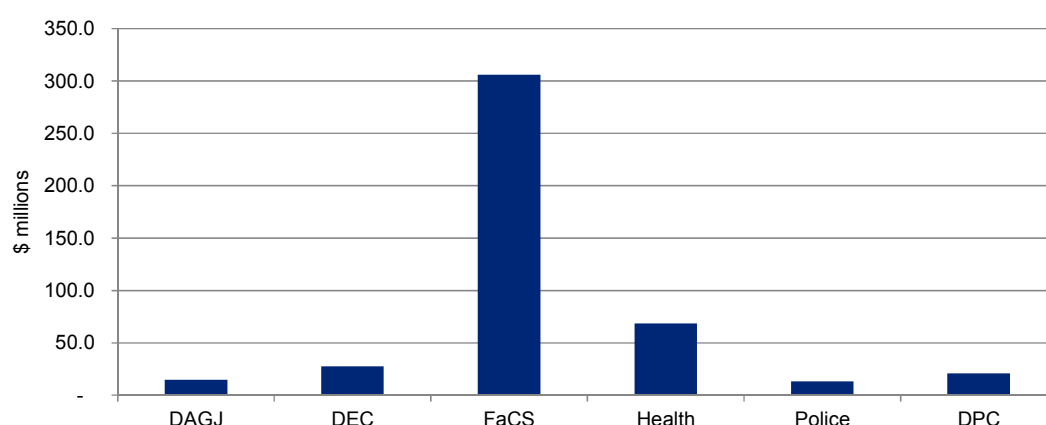
² An early intervention program.

Table 2.1 KTS projects with budget in excess of \$10 million (2008-09 to 2011-12)

Project	Agency	Budget \$m	Share of total
Out-of-home care (NGOs)	FaCS	\$100.5	22%
Out-of-home-care (FaCS)	FaCS	\$50.8	11%
Additional (FaCS) Caseworkers	FaCS	\$19.6	4%
Prevention & Early Intervention (incl CSGP & Sustained Home Visiting)	FaCS	\$19.6	4%
Brighter Futures	FaCS	\$18.6	4%
Intensive Family Preservation	FaCS	\$15.5	3%
Family Referral Services	Health	\$13.2	3%
Helpline	FaCS	\$12.5	3%
Child Wellbeing Unit	Police	\$11.7	3%
Child Wellbeing Unit	Health	\$10.7	2%
Out-of-home care health coordinators & assessments for children	Health	\$10.5	2%
Child Wellbeing Unit	DEC	\$10.2	2%
Total (Programs in list)		\$293.4	65%

2.2.2 By Agency

As can be seen from the figure below, the majority of KTS funding has been for FaCS-led projects (68 per cent) with Health projects being the next largest share (15 per cent).

Figure 2.2 KTS project funding by agency (2008-09 to 2011-12)

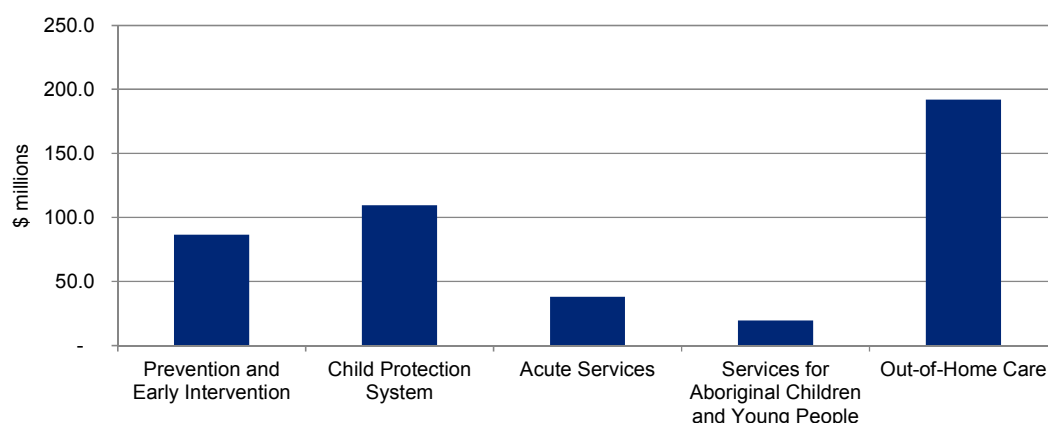
2.2.3 Programs by reform area

KTS project funding included allocations for the following reform areas:

- Prevention and Early Intervention;
- Child Protection System;
- Acute Services;

- Services for Aboriginal Children and Young People; and
- Out-of-Home Care.

Figure 2.3 KTS project funding by reform area (2008-09 to 2011-12)



2.2.4 Project type and nature of program

Funding for the KTS projects was directed to a variety of project types, including enhancement funding for existing programs and new projects, although the distinction is not always clear – for example some KTS programs provide a new service, which is aimed to enhance existing services. Overall, approximately 70 per cent of funding was provided to enhance existing projects, with the remainder directed toward new services.

In addition, the nature of the KTS projects varies, with some of the projects being of an ongoing nature, others being piloted and some as a one-off system change.

2.3 Mapping program expenditure

The project has required mapping the expenditure on KTS-funded programs to locations within NSW. Geographic allocations have been made based on advice from the agencies receiving KTS funding.

2.3.1 General approach

It was not possible to map all KTS expenditure by location. Location based mapping was undertaken for:

- **State-wide projects where the level of funding varies across the State** – For example, enhancement to out-of-home care or the Home-School Liaison Officers, which is based in various locations throughout the State.
- **Projects targeting particular areas or population groups** – For example, the Aboriginal Student Liaison Officers program (administered by DEC) and specific Aboriginal referral services.
- **Pilot programs delivered in selected locations** – For example, the Family Case Management project piloted in South East NSW, South West Sydney and Western NSW.

- **Projects relating to a system change, where funding could reasonably be attributed to an area** – for example training for mandatory reporters. This was provided in areas across the State, with expenditure allocated based on the location of training sessions.

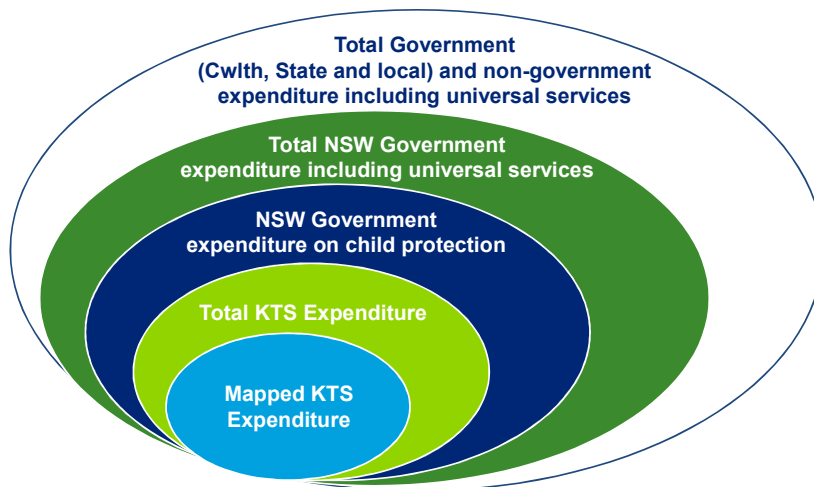
Programs that were not able to be mapped by location included:

- **State-wide projects delivered from a central location** – For example, the CWUs, which are located centrally within agencies, providing telephone advice to mandatory reporters from that agency; the Child Protection Helpline; and eReporting.
- **Projects without a direct link to service delivery** – For example, funding to establish regional governance structures; upgrades to central IT systems; and funding allocated to the review of trials and pilot programs.

While not able to be mapped by location, these programs support the effective delivery of child protection services wherever they are delivered across NSW. As a result, no part of the State received no funding under KTS.

Overall, the amount of funding that could be attributed to a location in the State was \$222 million, out of the total \$451 million – equivalent to 49 per cent. Figure 2.4 depicts the total expenditure on child protection across NSW portfolios, the KTS expenditure and the mappable expenditure.

Figure 2.4 Context for mapped KTS expenditure (not to scale)



2.3.2 Consolidating agency level data

To create a map of the total, location-attributable KTS expenditure, agencies were asked to provide information on the geographic locations in which their KTS programs were delivered in the period 2008-09 to 2011-12. One of the key challenges in consolidating this data was the varying regional structures employed by different NSW government agencies. For example FaCS currently operates across seven regions, whereas NSW Health operates according to 15 Local Health Districts (LHDs). Other KTS-funded programs have been delivered at the LGA level. Recent changes to agency structures mean that some agencies operate with several geographic definitions.

2.3.3 Geographic units

Throughout this report data are presented at the LGA level. There are 153 LGAs in NSW, providing sufficient detail to analyse trends in expenditure and need across the State. Australian Bureau of Statistics (ABS) population data and indices of disadvantage are also available by LGA. For the most part, the boundaries used by NSW government agencies are consistent with LGA boundaries and are, in effect, aggregations of LGAs.

Where agencies provided data at the LGA level, mapping was straight-forward. However, in cases where data was not provided at the LGA level, the following processes were applied.

- **Allocating expenditure from areas larger than LGAs** – in the case that expenditure information was provided for areas which are larger than LGAs (i.e. LHDs) the expenditure was divided amongst the LGAs within the wider region, based on the share of the population of 0-17 year olds in each LGA.
- **Allocating expenditure from areas smaller than LGAs** – in the case that expenditure information was provided for areas smaller than LGAs (i.e. a specific town or suburb within an LGA) the expenditure was attributed to the wider LGA.
- **Allocating expenditure from postcodes** – postcode boundaries do not follow LGA boundaries and although they are generally smaller than LGAs, postcodes can fall across two or more LGAs. Expenditure information provided at the postcode level was converted to the LGA level using population concordance files from the ABS.

Throughout the report, the maps of NSW and the Sydney metropolitan area have been presented as follows:

- Green maps show the level of KTS expenditure;
- Blue maps show a measure of population or need; and
- Red maps show a measure of children in child protection reports.

For presentation purposes, the maps have been sorted into ‘quintiles’ – five categories, with a roughly equal number of LGAs falling into each category. When considering the maps note, that the range for each of these categories varies.

2.3.4 Use of activity level data

In many cases, agencies were not able to provide expenditure information at a sufficiently small geographic scale (e.g. data was only available by region or for the whole State). In these cases, activity level data has been used to allocate expenditure by LGA. Some specific examples include:

- **Family conferencing programs** – judges and registrars conduct family conferences on a circuit of regional courts. The budget for these programs has been allocated to LGAs based on the number of conferences held in each location in 2010 and 2011.
- **Out-of-home care coordinators** – 12 coordinators have been appointed in LHDs. Expenditure associated with these coordinators has been divided equally amongst the regions they cover, but does not take into account minor differences in pay-grades and allowances.
- **Enhancement funding for out-of-home care** – this project provided for an increase in out-of-home care allowances and was therefore combined with non-KTS funding.

Expenditure for this program was allocated to areas based on the total number of children in out-of-home care at 30 June in each of the relevant years.

More information on the treatment of individual programs is provided in Appendix B.

2.3.5 Results

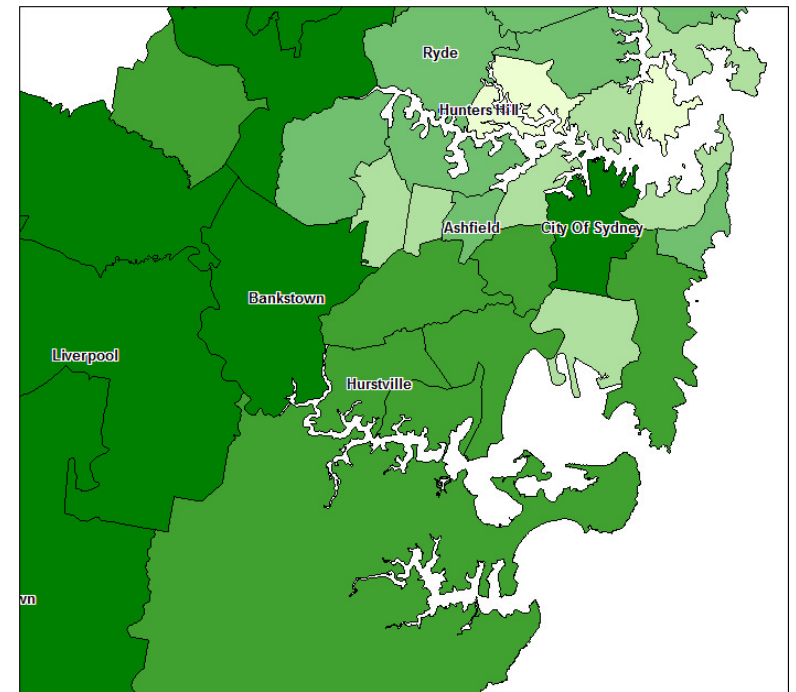
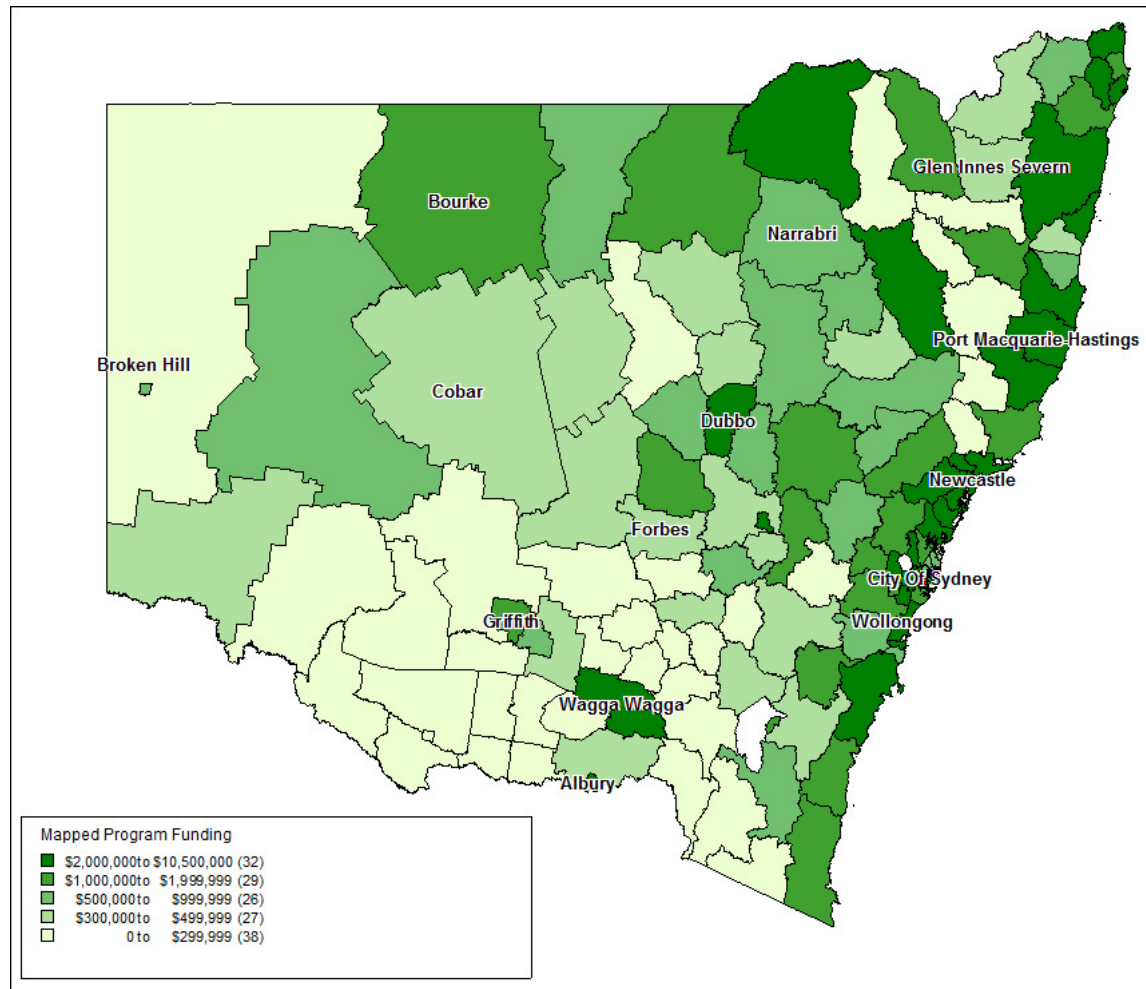
Figure 2.5 and Figure 2.6 show the consolidated results for all of the KTS programs that could be mapped. Figure 2.5 depicts total expenditure and Figure 2.6 depicts expenditure per child aged 0-17 years.

In absolute terms, the distribution of spending is broadly consistent with the distribution of the NSW population aged 0-17 years (see Chapter 3). LGAs with the largest levels of KTS expenditure are mostly located in metropolitan areas of Sydney and coastal areas. Other LGAs where there has been a high level of KTS expenditure are located in the Northern part of the State and the Hunter-New England region, including Moree Plains, Invernell and Uralla. There are other isolated areas of high expenditure, including Dubbo and Wagga Wagga. LGAs in the Southern, Murrumbidgee and Far West regions of the State have typically received lower levels of KTS funding than those in the Western, Hunter-New England and Northern regions. In metropolitan areas, LGAs with a high level of mapped KTS expenditure are more likely to be located in Western and South Western Sydney.

On a per capita basis (0-17 years olds), the level of funding is substantially higher in non-metropolitan areas of the State, in particular the more remote LGAs in Western NSW as well as LGAs in the Hunter-New England, Northern and Mid-North Coast regions. Overall, funding per capita is lower in the metropolitan area, but is higher in some LGAs in Western and South Western Sydney, as well as in the City of Sydney, than other metropolitan areas.

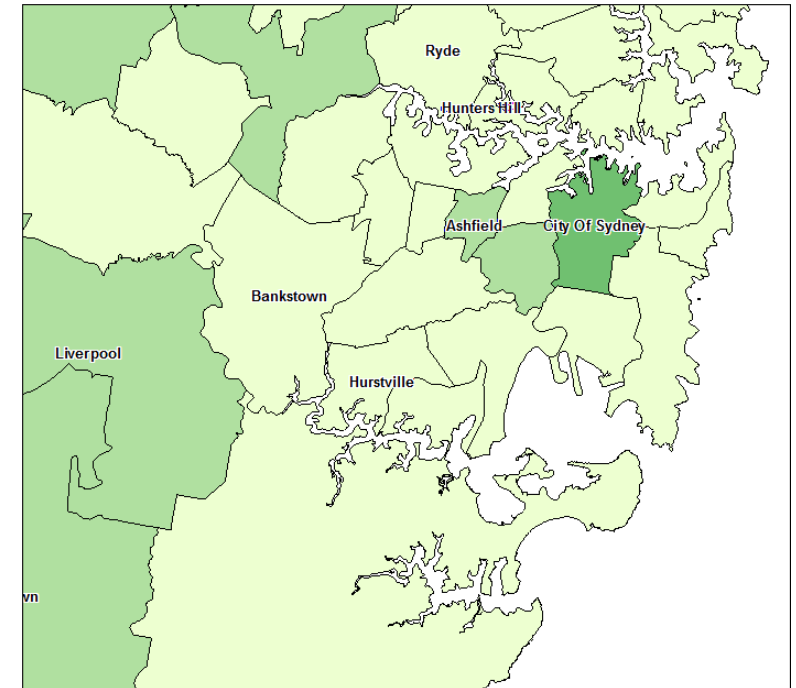
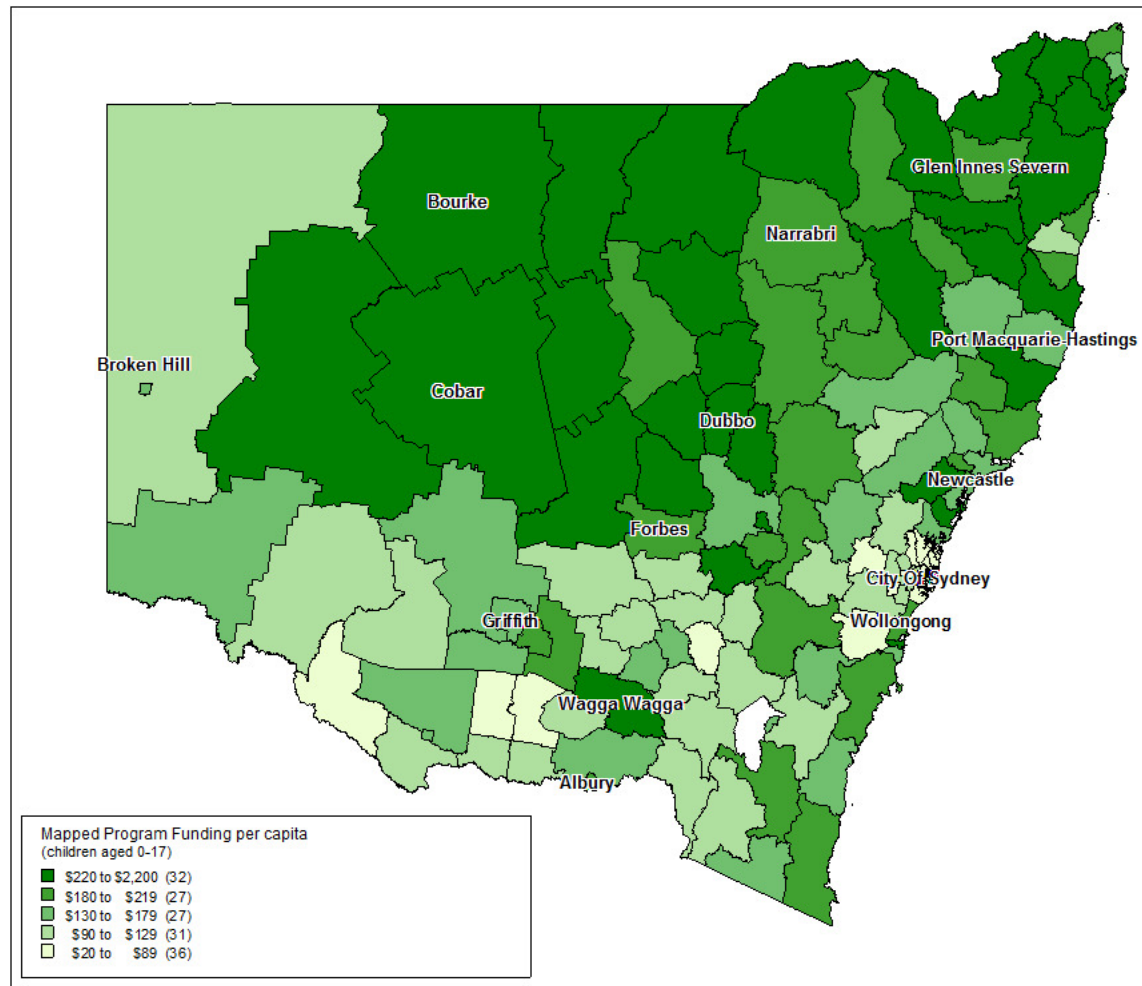
The regional distribution of KTS expenditure by program type and target population is discussed in greater detail in Chapter 4, which also explores the relationship between expenditure and the level of need.

Figure 2.5 Total KTS location-attributable program expenditure



Source: Provided by KTS agencies

Figure 2.6 Total KTS location-attributable program expenditure per capita (children aged 0-17)



Source: KTS agencies and ABS 2011

3 Identifying the need for services

This chapter outlines the indicators used to identify need for KTS services by location. There are a number of risk factors driving the need for services and no single indicator captures these factors exhaustively. Four approaches to identifying the need for services by location have been adopted here as follows:

- The geographic distribution of children and young people, and Aboriginal children and young people;
- Established indices measuring relative disadvantage;
- The geographic distribution of child protection reports across the State; and
- The distribution of social support services as measured by the level of support services provided by government-funded NGOs prior to the implementation of the KTS reforms.

The objective of this chapter is to consider how the potential need for KTS services varies across NSW as a background for evaluating where KTS program expenditure has occurred to date.

3.1 Population distribution

The following maps show the distribution of children and young people and the distribution of Aboriginal children and young people in NSW. These maps provide a useful reference point against which to assess the delivery of KTS services (shown in Chapter 4), including those directed specifically toward Aboriginal children and families.

3.1.1 Children and young people

Figure 3.1 shows the distribution of the 0-17 year old population of children and young people in NSW. This is intended to represent the population of potential KTS service users. The 0-17 age range was chosen to align with the age of children who may be the subject of a Risk of Significant Harm (ROSH) Report to the Child Protection Helpline. Notably:

- A child refers to a person who is under the age of 16 years; and
- A young person refers to a person who is aged 16 years or above but who is under the age of 18 years (Children and Young Persons (Care and Protection) Act 1998).

Figure 3.1 highlights the geographic concentration of the NSW population in the metropolitan areas around Sydney, home to an estimated 63 per cent of the 0-17 population of NSW.³ Although LGAs in the Far West, Western and Murrumbidgee regions account for a large share of the State's land mass, they have much smaller populations of 0-17 year olds — generally fewer than 1,000 compared with as many 80,000 in some metropolitan LGAs.

