

KEEP THEM SAFE

A shared approach
to child wellbeing

Report of the Interim Review



Prepared by the KTS Evaluation Steering Committee
on behalf of the KTS Senior Officers Group

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Abbreviations

ABS	Australian Bureau of Statistics
AEDI	Australian Early Development Index
CSC	FaCS Community Service Centre
CWU	Child Wellbeing Unit
DAGJ	Department of Attorney-General and Justice
DADHC	Department of Aging, Disability and Home Care
DEC	Department of Education and Communities
DPC	Department of Premier and Cabinet
FACS	Department of Family and Community Services
FRS	Family Referral Service(s)
Health	NSW Ministry of Health
KTS	Keep Them Safe
LHD	Local Health District
MoU	Memorandum of Understanding
ROSH	Risk of Significant Harm
ScRPT	Screening and Response Priority Tools
SNF	Sustaining NSW Families (a.k.a. Sustained Health Home Visiting)

1. *Executive Summary*

This document presents the results of the Interim Review of Keep Them Safe (KTS). The Interim Review is a process review, conducted at roughly the halfway point in the implementation of this five-year reform. As a process review, the Interim Review focused on the impact of KTS on the service system (which is where the immediate impacts of policy and structural changes are most likely to be felt) rather than on outcomes for children, young people and families in NSW. This does not imply that outcomes are unimportant – quite the contrary! The goal of the overall evaluation strategy for KTS is very much to examine whether it has improved outcomes, and to explain how and why, so as to inform future policy decisions and budget directions for child protection and wellbeing policy in NSW. The focus of **this** report merely reflects the fact that it is too early to expect significant measurable impact to have occurred in many areas. It **is** reasonable, however, to examine the implementation of KTS, and issues such as workforce and cultural change, and practice and system change. Success in these domains is a necessary condition for achieving positive outcomes for the people of NSW.

1.1 Aims and Focus

The Interim Review has two purposes.

1. It informs the ongoing rollout of KTS by identifying geographic areas, initiatives or population groups that require more targeted work to ensure effective implementation.
2. It lays the groundwork for the Outcomes Evaluation of KTS by identifying the areas and degrees to which the conditions for achieving the overall outcomes of KTS are in place.

To fulfil these purposes, this report focuses on assessing how well the NSW Government has implemented KTS and its impact on the service system, rather than on whether it is achieving its intended outcomes for children, young people and families in NSW. This is because the outcomes KTS seeks to achieve are only likely to become apparent over the long term, and it is too early to expect significant measurable impact on outcomes to have occurred in many areas. It **is** reasonable, however, to examine the extent of workforce, cultural, practice and system change and to identify the drivers or inhibitors of change and progress. More than that, it is **important** to examine these issues now, because they are a necessary precondition for achieving the positive outcomes for vulnerable and at-risk children, young people and their families identified in the KTS *Action Plan*.¹

1.2 Findings

The Interim Review has found that the KTS *Action Plan* has generally been implemented well, but that some aspects have been more successful than others in achieving their intended impacts on the service system. It has also identified some emerging unanticipated issues which may require attention.

¹Department of Premier and Cabinet (2010). *Keep Them Safe: A shared approach to child wellbeing* ["Action Plan"] Department of Premier and Cabinet, Sydney. Retrieved on 1 May 2012 from http://www.dpc.nsw.gov.au/data/assets/pdf_file/0004/57145/Keep_Them_Safe.pdf.

1.2.1 *Successful Initiatives*

The available evidence suggests that the most successful systemic reforms are those surrounding the new threshold for reporting children and young people to the Child Protection Helpline, and early-stage efforts at cultural change and service system re-alignment. These include:

- the change management strategy aimed at encouraging all mandatory reporters to see child protection as “everyone’s business” and encouraging local service system alignment (this includes training packages, the introduction of regional coordination structures and dedicated KTS Regional Project Managers across the State);
- training and change management relating to the new threshold for reporting children and young people to the Child Protection Helpline;
- the associated introduction of a Mandatory Reporter Guide to foster greater consistency of decisions about whether to make a report; and
- the establishment of Child Wellbeing Units to foster communication and collaboration, and to advise mandatory reporters in key government agencies on responding to children who require help but are not sufficiently at-risk to be reported to the Helpline.

The Interim Review also found that several reforms to front-line services have been particularly successful. These include:

- the rollout or expansion of several universal and early intervention/prevention services;
- the trial of alternative dispute resolution mechanisms in the Children’s Court; and
- out-of-home care coordinators in health and public education, and the expansion of the home-school liaison program in public education.

1.2.2 *Emerging Challenges and Structural Barriers*

Although many other aspects of KTS have been well-implemented and are having some of their intended immediate effects, there are early signs they may not achieve their broader goals due to structural constraints.

- The most significant of these is the centrepiece of KTS’s structural reforms to the statutory child protection system: raising the threshold for reporting to the Child Protection Helpline from risk of harm to risk of significant harm (“ROSH”). This has resulted in a substantial drop in the number of reports being made to the Helpline, exactly as intended. The broader goal of this reform – supporting Community Services to provide an adequate response to a greater number of children and young people who require statutory intervention – has not, however, been achieved. Instead, this Review has found evidence consistent with the Ombudsman’s findings² that many of those reported to the Helpline are not assessed, and many of those who **are** assessed do not receive an adequate response. There are many possible reasons for this. Respondents to the *Location-Based Evaluation* identified difficulties with staff recruitment and retention and the operational environment in Community

²NSW Ombudsman (2011). *Keep Them Safe? A Special Report to Parliament under section 31 of the Ombudsman Act 1974* [“Keep Them Safe?”] NSW Ombudsman, Sydney. Retrieved on 1 May 2012 from http://www.ombo.nsw.gov.au/data/assets/pdf_file/0014/3344/SR-to-Parliament-keep-them-safe.pdf.

Services Centres. Community Services also reports that a greater proportion of the cases it handles are now more complex. This was indirectly anticipated by the Wood Report itself, which identified Early Intervention and related strategies as part of a coordinated effort at reducing pressure on the statutory system. It noted that these would take time to have an effect, however, and that there was a cohort of children already “in the system” who had not received an adequate response in the past.

- Workforce capacity and capability have also emerged as significant constraints on the transfer to the non-government sector of many important responsibilities in early intervention and out-of-home care.
- The success of the structural reforms mentioned in section 1.2.1 above also appears to depend to a great extent on the commitment, knowledge and relationships of individual managers and front-line workers; ongoing effort will be required to ensure these changes become embedded in institutional practice and persist in the face of staff turnover and competing priorities.
- Finally, the universal service system was also found to constrain certain aspects of KTS, even as it enabled them. KTS relies heavily on hospitals, community health services, preschools and schools for prevention, detection and early intervention. KTS has sought to mobilise this by providing training and support for managers and front-line staff, and to encourage them to fulfil their statutory responsibilities to identify, report and respond to child protection issues. One component of the Interim Review (the *Location-Based Evaluation*) found evidence to suggest that the effectiveness of these efforts may be constrained by the geographic structure and delivery model of these services.

1.2.3 *Unanticipated Consequences and Ongoing Gaps*

Finally, this report also shows that some aspects of KTS are having unexpected consequences or have not addressed issues identified in the Wood Report. These will require attention in the near future, despite the relevant initiatives being implemented largely as intended.

- One example is the adoption of a new model for funding NGO-delivered early intervention and prevention services. The approach to funding which underpins this model emphasises services for families at the less risky end of the vulnerability continuum, and there is some evidence to suggest this emphasis means it has become more difficult for those with more complex needs or at higher risk to access services. The current funding model is consistent with KTS’s emphasis on early intervention as a means of reducing demand over the long term, but it raises the possibility that a cohort of more needy children, young people and families may not receive adequate services to prevent subsequent contact with (or escalation into) the statutory child protection system.
- Related to this, the *Location-Based Evaluation* found evidence to suggest that several specific groups may not be receiving an adequate service response. These include children, young people and families with complex needs but who are not (yet) at risk of significant harm, and those reported to the Helpline but not subject to further assessment. Some members of these groups appear to be falling through gaps in the service system; the *Location-Based Evaluation* identified poorly-aligned eligibility criteria as one contributor to this.

- Several components of the Interim review suggest that the CWUs are providing a positive and helpful resource. By design, the CWUs only support mandatory reporters working in key Government agencies.³ Throughout the Location-Based Evaluation, NGOs and Independent and Catholic schools reported a disadvantage in terms of their capacity to respond to those below the risk of significant harm threshold by not being able to access the advice and support of the CWUs – but that some of the assistance being provided by CWUs is being provided by Family Referral Services where these exist (e.g. advice about services that may be available to support a family). This suggests that the Outcomes Evaluation of KTS should examine the differential impact of front-line services' access to systemic reforms. In addition to the CWUs and FRSs, this examination might consider other programs which are currently government-only.
- Finally, the commitment to foster greater collaboration between service providers would appear to have been made more challenging by commitments to engage the broader human services system in child protection, and to increase the involvement of the NGO sector in the delivery of early intervention and out-of-home care. These changes have resulted in a more complex and organisationally-fragmented child protection system. This, in turn, has raised what might be called the transaction costs of collaboration: the time and effort required to identify potential partners for collaboration, and to engage with them when managing individual cases.

1.3 Recommendations

The findings presented here suggest that the following issues should be the focus of ongoing effort over the remainder of Keep Them Safe:

- embedding culture change, communication and collaboration so they persist without relying on the personal commitment or networks of individual members of staff;
- improving the assessment and allocation of cases reported to the Child Protection Helpline by progressing IT upgrades, practice improvements (such as through Practice First) and addressing recruitment and retention issues *per the Action Plan*;
- fully implementing plans to improve workforce capacity and capability, especially among non-government organisations (e.g. the NGO Workforce Capacity and Capability Plans, which have only been implemented in part); and
- considering options for adopting a place-based model of co-located universal and targeted services (“progressive universalism”).

The findings also suggest that the Outcomes Evaluation should focus on the following issues in particular:

- outcomes for children and young people just above or below risk of significant harm;
- the effectiveness of efforts at fostering local coordination;
- the impact of interaction between services; and
- opportunities for restructuring groups of interdependent initiatives to improve local effectiveness.

³ This is consistent with the Wood Report's goal of targeting the key mandatory reporter groups who should and could prioritise services earlier to children. The exception to this government-only focus is certain public health services provided by other agencies, for example Aboriginal Medical Services

2. Introduction

This report presents the findings of the Interim Review of Keep Them Safe (KTS). It describes the goals of the Review, discusses the findings of its six components, and presents an overall assessment of progress at roughly the midway point in the implementation of the six main elements of this five-year reform package.

The Interim Review has two purposes. First, it seeks to inform the ongoing rollout of KTS by identifying geographic areas, initiatives or population groups that require more targeted work to ensure effective implementation (referred to below as the “diagnostic goal”). Second, it lays the groundwork for the Outcomes Evaluation, which is due for completion in June 2014, by identifying the areas and degrees to which the conditions for achieving the overall outcomes of KTS are in place (referred to below as the “evaluative goal”). To achieve these two purposes, this report has several more specific aims: to describe the delivery of KTS to date; to determine the degree to which the early stage goals of KTS have been achieved; to identify the drivers or inhibitors of change and progress; and to analyse the impact of KTS implementation on workforce practice and systems.

Consistent with these aims, the Interim Review was primarily designed as a process review. This report focuses on the impact of KTS on the service system (which is where the immediate impacts of policy and structural changes are most likely to be felt) rather than on outcomes for children, young people and families in NSW. This does not imply that outcomes are unimportant – quite the contrary! The goal of the overall evaluation is very much to examine whether KTS has improved outcomes, and to explain how and why. Where possible, the Interim Review has sought to gather data on the impact of KTS on specific population groups such as Aboriginal children, young people and their families, children and young people in the statutory child protection system, and other vulnerable children and young people and their families. The focus of this report on the service system merely reflects the fact that the population outcomes KTS seeks to achieve are only likely to become apparent over the long term, and that it is too early to expect significant measurable impact to have occurred in many areas. It is reasonable, however, to examine the implementation of KTS and issues such as workforce and cultural change, and practice and system change. Success in these domains is a necessary condition for achieving positive outcomes for the people of NSW.

2.1 Interim Review Questions

To achieve its purposes, this report seeks to answer eleven questions about the impact of KTS on the NSW statutory child protection system, and on related aspects of the human services and justice systems. These questions were laid out in the Interim Review Plan,⁴ and are as follows:

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?

⁴KTS Evaluation Steering Committee (2011). *Keep Them Safe: A shared approach to child wellbeing. Interim Review Plan* ["Interim Review Plan"] Department of Premier and Cabinet, Sydney. Retrieved on 1 May 2012 from http://www.dpc.nsw.gov.au/data/assets/pdf_file/0003/137406/12-04-12_-_Interim_Review_Plan.pdf. This plan was developed by the KTS Evaluation Steering Committee and endorsed by the Justice and Human Services CEOs Forum in 2011.

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?

2.1.1 *The Keep Them Safe Action Plan*

These questions were principally designed to reflect the commitments made in *Keep Them Safe: A shared approach to child wellbeing (the Action Plan)*.⁵ The *Action Plan* was issued in 2009 in response to the Wood Report (discussed below), and laid down a broad and ambitious overarching goal: that "all children in NSW are healthy, happy and safe, and grow up belonging in families and communities where they have opportunities to reach their full potential".⁶ It also identified six specific outcomes towards which the government would work in pursuit of that goal:

1. Children have a safe and healthy start to life;
2. Children develop well and are ready for school;
3. Children and young people meet developmental and educational milestones at school;
4. Children and young people live in families where their physical, emotional and social needs are met;
5. Children and young people are safe from harm and injury; and
6. Children, young people and their families have access to appropriate and responsive services if needed.⁷

The aspect of the Interim Review which most explicitly responds to this overarching goal and these six outcomes is the reporting against the Population Outcome Indicators. This report will be published separately, and as of January 2013 is in the final stages of preparation. The suite on which it is based are included at Appendix 5.2.⁸ *Action Plan* outcomes 1, 2, 3 and 5 appear verbatim as Developmental/Safety Outcomes 1, 2, 3 and 4 (see section 5.2.1). *Action Plan* outcomes 4 and 6 are conceptually more complex, in that there are many different kinds of needs, and many different ways in which services might be considered "appropriate" and "responsive". These outcomes are therefore broken down into multiple Target Group Outcomes in section 5.2.2.

⁵ *Action Plan*.

⁶ *Action Plan*, p. ii.

⁷ *Action Plan*, p. ii.

⁸ It should be noted that this suite is a work in progress, and that the version included in this Report may change before the publication of the technical report referred to in section 2.2.6 on page 15.

The Interim Review questions do not directly relate to these outcomes, but rather to the strategy which the *Action Plan* laid out for achieving them. This strategy contained 186 actions, grouped into the following seven “elements”:

1. **Ensuring a strong universal service system** for all children in the community, providing essential education, healthcare and support for parents;
2. **Enhanced early intervention and [...] services** to support children and families in the community and prevent children from entering the child protection system;
3. **A streamlined statutory child protection system** focussing on children at greatest risk;
4. **Improved practice and systems**, including better systems to link families to the right services and improved coordination and information sharing;
5. **Strengthening partnerships** by working with the non-government sector, addressing workforce capacity/capability, and fostering a culture of shared responsibility;
6. **Supporting Aboriginal children and families**; and
7. **Delivering the plan and measuring success** on the basis of contemporary research and evidence-based practice.⁹

These seven elements provide a more practical basis for understanding KTS and assessing progress than the 186 individual actions, and they are reflected in the chapter structure of the main body of this report as well. Table 1 below shows the elements of the *Action Plan* which each of the review questions was designed to address.

Table 1 - Relationship between Action Plan Elements and Interim Review Questions

	<i>Ensuring a strong universal service system</i>	<i>Enhanced early intervention and [...] services</i>	<i>A streamlined statutory child protection system</i>	<i>Improved practice and systems</i>	<i>Strengthening partnerships</i>	<i>Supporting Aboriginal children and families</i>	<i>Delivering the plan and measuring success</i>
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				✓	•		•

⁹ *Action Plan*, pp. iii-iv.

	Ensuring a strong universal service system	Enhanced early intervention and [...] services	A streamlined statutory child protection system	Improved practice and systems	Strengthening partnerships	Supporting Aboriginal children and families	Delivering the plan and measuring success
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?		•			✓		•

Key: ✓ = Directly Relevant; • = Somewhat Relevant

2.1.2 The Wood Report

Like the *Action Plan* itself, the Interim Review questions also respond to the recommendations and principles laid out in the *Report of the Special Commission of Inquiry into Child Protection Services in NSW* (the “Wood Report”).¹⁰ The Commission was established in 2007 “to investigate changes needed in the child protection system to provide more effective services to protect children and to meet future levels of demand”. Justice Wood handed down his Report in 2008, and identified the need for a coordinated emphasis on ensuring the wellbeing of children and young people through early intervention and support for families and communities, stating:

Primary responsibility for rearing and supporting children and young people should lie with families and communities, and with government providing support where it is needed, either directly or through the funded non-government sector.

¹⁰Wood (2008). *Report* [“Wood Report”], Vol. 1 State of NSW through the Special Commission of Inquiry into Child Protection Services in NSW, Sydney. Retrieved on 1 May 2012 from http://www.dpc.nsw.gov.au/data/assets/pdf_file/0010/33796/Volume_1_-_Special_Commission_of_Inquiry_into_Child_Protection_Services_in_New_South_Wales.pdf; Wood (2008). *Report* [“Wood Report”], Vol. 2 State of NSW through the Special Commission of Inquiry into Child Protection Services in NSW, Sydney. Retrieved on 1 May 2012 from http://www.dpc.nsw.gov.au/data/assets/pdf_file/0011/33797/Volume_2_-_Special_Commission_of_Inquiry_into_Child_Protection_Services_in_New_South_Wales.pdf; Wood (2008). *Report* [“Wood Report”], Vol. 3 State of NSW through the Special Commission of Inquiry into Child Protection Services in NSW, Sydney. Retrieved on 1 May 2012 from http://www.dpc.nsw.gov.au/data/assets/pdf_file/0003/33798/Volume_3_-_Special_Commission_of_Inquiry_into_Child_Protection_Services_in_New_South_Wales.pdf.

The outcomes sought from the service system should be to ensure children and young people are able to grow up at the very least unharmed by their social, economic and emotional circumstances and are supported to do so by their parents. Where their parents are unable to do this, the state needs to be in a position to step in and fill the gap in a humane and responsive way that will preserve the safety of those children and young people.¹¹

Supporting families and emphasising welfare through early intervention were partly proposed as ends in themselves. They are directly reflected in review questions 1, 2 and 3, and indirectly in questions 6 and 7. They were also partly recommended as a means of reducing demand on – and thereby helping to improve the effectiveness of – the statutory child protection system:

The contemporary challenge facing all child protection systems in Australia... is sufficiently resourcing flexible prevention and early intervention services so as to reduce the numbers of children and young people who require the state to step in to keep them safe.¹²

The Wood Report made a number of linked recommendations for the improvement of the statutory child protection system, and these are reflected in review questions 4, 5, 6, 7, and to a lesser extent question 11. With respect to intake, it recommended that the threshold for making a report to the Community Services Helpline should be raised to “risk of significant harm” (question 4). It recommended reform to court and out-of-home-care processes to ensure they were more efficient and responsive to the needs of children and young people who met this new, higher threshold (question 5). For those who are not at risk of significant harm but still require assistance (sometimes called “vulnerable” or “at risk”), it recommended a more concerted response from the service system as a whole. This response was to be underpinned by better information sharing, coordination and mechanisms for linking children, young people and their families to services, and enabled by legislative reform (questions 6 and 7). A parallel set of recommendations called for the transfer of many services and functions to the non-government sector (question 10). As Justice Wood recognised, institutional reform alone would not be sufficient: there would also need to be a shift in culture towards emphasising well-being, and recognising the shared responsibility of all agencies in working towards this goal (question 11). The Wood Report’s particular emphasis on engaging more appropriately and effectively with Aboriginal children, young people and families across the full spectrum of child wellbeing/protection services is reflected in questions 8 and 9.