³ Based on the boundaries of the Australian Bureau of Statistics 'Sydney Statistical division, which includes the LGA of Gosford, but excludes Newcastle

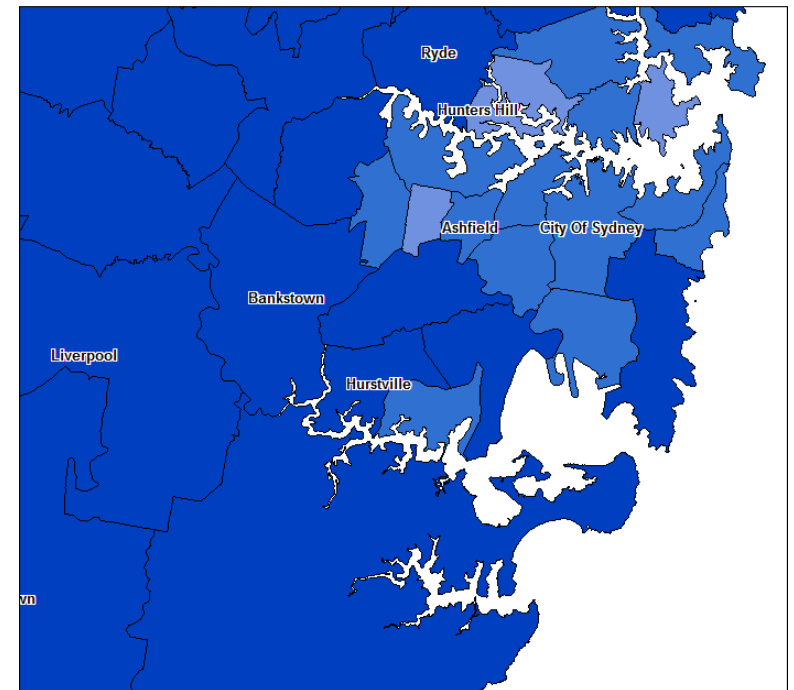
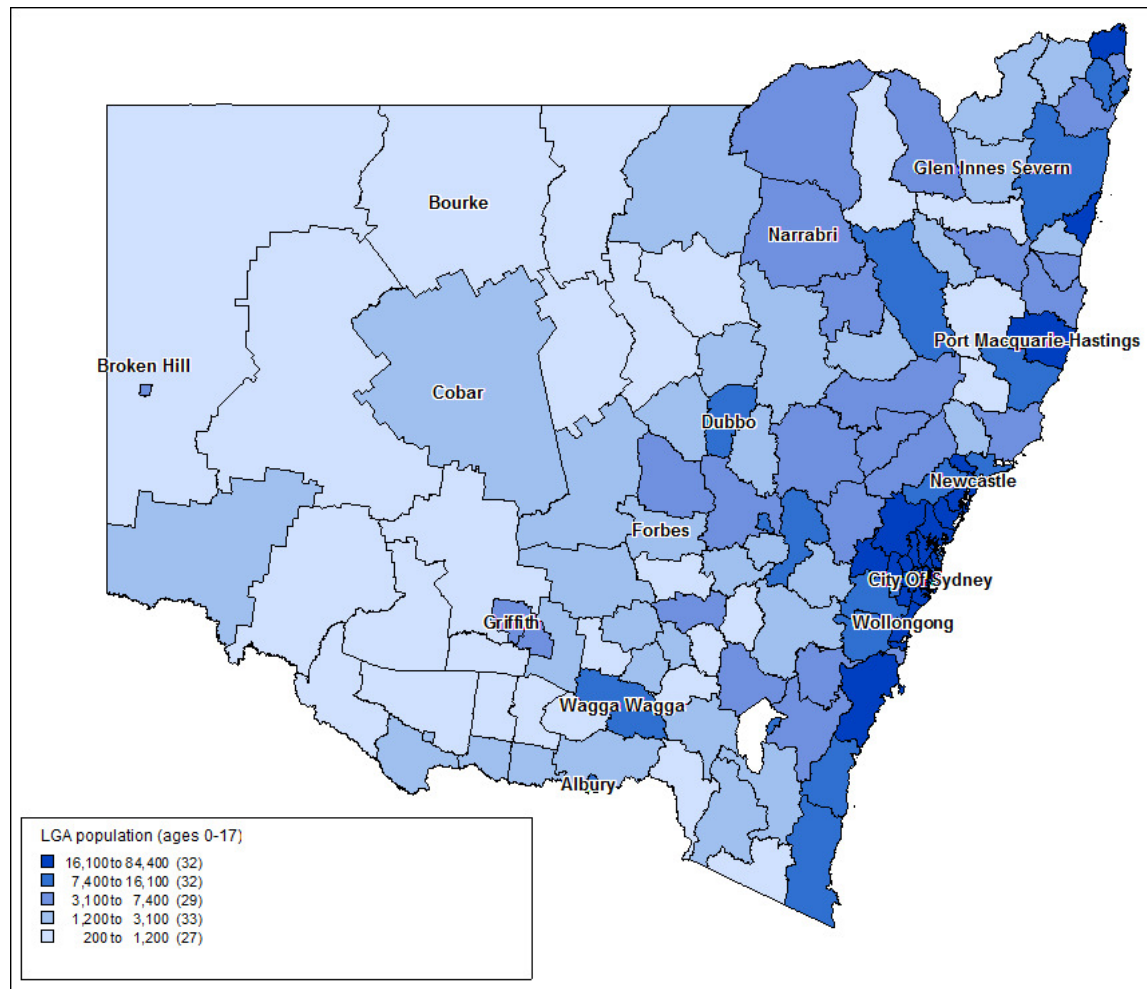
3.1.2 Aboriginal children and young people

Previous studies have established that Aboriginal children and young people are over-represented in child protection systems across Australia. For example, across Australia, in 2010-11 Aboriginal children were almost eight times as likely to be the subject of substantiated reports of child abuse and neglect as non-Indigenous children and 10 times more likely to be in out-of-home care (AIHW 2012). The Wood Inquiry made a number of recommendations specific to Aboriginal children and families. Enhancing services to Aboriginal children and families is a key element of the KTS reforms.

For this reason, Figure 3.2 has been included to show the distribution of young Aboriginal people aged 0-19 across NSW. This age group is used for the Aboriginal population because data is not available for Aboriginal people aged 0-17 years.

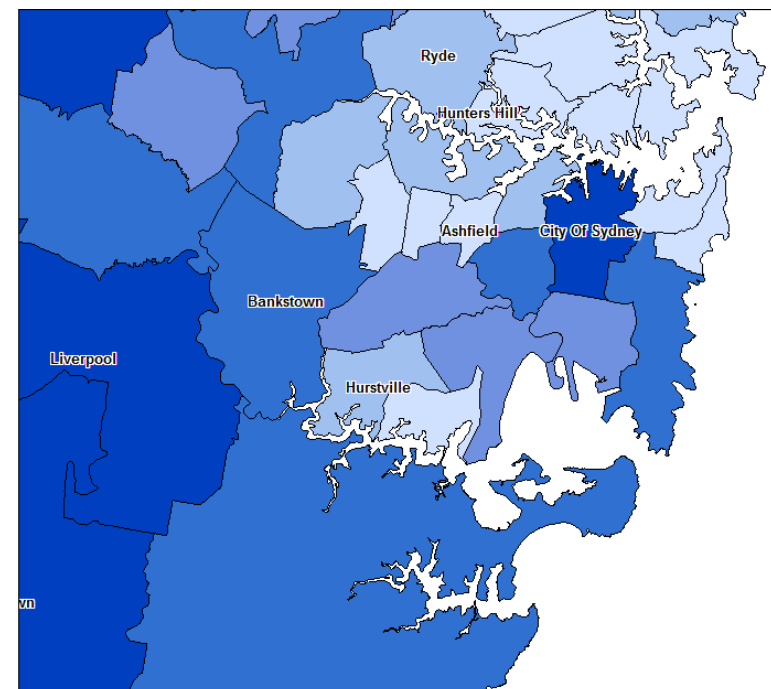
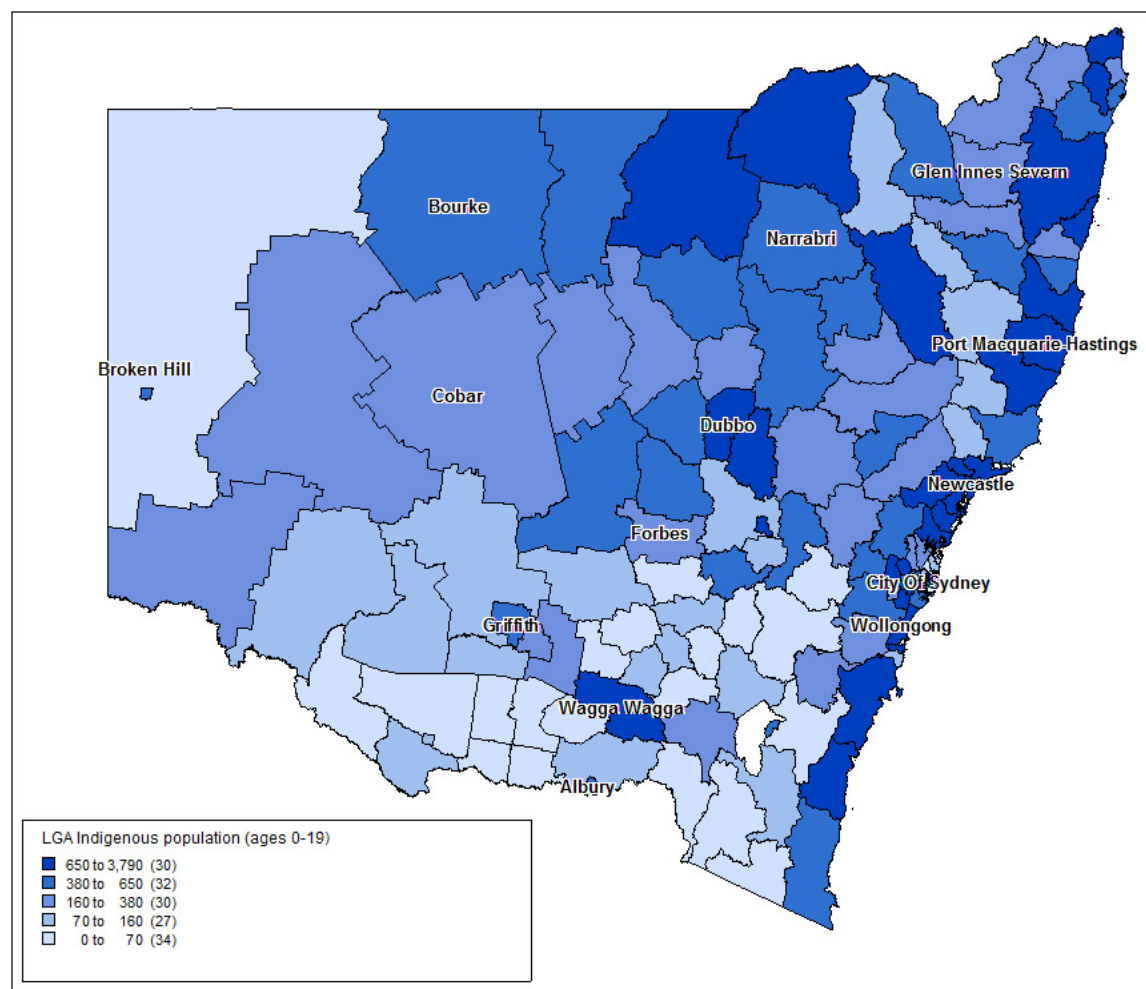
As Figure 3.2 shows, Aboriginal children and young people are slightly more likely to live in non-metropolitan areas (70 per cent) than the overall population (62 per cent).

Figure 3.1 The 0-17 population of NSW



Source: ABS 2011

Figure 3.2 The 0-19 year old Aboriginal population of NSW



Source: ABS 2006

3.2 Selected indicators of relative disadvantage

This section discusses the use of several existing indices of relative disadvantage as a means of identifying the areas in NSW that may have a higher or lower need for KTS services. The indices considered include:

- The Socioeconomic Indexes for Areas (SEIFA) Index of Relative Socioeconomic Disadvantage;
- The Australian Early Development Index (AEDI);
- The Centre for Aboriginal Economic Policy Research (CAEPR) Indigenous Socioeconomic Ranking; and
- The National Centre for Social and Economic Modelling (NATSEM) Child Social Exclusion (CSE) Index.

These indices have not been specifically developed for estimating either the prevalence of child abuse and neglect, or the specific need for KTS services. However, past research has established that many of the components of the indices are established risk factors for child abuse and neglect (See below).

In addition, the association between factors similar to these and the incidence of child abuse and neglect has been shown to be particularly strong in small geographic areas in NSW.⁴ The 2012 *Report of the Protecting Victoria's Vulnerable Children Inquiry* highlighted a close relationship between the rate of child protection reports per capita in Victoria and the SEIFA and AEDI indices listed above (Protecting Victoria's Vulnerable Children Inquiry 2012).

3.2.1 Risk factors for abuse and neglect

A risk factor is usually defined as a variable that increases the probability of future negative outcomes (Durlak 1998). There is a wide body of international research on the risk factors that increase the probability that a child may suffer abuse or neglect. Generally, the factors that contribute to the risk of child abuse are often classified as being either:

- **Child related** – for example: age, gender, indigenous status, physical or mental illness or disability;
- **Parental or family related** – for example: personality factors, substance abuse, family violence, mental illness or other disability, or past history of abuse;
- **Social / environmental related** – for example: low socioeconomic status, unemployment, lack of access to universal services, community violence, and low social capital.

The interaction of these risk factors and the accumulation of multiple risk factors may contribute to the likelihood that a child will suffer from abuse or neglect. However, it is important to note that the factors are not predictive, as many children who are exposed to one or more of the factors will not suffer from abuse or neglect.

⁴ For further research on the spatial aspects of disadvantage see:
<<http://www.australiandisadvantage.org.au/about.html>>

The following section provides an overview of each of the above mentioned indices and their rationale for inclusion in this report as an approximation of the relative need for KTS services in different areas of NSW.

3.2.2 The SEIFA Index of Relative Socioeconomic Disadvantage

The SEIFA Index of Relative Socioeconomic Disadvantage is one of four indices produced by the ABS using census data.⁵ The index uses indicators of low socioeconomic wellbeing to provide a general measure of disadvantage in a given area. A low score on this index indicates a high proportion of relatively disadvantaged people in an area. The factors used to determine the score for an area are drawn from the 2006 Census. They include levels and characteristics of:

- Income;
- Education;
- Employment;
- Occupation;
- Housing; and
- Other indicators of relative advantage or disadvantage (ABS 2008).

Many of these factors are either identified risk factors for abuse or neglect, or strongly correlated to risk factors. Figure 3.3 on page 26 shows the ranking of LGAs in NSW according to the SEIFA Index of Relative Socioeconomic Disadvantage. The underlying data for this figure and the other indices are shown in Appendix C.

3.2.3 The Australian Early Development Index (AEDI)

The AEDI is a population measure of young children's development. Information on children's development is collected by teachers, who complete a checklist for children in their first year of full-time school. The checklist measures five key areas, or domains, of early childhood development:

- Physical health and wellbeing;
- Social competence;
- Emotional maturity;
- Language and cognitive skills (school-based); and
- Communication skills and general knowledge.

According to the creators of the index, these characteristics are closely linked to the predictors of good adult health, education and social outcomes. Although the AEDI is completed by teachers, results are reported for the communities where children live, not where they go to school. The AEDI results allow communities to see how local children are doing relative to, or compared to other children in their community, and across Australia (Royal Children's Hospital 2011).

⁵ The other indices produced as part of the SEIFA series are the Index of Relative Socioeconomic Advantage and Disadvantage; the Index of Education and Occupation; and the Index of Economic Resources.

Figure 3.4 on page 27 shows the proportion of children who are assessed as being vulnerable in two or more of the AEDI domains, by LGA.

3.2.4 The CAEPR Indigenous Socioeconomic Ranking

The Indigenous Socioeconomic Ranking was created by the Centre for Aboriginal Economic Policy Research (CAEPR) at the Australian National University (ANU) to measure the relative levels of socioeconomic advantage and disadvantage of the indigenous population in different areas of Australia and also to compare changes in disadvantage between the 2001 and 2006 census.

Some of the variables used to determine disadvantage are related to the variables used in the SEIFA Index of Disadvantage, however, there is a greater focus on indicators of economic participation in the Indigenous Socioeconomic Ranking than the SEIFA Index. The indicators used for the Indigenous Socioeconomic Ranking are:

- Employed;
- Employed as a manager or professional;
- Employed full-time in the private sector;
- Completed Year 12;
- Completed a qualification;
- 15 to 24 year olds attending an educational institution;
- Individual income above half the Australian median;
- Lives in a house that is owned or being purchased;
- Lives in a house with at least one bedroom per usual resident (Biddle 2009).

As previously noted, Aboriginal people are over represented in the child protection system and there are a number of KTS programs that have been specifically targeted at alleviating Aboriginal disadvantage. It is therefore useful to include an index that specifically relates to the Aboriginal population of NSW even though it is similar in construction to the SEIFA Index of Disadvantage. This is because indices (like SEIFA), which measure the whole population can be dominated by the characteristics of the non-Indigenous population and will not adequately show the distribution of Indigenous disadvantage (Biddle 2009). SEIFA also includes indigenous status as a measure of disadvantage, which automatically skews the level of disadvantage to areas with a high proportion of Aboriginal persons.

Figure 3.5 on page 28 shows the Indigenous Socioeconomic Ranking for LGAs in NSW based on the CAEPR data for the 2006 Census. For consistency with other parts of this report, the CAEPR data has been converted from Aboriginal Areas to LGAs and is represented in quintiles.

3.2.5 The NATSEM Child Social Exclusion (CSE) Index.

The CSE Index developed by the National Centre for Social and Economic Modelling (NATSEM) at the University of Canberra, is a multi-dimensional measure of disadvantage that is specifically focused on children. NATSEM describe social exclusion or the 'risk of social exclusion' as occurring "when individuals or groups face a number of problems such

as joblessness, low income, low educational outcomes, lack of access to services and social groups, and poor physical and mental health (NATSEM 2012).”

The CSE Index uses data from the 2006 Census, the Australian Curriculum Assessment and Reporting Authority (ACARA) and the AEDI to create the index. Many of these indicators are the same or related to indicators used in the SEIFA Index of Disadvantage, which is also constructed from 2006 Census data; hence there is a strong relationship between the CSE Index and the SEIFA Index. The full list of indicators used in the CSE Index is shown in the table below.

Table 3.1 Indicators used to create the CSE Index

Domain	Measure
Socio economic	Sole Parent Family Bottom income quintile No parent in paid work
Education	No family member completed year 12 NAPLAN results AEDI results
Connectedness	No internet connection No parent doing voluntary work No motor vehicle
Housing	High rent and low income Overcrowding
Health service access	GP ratios Dentist ratios

(NATSEM 2012)

Results from the CSE index are shown in Figure 3.6 on page 29. The results are expressed in quintiles, where Quintile 1 is classified as the most disadvantaged and Quintile 5 the least disadvantaged. CSE Index results are normally expressed at the Statistical Local Area (SLA) level, but have been converted to LGAs for consistency with the other maps in this report.

3.2.6 Observations from the selected indices

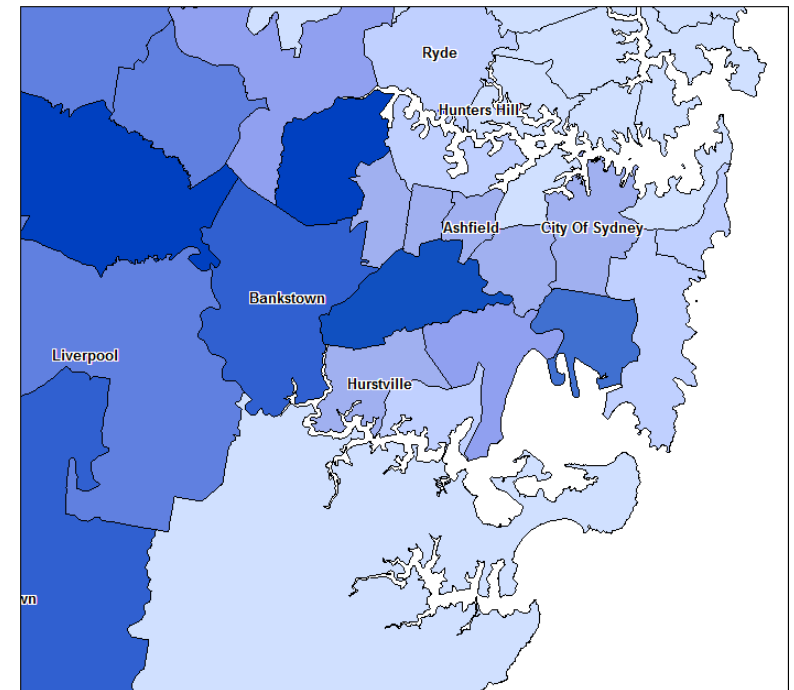
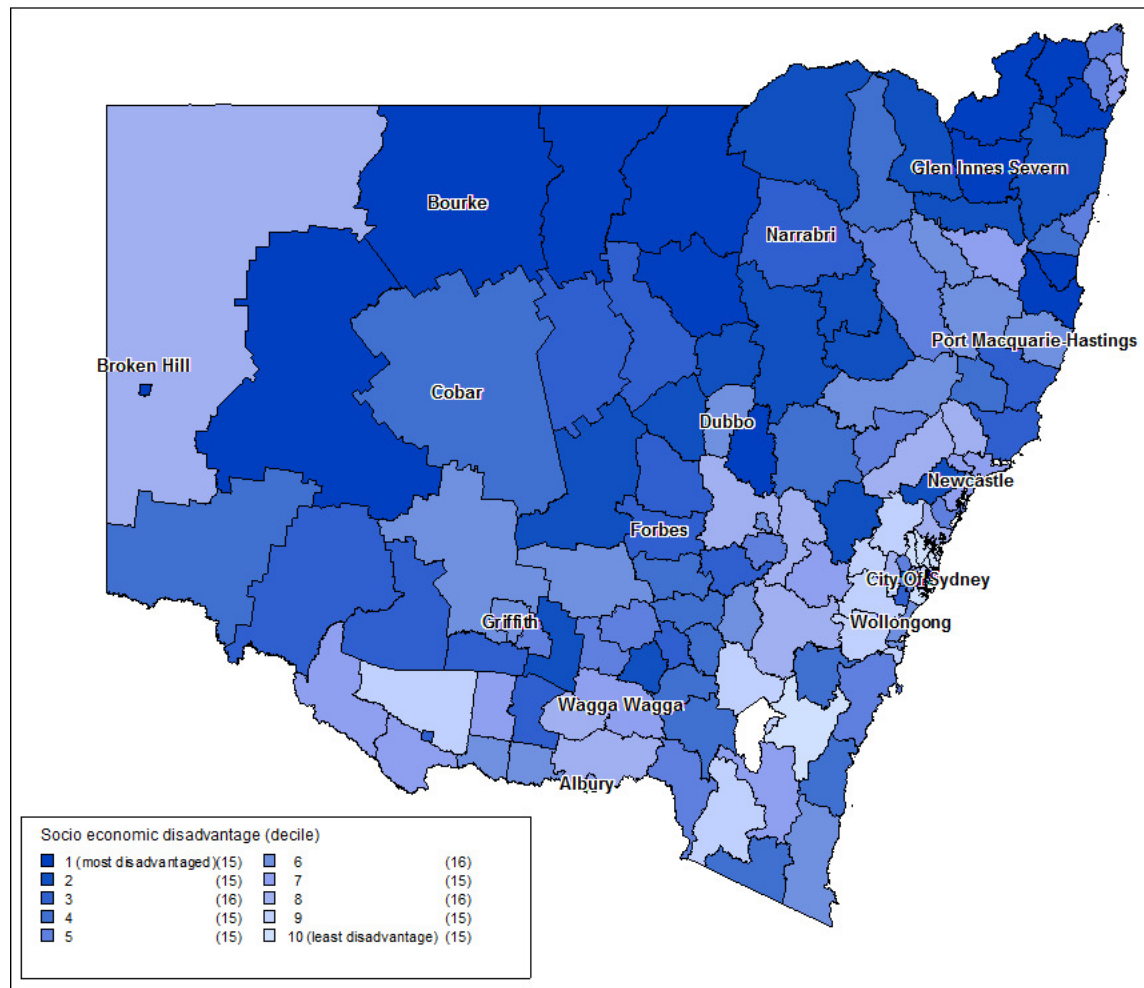
The four selected indices show a similar pattern of advantage and disadvantage across NSW. This is particularly true for the SEIFA, CSE and Indigenous Socioeconomic Rank indices, all of which were based on 2006 Census data and include some common indicators.