Finally, the Wood Report made a number of more specific recommendations, most of which are not directly addressed by the Interim Review questions. This is an unavoidable consequence of the broad scope of the Report itself, and the challenges of conducting a coherent evaluation. The Wood Report’s emphasis on improving data systems, for example, is implicit in questions 6 and 7. Its expectation that these reforms would provide Community Services with the opportunity to improve its statutory assessment and intervention functions is implicit in question 4.

¹¹Wood Report, p. v.

¹²Wood Report, p. i.

2.1.3 “Keep Them Safe?”

The Interim Review has also attempted to address the concerns raised by the NSW Ombudsman in a special report to Parliament, entitled *Keep Them Safe?*¹³ This Report raised concerns about progress in delivering “the Wood Inquiry’s vision”, including:

- Community Services’ capacity to respond to risk of significant harm reports, staff recruitment and retention, and caseworker productivity;
- the capacity of the child protection system as a whole and whether the KTS goal of encouraging the development of shared responsibility was reflected in practice;
- the adequacy of data systems and the development of so-called “intelligence-driven child protection” practices;
- the adequacy of responses to vulnerable older children and adolescents, vulnerable Aboriginal families, and children who are habitually absent from school; and
- arrangements to transfer out-of-home care services to the non-government sector.

The Interim Review has been able to address some of the Ombudsman’s concerns, including Community Services’ response to ROSH reports, systemic reform, culture change and services to Aboriginal people. The Interim Review did not attempt to directly address issues relating to intelligence-driven child protection, educational neglect or all aspects of the transition of out-of-home care to the NGO sector; these are the subject of separate initiatives being conducted by the relevant government agencies and NGO partners.

2.2 Interim Review Methods

The Interim Review Plan proposed to answer the review questions listed above by undertaking six research exercises, which it referred to as “components”.¹⁴ These were:

1. a **review of actions** against the current reporting mechanisms including the KTS Annual Report;
2. a **spatial analysis** to provide a geographic representation of KTS investment and activity across NSW, and its alignment with need;
3. a **workforce survey** to understand the impact of KTS on mandatory reporters;
4. a **location-based evaluation** involving interviews and documentary research in three locations where there has been significant KTS investment;
5. a **synthesis of other individual project evaluations**; and
6. a **progress report on the population outcome indicators**.

Each of these components employs different methods and is adapted to answering different combinations of the review questions. In developing this research strategy, the KTS Evaluation Steering Committee (See section 5.1 for a description of this Committee) drew on expert advice obtained by commissioning an *Evaluation Framework*¹⁵ and an

¹³ *Keep Them Safe?*, p. 1

¹⁴ *Interim Review Plan*.

¹⁵ Social Policy Research Centre and Australian Institute of Family Studies (2010). *Keep Them Safe Evaluation Framework* ["Evaluation Framework"] Department of Premier and Cabinet, Sydney. Retrieved on 1 May 2012 from http://www.dpc.nsw.gov.au/data/assets/pdf_file/0017/125144/Keep_Them_Safe_Evaluation_Framework_Volume_1.pdf.

Implementation Plan.¹⁶ Table 2 below shows the main review questions to which each of these components was designed to contribute. Each component is then discussed in detail.

Table 2 - Relationship between Interim Review Questions and Components

	Review of Actions	Spatial Analysis	Workforce Survey	Location-Based Evaluation	Synthesis of Project Evaluations	Population Outcome Indicators
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?	✓		✓	✓		✓

2.2.1 Review of Actions

The *Review of Actions*¹⁷ was designed to identify the extent to which individual reforms in the *Action Plan* have been implemented as planned. It involved a desktop review of progress reports provided by relevant agencies to the Department of Premier and Cabinet for inclusion in the *Keep Them Safe Annual Reports*.¹⁸

¹⁶ Urbis (2011). *Implementation Plan for Evaluation of Keep Them Safe* ["Implementation Plan"] Department of Premier and Cabinet, Sydney. Retrieved on 1 May 2012 from http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0019/125146/Urbis_Final_KTS_Implementation_Plan_-_publication_version.pdf.

¹⁷ KTS Evaluation Steering Committee (2013). *Interim Review. Review of Actions* ["Review of Actions"] Department of Premier and Cabinet, Sydney. Retrieved on 15 May 2013 from http://www.dpc.nsw.gov.au/prem/documents/keep_them_safe/publications_non-automated/Review_of_Actions.pdf.

¹⁸ E.g. Department of Family and Community Services - Community Services (2012). *Keep Them Safe: A shared approach to child wellbeing. Annual Report 2011-12* ["Annual Report 2011-12"] Department of Family and

The *Review of Actions* contributed to the diagnostic goal referred to on page 6 by identifying several areas requiring “more targeted work to ensure effective implementation”. These include a number of initiatives which seek to improve outcomes for Aboriginal people, and a small number of key IT projects. It also identified a number of barriers to implementation more generally, including difficulties in coordination between government bodies and with external stakeholders (especially other governments and local communities), and workforce capacity and capability.

The *Review of Actions* contributed to the evaluative goal by showing that implementation of most key KTS initiatives had proceeded far enough to make a more detailed process review a reasonable endeavour. It also showed, however, that substantive implementation of several initiatives seeking to address underlying structural constraints such as workforce capability and capacity in the NGO sector, was still at an early stage and might not have progressed sufficiently far to have a significant impact by the June 2014.

2.2.2 *Spatial Analysis*

The *Spatial Analysis*¹⁹ mapped geographic variations in the relationship between location-attributable investment under KTS and several indicators of relative disadvantage and vulnerability. It was conducted by Deloitte Access Economics, and was based on financial data provided by agencies, population data from the Australian Bureau of Statistics (ABS), the Australian Early Development Index (AEDI), and reporting data from the Child Protection Helpline and Child Wellbeing Units (CWUs).

The *Spatial Analysis* contributed to the Interim Review’s diagnostic goal by showing that the distribution of funding under KTS has generally been highest in areas of highest need. Deloitte did identify, however, that the distribution of funding had varied between areas of similarly high need. This is not necessarily a sign that funding has been poorly distributed – the *Spatial Analysis* provided a snapshot at a point when several major programs were in the process of state-wide rollout, and took no account of the impact on funding decisions of non-KTS funding or the differential cost of delivering social services in metropolitan, regional and remote areas of the State. These explanations are discussed later in this document.

The *Spatial Analysis* contributed to the Interim Review’s evaluative goal by identifying different kinds of regions on the basis of common configurations of pre-existing/non-KTS funding, KTS investment, and need for the kinds of services and responses KTS involves. Very broadly, Deloitte distinguished between relatively high-need and relatively low-need areas in both metropolitan and regional/remote settings. This four-part typology helps to identify regions where KTS is most likely to have had a significant impact, and also suggests the possibility of further research into the nature of those impacts through comparison. This helped inform the selection of the field-sites for the *Location Based Evaluation* (discussed below). It is possible that it might also inform the Outcomes Evaluation, by allowing a cross-regional comparative analysis of outcomes under KTS.

Community Services, Sydney. Retrieved on 5 December 2012 from http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0020/146603/KTS_Report.pdf.

¹⁹ Deloitte Access Economics (2012). *Keep Them Safe Interim Review Spatial Mapping and Analysis. Final Report* ["Spatial Analysis"] Department of Premier and Cabinet, Sydney. Retrieved on 5 December 2012 from http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0004/146668/KTS_Spatial_Analysis.pdf.

2.2.3 Workforce Survey

The *Workforce Survey*²⁰ sought to provide information on perceptions and impact of KTS among mandatory reporters (people who are required by s27 of the *Children and Young Persons (Care and Protection) Act 1998* to report children they suspect are at risk of significant harm to the Child Protection Helpline). The survey was conducted in May 2012 by KPMG. It obtained 5,735 responses suitable for analysis out of an estimated total mandatory reporter population of 225,000, and a target population of 118,000.

The *Workforce Survey* furthered the diagnostic goal by gathering data on a segment of the child protection workforce which is both operationally important and likely to be among the first to perceive any impact of the reforms. Because this survey did not employ a random sampling method, there are limits to the conclusions which can be drawn about mandatory reporters as a whole. That said, the results do not appear to be obviously skewed: respondents were drawn from across the professional categories of most relevance to KTS, from both the government and non-government sectors, and from a reasonable distribution of the different regions of the State. Moreover, the responses do not appear to display the bias towards extreme views which often affects voluntary online surveys such as this. With that caveat in mind, the results testify to reasonably high levels of awareness of and support for KTS among those who responded, and that the government has further work to do in embedding these changes in routine practice.

The *Workforce Survey* contributed to the Interim Review's evaluative goal in several ways. It provided a detailed source of evidence about a crucial link in the causal chain between KTS as a policy and anticipated real-world changes in outcomes for vulnerable and at-risk children, young people and their families. The survey was conducted in such a way as to facilitate disaggregation of results by sector and region, and there are variations in this data which permit assessment of competing explanations for the success of KTS. These results provide baseline data for some Population Outcome Indicators. And, finally, the results were used by the team conducting the *Location-Based Evaluation* to inform their interviews and focus groups.

2.2.4 Location-Based Evaluation

The *Location-Based Evaluation*²¹ sought to identify the systemic impact of KTS by focussing on three locations around NSW through interviews and focus groups with agency leaders, front-line staff and clients of the service system. It sought to identify the effects of KTS on individual practice, cross-organisational collaboration, and the perceived capacity of the system to respond to the needs of vulnerable and at-risk groups in Liverpool, Newcastle and Tamworth.

The *Location-Based Evaluation* contributed to the diagnostic goal of the Interim Review by identifying a number of systemic interactions at the heart of KTS which had not hitherto been considered in the one place. Among its encouraging findings were high levels of

²⁰KPMG (2012). *Keep Them Safe Workforce Survey. Final Report* ["Workforce Survey"] Department of Premier and Cabinet, Sydney. Retrieved on 4 December 2012 from http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0006/146670/KTS_WS_-_Final_Report_no_appendices.pdf.

²¹KPMG (2013). *Keep Them Safe Location Based Evaluation. Report* ["Location Based Evaluation"] Department of Premier and Cabinet, Sydney. Retrieved on 15 May 2013 from http://www.dpc.nsw.gov.au/prem/documents/keep_them_safe/publications_non-automated/Location_Based_Evaluation.pdf.

support for the principles underlying KTS, legislative change (particularly related to Chapter 16A Information Exchange provisions), and a willingness to collaborate and share information to ensure vulnerable children and young people get the services they need sooner. Among the challenges it identified were the influence of the universal service system on the capacity of early intervention services to identify and address vulnerability and risk, the ability of the system as a whole to respond to the needs of particular groups around important thresholds (e.g. just below risk of significant harm), and ongoing structural constraints concerning funding and workforce capacity, especially in the non-government sector. The Report also identifies a number of possible responses to these issues, including more systematic adoption of progressive universalism and the implementation of the NGO capacity-building plan.

The *Location-Based Evaluation* contributed to the evaluative goal of the Interim Review by providing a rich, detailed body of qualitative evidence on a wide range of systemic effects of KTS, including how staff and clients on the ground understand and explain “success”. This information helps provide tentative answers to some of the questions posed by other Interim Review components, and will help inform the development of Population Outcome Indicators relating to service users’ perceptions of how well they are served by the system.

2.2.5 *Synthesis of Project Evaluations*

The *Synthesis of Project Evaluations*²² examined progress in implementing several individual KTS programs through a critical analysis of evaluation reports provided by line agencies. It covered several important elements of the Wood recommendations and *Action Plan*, such as the Child Wellbeing Units, Family Referral Services, Screening and Response Priority Tools (ScRPT) used by the Child Protection Helpline, and Alternative Dispute Resolution. It also included programs representative of the broad goal of fostering a collaborative, family-centric service system, namely Family Case Management, Family Group Conferencing, Whole Family Teams and Safe Families.

The *Synthesis of Project Evaluations* contributed to the diagnostic goal of the Interim Review by showing that most of these programs have been implemented fairly successfully, despite a number of systemic factors which have not always been conducive to success. The available evidence suggests many of these projects have been able to achieve relatively high levels of stakeholder satisfaction quite quickly, but that effectiveness has been constrained by issues such as workforce capability, service system capacity and difficulties in coordination among multiple agencies. These are issues which are likely to affect other KTS programs as well.

The *Synthesis* contributed to the evaluative goal of the Interim Review by drawing attention to the challenges agencies face in conducting evaluations and gathering robust data on outcomes. It particularly identified the difficulties posed by attempts to conduct evaluations too early, before measurable results could reasonably be expected, the challenges of engaging with vulnerable populations in an ethical way, and (in some cases) a lack of in-house research expertise. This has direct implications for the final evaluation of KTS, which will depend on the quality of the data these evaluations provide. It also raises broader

²²KTS Evaluation Steering Committee (2013). *Interim Review. Synthesis of Project Evaluations* ["Synthesis of Project Evaluations"] Department of Premier and Cabinet, Sydney. Retrieved on 15 May 2013 from http://www.dpc.nsw.gov.au/prem/documents/keep_them_safe/publications_non-automated/Synthesis_of_Project_Evaluations.pdf.

questions of workforce capability and governance in relation to program design and evaluation.

2.2.6 Population Outcome Indicators

The development of the Population Outcome Indicators forms part of the Interim Review, but a detailed discussion of these indicators are not included in this report. This is because they are still under development as of early 2013. It was originally intended a report explaining these indicators and including a first tranche of the available data, would be published by December 2012. Unfortunately, obtaining data for a significant number of indicators was delayed by associated development work occurring within line agencies in late 2012. In order to avoid a delay of several months, the KTS Evaluation Steering Committee has decided to publish a technical report, without data but including discussion of the structure and history of the indicator suite, and detailed information on each of the indicators. This report will also outline a data development agenda, identifying the indicators for which data are not yet available but are expected to be by the time of the Outcomes Evaluation, together with the steps being taken to ensure this is the case. It is expected that this technical report will be finalised in early 2013.

3. Findings

This section of the Report presents the findings of the Interim Review against each of the six chapters (or “elements”) of the *Action Plan*. As discussed above, the Interim Review questions align broadly with the chapter structure of the *Action Plan*, and the discussion below addresses each question under the appropriate *Action Plan* chapter heading.

3.1 The Universal Service System

The first set of commitments made under the *Action Plan* sought to ensure a strong universal service system for all children in the community. This goal has two main rationales.²³ First, “stronger” universal services like hospitals, child and family health and other community-based health services, pre-schools and schools can prevent the development of problems which, if left unaddressed, might eventually lead families into the statutory child protection system. Second, Universal services which are more extensive, in the sense of being in more regular contact with a greater proportion of the population, can help to identify problems before they come to the attention of specialist services and ensure families receive appropriate support as early as possible. These two rationales are reflected in the Interim Review question, which addresses the effects of KTS on the “strength” and “extent” of the universal system.

To what degree is the universal service system stronger and more extensive?

The term “universal service system” refers, in the context of KTS, principally to the health and education systems. The *Action Plan* did not seek to achieve these goals by strengthening and extending the **whole** of these systems. Rather, it proposed a small number of initiatives which sought to strengthen services for and extend coverage of families at points in their lives of crucial significance for child protection outcomes. These included: extending support and training for parents with young children; strengthening and extending community-based maternal and child health and medical services for mothers and babies, especially in Aboriginal communities; improving access to pre-schools to promote early childhood development; and reforming provisions around transitions out of high school.

Given this narrow focus, and given the fact that the additional funding allocated to universal services under KTS constitutes a small proportion of overall spending in these areas, KTS is not likely to produce large-scale systemic change in these areas. This is reflected in the *Location-Based Evaluation*, which found some evidence of improvement in Newcastle since 2009, but evidence of ongoing gaps in primary health care, counselling and allied health in Tamworth.

There is, by contrast, evidence to suggest that the universal service system has been strengthened and extended in the sense that the commitments included in the *Action Plan* have been implemented as promised. The *Review of Actions* shows that the Triple-P parenting course, SAFE START, the Aboriginal Maternal and Infant Health Strategy and Universal Health Home Visiting have all been expanded, and 95% of NSW children should have access to pre-school prior to commencing school by December 2013. The only commitment which has not yet been fully implemented is the establishment of Indigenous

²³ *Action Plan*, p. 1.

Child and Family Centres, a joint initiative with the Commonwealth government: all nine are scheduled to be operational by late 2013.

It is too early to tell whether these efforts will improve outcomes for children, young people and families in their own right. This is because they seek to improve aspects of family functioning which may take years or even decades to manifest themselves, and because there are many other factors which might influence these outcomes. Early-stage signs of success through extending maternal and child health and pre-school services may manifest themselves in improved performance across different domains of development which is, in turn, reflected in lower proportions of vulnerable children identified through the AEDI following school entry and better reading and numeracy within five years (provided these initiatives are immediately effective). Measurable improvements in outcomes for school leavers and reduced subsequent contact with the child protection system may not become apparent for a decade or more. Output data for several of these initiatives will be included in the Population Outcome Indicators, and it may be that some of these early signs of success are apparent by the time of the Outcomes Evaluation.

There is also early evidence that the effect of KTS on the “extensiveness” of the universal service system might contribute to more effective early identification of vulnerable (or at risk) children over coming years. The *Workforce Survey* suggested a high degree of awareness of KTS among relevant health and education professionals, including allied health professionals, nurses, school counsellors and principals, and early education/childcare directors and teachers. These respondents reported that KTS had generally had a positive or very positive impact on their ability to identify vulnerability and risk, and a positive impact on their ability to make appropriate referrals. These results are consistent with the findings of the *Location-Based Evaluation*. If this is also true for these professional groups as a whole, then one might expect to see an increase in participation in early intervention and support programs among families in vulnerable communities over the next few years – provided, of course, these programs are funded to match the level of identified need.

Although there are early signs that the specific commitments discussed here might bear fruit, both the *Location-Based Evaluation* and *Workforce Survey* also identified structural constraints on KTS within the universal service system. The effectiveness of the universal service system as an early identification mechanism depends, in part, on the extent of its contact with people at critical points in their lives. This has been partly addressed through initiatives aimed at people at specific points in their lives, like Universal Health Home Visiting. But the service system gaps identified in Liverpool, Newcastle and Tamworth highlight the dangers of assuming that universal services are actually universal in practice: vulnerability, isolation and poverty mean that many people at risk of contact with the child protection system do not easily engage with nurses, doctors, hospitals or even schools. This suggests that any efforts to improve access to universal services – efforts which would be largely beyond the scope of KTS – might also deliver benefits in child protection and wellbeing. One possible avenue for achieving this was identified in the report of the *Location-Based Evaluation*: a combination of place-based universal service planning and progressive universalism. If adopted, this might help reduce the transport costs and which discourage vulnerable populations from accessing universal services, while also addressing the social disincentives associated with accessing specialist early intervention and prevention services.