Each of the indices shows that generally, the level of disadvantage is greater in non-metropolitan LGAs than in metropolitan LGAs. For example, according to the SEIFA Index of Relative Disadvantage, 14 of the 15 least disadvantaged LGAs in NSW are located in the metropolitan area. There are also consistent patterns of advantage and disadvantage within metropolitan and non-metropolitan areas. In the metropolitan area, LGAs in the Western and South Western Sydney typically show higher levels of disadvantage relative to the East and North East regions. While the overall level of disadvantage is higher in non-

metropolitan areas, LGAs in the Far West, West and Northern regions show higher levels of disadvantage than areas in the Southern and Murrumbidgee regions.

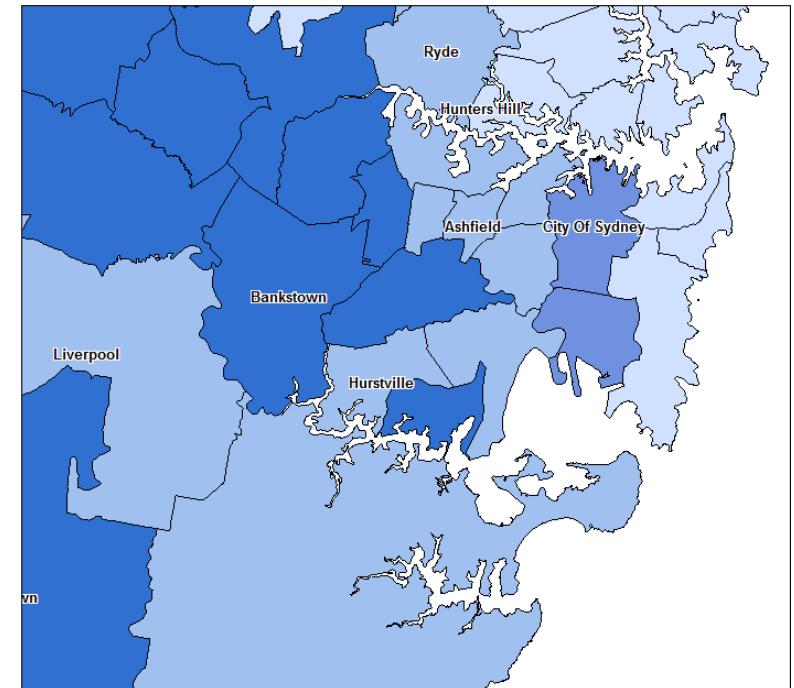
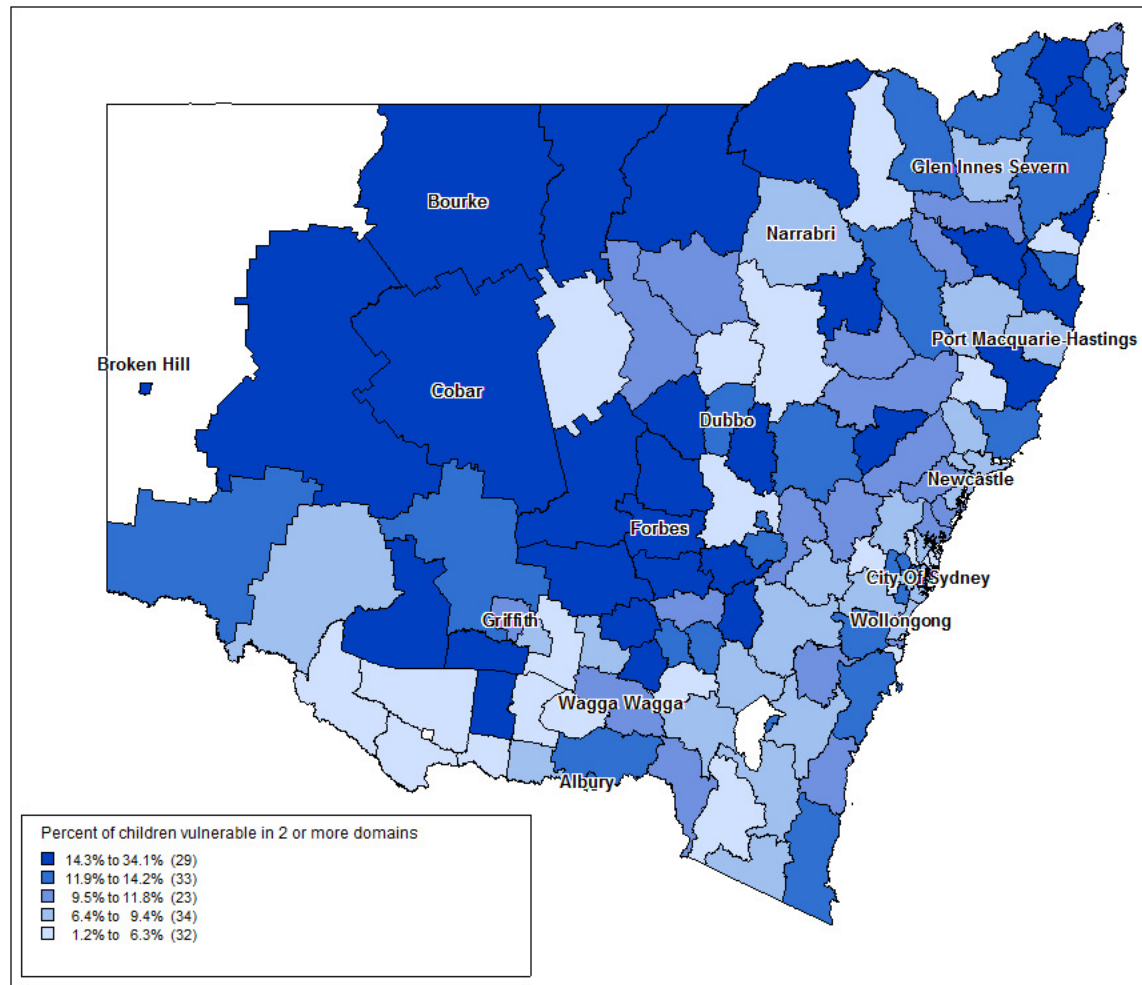
Given the similarities between the indices there is little value in comparing KTS funding against each. Comparisons throughout the remainder of this report have focused on two indices, the SEIFA Index of Relative Disadvantage and, for Aboriginal targeted programs, the Indigenous Socioeconomic Rank. The SEIFA Index is included because it is a well-known indicator of population level disadvantage and is expected to be updated with 2011 Census data sometime in late 2012, while the Indigenous Socioeconomic Rank is included, as it specifically relates to the Aboriginal population of NSW.

Figure 3.3 SEIFA: Index of Relative Socioeconomic Disadvantage



Source: ABS 2006

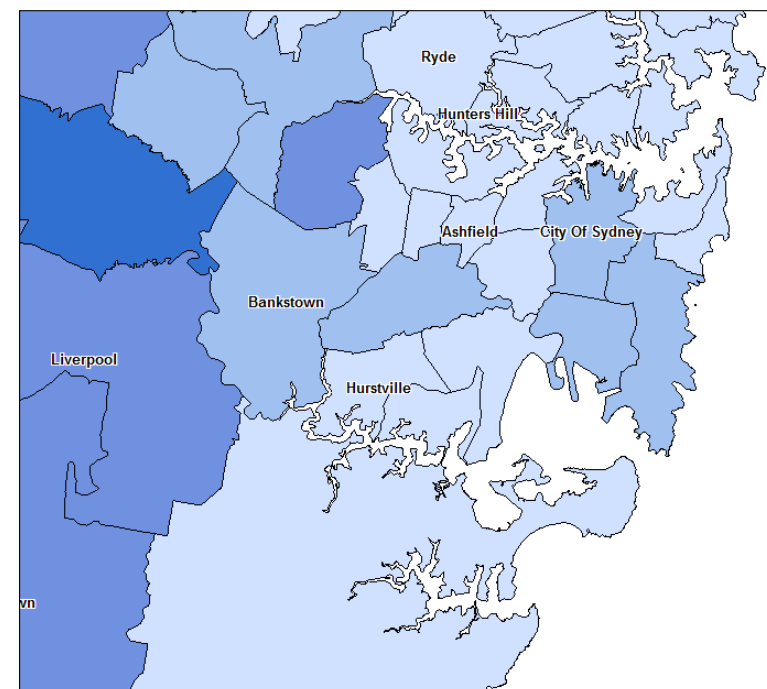
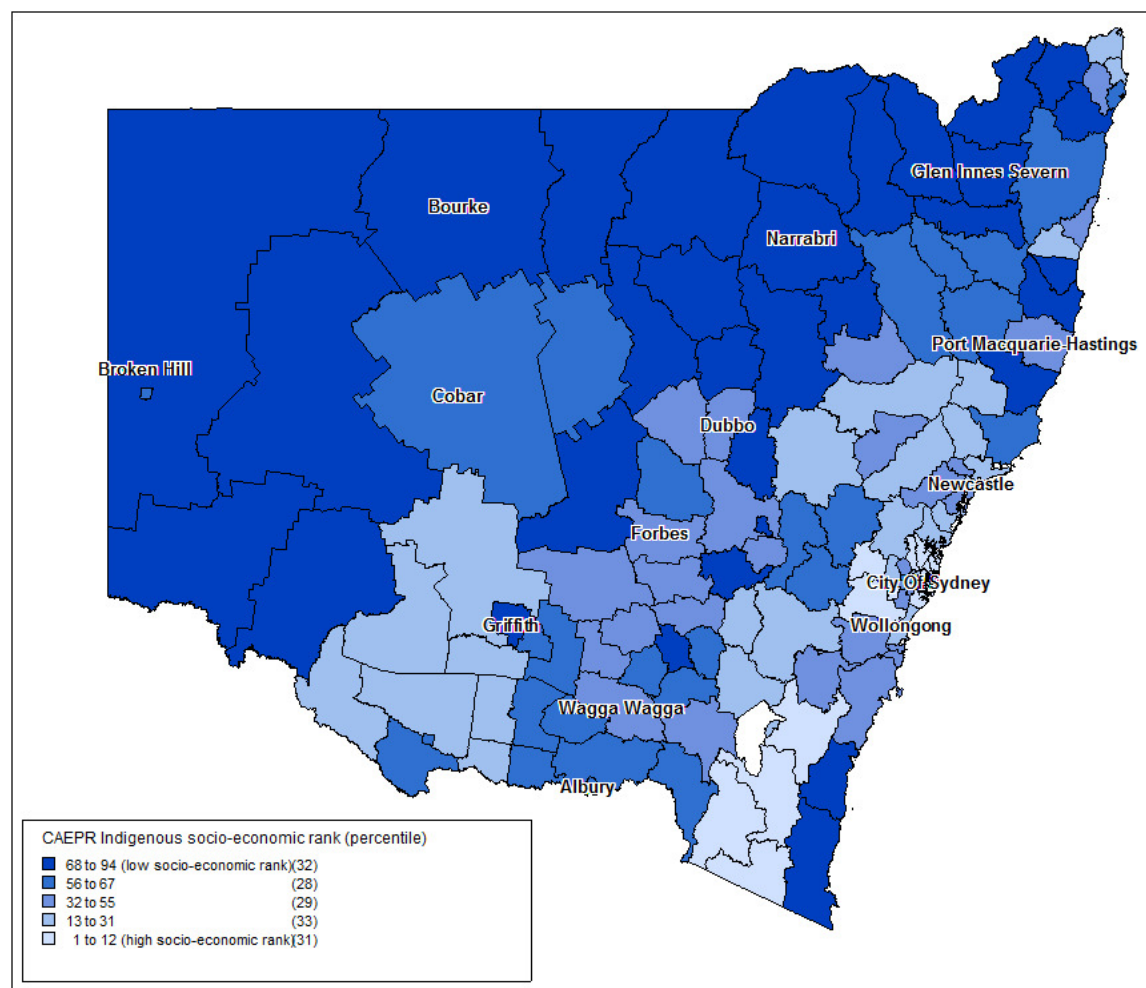
Figure 3.4 AEDI: Percentage of children vulnerable in two or more domains



Source: PHIDU 2011

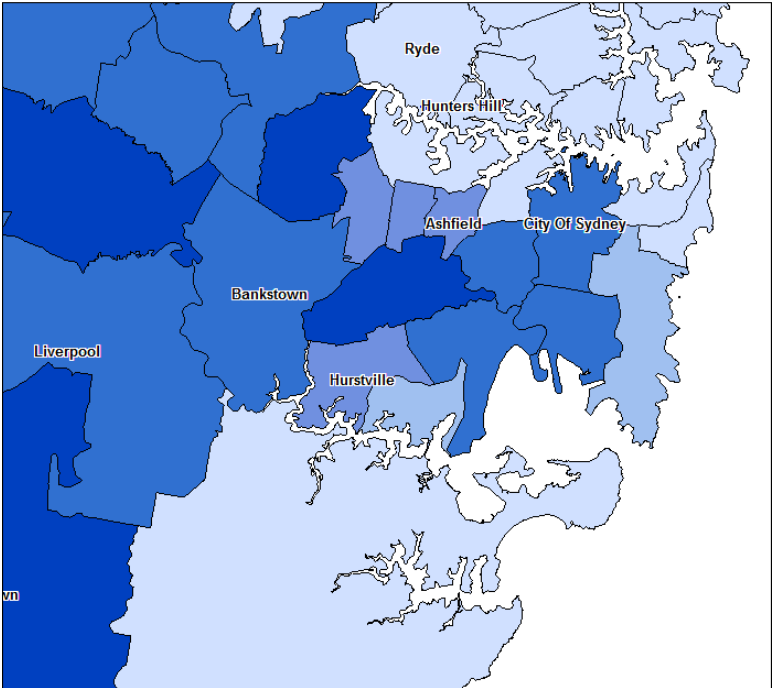
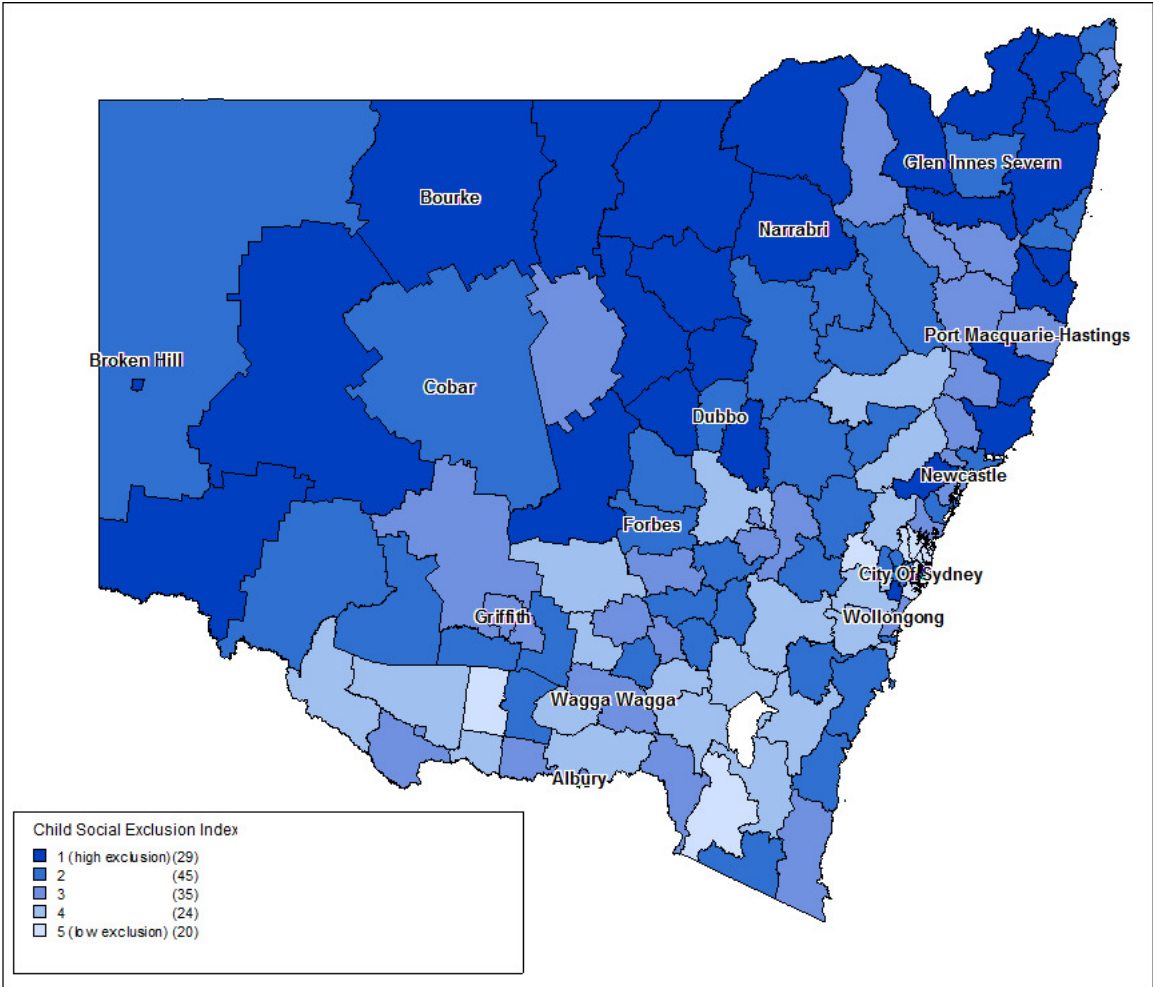
Note that no information was provided for the unincorporated region of the State (the area surrounding the Broken Hill LGA)

Figure 3.5 CAEPR: Indigenous Socioeconomic Ranking



Source: CAEPR 2009

Figure 3.6 NATSEM: Child Social Exclusion Index



Source: NATSEM 2010

3.3 Child protection reports

A further potential indicator of the need of for KTS services is the number and rate of child protection reports across NSW. These reports do not necessarily indicate that a child is suffering from abuse or neglect; however they do reflect a level of concern for a child or family and a potential need for KTS services, whether they be support, early intervention, acute or statutory in nature.

3.3.1 Child protection reporting in NSW

A significant component of the KTS reforms has been a change in child protection reporting arrangements. This included:

- An increase in the threshold for making a report to the Child Protection Helpline. The new threshold is based the 'risk of significant harm' as opposed to 'risk of harm'.⁶ This change became effective in January 2010;
- The introduction of a new intake and referral model, whereby reports that do not meet the new threshold may be referred to non-statutory services that can provide support to families or mitigate concerns or risks; and
- The introduction of CWUs in the four government agencies responsible for the largest number of child protection reports (reflecting recent changes to agency structures):
 - DEC;
 - FaCS;
 - Health; and
 - Police.

Staff in CWUs assist mandatory reporters to ensure that concerns that reach the threshold of risk of significant harm are reported to the Child Protection Helpline. Where a concern does not meet the statutory threshold, CWUs provide support to reporters to better respond to concerns relating to the safety, welfare and wellbeing of children and young people, including referrals to appropriate services.⁷

For this report, child protection reporting data has been collected at the LGA level, to enable a comparison with KTS program expenditure. The reporting data that has been collected includes:

- The number of children in reports to CWUs; and
- The number of children in ROSH reports to the Child Protection Helpline.

In both cases, a judgement was made to use the number of children in reports, rather than the total number of reports, which may be greater if there have been multiple reports per child. Showing the number of children in reports is more reflective of the population in each area, which may have a need for KTS services.

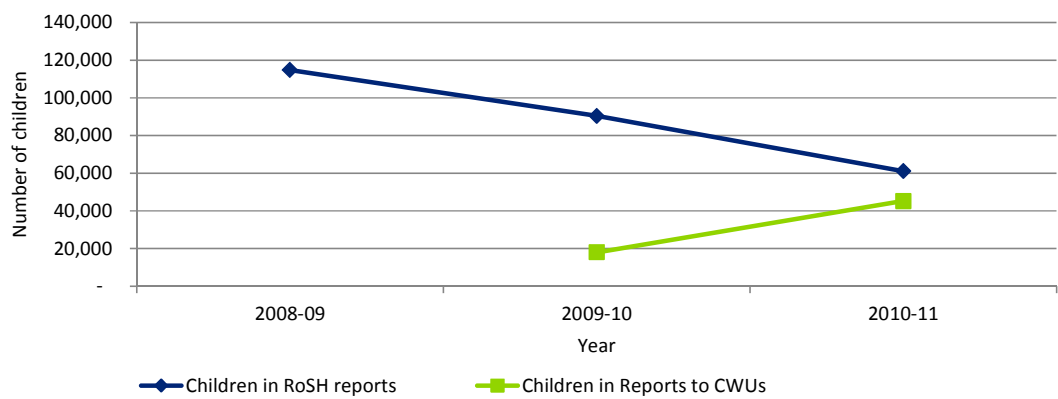
⁶ For a definition significant harm see: <http://www.keepthemsafe.nsw.gov.au/reporting_concerns/significant_harm_policy_definition>

⁷ For further information on CWUs see: <<http://www.community.nsw.gov.au/kts/guidelines/roles/cwu.htm>>

3.3.2 Children in reports

Overall the number of children in ROSH reports declined from 115,000 in 2008-09 to 61,000 in 2010-11.⁸ The number of children in reports to CWUs was 18,000 in 2009-10 (noting that the changes in reporting thresholds only became effective mid-way through that year) and 45,000 in 2010-11.

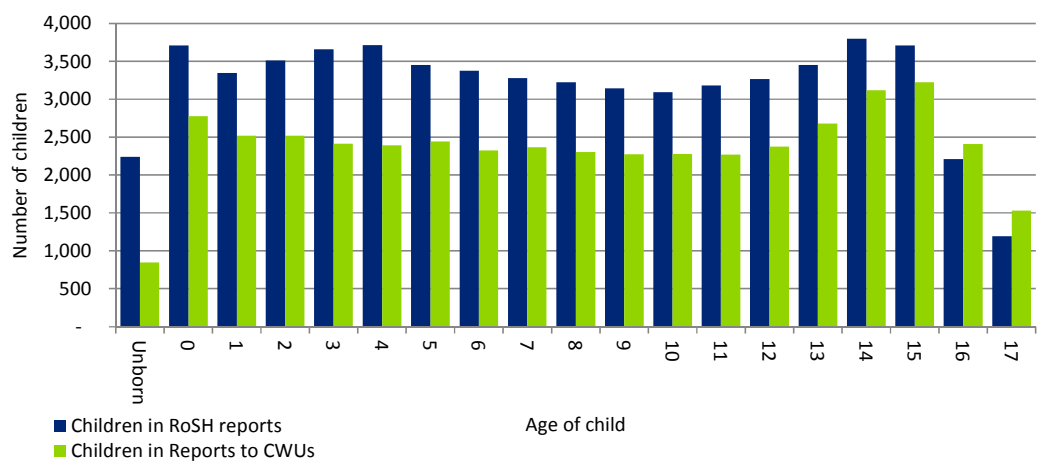
Figure 3.7 Children in ROSH reports and reports to CWUs



3.3.3 Ages of children in reports

The age of children in reports from both sources was similar in 2010-11, with higher numbers of children aged zero in reports compared with other ages and also higher numbers of children in reports at age 13 to 15. Although the age of children in reports is similar for both sources, there was a comparatively higher number of older children in reports to CWUs compared with ROSH reports. For ages 16 and 17 the number of children in reports to CWUs exceeds those in ROSH reports, despite the overall number of ROSH reports being higher; however the reasons for this are unclear.

Figure 3.8 Children in ROSH reports and reports to CWUs 2010-11, by age

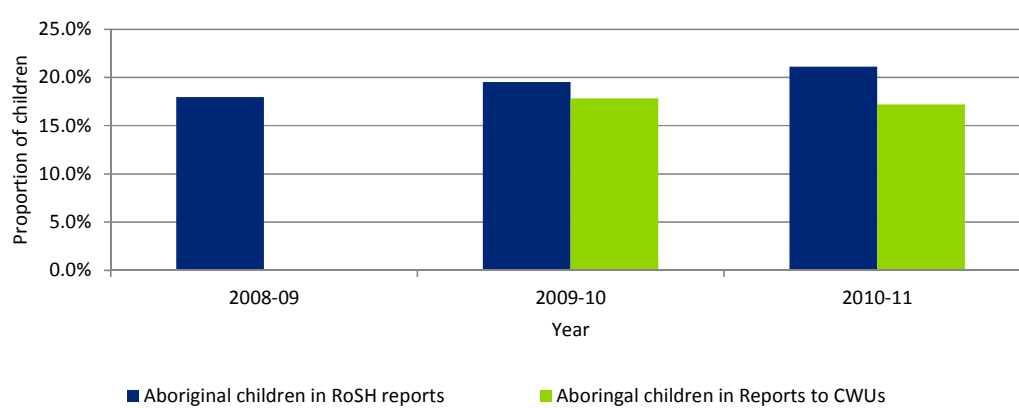


⁸ Note that these figures include reports relating to unborn children

3.3.4 Aboriginal status of children in reports

The proportion of Aboriginal children in reports from both sources highlights the over-representation of Aboriginal children in the child protection system. In 2008-09, 18 per cent of children in ROSH reports were Aboriginal, increasing to 21 per cent in 2010-11. By comparison, 17 per cent of children in reports to CWUs were Aboriginal in 2010-11, a significant over-representation given that only 4.2 per cent of the 0-17 population of NSW is estimated to be Aboriginal (ABS 2009).