Second, the effectiveness of the universal service system depends on the degree to which universal services staff are engaged with the cultural shift towards seeing child protection as “everyone’s business”, and the extent to which this is borne out in everyday patterns of reporting, communication and collaboration, and the availability of early intervention and prevention services with sufficient capacity to accept referrals. Where any of these is absent, the effectiveness of early identification through the universal service system is likely to be reduced; each is discussed in the appropriate sections below.

3.2 Strengthening Early Intervention and Community-Based Services

The second element of the *Action Plan* sought to strengthen early intervention services for children, young people and families who are vulnerable but not yet sufficiently at risk to justify intervention from the statutory system. The Interim Review questions distinguish between the implementation of initiatives aimed at strengthening the early intervention system, and their impact on community-based services for children and parents.

Have early intervention services been enhanced?

Keep Them Safe sought to strengthen early intervention and community-based services for two closely-related reasons. First, early intervention services targeted at those who are identified as vulnerable (perhaps through the universal system, discussed above) can help prevent subsequent contact with the statutory child protection system. Strengthening early intervention and community-based services is, in other words, part of a long-term effort to reduce demand on the statutory system. Second, KTS also sought to strengthen services for children and young people who are at risk of harm but not at risk of **significant** harm, and who might have been reported to the statutory system before the raising of the threshold discussed below. Here, stronger early intervention services complement the systemic reforms (also discussed below) which seek to improve information sharing and coordination cooperation around children and young people who no longer qualify for statutory intervention.

To meet these goals, the *Action Plan* mainly emphasised the expansion of existing programs. Chief among these is Brighter Futures - Community Services’ early intervention program designed to build the resilience of families and children at risk. Following a positive evaluation, access guidelines were revised, the number of places available to 0-8 year-olds was expanded, and the delivery of the program was transferred wholly to the non-government sector. Other programs which were also expanded included Department of Education and Community’s (DEC) Home-School Liaison Officers, and NSW Health’s Sustained Health Home Visiting program (Sustaining NSW Families – SNF) for vulnerable women during their pregnancy and subsequently for the first two years of their infants’ lives. The main new initiative was the piloting of NSW Health’s school-based mental health program, “Getting on Track in Time – Got It!”.

The *Review of Actions* and *Spatial Analysis* suggest that early intervention services have been enhanced as intended. The programs mentioned above have mostly been implemented as intended, with the partial exception of Got It! (which has been slightly delayed by difficulties recruiting clinical staff in regional and rural areas) and SNF which has made slower than expected progress with recruitment in one site. Moreover, funding for early intervention programs has generally been highest in areas where population-level measures of relative disadvantage suggest high levels of vulnerability. One issue which may

require further attention was identified by the *Spatial Analysis*: funding was not equally distributed between all areas of similar need. Some areas of relatively high need in the South and East of the State received less funding than areas of similarly high need in the North and West, while metropolitan areas of high need received much less than regional and rural areas. This is probably the result of several factors.

- **The cost of service delivery is higher in regional/remote areas compared with metropolitan areas.** An analysis of Sustaining New South Wales Families conducted by the Hunter/New England LHD in April 2012 found nurses travelled 9km per visit in Fairfield, 15km on the Central Coast and 39km in the Hunter. This suggests the differential in funding between metropolitan and regional/remote areas identified by Deloitte may be required to ensure the same substantive level of service across the state.
- **The Spatial Analysis provided a snapshot of funding up to June 2012.** As of that date, several significant Keep Them Safe initiatives are still at the pilot stage (e.g. Family Case Management), and several state-wide programs were being rolled out (e.g. Family Referral Services). The distribution of funds may, thus, reflect assessments of the suitability of specific areas for trials/testing. FRS will have state-wide coverage by early 2013; this alone will address a good deal of the uneven distribution of funds across regional/remote areas with similarly high needs
- **The nature of pre-existing infrastructure.** The *Spatial Analysis* sought, but was unable to identify, rigorous comparable data on variations in pre-existing universal and early intervention services. Anecdotal evidence from expert advisors on the Keep Them Safe Evaluation Steering Committee suggests that the nature of pre-existing infrastructure probably contributed to the greater investment in some high-needs regional areas than others or than metropolitan areas for two reasons. First, some regional areas may not have the infrastructure in place to accommodate large pilot projects; and second, metropolitan areas generally have better infrastructure, and so may have needed less investment than regional areas to provide services to an equivalent level.
- **The Spatial Analysis only maps location-attributable funding under Keep Them Safe.** It does not attempt to map other funding, including mainstream NSW child protection spending or Commonwealth funding or non-government agency activity funded through private means. Nor does it attempt to account for changes in these other sources of funding which might have occurred due to the provision of KTS funding. Collecting this data centrally for the whole of Keep Them Safe was judged to be too time consuming, but program managers in line agencies are understood to have made decisions about distribution of funds for specific programs on this basis.

The early-stage evidence of impact on the service system presents a broadly positive picture. Almost all the programs mentioned above received additional funding on the basis of existing evidence of positive effects, and it is reasonable to assume that this additional funding has enhanced their capacity to intervene and assist vulnerable children, young people and their families. This is consistent with comments made by those interviewed for the *Location-Based Evaluation* about individual programs such as Family Referral Services (discussed below) and Home-School Liaison Officers. But respondents also suggested that these gains had been offset by changes to models used to allocate funding for early intervention and prevention programs. These have reportedly led to service system gaps in

all three sites for children, young people and families who are not merely vulnerable, but at risk without being at risk of significant harm. This suggests that there may be grounds to consider whether existing funding models produce the optimum distribution of funds across the early intervention spectrum.

Are early intervention services supporting children and parents in the community?

This question refers to one of the basic tenets of the Wood Report: that families and communities should take a leading role in the care and protection of children and young people, and that the state should only step in as a last resort. This manifested itself in several different kinds of concrete recommendations, each of which is discussed in turn below. Overall, the available evidence suggests that the NSW government has made good on its commitments, but that it is too soon to determine if there has been any significant impact on children and parents.

Perhaps the most significant structural recommendation was that early intervention and out-of-home care should be substantially transferred to the non-government sector. The *Review of Actions* shows that the NSW government has followed through on this commitment in transferring the delivery of Brighter Futures to non-government partners. The transfer of out-of-home care is ongoing as of the writing of this report.

A second way of interpreting the phrase “in the community” is to consider whether government funding has been directed to early intervention services in the communities where vulnerable families live. The *Spatial Analysis* suggests this is broadly the case, with the caveats discussed above. This is confirmed by evidence from the agencies responsible, which report that pilot sites for programs such as Sustaining New South Wales Families, were chosen on the basis of indicators of vulnerability. It is expected that the Population Outcome Indicators, which include some measures of access and participation in these services, will present a more detailed picture of this aspect of early intervention and prevention.

The *Workforce Survey* did not directly seek mandatory reporters’ views on the effectiveness of these services, but the *Location-Based Evaluation* did. It suggests, as noted above, that individual programs have been reasonably effective, but that significant gaps exist in the overall continuum of services. These include gaps for families at the higher-risk end of the spectrum of vulnerability, , services for adolescents and services for homeless people or people with disabilities. It has, unfortunately, proved quite difficult to interview clients of the service system on their experiences, but the small amount of evidence available suggests they consider these services to be supportive and appropriate.

3.3 Better Protection for Children at Risk

The third element of the *Action Plan* sought to ensure a streamlined statutory child protection system focussing on children at greatest risk. The Interim Review questions distinguished between the functions undertaken primarily by Community Services’ (intake, assessment, referral and casework), and activities related to the children who cannot live with their families: out-of-home care and children’s court processes.

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?

One of the Wood Report's single most important structural recommendations was to raise the threshold for reporting children and young people to the Child Protection Helpline from "risk of harm" to "risk of significant harm". This was intended to reduce the volume of reports to the Helpline, and thereby assist the tertiary child protection system to focus on helping those most in need of intervention. The Mandatory Reporter Guide was intended to support this change by fostering consistent understanding and application of the new threshold by mandatory reporters.

The new reporting threshold and the Mandatory Reporter Guide entered into effect in late January 2010, at the same time as a number of other related initiatives discussed elsewhere in this document (such as Child Wellbeing Units). They were supported by a state-wide series of training courses for all mandatory reporters which began in October 2009, followed by DVDs and promotional material, bespoke training packages for specific groups of mandatory reporters, and comprehensive change management strategy incorporating awareness-raising initiatives.

The responses to the *Workforce Surveys* suggest that mandatory reporters have engaged positively with these reforms. Awareness of the Mandatory Reporter Guide and the new threshold is high, with around three quarters of respondents to the survey indicating they had used the Guide and most indicating they had heard about it through the training provided under Keep Them Safe. Respondents also reported that the new threshold had been an "important" or "very important" factor in changing their workplace practices, and that KTS had improved their ability to identify children and young people who met that threshold. The *Location-Based Evaluation* also identified this as one of the most successful aspects of KTS. It found that awareness of and support for the reforms was high in all three locations, and that those interviewed considered mandatory reporters were better able to identify risk and appropriate responses for children, young people and their families.

The available evidence also suggests that these reforms are also having a positive impact on reporting patterns. Operational data show that the reports to the Child Protection Helpline dropped by 33% in 2010.²⁴ Operational data also show that the Child Wellbeing Units handled a large volume of calls over this period, while responses to the *Workforce Survey* suggest that mandatory reporters are using the Guide to help make decisions about whether clients are at risk of serious harm, and need to be reported to the Helpline or the CWUs.

As might be expected given the early stage at which this review is occurring, this evidence suggests that there is still some way to go before practices align fully with changes in attitudes. Respondents' self-reported use of the Guide and alternative reporting mechanisms was lower than their (self-reported) support, and varied somewhat across sectors. A plurality of respondents suggested they tended to use other mechanisms such as

²⁴ Department of Family and Community Services (2011). *Annual Report 2010-11* ["Annual Report 2010-11"] Department of Family and Community Services, Sydney, p. 94. Retrieved on 1 September 2012 from http://www.facs.nsw.gov.au/data/assets/pdf_file/0010/250966/Annual_Report_2010-11_Community_Services.pdf There is some evidence that reporting rates have risen slightly since, although they have not yet returned to pre-2010 levels.

professional judgment or the Child Wellbeing Units to decide whether particular clients are at risk of significant harm or not. These variations are not necessarily problematic, provided they are based on the same principles as the Guide itself, but there is evidence of variation over time which may require attention. Website statistics suggest use of the online Mandatory Reporter Guide has been declining since early 2012. The *Workforce Survey* found that more experienced mandatory reporters were no more or less likely to use the guide than less experienced reporters, but the *Location-Based Evaluation* suggested that more experienced reporters tended to rely on professional judgment. It is possible this discrepancy is an artefact of the way the questions in the *Workforce Survey* were phrased: respondents were asked whether they had **ever** used the Guide; more experienced workers may have used it at first, but then decided they were sufficiently familiar with the process to rely on their professional judgment instead. Again, where professional judgment is consistent with the principles underlying the Guide, this is not cause for concern; but given that the purpose of the Guide is to facilitate consistent application of a new standard based on a significant body of actuarial evidence, refusal to use the Guide because it is inconsistent with professional judgment may be problematic.

The available evidence suggests that, despite widespread awareness of and support for the new threshold and Mandatory Reporter Guide, there remain significant structural barriers to streamlining the statutory child protection system and focussing on children at greatest risk. With respect to streamlining, the Ombudsman's report *Keep Them Safe?* showed that the number of reports to the Helpline continues to outstrip Community Services' capacity to assess and allocate cases. The findings of the Location Based Evaluation are consistent with this, showing that a significant number and proportion of reports in the three locations investigated do not receive an adequate response. The Location Based Evaluation found that in the areas visited Community Services have been forced to prioritise interventions on the most serious cases, notably those involving unborn children and very young infants, with the result that many serious cases involving older children and teenagers receive no response. This echoes the findings of the *Workforce Survey*, where respondents expressed concern that teenagers, homeless children and young people, and children and young people with certain disabilities were receiving an inadequate response and "slipping through the cracks".

The available evidence suggests that short- to medium-term responses should focus on freeing up capacity within the tertiary system. This is partly because it does not appear much more can be done to reduce demand, especially in the short term. There is no evidence that a large number of cases which do not meet the new threshold are being incorrectly reported to the Helpline, and efforts to reduce the prevalence of risk of significant harm through early intervention and prevention strategy can only be expected to achieve results over the long term. This suggests that short- to medium- term strategies should focus on "supply" – on the capacity of the statutory system to respond to complex cases. Although there are obvious ongoing problems, the *Location-Based Evaluation* also presented some very encouraging signs. Not least of these was evidence of an impressive willingness on the part of front-line Community Services staff to experiment with innovative ways of cooperating across CSCs and with other organisations to ensure vulnerable children and young people receive at least some help. This being the case, one possible response might be to refocus efforts on those aspects of the Wood Report concerning the Community

Services system: issues such as IT systems, caseloads, and the most appropriate way of balancing administrative and front-line casework.²⁵

Have out-of-home care and Children's Court processes improved?

The *Action Plan* proposed a large number of improvements to out-of-home care and the Children's Court, with the over-arching goal of ensuring these processes were more responsive to the needs of the children, young people and families involved.²⁶ The most significant of these, financially and structurally over the long term, is the transfer of out-of-home care to the non-government sector. This is a large, complex process which is expected to take a significant amount of time to complete. Of greater significance in responding to the needs of children in and entering out-of-home care has been the appointment of OOHC coordinators in Health and Education and the appointment of Interagency Pathway Coordinators (IPCs) in Community Services. The Health coordinators are responsible for facilitating the conduct of primary and comprehensive health assessments for children entering statutory care. Most of the other proposals involved procedural and institutional reforms, particularly concerning the Children's Court. The most significant of these was to trial various forms of Alternative Dispute Resolution before and instead of formal hearings.

The components of the Interim Review did not devote significant attention to reforms to the Children's Court or out-of-home care, but evaluations and reports from the relevant agencies allow some comments to be made. The *Review of Actions* shows that reforms to the structure and operations of the Children's Court were implemented in a timely manner. The transfer of out-of-home care to the non-government sector was conceived at the outset as a long-term process whose success would be contingent on capacity- and capability-building efforts, and the development of appropriate funding and governance models. This transfer is ongoing as of this writing; as discussed below, it has proved to be particularly complex to initiate and is now significantly behind the original timeframe. The Population Outcome Indicators include output measures for some aspects of the Children's Court system, and it is expected that a first tranche of data will be published for some of these later this year. The evaluation of Alternative Dispute Resolution, discussed in the *Synthesis of Project Evaluations*, shows that the various mechanisms trialled in NSW have been positively received by the families involved. It also suggests that these programs have delivered positive outcomes and may prove cost-effective in some circumstances, although the evidence is not conclusive due to the early stage at which the evaluation was conducted.

3.4 Changing Practice and Systems

The fourth element of the *Action Plan* sought to improve practice and systems across the child protection sector, with particular focus on ensuring that services work together better through improved coordination and information sharing, and on ensuring families are linked to the right services earlier.

²⁵ This is the subject of ongoing work within FaCS-Community Services, notably through *Practice First*, which is not formally part of KTS but is being undertaken in parallel with it.

²⁶ It should be noted that the Interim Review questions deal with out-of-home care and the Children's Court under a single heading, chiefly to distinguish them from the intake, assessment and casework functions of Community Services' statutory child protection system. They are, however, discrete spheres of activity rather with limited interdependence.

To what degree is there coordination and information sharing amongst agencies?

Improving coordination and information sharing among agencies is crucial to the success of many of the structural reforms adopted under KTS, and to the realisation of the Wood Commission's vision that child protection and wellbeing be seen as "everyone's business". The new intake and referral mechanisms discussed in s3.3 above rely on universal and early intervention services working together to support children, young people and families who no longer meet the threshold for reporting to the Child Protection Helpline. The transfer of some important functions to the non-government sector also requires better coordination and information sharing with government authorities, as do efforts to engage and work in partnership with Aboriginal communities.

KTS sought to improve coordination and information sharing through a small number of interlinked legislative and institutional changes. The principal legislative change was the insertion of Chapter 16A into the *Children and Young Persons (Care and Protection) Act 1998*. This permits relevant organisations to share information relating to the safety, welfare and wellbeing of children and young people, notwithstanding the *Privacy and Personal Information Protection Act 1998* and other similar laws. It also requires services to "take reasonable steps to coordinate decision-making and the delivery of services". The principal institutional reform was the establishment of Child Wellbeing Units in the four main human services departments. CWUs are intended to foster communication and collaboration, among their other functions, by assisting mandatory reporters with potential responses for children and families who do not meet the new threshold, and by driving better alignment and coordination of service systems in their agencies.

The available evidence suggests a high degree of awareness of these reforms and reasonably high levels of in-principle support among mandatory reporters. 80% of respondents to the *Workforce Survey* stated that they knew about the information sharing provisions of Chapter 16A, and over 75% were aware of the coordination provisions. Many respondents indicated that their organisation supports collaboration and the sharing of information. Respondents were fairly positive about actually sharing information, and almost half reported no barriers to actually doing so (some of the barriers identified by the remainder are discussed below).²⁷

The impact of these reforms on practices of collaboration, coordination and information sharing also appears to have been positive, although uneven across sectors and less developed than awareness or in-principle support. Around one third of respondents to the *Workforce Survey* reported that information sharing had become more frequent in their organisation since the introduction of KTS, with a higher proportion of positive responses from the NGO sector. A third reported "no change", with the remaining third stating they were "unsure". Over 40% of respondents to the *Workforce Survey* indicated that their role involves collaboration with other organisations "often" or "all the time". People working in the Community Services or Disability Services sectors were disproportionately likely to answer in this way, while those working in Health or Education were less so. A close reading of the *Workforce Survey* and *Location-Based Evaluation* suggests that the legal and institutional reforms have been successfully implemented, but that their effectiveness is being constrained by other factors. Both identified the CWUs and Chapter 16A as

²⁷ *Workforce Survey*, p. 48. It is likely that this under-states the proportion of mandatory reporters who perceive no barriers, as respondents were permitted to choose multiple barriers.

particularly important contributors to changing practices. The *Location-Based Evaluation* also found evidence that mandatory reporters tended to engage in more information sharing and collaboration where they had a greater understanding of KTS, already enjoyed relationships with workers in other services, and were prepared/capable of taking on collective responsibility for particular cases. Happily, these are all factors which are susceptible to policy interventions, such as through training and the establishment of formal inter-organisational relationships.