Figure 3.9 Proportion of Aboriginal children in ROSH reports and reports to CWUs 2010-11



3.3.5 Reports by area

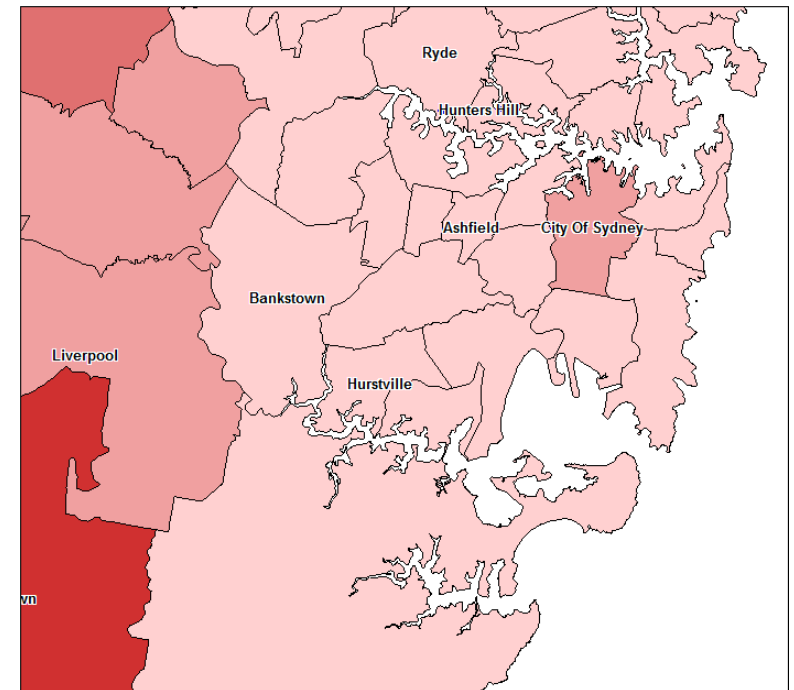
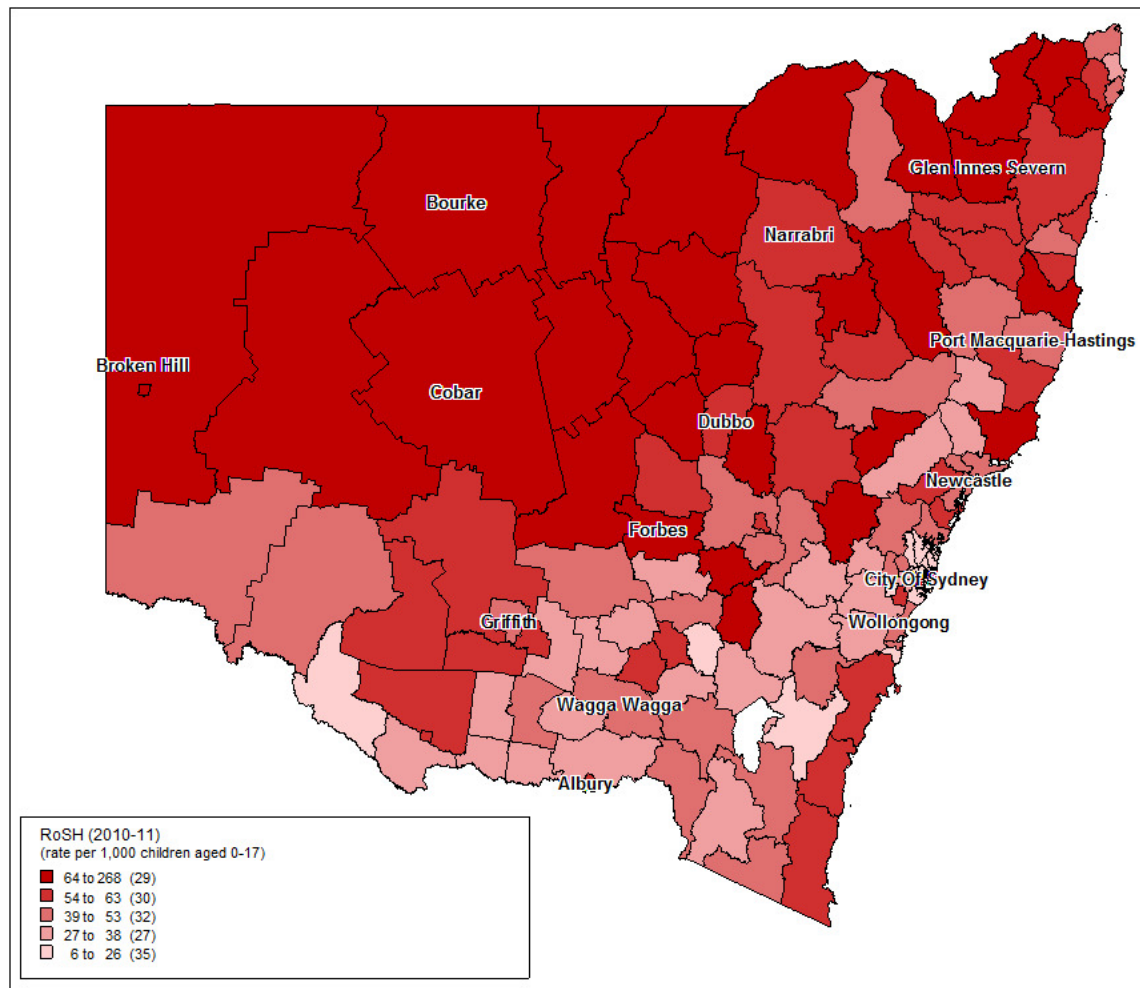
The total number of children in reports from both sources shows a similar geographic trend. Not surprisingly, there is a relationship between the number of children in reports in each LGA and the overall population of 0-17 year old children and young people. The majority of children who are the subject of ROSH reports in 2010-11 were living in heavily populated areas, such as the Sydney metropolitan area, its surrounding LGAs and major regional centres.

More relevant to the discussion of need is the rate of children in reports per 1,000 children in each LGA. These figures have been calculated for the overall population of 0-17 year olds and the Aboriginal population of 0-19 year olds from the reporting data and the population data shown in Figure 3.1 and Figure 3.2.

As shown in Figure 3.10, and Figure 3.11 the rate of children in reports per 1,000 children is substantially higher in non-metropolitan LGAs, compared with metropolitan LGAs (52 children in reports per 1,000, compared with 27). Within the metropolitan and non-metropolitan area there are also strong patterns in the distribution of reports. In the metropolitan area, LGAs in Sydney's Western and South Western regions show a typically higher number of children in reports per 1,000 children, while the City of Sydney LGA has a higher rate of children reports than surrounding LGAs. In non-metropolitan areas rates of children in reports are highest in the Far West, West and Northern regions. By contrast, LGAs in the Murrumbidgee, South Coast and Illawarra regions typically have lower rates of children in reports than these regions. Overall the rate of children in reports shows a similar pattern to several of the indices discussed above.

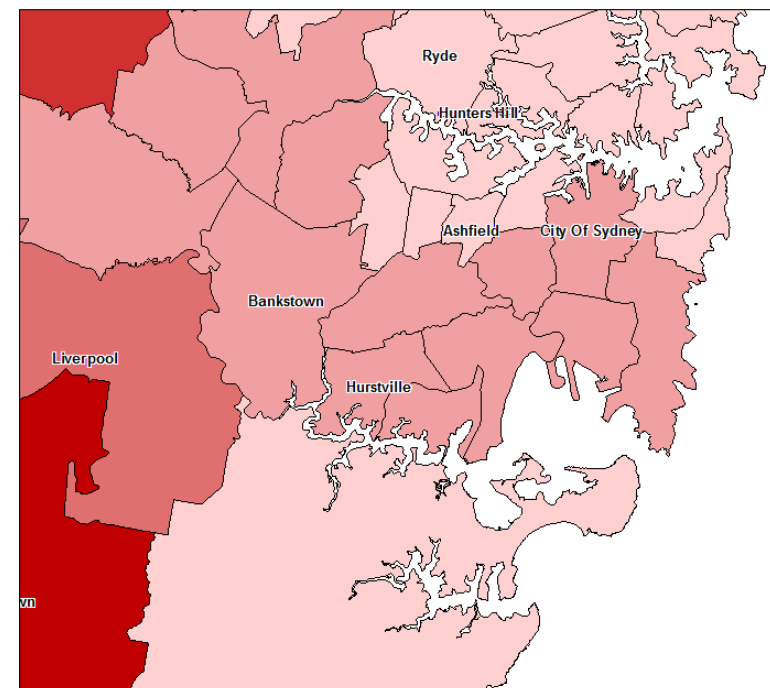
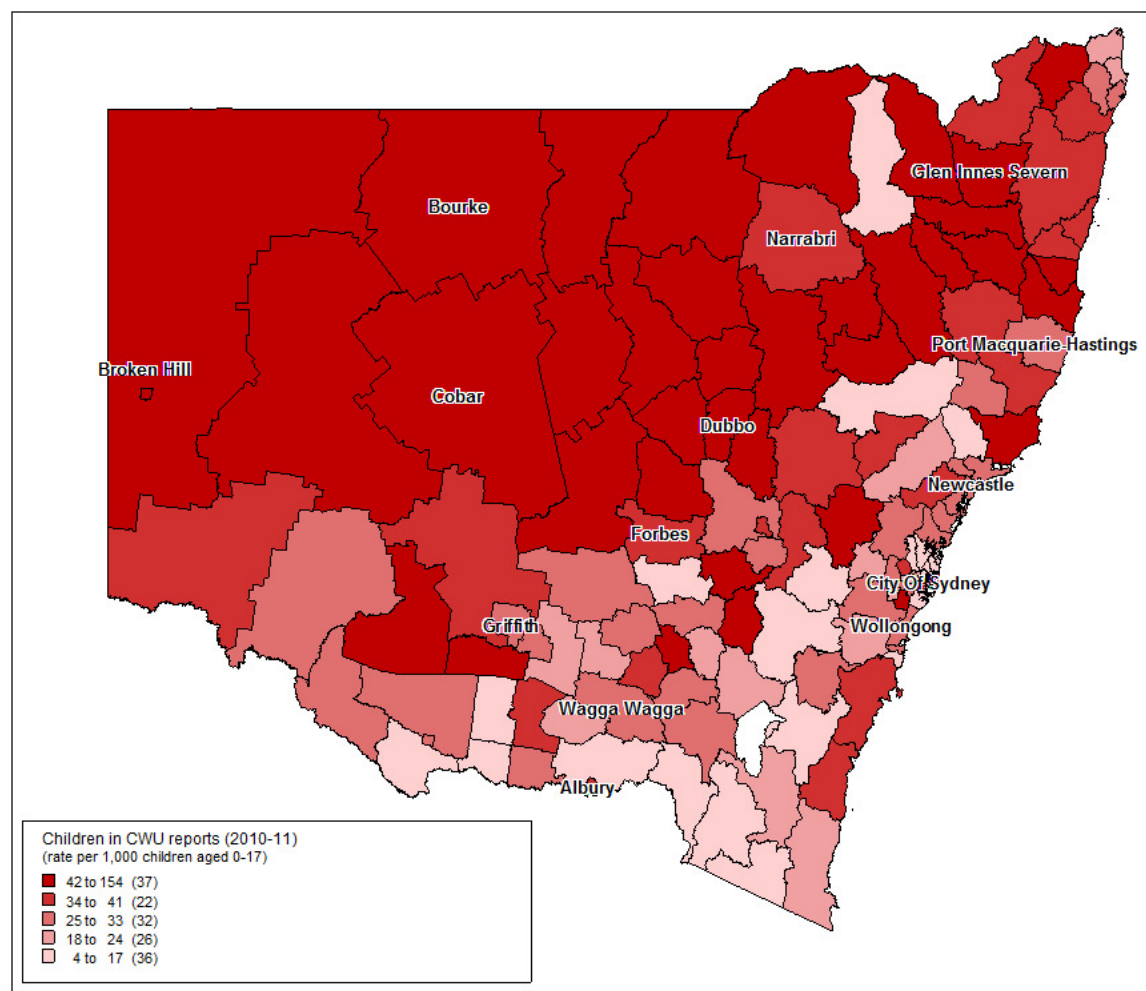
Figure 3.12 shows the rate of Aboriginal children in reports, per 1,000 Aboriginal children. Rates of children in child protection reports are significantly higher for Aboriginal children than for non-Aboriginal children. However, as shown in Figure 3.12 there are some areas of the State where Aboriginal children are more likely to be the subject of a ROSH report, in particular, the Far West region of the State and some LGAs in the Western and Northern regions. Care should be taken interpreting the results of individual LGAs, as the rates shown can be affected by either a small indigenous population and/or relatively few children in reports.

Figure 3.10 Children in ROSH reports, rate per 1,000 children aged 0-17, 2010-11



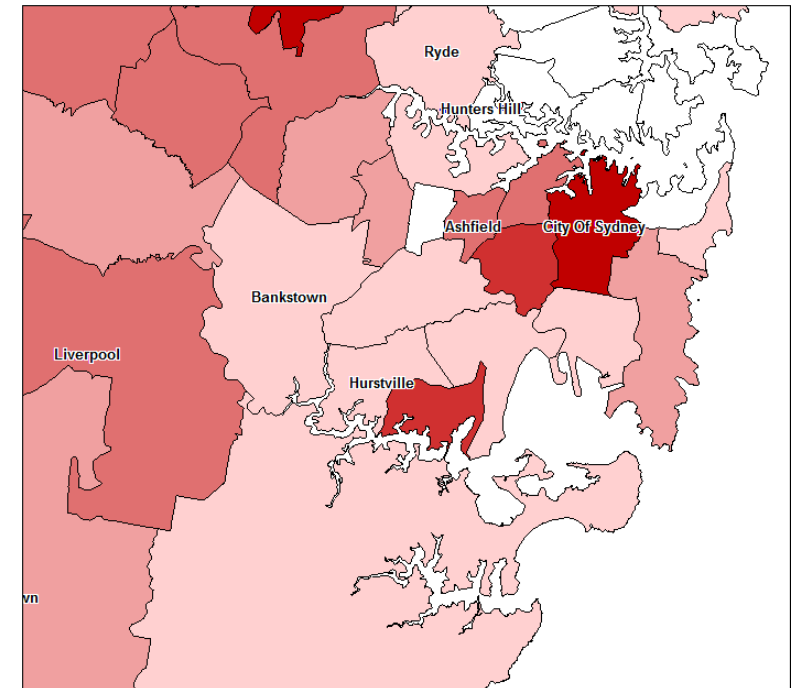
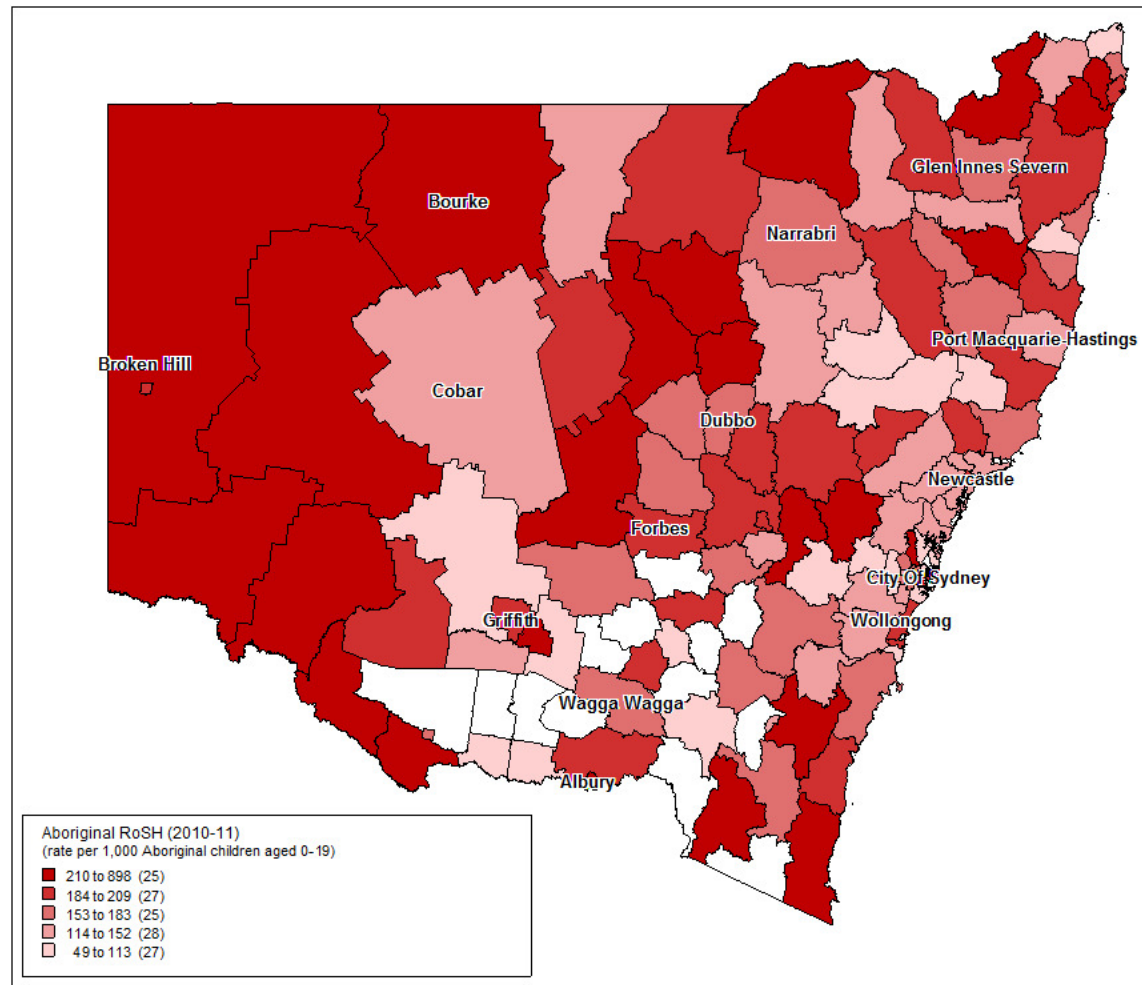
Source: FaCS and ABS 2010

Figure 3.11 Children referred to Child Wellbeing Units , rate per 1,000 children aged 0-17, 2010-11



Source: FaCS

Figure 3.12 Aboriginal children in ROSH reports, rate per 1,000 Aboriginal children aged 0-19, 2010-11



Source: FaCS and ABS 2010

Note that the LGAs shown in white had fewer than five reports. Figures for these LGAs have been withheld for privacy reasons.

3.4 Delivery of non-government services

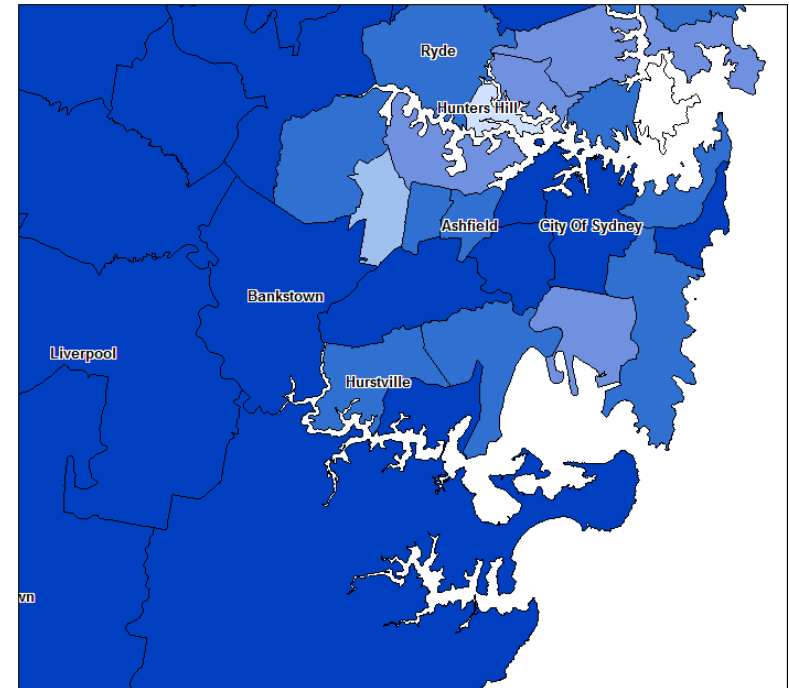
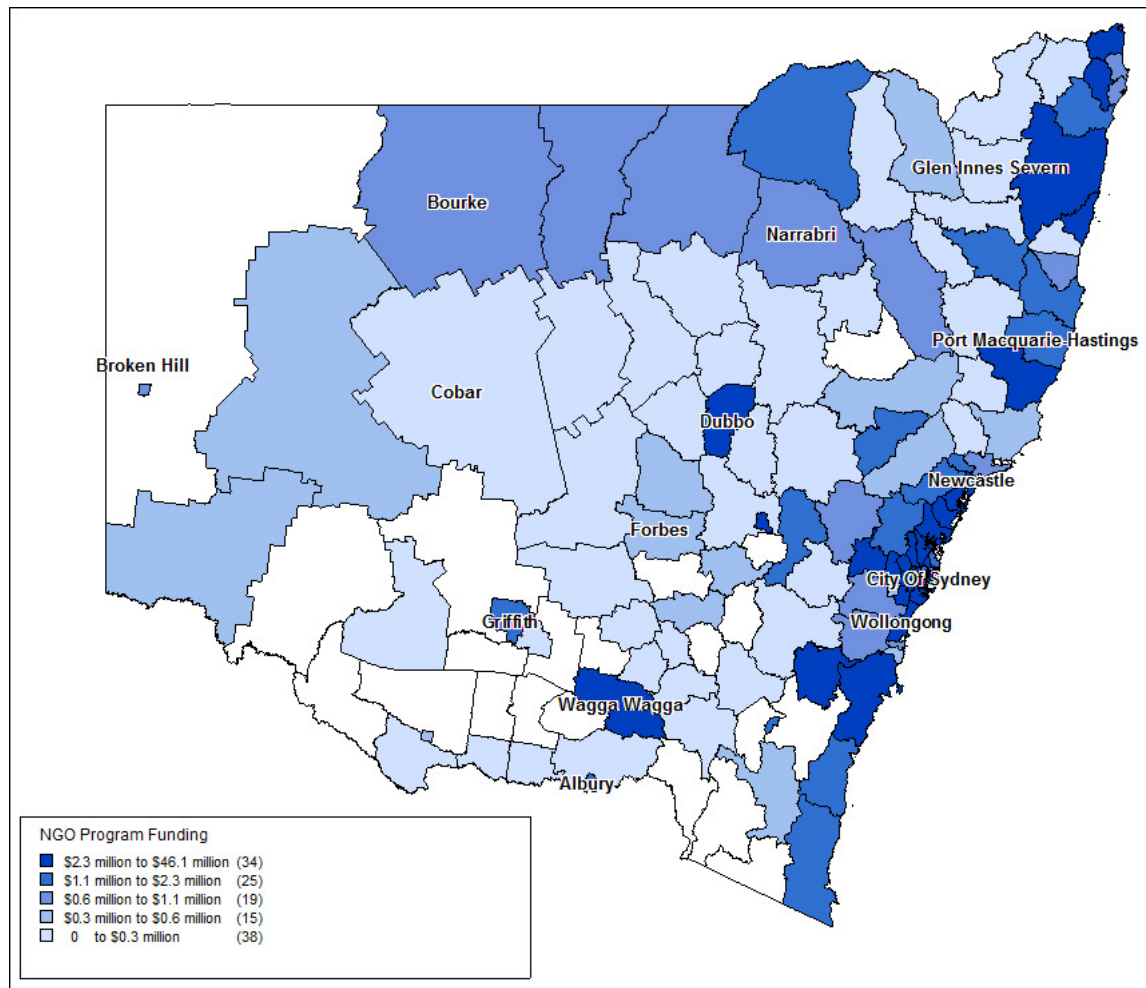
As a final indicator of the potential need for KTS services, the distribution of NGO services across NSW is mapped. There is a range of literature which suggests that lack of access to community support services is a risk factor for negative childhood outcomes and, conversely, access to those services is a protective factor (Durlak 1998).

Within the scope and timeframes for this project, it was not possible to map the entire distribution of non-KTS services provided by the Commonwealth, State and local governments and NGOs. Options for modelling components of these services were considered, however in some cases, location based data was not available at the LGA level.

Finally it was determined that the level of funding provided under the Community Services Grants Program (CSGP) would be used as a proxy for community services programs delivered by NGOs. This information was prepared as an input into the Wood Inquiry and offers a reasonable approximation of the level of activity in the non-government sector prior to the KTS reforms. It contains approximately \$320 million of funded services across 31 funded programs. This includes programs related to out-of-home care, parenting, youth services and a range of crisis support related programs.