The results of the *Workforce Survey* also suggest (but do not conclusively show) that the variable success of these reforms might also be a result of cultural and structural barriers which are less susceptible to short-term policy response. Among those respondents who cited barriers to information sharing, the two most common responses were confidentiality/resistance from families, and a lack of cooperation from other organisations. This suggests that entrenched professional cultures emphasising exclusive engagement with (and protection of) the client persist. To the extent that these cultures are supported by communities of practice with their roots in formal education, they can only be expected to evolve slowly. The claim that “other organisations” are a barrier may reflect active refusal to respond to positive requests for information in some cases. But it may also reflect the difficulties of coordinating in the more complex service system which KTS is helping to create. Complex systems make it more difficult to pro-actively share information, not least because it is more difficult to identify all the potentially interested parties. Systems in which individual clients are in contact with a larger number of services also make it more difficult for services who are aware of each other to coordinate among themselves. It is possible that these increased transaction costs may be manifesting themselves as an apparent reluctance to engage in collaboration. It is not clear that either the Wood Report or the *Action Plan* took transaction costs into account when adopting reforms which were likely to increase them (e.g. transferring important functions to the NGO sector and explicitly expanding responsibility for child protection to a wider range of social services). One possible solution to this is to identify the specific purposes for which greater communication/collaboration would be desirable, and to engage in targeted strategies to reduce these costs in particular contexts.

Do new systems effectively link families to services?

One of the most important immediate purposes of encouraging more sharing of information, collaboration and coordination between agencies under KTS is to ensure that children, young people and their families who are not at risk of significant harm are still linked to services which are able to meet their needs.

The Family Referral Services (FRS, originally called “Regional Intake and Referral Services”) were a key Wood Report recommendation for achieving this goal. FRS complement CWUs by helping to link vulnerable children, young people and families who are below the threshold for statutory child protection intervention with appropriate support services in their local area. FRS are operated by NGOs and assist all services and clients in a geographically-defined area. FRS are managed by the Ministry of Health and run by NGOs. They were first established as pilots in the Hunter and Central Coast, Western (Dubbo), and Mt Druitt. In June 2011, services were expanded with an additional two services, one in New England North West and the other in the Illawarra. FRS are being rolled out in the rest of NSW, and state-wide coverage is expected to be achieved ahead of schedule in early 2013.

Evidence from the *Workforce Survey* and the Ministry of Health's FRS Pilot Evaluation suggests that FRS have been reasonably effective for the mandatory reporters and families who contact them. The evaluators found that the FRS pilot sites were making a difference to clients in vulnerable families by identifying appropriate support services, improving links between services, and informing realignment of support services at the local level (although it is important to note that the Pilot Evaluation was based on a small amount of extremely preliminary data). They also found evidence of increased effectiveness over time in facilitating vulnerable population access to support. FRS were also shown to be servicing a larger proportion of Aboriginal clients compared to their catchment area, suggesting they are engaging seriously with their goal of providing culturally appropriate referral pathways for Aboriginal families. This is consistent with the results of the *Workforce Survey*: a significant proportion of respondents who had contacted an FRS agreed that they were effective in linking families with services.

The more general question of whether the new systems introduced under KTS improve access for families to services is difficult to answer for several reasons. The first and most obvious reason is that FRS, CWUs and other initiatives have only been in place for a relatively short time, and measurable impacts on outcomes for clients will probably only become apparent over the medium to long term. The *Location-Based Evaluation* and FRS evaluation testified to a reasonable degree of satisfaction among the clients they were able to interview, but these data are based on too few individual cases to make it possible to draw more robust conclusions about the service system as a whole. One proxy measure is the opinions of service staff, many of whom **do** have experience of change over time. Between a quarter and a half of respondents to the *Workforce Survey* thought KTS had had a positive impact on their ability to meet the needs of children and young people – an encouraging result, given the early stage of the review, but one which leaves room for improvement.

The FRS are worthy of further attention because the various evaluations also identified a number of barriers to their effective functioning which might be expected to impact on other efforts at linking families to services. One of the most straightforward is a lack of awareness among mandatory reporters working in FRS catchment areas that the Services even exist. The *Workforce Survey* suggested, for example, that a relatively high proportion of mandatory workers who worked in areas served by an FRS were unaware or uncertain of this fact. The independent evaluation found that actual demand was below forecasts, which is in part explained by a lack of awareness on the part of mandatory reporters and services when the evaluation was conducted.²⁸

A second barrier identified by these reports and likely to affect all efforts at linking families to services involves the capacity of the service system. Both the *Location-Based Evaluation* and the FRS Pilot Evaluation testified to the difficulty faced by FRS workers and other mandatory reporters in finding services with sufficient capacity to accept referrals. This is a different manifestation of the underlying issues discussed in the section above on the uneven effect of KTS on the capacity of the early intervention system.

Although not exactly a barrier, the *Location-Based Evaluation* also identified the relationship between the CWUs and the FRS as worthy of strategic consideration. These two initiatives

²⁸ It is important to note that NSW Health has since conducted further demand modelling to inform the state-wide rollout of the FRS beyond the original pilot sites.

were conceived as separate but complementary aspects of the service system in the Wood Report, and have been implemented in a manner faithful to this vision under KTS. Evidence gathered under the *Location-Based Evaluation* suggests, however, that they have taken on at least partly overlapping roles in practice, and this raises the possibility that their functions might be strategically re-aligned. One of the most important areas of overlap springs from the fact that the NGO sector does not have access to a CWU (which, as noted above, were established within and for the four main government departments). It would appear that some NGOs working in areas served by FRS are using them as a similar source of advice on referrals and responses. CWU Assessment Officers, for their part, provide a similar advisory function to the FRS for government-employed mandatory reporters on community support services which may be able to assist in meeting the needs of particular children or young people.²⁹ One option for responding to these issues of coverage and overlap might be to integrate the work of the CWUs more closely with that of the FRS. It is suggested that the outcomes evaluations of KTS, the CWUs and FRS should seek to identify and, where possible, assess the relative merits of different options for doing so (e.g. through regionalisation of organisational structure, or changes to staffing and work practices).

3.5 Better Supporting Aboriginal Children and Families

The fifth element of the *Action Plan* sought to improve outcomes for Aboriginal children, families and communities. The Interim Review questions distinguished between two different kinds of improvement: the availability of services capable of meeting the specific needs of Aboriginal children, young people and communities; and improving the cultural awareness/competence of all services.

Are services more available and able to meet the needs of Aboriginal children, young people and families?

The *Action Plan* included commitments to provide Aboriginal-specific services across all three levels of the service system. At the universal level, this involved the expansion of the Aboriginal Maternal Infant Health Strategy to 31 services, and the establishment of nine Indigenous Child and Family Centres. Early intervention commitments included establishing Safe Aboriginal Youth night patrols in selected communities and implementing the Safe Families – Orana Far West program, recruiting extra Aboriginal School Liaison Officers and Indigenous Triple P practitioners, and ensuring the CWUs and FRS focus on links with Aboriginal services. Commitments relating to acute and statutory services included a number of complementary efforts to reduce the incidence of child sexual assault in Aboriginal communities, Integrated Family Case Management for frequently-encountered children, young people and families, and pilots of new decision-making processes for Aboriginal people in the statutory system (Family Group Conferencing and the Nowra Care Circle Pilot).

The available evidence suggests that good overall progress has been made in improving the availability of services specifically tailored for Aboriginal people. The *Spatial Analysis* showed that the distribution of location-attributable funding for these projects aligned reasonably closely with the number of ROSH reports involving Aboriginal children (taken as

²⁹ CWUs could refer families directly to the Brighter Futures Assessment Unit within FaCS until 2012, and are now able to refer directly to the Brighter Futures program (as, indeed, can all providers).

a proxy for the broader concepts of Aboriginal vulnerability and risk).³⁰ It noted, however, that much of this expenditure was directed at regional and rural areas, and that as a consequence there has been a relative under-investment in Aboriginal-specific services in metropolitan areas. This is not necessarily an unreasonable investment decision, given the high levels of vulnerability in non-metropolitan areas and the relative strength of mainstream services in metropolitan areas. But it does mean that the cultural sensitivity of mainstream services in metropolitan areas is all the more important in addressing Aboriginal-specific aspects of child protection.

The *Review of Actions* found that, within this overall picture of reasonable alignment between investment and need, some individual initiatives had progressed much further than others. Those commitments which involved expanding existing programs, such as the Aboriginal Maternal Infant Health Strategy, parenting classes and Aboriginal School Liaison Officers, were usually completed in a relatively straightforward manner.³¹ Several prominent new initiatives were delayed by unexpected difficulties, including Safe Families, Indigenous Child and Family Centres, Intensive Family Based Services, and the rollout of the Lakidjeka model of cooperation between local communities and Community Services. The specific difficulties often involved workforce capacity or capability constraints, and manifested themselves both within government and in difficulties recruiting staff or tendering out work. This suggests that the particular attention the *Action Plan* gave to capacity building in Aboriginal organisation and communities was well-founded.³² In other cases, difficulties related to the challenge of engaging effectively with local communities, or of coordinating with other levels of government. These are discussed in the next section, below.

There is not yet a great deal of evidence of whether these initiatives are delivering better outcomes for Aboriginal people. This is not entirely unexpected, given that several are still being rolled out, the widely-recognised complexity of issues facing Aboriginal communities, and the fact that that measurable impact on outcomes is likely to take many years. The clearest evidence of success comes from the trials of various forms of alternative decision-making in the courts; these are discussed in the next section. The first tranche of data reporting against the performance indicators will include a small number of Aboriginal-specific indicators, and will also provide a breakdown by Aboriginality wherever the underlying dataset allows.

Have services increased the levels of cultural awareness, cultural competence and partnerships with Aboriginal communities?

The evidence concerning cultural awareness, cultural competence and partnerships with Aboriginal communities presents a mixed picture. It confirms the pressing need for initiatives to improve these aspects of the service system, but also shows that these initiatives can bear fruit quite quickly if they are planned and implemented properly.

³⁰ *Spatial Analysis*, pp. 57-58.