For mapping purposes, the total level of CSGP funding has been linked to the LGA of the organisation that received the funding. This is shown in Figure 3.13. There are a number of LGAs, predominantly in rural areas, which have not received any direct funding. However, it should not be inferred that these areas received no CSGP funding, as they may have been provided with services from NGOs in nearby LGAs. Examples include Dubbo, Griffith, Wagga Wagga, and the City of Sydney.

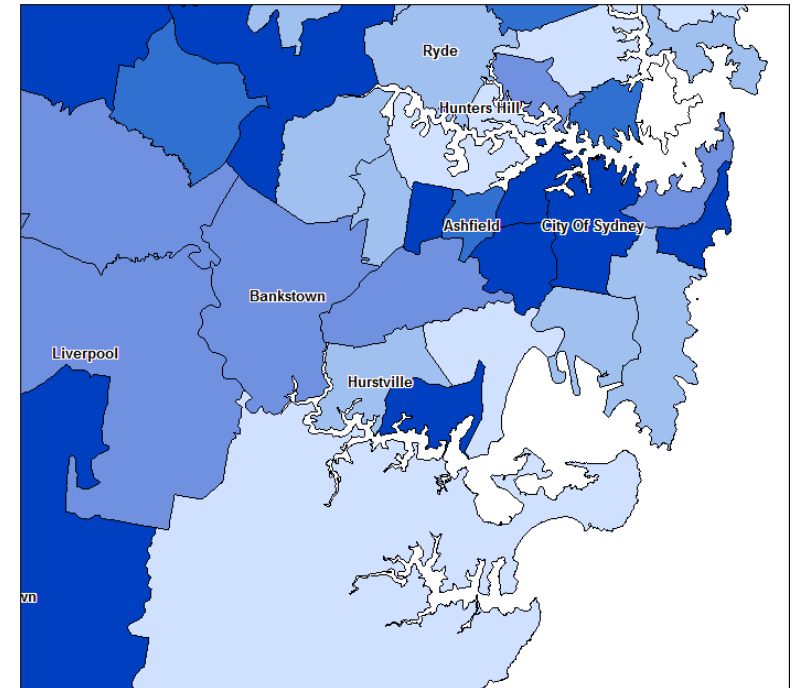
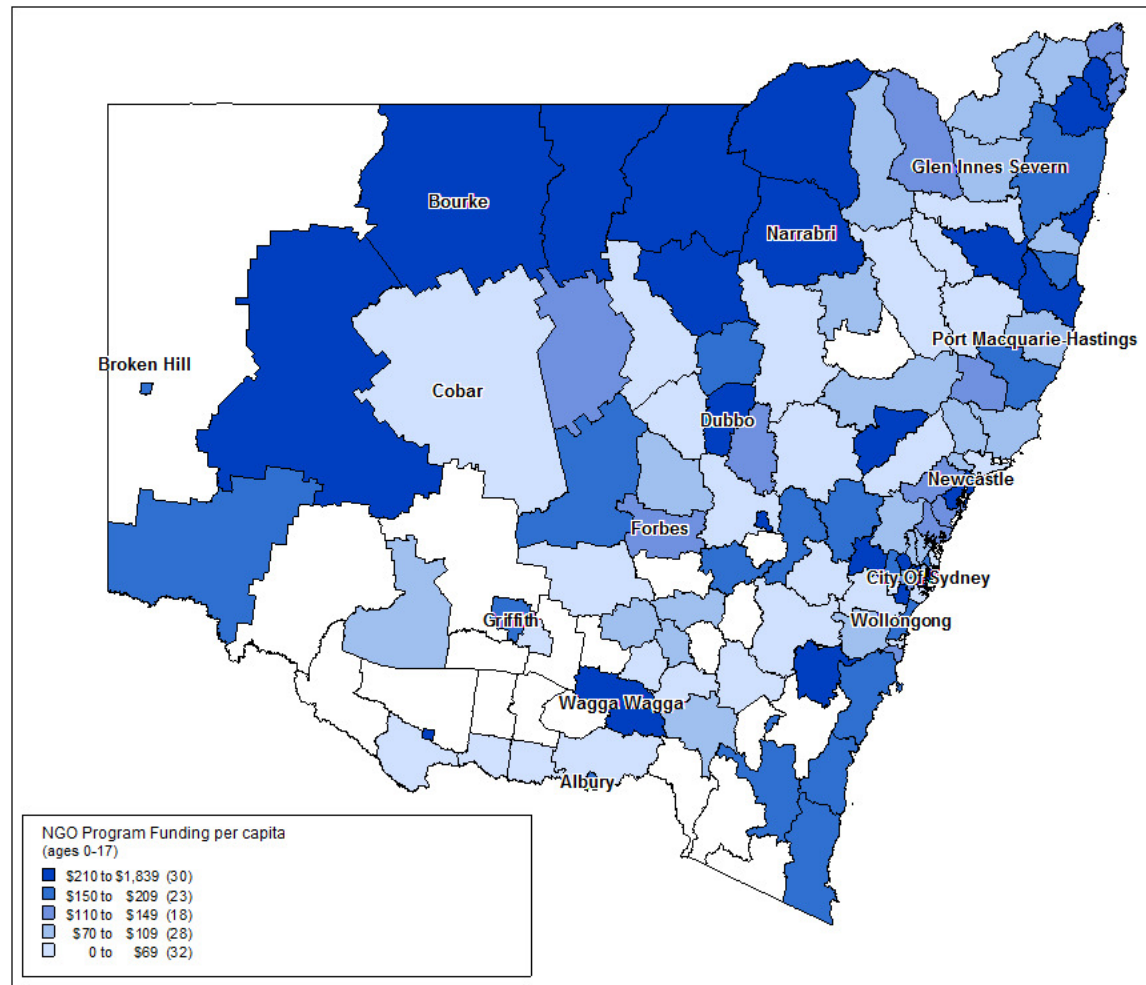
Figure 3.13 CSGP NGO funding by, LGA



Source: FaCS

Note that areas shaded in white had no attached funding, but may receive services from providers in nearby LGAs

Figure 3.14 CSGP NGO funding per child aged 0-17, by LGA



Source: FaCS and ABS 2010

Note that areas shaded in white had no attached funding, but may receive services from providers in nearby LGAs

4 Mapping KTS investment and need

This chapter brings together the information shown in Chapters 2 and 3, presenting maps of KTS investment across NSW and the Sydney metropolitan area. These maps are compared with the most relevant indicators of relative disadvantage identified in Chapter 3.

4.1 Approach

Maps are presented in this chapter to facilitate examination of geographic relationships between the indicators of need identified in Chapter 3 and KTS program expenditure. The aim is to help address the relevant Interim Review questions (Table 4.1) and achieve the objectives of this review element (see Chapter 1). The chapter also describes the level of investment and activity from KTS programs in relation to specific population groups and intervention types.

Table 4.1 Interim review questions relevant to the spatial mapping and analysis project

-
- | |
|---|
| 1. To what degree is the universal service system stronger and more extensive? |
| 2. Have early intervention services been enhanced? |
| 8. Are services more available and better able to meet the needs of aboriginal children, young people and families? |
-

The remainder of this chapter is structured as follows:

1. KTS expenditure and disadvantage;
2. Analysis of Intervention types and need;
3. Services for Aboriginal children, families and communities; and
4. The distribution of new expenditure.

4.2 KTS expenditure and disadvantage (SEIFA)

In total, \$222 million of expenditure associated with KTS programs has been mapped across NSW. The extent to which this expenditure is addressing the needs of children, young people, their families and communities has been considered against the SEIFA Index of Relative Socioeconomic Disadvantage.

Figure 4.1 and Figure 4.2 overlay KTS funding per capita⁹ against the SEIFA Index in each LGA. In Table 4.2 total expenditure and expenditure per capita has been aggregated and presented by LHD. This reduces the total number of areas from 153 to 15, enabling an easier comparison of expenditure. As discussed in Chapter 2, overall funding per capita from KTS programs has been around two and half times higher in non-metropolitan areas of the State, relative to metropolitan areas (\$224 per child compared with \$95).

⁹ Measured as the population of 0-17 year olds in each LGA

Table 4.2 Summary of total mapped expenditure by LHD

Local Health District	Population aged 0-17	KTS mapped expenditure	Mapped expenditure per capita
Metropolitan LHDs			
Central Coast	74,564	\$17,071,308	\$229
Northern Sydney	179,812	\$6,779,003	\$38
South Eastern Sydney	152,378	\$8,502,867	\$56
South Western Sydney	226,226	\$20,676,652	\$91
Sydney	108,255	\$7,792,694	\$72
Western Sydney	209,927	\$19,433,558	\$93
Illawarra Shoalhaven	87,221	\$19,009,158	\$218
Nepean Blue Mountains	87,151	\$8,129,796	\$93
Metropolitan total	1,125,534	\$107,395,037	\$95
Non-metropolitan LHDs			
Far West	7,450	\$1,999,769	\$268
Hunter New England	203,723	\$40,237,926	\$198
Mid North Coast	47,115	\$13,489,694	\$286
Murrumbidgee	73,361	\$12,442,760	\$170
Northern NSW	66,614	\$16,735,592	\$251
Southern NSW	45,802	\$7,059,760	\$154
Western NSW	67,255	\$22,452,431	\$334
Non-metropolitan total	511,320	\$114,417,931	\$224
Total NSW	1,636,854	\$221,812,967	\$136

Overall, the table above and the two maps show a positive relationship between the level KTS expenditure and the level of need across the State.

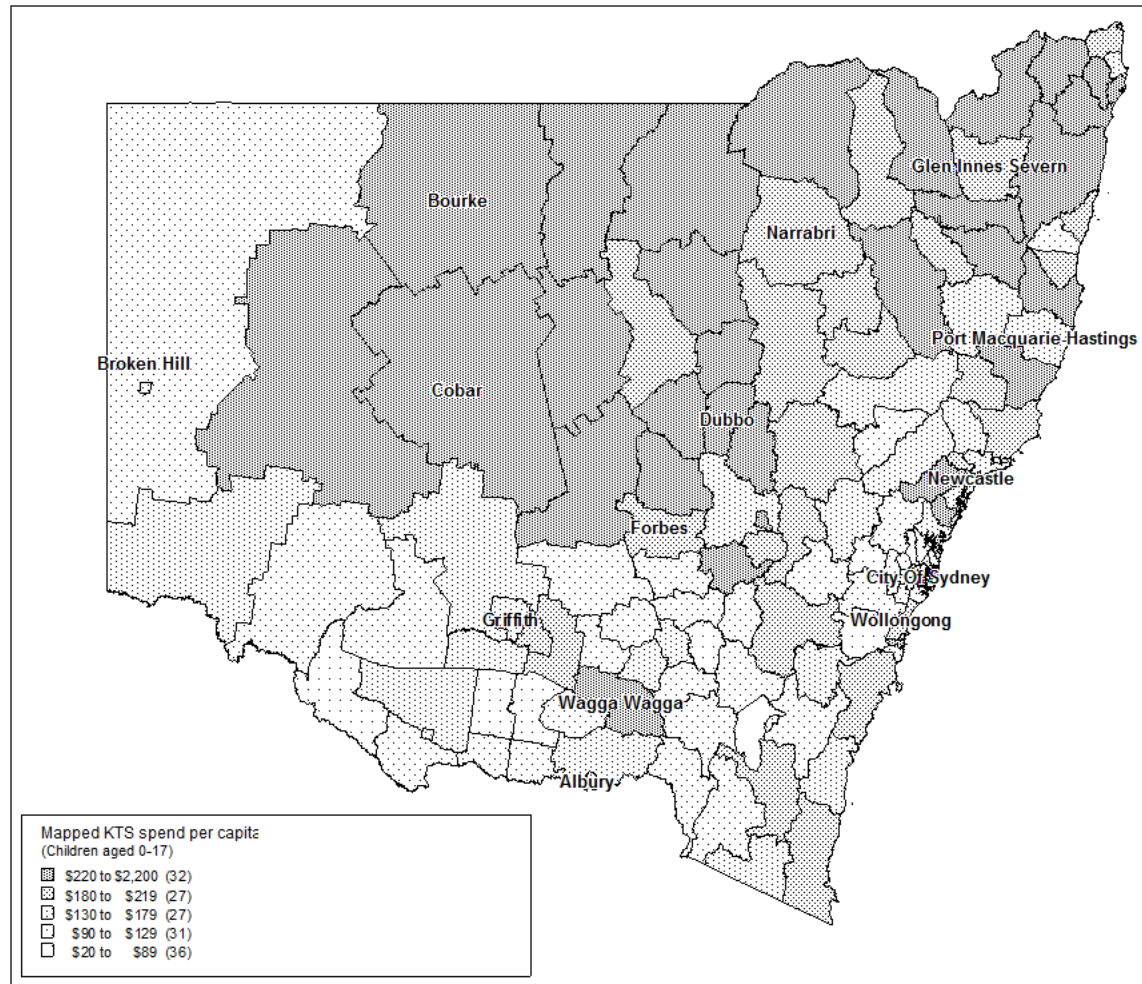
Non-metropolitan areas with the highest levels of per capita funding include the Far West region, Western NSW, parts of the Hunter-New England region, as well as some LGAs in the Northern and Mid-North Coast regions. LGAs in these areas are amongst the most remote in the State, often with small populations spread over a large geographic area. As the overlay with the SEIFA Index demonstrates, these areas are also amongst the most disadvantaged parts of the State, suggesting a positive relationship between funding per capita and need.

Within metropolitan areas the level of KTS funding per child is not as closely linked to the level of need. The index shows a clear pattern of disadvantage, highest in the Western and South Western regions of Sydney, and lowest in the regions of Northern Sydney and South Eastern Sydney. While LGAs in disadvantaged regions are more likely to have higher per-

capita expenditure than other metropolitan areas, the pattern of expenditure does not vary quite so closely with the measure of disadvantage used here.

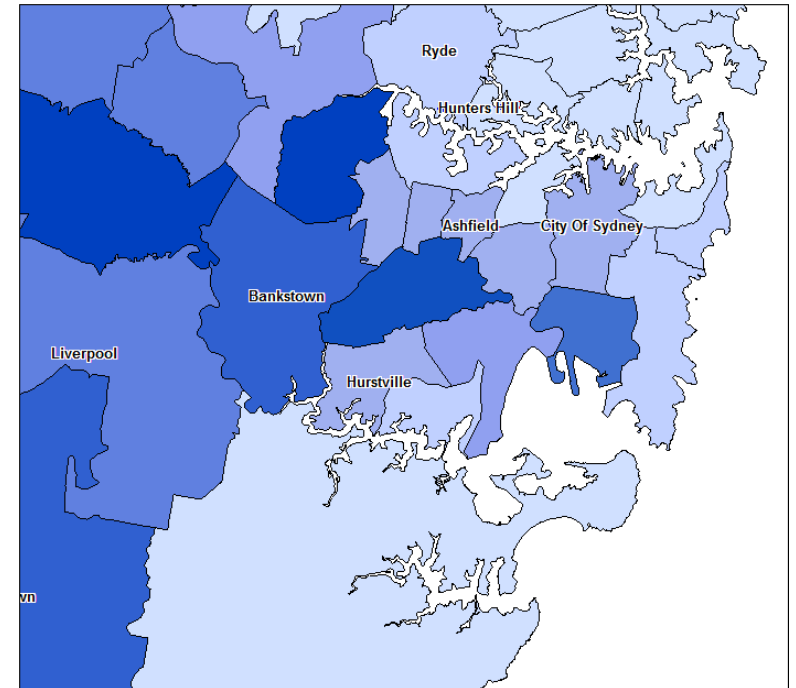
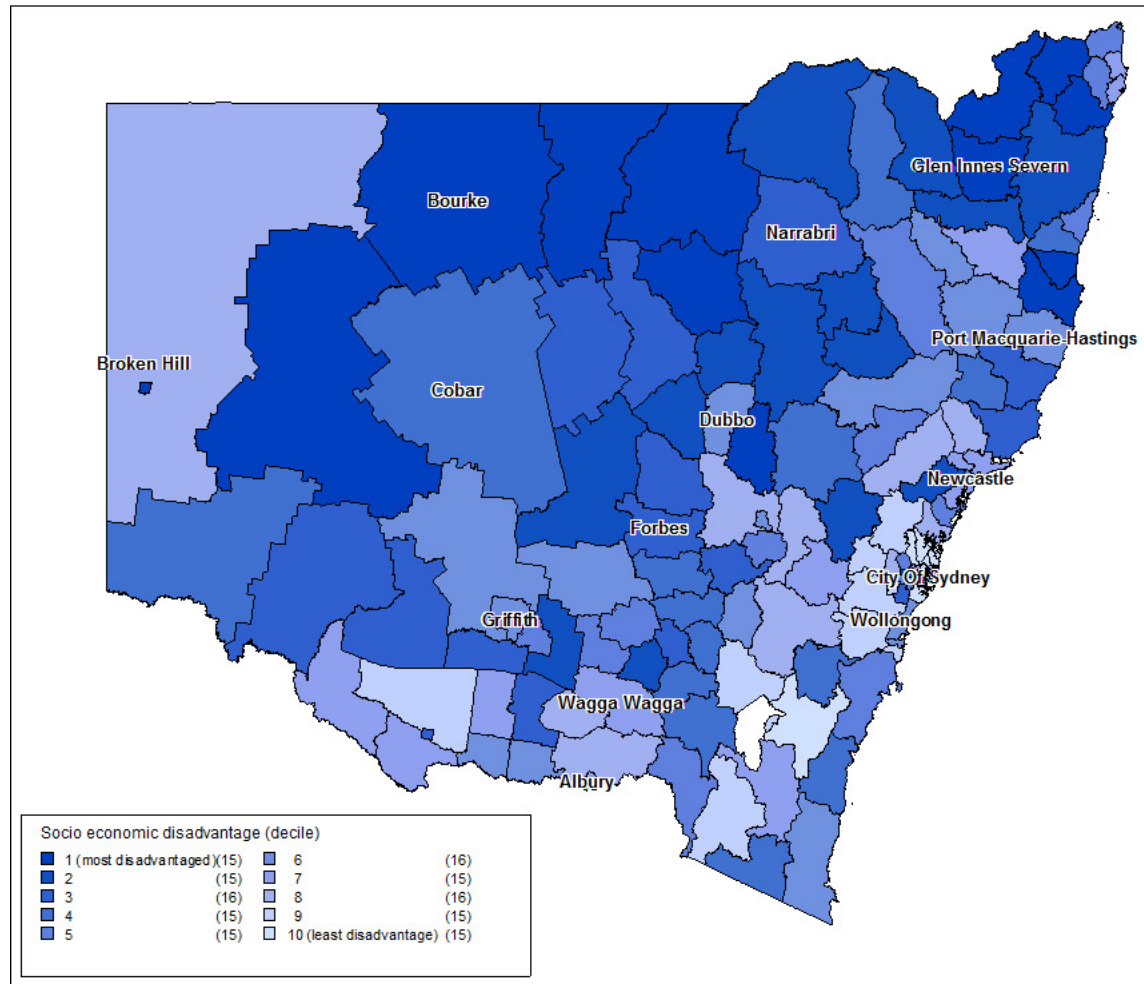
As shown in the figures below, at the individual LGAs level there is a reasonable amount of variance in the level of per capita spending within regions. This cannot always be explained by variations in the level of disadvantage as measured by the SEIFA Index. Some potential explanations for this are considered in Chapter 5.

Figure 4.1 KTS location-attributable program expenditure per capita (children aged 0-17)



Source: KTS agencies and ABS 2010

Figure 4.2 SEIFA: Index of Relative Socioeconomic Disadvantage



Source: ABS 2006

4.3 Intervention types

This section considers the distribution of funding across broad types of programs: prevention and early intervention; acute; and out-of-home care. These three areas of service delivery have accounted for \$185 million of the \$222 million of mapped expenditure.

- Prevention and early intervention \$82.8 million;
- Acute services \$24.3 million; and
- Out-of-home care \$77.9 million.

Programs excluded from these three categories include systemic changes to the child protection system (many of which were not linked to a particular location) and programs specifically targeting Aboriginal children, young people and communities. These programs are discussed later in this chapter.

4.3.1 Prevention and early intervention programs

This section contributes to the following interim review question – ‘Have early intervention services been enhanced?’

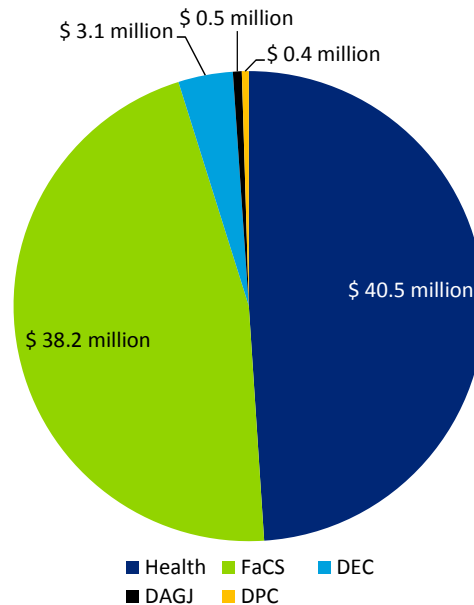
Programs related to prevention and early intervention make up the largest portion of the mapped KTS expenditure. These programs account for \$82.8 million, or 45 per cent of the total mapped expenditure, reflecting the Wood Inquiry recommendations and the priority on intervening to stop problems from occurring, or acting early to prevent issues from escalating.

The objectives of the KTS programs in this area differ from program to program.¹⁰ These programs have been implemented by agencies including FaCS, Health, DPC, DAGJ and DEC (Figure 4.3). FaCS and Health are responsible for 95 per cent of the mapped KTS expenditure on prevention and early intervention.

¹⁰ A useful discussion on the role of prevention and early intervention projects in relation to the overall child protection system can be found at:

<<http://www.aifs.gov.au/nch/pubs/sheets/rs11/index.html>>

Figure 4.3 Funding distribution for KTS reform areas – Prevention and Early intervention



The FaCS and Health programs included in this category and their mapped expenditure include:

- CSGP & Sustained Home Visiting (FaCS) \$19.6 million;
- Brighter Futures (FaCS) \$18.6 million;
- Family Referral Services (Health) \$13.8 million;
- Sustaining NSW Families (Health) \$7.1 million;
- Whole Family Teams (Health) \$14.8 million;
- Getting on Track in Time (Got it!) (Health) \$4.3 million; and
- Reparative Parenting Program (Health) \$0.4 million.

Figure 4.4 and Figure 4.5 show the level of KTS prevention and early intervention expenditure per child and the SEIFA Index of relative Socioeconomic Disadvantage. The SEIFA Index has again been chosen as an indicator of need because it measures population level disadvantage. Prevention and early intervention programs typically target vulnerable members of the population and it is reasonable to expect that they would be more concentrated in areas with disadvantaged populations.

Elements of prevention and early intervention programs have been implemented across the State, but the strongest concentration occurs in rural LGAs in the Western and Northern NSW regions as well as the Hunter-New England region. These are all areas with high disadvantage according to the SEIFA measure. However, it is not the case that all disadvantaged areas have received equal funding. There are also areas in the Murrumbidgee and Southern regions of the State, which exhibit high levels of disadvantage, but have received comparatively less funding for prevention and early intervention services.

In the metropolitan area a greater level of expenditure per child has generally occurred in areas of Western, South Western and South Eastern Sydney. This approximately reflects the level of socioeconomic disadvantage, measured by the SEIFA

Expenditure on NSW Health programs are contributing to the somewhat lopsided view of expenditure shown in Figure 4.4. In many cases, the expenditure per child in different areas reflects the location of pilot sites for new NSW Health programs, for example:

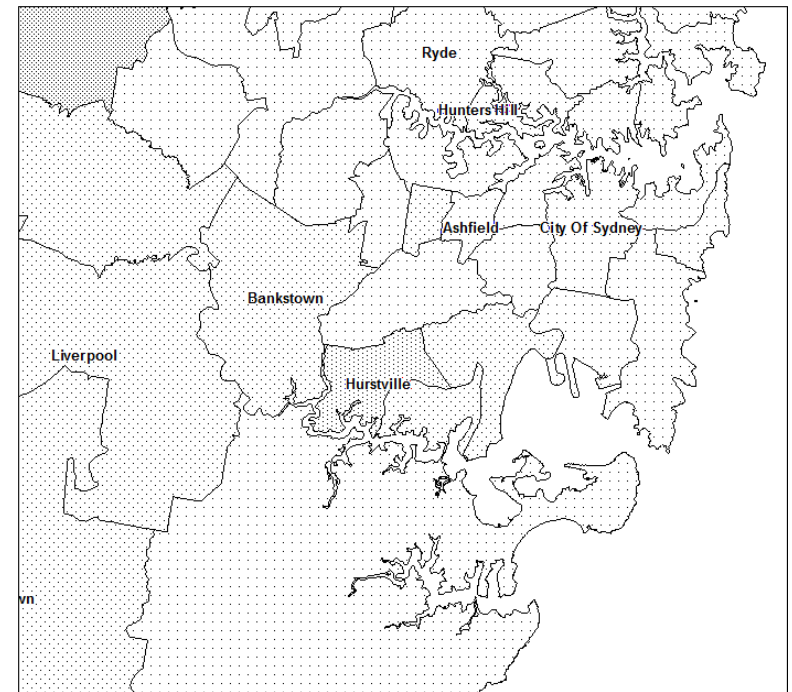
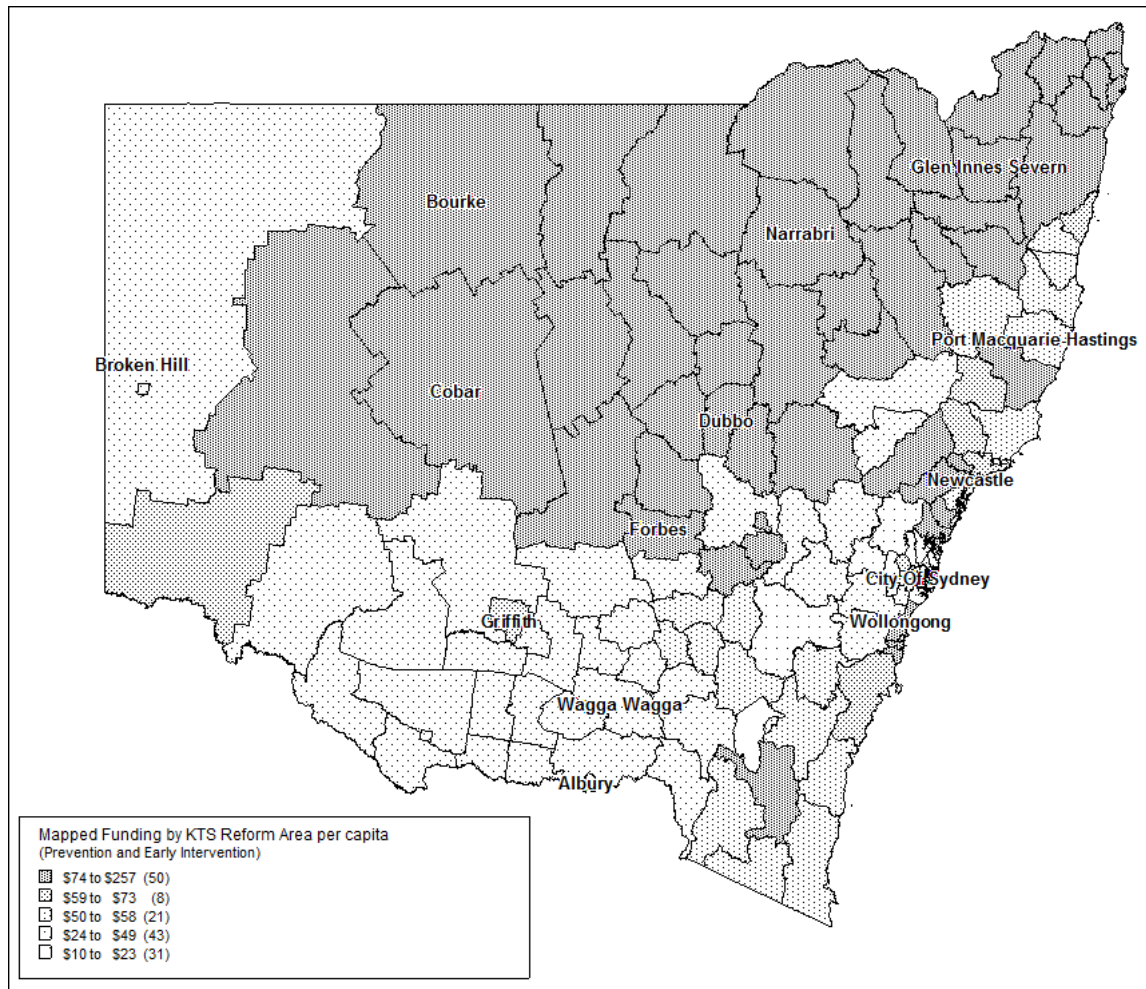
- The Family Referral Services program, which has been piloted in five areas, including the Western, Hunter and New England regions as well as Illawarra and Mt Druitt (Blacktown);¹¹
- The Whole Family Teams program, which was piloted in Lismore, Newcastle, Gosford and Nowra; and
- The Sustaining NSW Families, which was trialled at sites in South Eastern and Western Sydney, Maitland and Northern NSW.

These programs and the other prevention and early intervention programs being piloted make up 60 per cent of the total mapped expenditure in this area. NSW Health indicated that, for the first two of these programs, site selection was based on the number of substantiated child protection reports in each area. The Sustaining NSW Families pilot sites were chosen based on the areas' level of socioeconomic disadvantage.

The NSW Ministry of Health will establish three further Family Referral Services before 30 June 2012 in the Far North Coast, Mid North Coast and Liverpool-Macarthur Regions. The Government intends to progressively expand these services to other areas of the State by 2014.

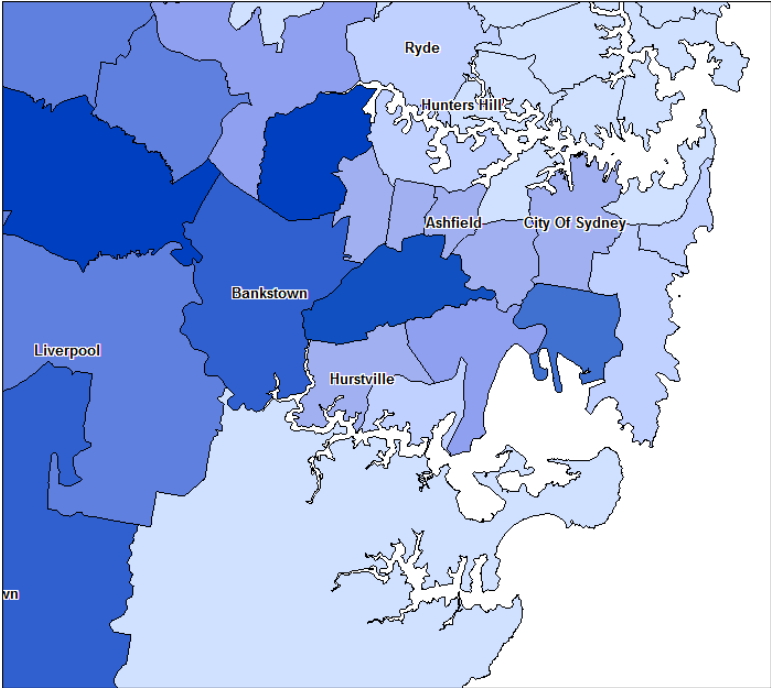
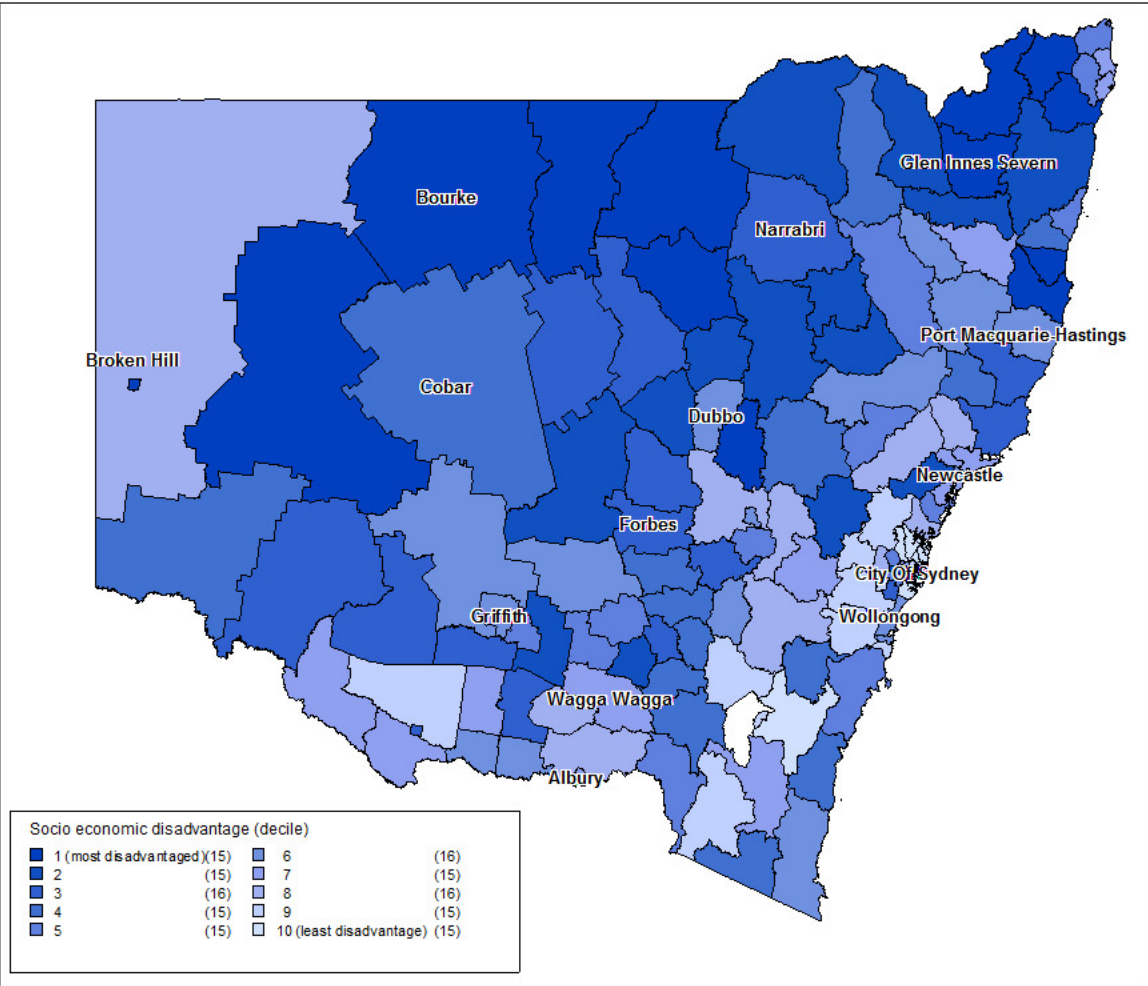
¹¹ For a description of the program and program sites see:
<<http://www.health.nsw.gov.au/initiatives/kts/frs.asp>.

Figure 4.4 Mapped funding by KTS reform area per child aged 0-17 (Prevention and Early Intervention)



Source: KTS agencies and ABS 2010

Figure 4.5 SEIFA: Index of Relative Socioeconomic Disadvantage



Source: ABS 2006

4.3.2 Acute and out-of-home care programs

The total amount of funding that was able to be mapped for acute services was \$24.3 million and for out-of-home care was \$77.9 million. This represents 11 per cent and 35 per cent of the total mapped expenditure respectively.

In the context of the KTS reforms, programs providing acute services have generally been targeted toward children and families where there is a high risk of significant harm, including where children are at risk of entering an out-of-home care placement. KTS-funded programs in this category and the level of mapped expenditure include:

- Family Case Management (DPC) \$2.9 million;
- Joint Investigation Response Team (JIRT) referral unit (FaCS) \$1.9 million;
- Intensive Family Preservation (FaCS) \$15.5 million;
- New Street (Health) \$3.4 million; and
- Kaleidoscope (Health) \$0.7 million.

As noted previously, the reform area receiving the largest portion of total KTS funding was out-of-home care. In almost all circumstances out-of-home care is provided to children where a risk of significant harm has been established and the child can no longer stay in their usual home. KTS-funded programs related to out-of-home care and their level of mapped expenditure include:

- Additional FaCS Case Workers (FaCS) \$13.7 million;
- Out-of-home care enhancement funding (FaCS) \$50.8 million;
- Foster Care Recruitment project (FaCS) \$6.4 million;
- Out-of-home care Health Coordinators and Assessments for Children (Health) \$3.8 million; and
- Out-of-home care Education Co-ordinators (DEC) \$3.3 million.

Although acute and out-of-home care services are quite distinct from one another, both are targeted at the most vulnerable children and families – where there is a risk of significant harm. Funding for these two types of programs has therefore been combined and compared against the distribution of children who were the subject of ROSH reports in 2010-10. This is shown in per-capita terms (0-17 year olds) in Figure 4.6 and Figure 4.7.

These figures show a strong correlation between areas of high KTS expenditure and areas with a high rate of children who were the subject of ROSH reports. Non-metropolitan areas with consistently high levels of reports per capita include the Far West, Western, Northern and Mid-North Coast regions – areas which have consistently shown high levels of disadvantage by other measures presented in this report. These areas have typically received the highest levels of acute and out-of-home care program expenditure per capita, although the distribution of funding at the LGA level (within these regions) is not always consistent. For example, some LGAs in the Hunter-New England and Mid North Coast regions have received high levels of per capita funding, while others have not. Similarly, there are LGAs in Southern NSW and the Murrumbidgee regions, with very high levels of mapped KTS expenditure per capita, when surrounding LGAs do not.

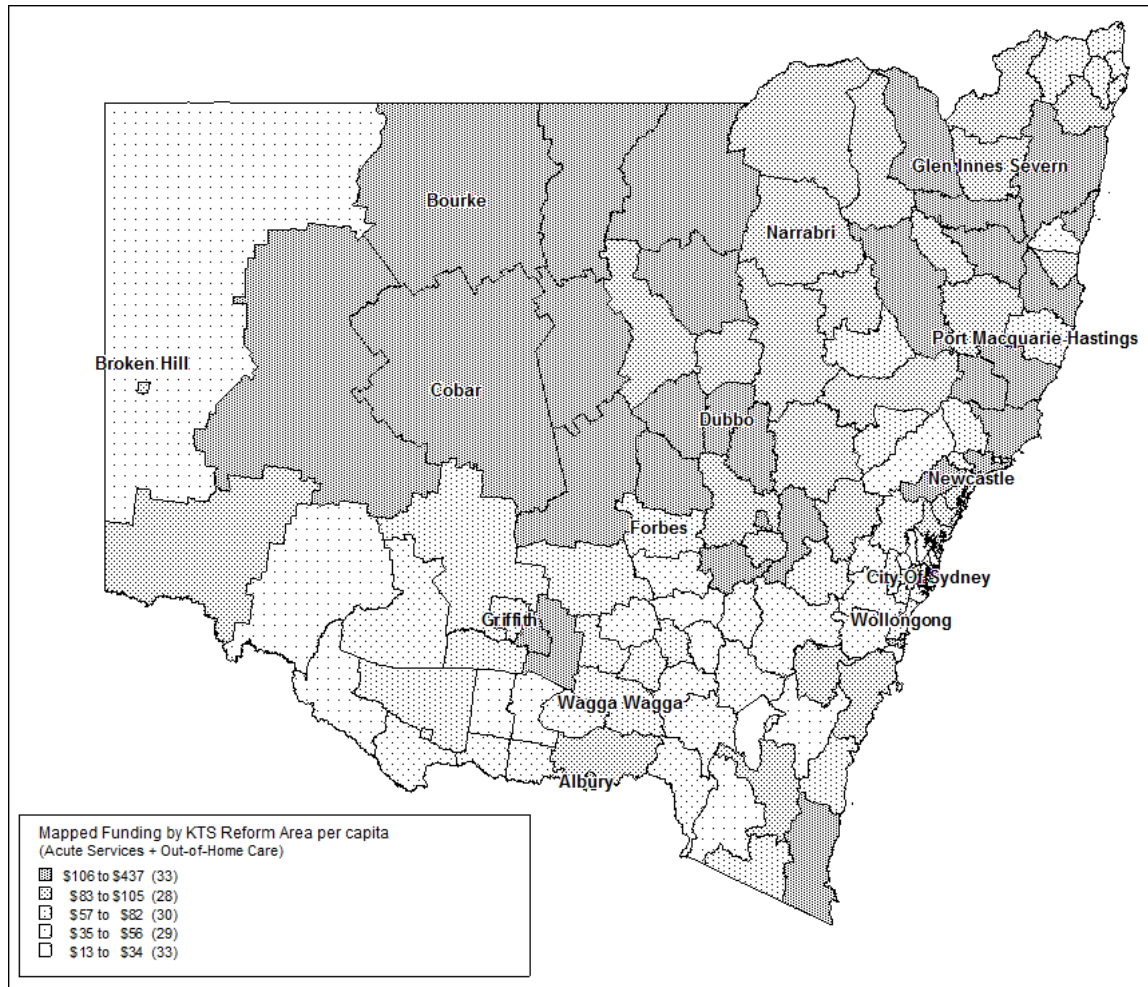
In metropolitan areas, there is a very strong correlation between the level of KTS funding per capita and the rate of children who were the subject of ROSH reports.

A small number of KTS programs with large funding levels have the greatest influence on the overall distribution of funding. They include a mix of demand-driven funding and active expenditure decisions made by the agencies:

- Out-of-home care enhancement funding (FaCS) \$50.8 million. This program funded an increase in out-of-home care allowances, which was not possible to separate from pre-KTS funding levels. It was distributed based on the number of children in out-of-home care in each of the funding years.
- Intensive Family Preservation (FaCS) \$15.5 million. Expenditure from this program was distributed by FaCS, which allocated spending based on the number of children entering out-of-home care in each of the two years from July 2006 to June 2008.
- Additional FaCS caseworkers (FaCS) \$13.7 million. Expenditure from this program was allocated to areas based on the location of the additional caseworkers. These areas include Raymond Terrace, Gosford, Eastern Sydney and Central Sydney.
- Foster Care Recruitment project (FaCS) \$6.4 million. Expenditure from this program was allocated based on a one-year sample of recruitment activity across NSW.

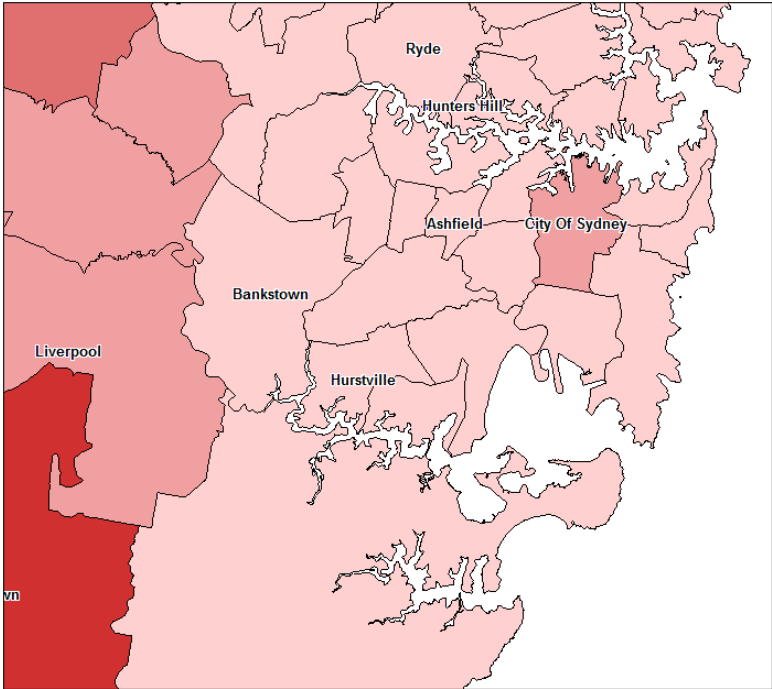
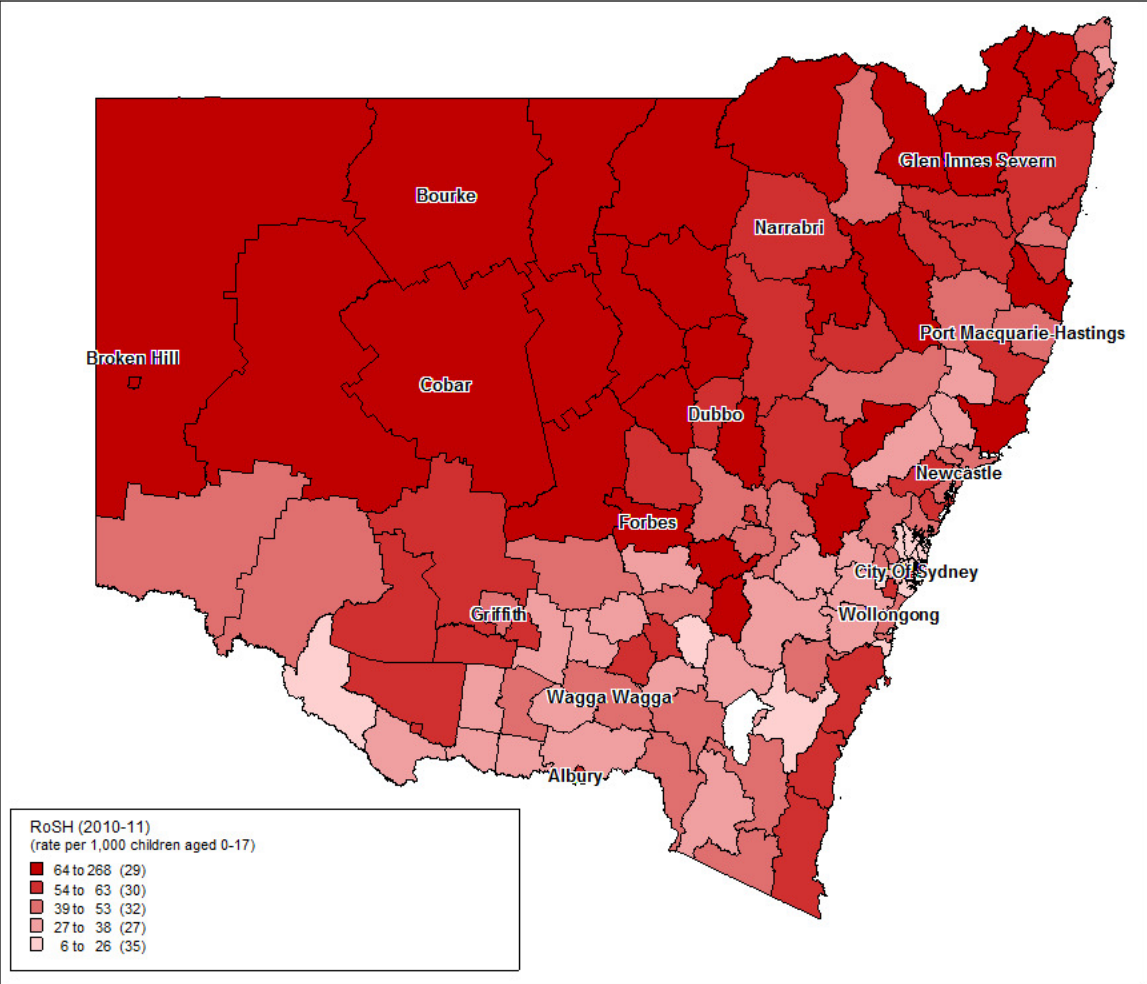
Consistent with the discussion about prevention and early intervention expenditure, an apparent disproportionate level of expenditure in some LGAs reflects choices about the location of pilot or trial programs.

Figure 4.6 Funding by KTS reform area (Acute and Out-of-home care) per capita



Source: KTS agencies and ABS 2010

Figure 4.7 Children in ROSH reports, rate per 1,000 children aged 0-17, 2010-11



Source: FaCS

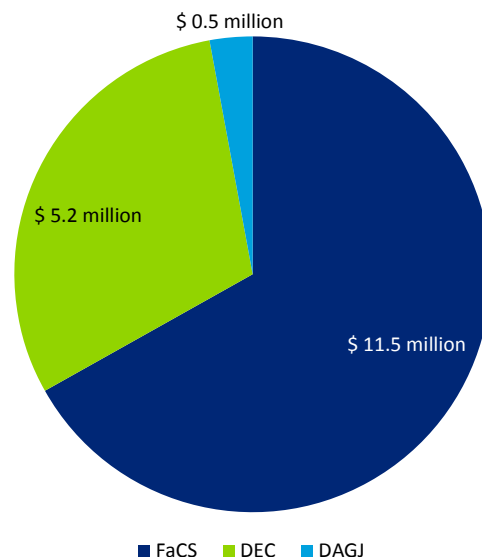
4.4 Services for Aboriginal children, families and communities

Aboriginal children, families and communities face higher levels of disadvantage than other Australians and are over-represented in all areas of the child protection system.

To assist in alleviating this disadvantage, the KTS reforms have included a number of programs aimed specifically at improving the general wellbeing of Aboriginal children, young people, families and communities. These programs complement other KTS programs, which can be accessed by everyone, including Aboriginal people. Approximately \$17.2 million (8 per cent) of the mapped funding was allocated to programs specifically targeted at Aboriginal children, families and communities through the following initiatives:

- Extend Nights Patrols (DAGJ) \$0.5 million;
- Aboriginal Foster Carers (FaCS) \$1.8 million;
- Toomelah/Boggabilla Project (FaCS) \$1.5 million;
- Intensive Aboriginal Family Based Services (FaCS) \$8.2 million;
- Safe Families (DEC) \$3 million;
- Working with Men (DEC) \$0.3 million; and
- Aboriginal Student Liaison Officers (DEC) \$1.9 million.

Figure 4.8 Mapped KTS funding aimed at Aboriginal children, families and communities



Analysing the distribution of funding for these programs against the needs of Aboriginal children and families is an important aspect of the spatial mapping and analysis project, contributing to answering the Interim Review question relating to whether services are more available and better able to meet the needs of Aboriginal children, young people and families.

KTS expenditure on programs aimed at Aboriginal children, families and communities could be compared against several measures of need, including the Index of Relative Indigenous Socioeconomic Outcomes shown in Chapter 2, rates of Aboriginal children who were the subject of ROSH reports or the general population of Aboriginal children and young people.

In Figure 4.9 and Figure 4.10, it was decided to map total KTS expenditure on programs targeted towards Aboriginal children, families and communities against the number of Aboriginal children in ROSH reports. Aggregate expenditure has been mapped instead of expenditure per capita. This is because per capita expenditure figures would be difficult to interpret in areas where Aboriginal people make up a small proportion of the overall population.

Funding for programs targeted to Aboriginal children and families has been distributed less evenly across the State than funding for other KTS programs. The majority of expenditure is concentrated in a relatively small number of LGAs, and there are a large number of LGAs where there is apparently no spending. Although a full explanation of this is beyond the scope of this report, two plausible possibilities are:

1. Many of the programs are pilot projects, being trialled in a small number of locations; and
2. These programs either complement or substitute mainstream KTS services in these areas, and have been concentrated in areas where Aboriginal needs are relatively high.

Most of the LGAs where a large amount of expenditure has occurred have high levels of Aboriginal children who were the subject of ROSH reports. They include the Central Darling, Clarence Valley, Dubbo, Kempsey and Wagga Wagga LGAs as well as several LGAs in the Northern and Hunter-New England regions of the State.

The KTS programs targeted towards Aboriginal children and families appear to have been provided in selected communities based on assumptions about specific local needs. For example:

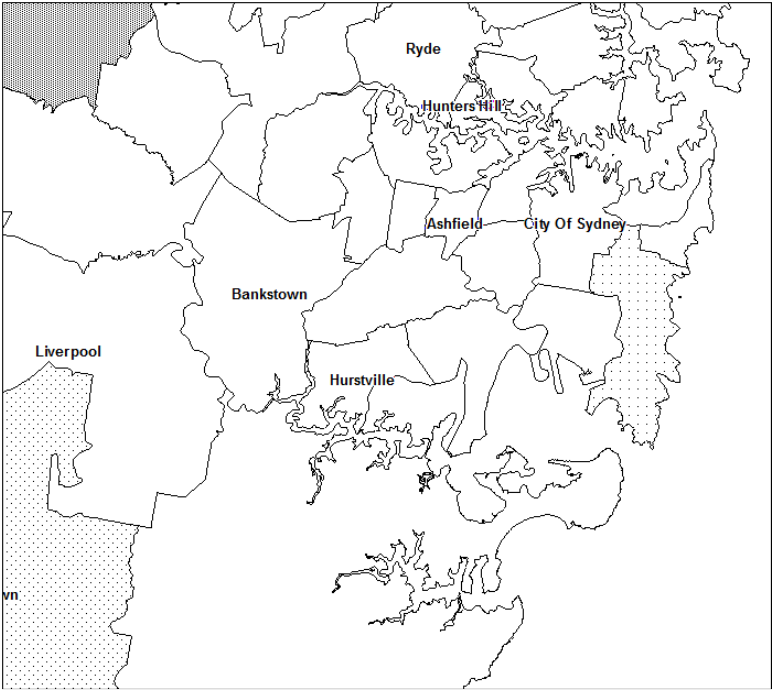
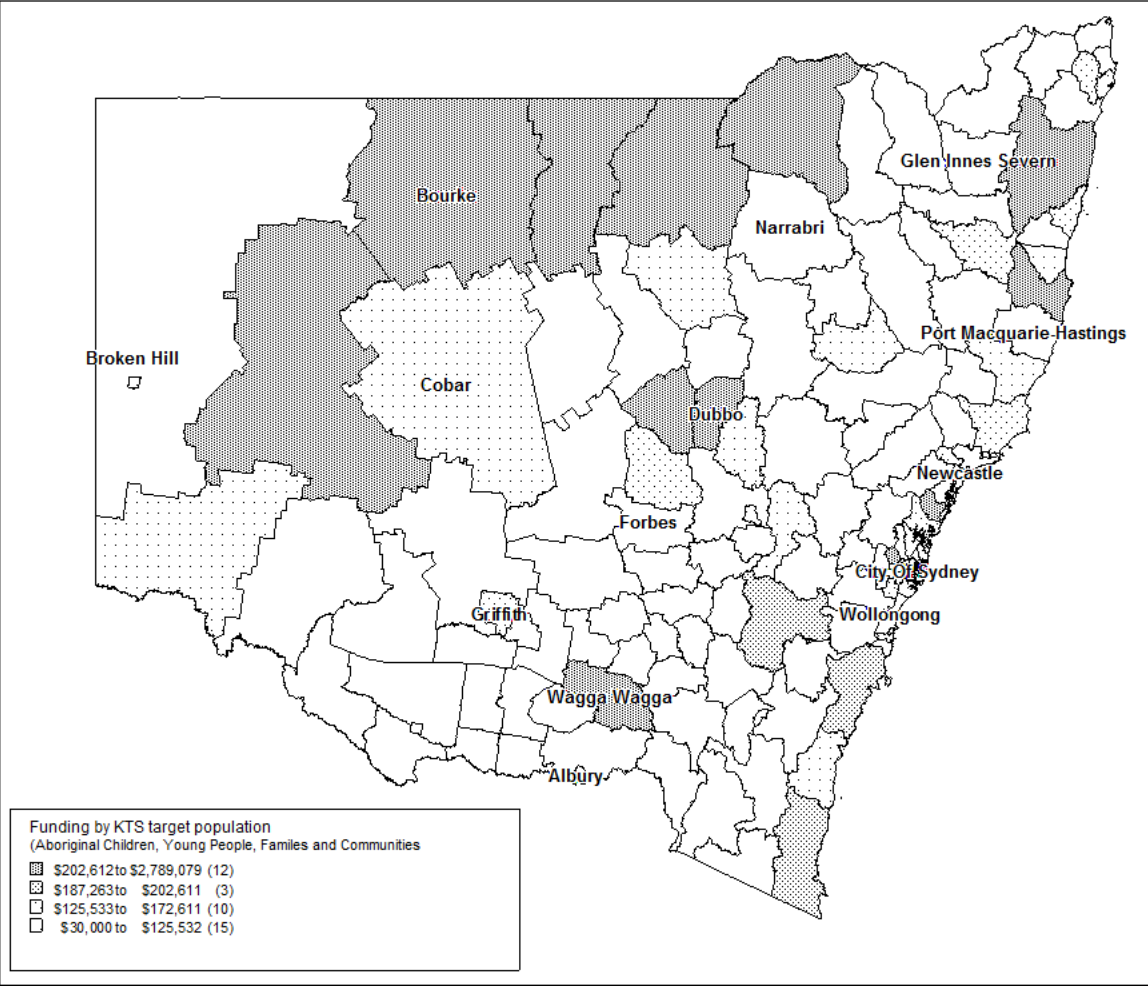
- The Safe Families program, which is related to child sexual assault, is being trialled in five local communities;¹²
- The Extended Night Patrols program, which is a prevention program aimed at young Aboriginal people on the streets at night, has been implemented in a small number of rural LGAs, where a large proportion of the population is Aboriginal; and
- Intensive Aboriginal Family Based Services, aimed at Aboriginal children who are either at risk of entering an out-of-home care placement due to protective concerns or whose children have been placed in out-of-home care and are to be restored to their families were piloted in Wyong, Kempsey, and Wagga Wagga, based on an assessment of the level of need in those areas.

While expenditure has largely been directed to areas of high need, it has not reached all of the areas where there are a large number of Aboriginal children who were the subject of ROSH reports. Also significant is the large volume of Aboriginal Children who were the subject of ROSH reports in some metropolitan areas. Aboriginal children in metropolitan

¹² Because child sexual assault is a sensitive issue, the names of the Focus Communities are not publically available

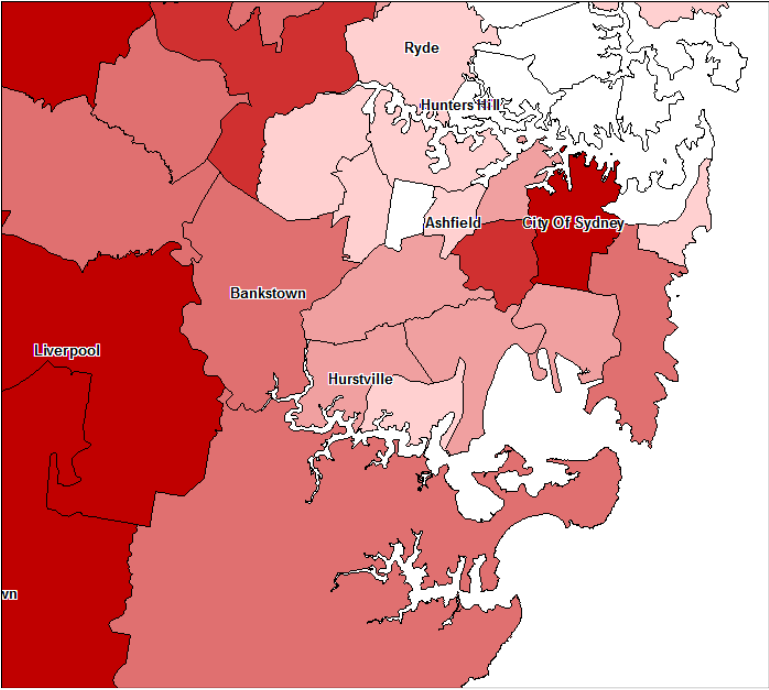
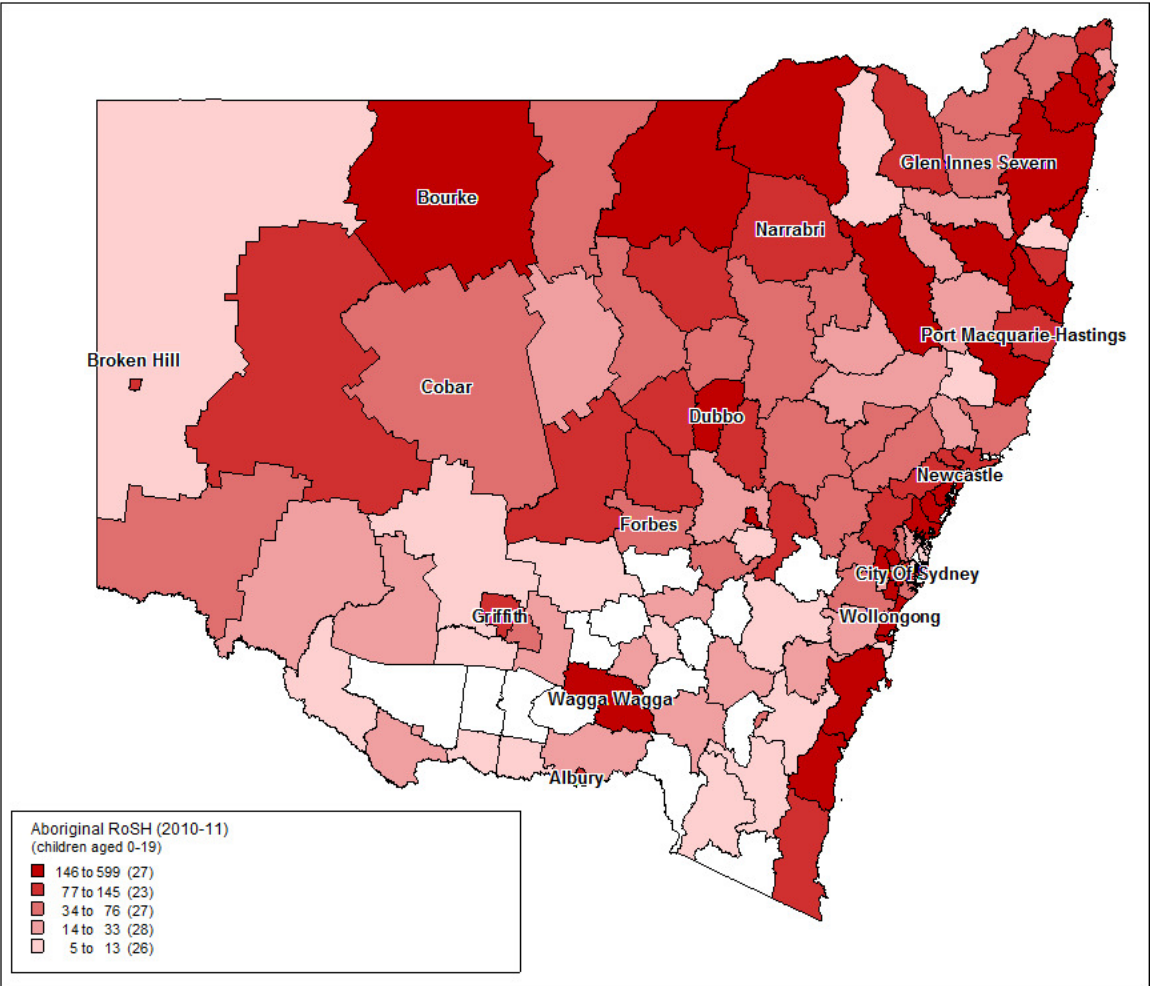
areas make up a much smaller proportion of the total population than in rural areas, but are still significant in number. There has been relatively little expenditure targeted specifically at Aboriginal children and families in metropolitan areas.

Figure 4.9 Location attributable funding by KTS target population (Aboriginal children, young people, families and communities)



Source: KTS agencies

Figure 4.10 Aboriginal children in ROSH reports 2010-11



Source: FaCS

Note that the LGAs shown in white had fewer than five reports. Figures for these LGAs have been withheld for privacy reasons.

4.5 New programs

The KTS reforms include a mix of funding for new programs and enhancement funding for existing programs. This section considers how total expenditure for new projects has been distributed. Several of the projects included here have also been discussed earlier in this chapter. The rationale for considering new projects separately is that there may have been different resourcing decisions for new projects, rather than the enhancement funding provided to projects with existing delivery structures. This section contributes to the analysis of the overall distribution of KTS expenditure and contributes to addressing the Interim Review's questions relating to universal service delivery.

Funding for new programs made up about 30 per cent of the expenditure mapped for this project – a total of \$62.5 million. There have been 12 new programs introduced, which include:

- Several projects relating to a trial of Alternative Dispute Resolution (ADR) (DAGJ) \$5 million;
- Family Case Management (DPC) \$2.9 million;
- Out-of-home care Education Coordinators (DEC) \$3.3 million;
- Structured Decision-Making Trial @ Helpline and Community Services Centres (FaCS) \$8.2 million;
- The Foster Carer Recruitment Project (FaCS) \$6.4 million;
- Family Referral Services (Health) \$13.8 million;
- Out-of-home care Health Coordinators and Assessments for Children (Health) \$3.8 million;
- Whole Family Teams (Health) \$14.8 million; and
- Getting on Track in Time (Got It!) (Health) \$4.3 million.

This component of the Interim Review had been intended to compare the level of funding for new KTS programs with non-KTS expenditure with access to a range of community support services, including universal services provided by Commonwealth, State and Local Governments (see Figure 2.4). Unfortunately it was difficult to obtain data from non-KTS programs at the LGA level, within the restricted timeframes of this project.

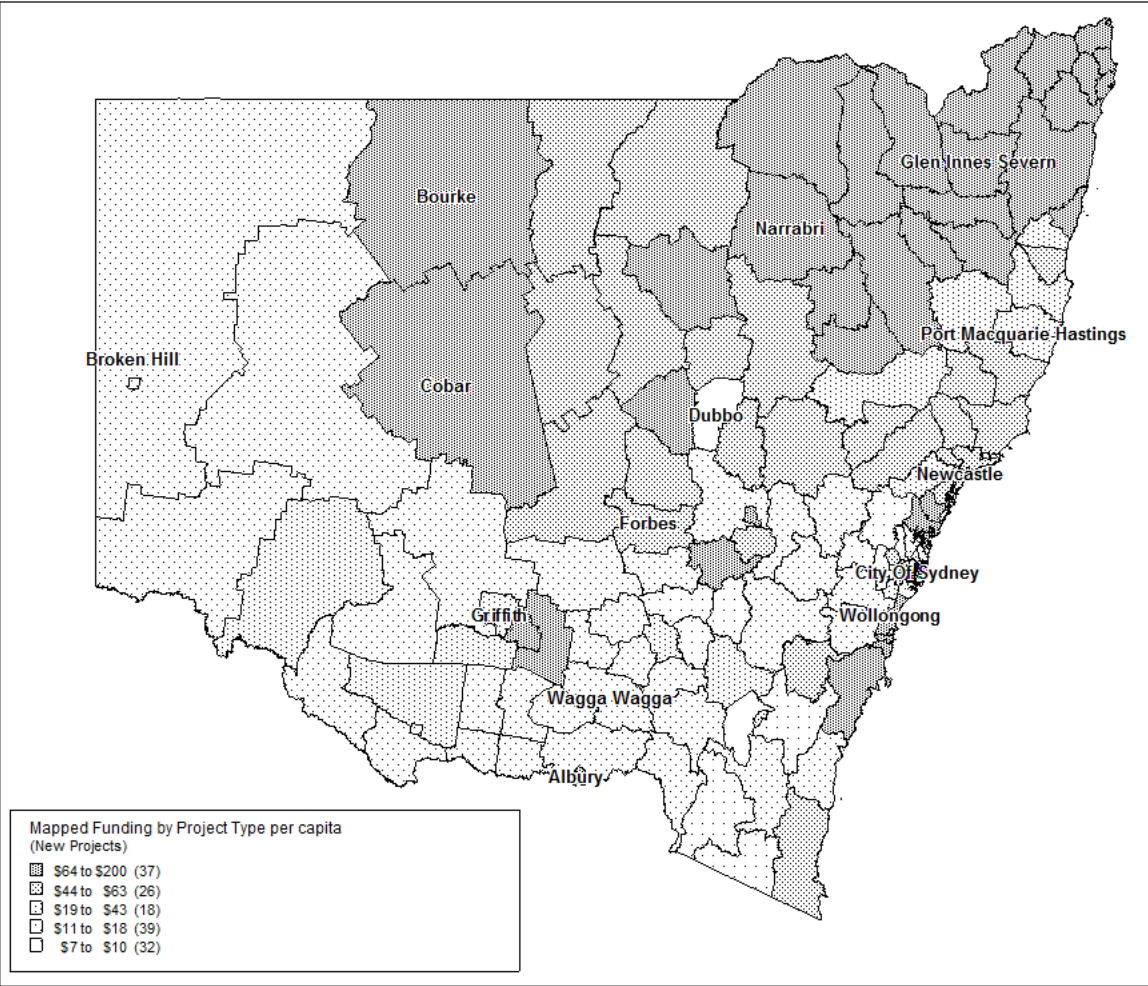
In this section KTS funding for new programs is compared with the level of CSGP funding prior to the introduction of the KTS reforms. This highlights the distribution of new government funding in relation to a range of complementary services being provided by the NGO sector prior to the introduction of KTS, and is used as a proxy measure for the level of pre-existing community services.

Figure 4.11 and Figure 4.12 do not show a clear pattern of new expenditure in relation to the pre-KTS measure of NGO expenditure. Overall there appears to be higher concentrations of expenditure from both sources in the northern half of the State and in the Western and South Western regions of the metropolitan area.

This suggests both new KTS expenditure and the NGO expenditure were both allocated to areas of high need. But it does not appear that KTS expenditure has been allocated

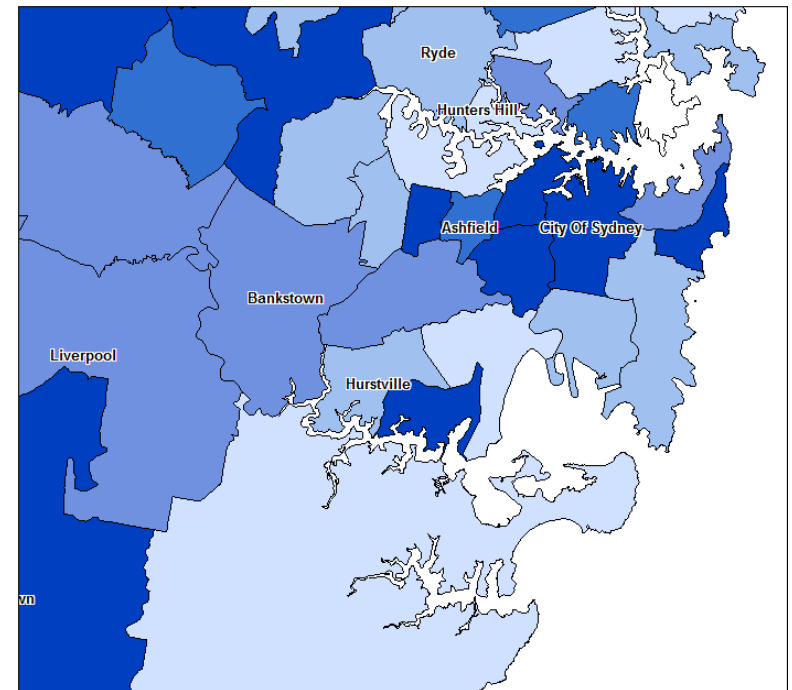
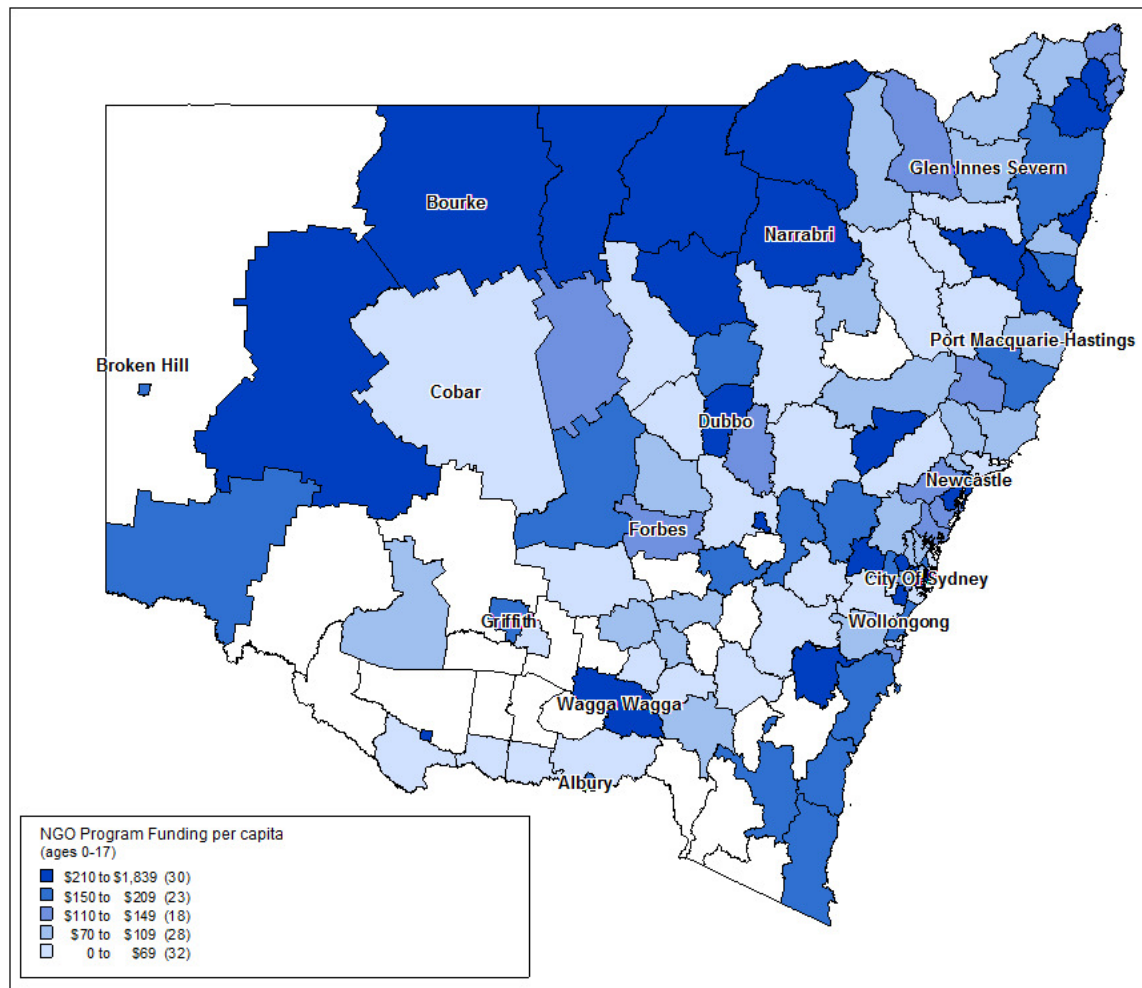
specifically to areas with low NGO expenditure. It should be noted that this is only a limited measure of non-KTS expenditure. It does not take account of other Commonwealth, State or local government expenditure, or the quality of the infrastructure that exists across the State.

Figure 4.11 Mapped Funding by KTS program type (funding for new programs)



Source: KTS agencies and ABS 2010

Figure 4.12 CSGP NGO funding per child aged 0-17, by LGA



Source: FaCS and ABS 2010

5 Conclusions

5.1 Overall trends

Geographic analysis of the mapped KTS expenditure from 2008-09 to 2011-12 shows that expenditure has generally been highest in areas of the State with the highest levels of need – whether this is measured by the number of children in child protection reports or an index of relative disadvantage.

Non-metropolitan areas with the highest levels of per capita funding include the Far West, West, Northern and Hunter-New England regions of the State, although at the LGA level, per capita funding was not always equally distributed within these regions. LGAs within these regions typically have higher rates of children in child protection reports and higher levels of relative disadvantage than other parts of the State.

Metropolitan areas with high rates of children in child protection reports and high levels of relative socioeconomic disadvantage included the Western and South-Western metropolitan regions and the City of Sydney. These areas have generally received more KTS expenditure than more advantaged metropolitan areas.

Although the total amount of KTS expenditure has been relatively evenly split between metropolitan and non-metropolitan areas, a much higher proportion of 0-17 year olds live in metropolitan areas. This means that KTS funding per 0-17 year old has been on average nearly two and half times higher in non-metropolitan areas of the State compared with metropolitan areas (\$224 per child compared with \$95).

In part this reflects higher levels of relative disadvantage in non-metropolitan areas compared with metropolitan areas. However, disadvantaged metropolitan areas have received less funding per capita than non-metropolitan areas with a similar level of disadvantage. There are also some non-metropolitan areas with high levels of relative disadvantage which have not been funded to the same extent as others. These include parts of the Far West, Murrumbidgee and Southern regions.

5.2 Trends by funding type

The distribution of the mapped KTS expenditure has varied according to the characteristics of individual programs. Expenditure on programs providing prevention and early intervention services has been more concentrated in the non-metropolitan areas of highest need mentioned above. These programs include a substantial number of pilots, trials and staged program roll-outs, which contribute to regional variations in the level of per capita expenditure. In most cases decisions have been made to locate these programs in relatively disadvantaged areas.

Funding for acute services and out-of-home care has been directed in a similar pattern, but also includes concentrations of funding in smaller geographic areas where relatively

resource intensive projects are being piloted. In some cases there have been decisions to locate these programs with proximity to existing infrastructure. An example of this is the KTS funding for ADR, located at the Children's Court Facility in Glebe (City of Sydney LGA). This also explains the relatively high level of funding per capita in that LGA.

Expenditure on programs targeted towards Aboriginal children and families has been directed towards areas where there is a relatively high population of Aboriginal children and young people and a strong need for services (measured by the Indigenous Socioeconomic Index). Targeted program expenditure has been distributed predominantly in non-metropolitan areas. This potentially leaves a gap in expenditure for metropolitan areas that have large Aboriginal populations (although not necessarily as a proportion of the total population) and a high level of need.

5.3 Implications for KTS resource allocation

While the analysis has shown that expenditure on KTS projects has generally been directed towards areas of high need, it has also highlighted some locations with apparently high needs that may still be missing out.

In interpreting these apparent gaps, it is important to remember that this project considered a sub-set of KTS expenditure on services that could be linked to a particular location throughout the State. It is not possible to draw firm conclusions about gaps in spending based on this analysis without considering expenditure beyond the KTS initiative. This includes broader NSW government spending on child protection and universal services as well as services delivered by other bodies such as the Commonwealth Government, local governments and NGOs. These were not able to be included in this analysis. Inclusion of broader expenditure across different sources may reduce any apparent disparity between locations.

Similarly, with the data and time available, the project has only been able to consider the quantum of expenditure on KTS programs. This does not necessarily reflect the level or quality of services being delivered across the State. It typically costs more to deliver the same level of service in rural and remote areas compared to more densely populated metropolitan areas and this may explain the higher than average rates of per capita expenditure on KTS-funded programs in non-metropolitan areas.

Future KTS resource allocation decisions should also give consideration to whether the needs of children and young people in disadvantaged areas which have received relatively less KTS funding are being adequately met. Further research in both of these areas would be useful in informing these decisions.

5.4 Child outcomes

The spatial mapping and analysis undertaken for this report has illustrated the expenditure distribution for a subset of KTS-funded programs, testing the alignment between expenditure and the level of need. This analysis has not tested the effectiveness of this expenditure at improving the outcomes of children. This may become clearer when the first tranche of KTS performance data is considered alongside other aspects of the Interim Review, including the Location Based Analysis project, and the evaluations of individual

projects. However, it is important to note that the majority of KTS expenditure has occurred in the last two years and it may take some time for all of outcomes of this expenditure to become apparent. The future measurement of child outcomes will be important in measuring the success of the KTS initiative.

Measurement efforts should focus in areas of relatively high KTS expenditure and evidence of disadvantage. Non-metropolitan areas with these characteristics include the LGAs of Dubbo, Clarence Valley, Shell Harbour, Wyong, Tamworth and Wagga Wagga as well as Newcastle and Wollongong. In metropolitan areas Campbelltown, Blacktown, Parramatta, Liverpool, Penrith and Bankstown have all received significant amounts of KTS funding.

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Appendix A: Interim Review objectives and questions

Interim Review objectives

The objectives of the Interim Review are to:

- Describe the delivery of KTS to date;
- Determine the degree to which the early stage goals of KTS have been addressed;
- Analyse the impact of KTS implementation (particularly focusing on workforce practice and systems);
- Learn about the drivers or inhibitors of changes and progress;
- Identify areas (be they geographic, issue or population) that require more targeted work;
- Investigate the degree to which 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 (DPC 2012).

Full list of interim review questions

The broad questions that will be addressed in the Interim Review are:

1. *To what degree is the universal service 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?
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? (DPC 2012)

* relevant to the spatial mapping and analysis project

Appendix B: Further information on program treatment

Table B.1 Information used in this report

Project Name	Agency	Budget (\$m)	Mapped	Mapped Expenditure (\$m)	Project Type	KTS Reform Area
Mandatory Reporter	DPC	\$9.9 m	No	-	Enhancement	Child Protection System
Family Case Management	DPC	\$2.9 m	Yes	\$2.9 m	New Project	Acute Services
Provisions for evaluation & roll-out after trials	DPC	\$3.0 m	No	-	New Project	Child Protection System
Child Wellbeing Unit	DPC	\$1.0 m	No	-	New Project	Child Protection System
Domestic Violence Workers co-located near police/local area command	DPC	\$0.4 m	Yes	\$0.4 m	Enhancement	Prevention & Early Intervention
Regional Governance	DPC	\$3.7 m	Yes	\$4.5 m	Enhancement	Child Protection System
Child Wellbeing Unit	Police	\$11.7 m	No	-	New Project	Child Protection System
JIRT referral unit	Police	\$1.7 m	No	-	Enhancement	Acute Services
Extend Night Patrols	DAGJ	\$0.5 m	Yes	\$0.5 m	Enhancement	Prevention & Early Intervention
ADR -Data collection	DAGJ	\$0.3 m	No	-	New Project	Child Protection System
ADR -Senior Judicial Officer - Children's Court	DAGJ	\$0.1 m	No	-	New Project	Child Protection System
ADR -Increase in grade of children's registrars	DAGJ	\$0.8 m	No	-	New Project	Child Protection System
ADR -Dispute Resolution Conferences	DAGJ	\$0.0 m	Yes	\$0.0 m	New Project	Child Protection System

Project Name	Agency	Budget (\$m)	Mapped	Mapped Expenditure (\$m)	Project Type	KTS Reform Area
ADR -Evaluation	DAGJ	\$2.3 m	Yes	\$2.3 m	New Project	Child Protection System
ADR	DAGJ	\$0.1 m	No	-	New Project	Child Protection System
Specialist Children's Magistrates	DAGJ	\$1.6 m	Yes	\$1.6 m	Enhancement	Child Protection System
Bail Hotline for juveniles being held by Police	DAGJ	\$5.8 m	No	-	New Project	Acute Services
Mothering at a Distance Program	DAGJ	\$0.4 m	No	-	Enhancement	Prevention & Early Intervention
Hey Dad! Indigenous Dads, Uncles & Pops Program	DAGJ	\$0.4 m	No	-	Enhancement	Services for Aboriginal Children and Young People
Alternative Dispute Resolution	DAGJ	\$2.6 m	Yes	\$1.4 m	New Project	Child Protection System
Child Wellbeing Unit	FaCS	\$3.3 m	No	-	New Project	Child Protection System
Alternative Dispute Resolution	FaCS	\$2.1 m	Yes	\$2.1 m	New Project	Child Protection System
Information Exchange Team and New IT	FaCS	\$2.7 m	No	-	New Project	Child Protection System
Major Change Program Office	FaCS	\$6.6 m	No	-	N/A	Child Protection System
Quality Reviews and Development Plans for Community Services Centres	FaCS	\$1.7 m	No	-	N/A	Child Protection System
Mandatory Reporter Feedback - Automated	FaCS	\$0.4 m	No	-	New Project	Child Protection System
Extend eReporting	FaCS	\$0.8 m	No	-	Enhancement	Child Protection System
Structured Decision-Making Trial @ Helpline & Community Services Centres	FaCS	\$8.2 m	Yes	\$8.2 m	New Project	Child Protection System
Common Assessment Framework	FaCS	\$0.5 m	No	-	New Project	Child Protection System
Electronic Record Keeping and Document Management	FaCS	\$2.5 m	No	-	New Project	Child Protection System

Project Name	Agency	Budget (\$m)	Mapped	Mapped Expenditure (\$m)	Project Type	KTS Reform Area
Helpline Procedures	FaCS	\$0.4 m	No	-	Enhancement	Child Protection System
Drug & Alcohol Unit	FaCS	\$3.4 m	No	-	Enhancement	Prevention & Early Intervention
Transfer of OOHC to NGOs	FaCS	\$0.8 m	No	-	N/A	Child Protection System
Aboriginal Foster Carers	FaCS	\$1.8 m	Yes	\$1.8 m	Enhancement	Services for Aboriginal Children and Young People
Toomelah/Boggabilla Project	FaCS	\$1.5 m	Yes	\$1.5 m	Enhancement	Services for Aboriginal Children and Young People
Centralisation of Allegation Against Employees (including Foster Carers)	FaCS	\$4.5 m	No	-	Enhancement	Child Protection System
Review of Government Funding - Purchased Services from NGOs	FaCS	\$0.8 m	No	-	N/A	Child Protection System
Helpline	FaCS	\$12.5 m	No	-	Enhancement	Child Protection System
DoCS Caseworkers (69)	FaCS	\$19.6 m	Yes	\$13.7 m	Enhancement	Out-of-Home Care
Out of home care - DoCS	FaCS	\$50.8 m	Yes	\$50.8 m	Enhancement	Out-of-Home Care
Foster Care Recruitment project	FaCS	\$6.7 m	Yes	\$6.4 m	New Project	Out-of-Home Care
Disaster Recovery	FaCS	\$3.6 m	No	-	N/A	Acute Services
JIRT referral unit	FaCS	\$1.9 m	Yes	\$1.9 m	Enhancement	Acute Services
Transitional Line NGOs	FaCS	\$0.6 m	No	-	N/A	Child Protection System
Joint Domestic Violence Training	FaCS	\$0.2 m	No	-	Enhancement	Prevention & Early Intervention
Manager casework qualifications (research and training access)	FaCS	\$0.6 m	No	-	N/A	Child Protection System
Family Group Conferencing Trial	FaCS	\$0.3 m	No	-	New Project	Child Protection System
NGO Capacity Building	FaCS	\$0.6 m	No	-	New Project	Prevention & Early Intervention

Project Name	Agency	Budget (\$m)	Mapped	Mapped Expenditure (\$m)	Project Type	KTS Reform Area
Growing Partnerships (AbSec and ACWA)	FaCS	\$0.5 m	No	-	Enhancement	Prevention & Early Intervention
Child Wellbeing Unit	DEC	\$10.2 m	No	-	New Project	Child Protection System
OOHC Education coordinators	DEC	\$3.3 m	Yes	\$3.3 m	New Project	Out-of-Home Care
Home School Liason Officers	DEC	\$3.1 m	Yes	\$3.1 m	Enhancement	Prevention & Early Intervention
Aboriginal Student Liaison Officers	DEC	\$1.9 m	Yes	\$1.9 m	Enhancement	Services for Aboriginal Children and Young People
Safe Families Program	DEC	\$2.5 m	Yes	\$3.0 m	Enhancement	Services for Aboriginal Children and Young People
Working with men	DEC	\$0.4 m	Yes	\$0.3 m	Enhancement	Services for Aboriginal Children and Young People
Audit ACSAT implementation	DEC	\$1.4 m	No	-	N/A	Child Protection System
Extend Working with Children Background Checks	DEC	\$4.1 m	No	-	Enhancement	Prevention & Early Intervention
Accreditation for Voluntary OOHC carers	DEC	\$0.8 m	No	-	N/A	Out-of-Home Care
Child Wellbeing Unit	Health	\$10.7 m	No	-	New Project	Child Protection System
Sustained Home Visiting	Health	\$5.6 m	Yes	\$7.1 m	Enhancement	Prevention & Early Intervention
OOHC health coordinators & assessments for children	Health	\$10.5 m	Yes	\$3.8 m	New Project	Out-of-Home Care
Drug & Alcohol intensive interventions (Whole Family Teams) for parents, young people & families	Health	\$6.3 m	Yes	\$14.8 m	New Project	Prevention & Early Intervention
Services for Children of Parents with Mental Illness	Health	\$9.8 m	No	-	Enhancement	Prevention & Early Intervention
Services for Children & Young People (New	Health	\$4.9 m	Yes	\$3.4 m	Enhancement	Acute Services

Project Name	Agency	Budget (\$m)	Mapped	Mapped Expenditure (\$m)	Project Type	KTS Reform Area
Street)						
Kaleidoscope - services for Children & Young People	Health	\$0.6 m	Yes	\$0.7 m	Enhancement	Acute Services
JIRT referral unit	Health	\$1.4 m	No	-	Enhancement	Acute Services
Reparative parenting program	Health	\$0.4 m	Yes	\$0.4 m	Enhancement	Prevention & Early Intervention
Interagency Conference	Health	\$0.1 m	No	-	New Project	Child Protection System
Prevention & Early Intervention (incl CSGP & Sustained Home Visiting)	FaCS	\$19.6 m	Yes	\$19.6 m	Enhancement	Prevention & Early Intervention
Brighter Futures	FaCS	\$18.6 m	Yes	\$18.6 m	Enhancement	Prevention & Early Intervention
Intensive Family Preservation	FaCS	\$15.5 m	Yes	\$15.5 m	Enhancement	Acute Services
Intensive Aboriginal Family Based Services	FaCS	\$8.2 m	Yes	\$8.2 m	Enhancement	Services for Aboriginal Children and Young People
Aboriginal child welfare specialists involved in child protection decisions (PACT)	FaCS	\$2.7 m	No	-	New Project	Services for Aboriginal Children and Young People
Out of home care -NGOs	FaCS	\$100.5 m	No	-	N/A	Out-of-Home Care
Family Referral Services	Health	\$13.2 m	Yes	\$13.8 m	New Project	Prevention & Early Intervention
Child Wellbeing Unit	FaCS	\$0.6 m	No	-	New Project	Child Protection System
Child Wellbeing Unit	FaCS	\$0.2 m	No	-	New Project	Child Protection System
Getting on Track in Time (Got it!)	Health	\$5.2 m	Yes	\$4.3 m	New Project	Prevention & Early Intervention
Care circles	DAGJ	\$0.0 m	No	-	N/A	N/A

Appendix C: Further information on measures of need

Note that in the following table, darker areas indicate relative disadvantage according to the four indices shown

Table C.1 Information used in this report

LGA name	Child pop. <i>Aged 0-17</i>	Aboriginal pop. <i>Aged 0-19</i>	SEIFA <i>Index of socio-economic disadvantage: Decile within NSW</i>	AEDI <i>% Children developmentally vulnerable on 2 or more domain</i>	CSE index <i>CSE index - Children aged 0-15: Quintiles</i>	ISE Ranking <i>Ranking within Australia</i>
Albury	11,875	519	7	12.8	3	65
Armidale Dumaresq	5,773	635	7	15.0	3	64
Ashfield	7,878	66	8	6.9	3	7
Auburn	18,931	92	1	14.3	1	55
Ballina	9,096	512	7	10.6	3	58
Balranald	623	77	3	7.1	2	93
Bankstown	48,213	501	3	13.5	2	25
Bathurst Regional	9,364	534	8	11.8	3	60
Bega Valley	7,412	426	6	14.0	3	72
Bellingen	3,097	163	4	4.7	2	31
Berrigan	1,850	57	6	4.4	4	31
Blacktown	84,369	3,789	5	13.2	2	48
Bland	1,647	74	6	15.9	4	32
Blayney	1,860	86	5	13.9	3	39
Blue Mountains	18,159	443	9	5.3	5	6
Bogan	783	181	3	4.9	3	63
Bombala	627	25	4	8.3	2	10
Boorowa	553	13	6	19.2	2	21
Botany Bay	8,544	263	4	10.8	2	25
Bourke	843	445	1	24.1	1	80

LGA name	Child pop.	Aboriginal pop.	SEIFA	AEDI	CSE index	ISE Ranking
Brewarrina	573	496	1	18.8	1	91
Broken Hill	4,457	637	1	18.4	1	66
Burwood	6,140	38	8	6.6	3	7
Byron	7,083	201	7	12.0	3	13
Cabonne	3,376	146	8	5.9	4	39
Camden	16,039	316	9	6.0	4	7
Campbelltown	40,871	2,112	3	13.4	1	40
Canada Bay	14,729	75	9	7.5	5	7
Canterbury	33,958	306	2	12.4	1	21
Carrathool	712	83	6	13.7	3	26
Central Darling	389	296	1	25.0	1	80
Cessnock	12,846	790	2	9.9	1	36
Clarence Valley	12,122	1,168	2	12.8	1	65
Cobar	1,247	255	4	15.8	2	57
Coffs Harbour	16,968	1,191	5	16.6	2	55
Conargo	443	16	9	5.5	4	31
Coolamon	1,162	25	5	8.2	4	32
Cooma-Monaro	2,437	73	7	8.3	4	10
Coonamble	1,072	528	1	9.8	1	84
Cootamundra	1,675	130	3	14.0	3	68
Corowa	2,507	56	6	9.1	3	58
Cowra	3,079	384	3	14.4	2	69
Deniliquin	1,778	106	3	..	3	64
Dubbo	11,059	2,121	6	12.7	2	55
Dungog	2,113	76	8	9.4	3	25
Eurobodalla	7,623	741	4	11.8	2	72
Fairfield	47,753	542	1	13.9	1	58
Forbes	2,612	359	3	15.7	2	55
Gilgandra	1,206	298	2	1.9	1	74
Glen Innes Severn	2,114	234	1	9.4	2	81
Gloucester	1,075	84	4	4.1	3	25
Gosford	37,560	1,372	8	10.3	3	20
Goulburn Mulwaree	6,347	238	4	11.4	2	39
Great Lakes	6,592	482	3	12.2	1	62
Greater Hume	2,595	81	8	13.5	4	58
Greater Taree	11,101	1,009	3	14.7	1	76
Griffith	6,899	455	6	10.9	3	75

LGA name	Child pop.	Aboriginal pop.	SEIFA	AEDI	CSE index	ISE Ranking
Gundagai	1,008	37	4	4.1	4	56
Gunnedah	3,129	627	2	15.8	2	70
Guyra	1,162	238	2	11.3	1	94
Gwydir	1,143	79	4	3.9	3	88
Harden	842	56	4	14.3	2	56
Hawkesbury	16,410	632	9	7.4	4	25
Hay	933	74	3	18.6	2	31
Holroyd	24,379	298	5	14.1	2	19
Hornsby	37,316	186	10	7.8	5	3
Hunters Hill	3,515	53	10	4.0	5	4
Hurstville	17,163	142	8	9.4	3	9
Inverell	4,349	448	2	13.7	1	83
Jerilderie	395	10	7	19.0	5	31
Junee	1,549	82	2	14.5	2	56
Kempsey	6,736	1,222	1	15.8	1	76
Kiama	4,465	113	9	5.1	4	35
Kogarah	12,324	64	9	12.5	4	9
Ku-Ring-Gai	28,198	54	10	4.2	5	3
Kyogle	2,341	274	1	17.9	1	87
Lachlan	1,578	458	2	19.4	1	85
Lake Macquarie	44,861	2,169	7	7.5	3	34
Lane Cove	7,040	21	10	3.7	5	1
Leeton	3,457	282	5	6.5	3	58
Leichhardt	9,361	138	10	7.6	5	11
Lismore	10,737	795	5	14.1	2	41
Lithgow	4,616	258	2	10.5	2	57
Liverpool	50,499	1,113	5	9.3	2	39
Liverpool Plains	1,808	309	2	10.2	2	46
Lockhart	860	18	8	2.4	4	58
Maitland	18,393	872	7	9.5	3	46
Manly	8,435	25	10	4.4	5	2
Marrickville	12,849	414	8	8.0	2	11
Mid Western Regional	5,401	303	4	12.7	2	29
Moree Plains	3,795	1,255	2	23.3	1	88
Mosman	5,971	3	10	1.2	5	1
Murray	1,466	79	7	6.4	3	64
Murrumbidgee	668	106	3	20.0	2	26

LGA name	Child pop.	Aboriginal pop.	SEIFA	AEDI	CSE index	ISE Ranking
Muswellbrook	4,526	380	5	18.5	2	51
Nambucca	4,198	545	1	13.3	1	81
Narrabri	3,574	637	3	9.1	1	76
Narrandera	1,553	286	2	5.5	2	65
Narromine	1,779	517	2	21.2	1	48
Newcastle	30,909	1,327	6	9.4	3	25
North Sydney	7,558	31	10	2.1	5	1
Oberon	1,237	44	7	8.6	2	57
Orange	9,895	839	6	12.7	3	70
Palerang	3,661	42	10	7.5	4	10
Parkes	3,931	536	3	21.1	2	63
Parramatta	37,580	466	7	12.7	2	31
Penrith	47,966	1,989	8	11.9	2	23
Pittwater	13,788	63	10	5.7	5	2
Port Macquarie-Hastings	16,116	959	6	8.1	3	35
Port Stephens	15,842	901	7	8.5	2	30
Queanbeyan City	10,092	443	9	13.3	4	25
Randwick	22,697	527	9	6.3	4	13
Richmond Valley	5,804	647	1	15.9	1	76
Rockdale	20,501	202	7	9.5	2	6
Ryde	20,044	103	9	7.5	5	4
Shellharbour	17,339	771	6	11.0	2	35
Shoalhaven	20,952	1,722	5	12.6	2	55
Singleton	6,668	315	8	11.8	4	23
Snowy River	1,978	22	9	4.3	5	10
Strathfield	7,654	42	8	14.1	3	7
Sutherland	49,571	519	10	6.6	5	6
City Of Sydney	15,686	654	8	11.4	2	18
Tamworth Regional	14,744	1,921	5	13.8	2	60
Temora	1,451	33	5	18.3	3	32
Tenterfield	1,674	225	1	12.1	1	93
The Hills Shire	44,668	188	10	5.8	5	3
Tumbarumba	844	21	5	9.8	3	58
Tumut	2,657	173	4	9.2	4	51
Tweed	19,431	1,177	5	11.4	2	29
Upper Hunter	3,294	211	6	10.1	4	30

LGA name	Child pop.	Aboriginal pop.	SEIFA	AEDI	CSE index	ISE Ranking
Upper Lachlan	1,655	46	8	6.8	4	21
Uralla	1,473	143	6	11.9	3	66
Urana	318	15	3	4.5	2	58
Wagga Wagga	15,655	1,278	7	9.6	3	45
Wakool	896	32	7	4.9	4	31
Walcha	765	97	6	7.7	3	66
Walgett	1,664	867	1	16.0	1	88
Warren	689	162	3	10.5	1	78
Warringham	33,250	154	10	6.2	5	2
Warrumbungle	2,527	383	2	5.0	2	84
Waverley	11,563	57	9	5.7	5	1
Weddin	757	19	4	18.6	3	32
Wellington	2,301	654	1	34.0	1	69
Wentworth	1,734	295	4	13.3	1	93
Willoughby	14,697	14	10	5.9	5	1
Wingecarribee	10,939	263	9	12.0	4	32
Wollondilly	11,912	412	9	9.0	4	5
Wollongong	44,465	1,532	6	9.4	3	28
Woollahra	10,015	29	10	5.4	5	1
Wyong	37,004	2,001	5	11.3	2	28
Yass Valley	3,970	113	9	9.1	4	21
Young	3,535	159	4	9.9	2	54
Unincorporated	247	8	8	NA	2	71

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