³¹ The major exception to this claim is the Safe Families initiative, which received early-stage enhancement funding under KTS and encountered significant difficulties. This is discussed in more detail in the *Synthesis of Project Evaluations*.

³² It should be noted that this is a common challenge for programs seeking to establish themselves in outer regions, and is not restricted to programs concerning Aboriginal people. It is perhaps somewhat surprising that new programs in regional and remote areas do not expect to encounter this issue.

This combination of need and opportunity at the individual level can be seen particularly clearly in the results of the *Workforce Survey*. On the positive side, almost 60% of respondents reported that they had changed the way they worked with Aboriginal people since the introduction of KTS, with slightly more positive responses from those working in the NGO sector. The most common reason for this change was having received cultural competency training, which has been rolled out independently by government agencies for all their staff, in parallel with the implementation of KTS. Despite this training, and the *Action Plan's* promise to “develop practice guidelines and build cultural competency”, and to working better with Aboriginal communities more generally, a surprisingly high number of respondents indicated that their organisation had no/few Aboriginal clients. Similarly, a small but surprisingly high number of respondents in the health and housing sectors stated that Aboriginal outcomes were not a focus for their organisations. Given the generally-observed over-representation of Aboriginal people in the service system and the strong commitment to improving services for Aboriginal people from the highest levels in both these sectors, this is an unexpected result. If the respondents are representative of mandatory reporters in these sectors more generally (which, it should be repeated, cannot be presumed given the survey methodology), then better outcomes may be achieved simply by ensuring mandatory reporters are better informed about whether they have Aboriginal clients, and how their organisation seeks to provide better services to them. Simple awareness may contribute to improved cultural awareness and competence.

The combination of need and opportunity was also identified at an organisational level. A good KTS-specific source of information is the Aboriginal Impact Statements. These Statements were a commitment in their own right, and sought to ensure that the needs and interests of Aboriginal people were considered in the implementation of KTS as a whole. An analysis of Impact Statements covering 2011-12 conducted by the Department of Premier and Cabinet suggested that NSW government agencies engage fairly comprehensively during the planning and implementation of KTS programs, and to a slightly lesser extent during evaluation. It found that adequate engagement required longer timeframes than was often allowed for, and that it was most effective when conceived as an ongoing dialogue throughout the life of the project rather than as an episodic, administrative requirement. This analysis also noted that consultation was reportedly more successful where programs were designed and resourced to evolve in response to feedback, and identified the development of mechanisms for community participation in central planning as a possible avenue for future improvement.

The clearest evidence that cultural competency and culturally-sensitive partnerships can deliver positive outcomes for Aboriginal people comes from the pilots of alternative mechanisms of decision-making and dispute resolution for children involved in the statutory system. The *Synthesis of Project Evaluations* reported that Dispute Resolution Conferences in the Children's Court, the Legal Aid Pilot in the Bidura Children's Court, and Family Group Conferencing worked particularly well for Aboriginal people. There was a high rate of attendance of Indigenous parents and family members at Dispute Resolution Conferences, and participants reported that both models were more appropriate than the previous model of Preliminary Conferences and Children's Court hearings. Resolution rates were slightly higher for Aboriginal families than for non-Aboriginal families. Participants in Family Group Conferencing also expressed a high level of satisfaction, with family members and professionals alike noting its contribution to culturally appropriate practices. The Family

Plans developed in these conferences were positively received, appeared to support cultural identity and, where appropriate, satisfied the Aboriginal Placement Principles of the *Children and Young Persons (Care and Protection) Act 1998*. The high levels of satisfaction reported by Aboriginal participants in these alternative dispute resolution mechanisms is clearly consistent with the principle underlying this aspect of Keep Them Safe: that initiatives to respond to the distinctive needs and perspectives of Aboriginal people and communities can be successful in a relatively short space of time... provided they are properly-planned and well-executed.

3.6 Strengthening Partnership across the Community Services Sector

The sixth element of the *Action Plan* sought to strengthen relations between the various organisations working in the community services sector. It focussed on two things in particular: putting the necessary conditions in place to enable cooperation between government agencies and non-government organisations; and encouraging individuals and organisations to adopt the view that “child protection is everybody’s business” (usually referred to as “workforce and cultural change”).

What is the current state of partnerships between government and non-government services?

As has already been discussed on a number of occasions above, the Wood Report recommended the transfer of several important components of the broader child protection system to the non-government sector, principally out-of-home care and aspects of the provision of early intervention services.. Both the Wood Report and the *Action Plan* recognised that this would involve a significant expansion for many NGOs, and that it would only succeed if the NGO sector as a whole was supported in building its capacity and capability. Greater partnership between the NSW Government and NGOs was borne out in commitments to the development of several long-term plans covering capacity building, shared governance, workforce development, and qualifications. The *Action Plan* also envisaged comprehensive training, new data systems, and complaint resolution/mediation processes.

The realisation of the Wood Report’s vision of increasing the involvement of the non-government sector in child protection and wellbeing is a long-term goal. The over-arching plans have been developed, but implementation has in most cases been variable. While some are completed, in most cases implementation has been delayed or is progressing slowly, and will continue for several years to come. The *Location-Based Evaluation* identified these delays as significant barriers to the implementation of several other aspects of KTS, including coordination and early intervention, and recommended implementation of the NGO capacity building plan as a matter of priority. Similarly, the transfer of early intervention under Brighter Futures is now complete, but the transition of out-of-home care is also a long-term project, and is not expected to be completed for some time.

The evidence available at this early stage suggests that centrally-provided training and capability building initiatives have been reasonably successful. This early success reflects the considerable effort put into these initiatives: they comprised introductory training offered in a large number of sites across the state through NSW TAFE, mandatory child protection training for NSW Health and DEC employees, CWU training sessions and in-house training and development programs in NGOs and government agencies. The *Location-Based*

Evaluation reported a widespread belief that this had improved the capacity to identify risk of significant harm in all three sites. This is consistent with the *Workforce Survey*, which found that around 60% of respondents reported KTS had made a positive impact on their ability to identify risk of significant harm, and to make more timely and appropriate referrals. The *Location-Based Evaluation* also found, however, that access to adequate training varied considerably between the NGO and government sector, and even between some NGOs. The crucial factor here appears to be a combination of resource constraint and institutional capacity. NGOs funded by FaCS reportedly found it much easier to provide/access sufficient training for their staff; the *Location-Based Evaluation* reported that some NGOs had responded by collaborating on joint training. Although successful, this was not deemed by respondents to be a sufficient response.

The challenges identified in relation to capability building are also significant barriers to efforts at building capacity, and the available evidence suggests that there is still some way to go before ongoing issues with workforce recruitment and retention are addressed. The *Location-Based Evaluation* reported ongoing difficulties in recruitment and retention in both government and non-government agencies in all three locations. This is consistent with the findings of the *Review of Actions*, which identified difficulties in recruiting, particularly clinically-trained staff and staff in regional/remote areas, as contributors to early delays in several programs. Workforce recruitment and retention are long-standing challenges to successful service delivery, particularly outside metropolitan areas of NSW. They were identified by the Wood Report as barriers to service delivery through NGOs in particular, and the evidence gathered under this Interim Review suggests they persist and are having an ongoing impact on the implementation of KTS.

Have government and non-government services engaged positively in the process of workforce culture change?

The evidence suggests that the initiatives focussing on culture change have been among of the most successful aspects of Keep Them Safe so far. These efforts included the training described above, and a whole-of-government change management strategy implemented by Department of Premier and Cabinet in cooperation with line agencies and NGO peak bodies.

The evidence of this success is clearest in the *Workforce Survey*: almost three quarters of respondents agreed or strongly agreed with the statement “I believe that responding to child protection concerns is a shared responsibility”. As has already been discussed above in the section on information sharing and collaboration, this in-principle support has not always been translated into practice, but there are good reasons for this and there is no reason to suggest these beliefs are not genuinely held. Responses to other questions in the *Workforce Survey* suggested most mandatory reporters have engaged positively with changes to the way they act that flow from legislative and organisational reforms introduced under KTS, and that they have generally benefited from the support of their managers and organisations when doing so.

The *Location-Based Evaluation* confirmed these findings. The managers and front-line staff from all agencies interviewed in the three locations testified to a greater awareness of their shared responsibilities. They also reported a greater perception that the workforce as a whole was more willing to take a hands-on approach (instead of waiting for the outcome of a report from Community Services). Respondents reported a greater ability to assess risk through information exchange, and an increasing ability to collaborate and respond

effectively to the needs of children and young people who are not at risk of significant harm. Again, as discussed earlier, access to and engagement with a CWU or an FRS were crucial contributors to this process.

Although the evidence of progress so far is positive, the *Location-Based Evaluation* also identified potential future risks to ongoing success which may require attention. It found that practices of collaboration and coordination are not yet systemic, but rather depend on services' or reporters' understanding of KTS and personal relationships with others. This being the case, there is a risk that early gains may be lost due to staff turnover or gradual drift on the part of organisations back towards a focus on their "core" business. This suggests that there will be an ongoing need for strategies such as training and awareness-building, until structural supports such as CWUs, FRS, and a high-capacity NGO sector are firmly entrenched. More generally, the government should monitor the situation and adopt an evidence-based approach to creating systemic cultural change.

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5. Appendices

5.1 Governance Arrangements

The Interim Review was overseen by the KTS Evaluation Steering Committee, which is also responsible for the coordination, planning and reporting of all Keep Them Safe evaluations. The Committee is made up of representatives from KTS partner agencies, the non-government sector and independent subject experts. The members of this Committee as at January 2013 are shown in Table 3 below. The Department of Premier and Cabinet provided secretariat support.

Table 3 - Members of KTS Evaluation Steering Committee

<i>Member</i>	<i>Organisation</i>	<i>Role</i>
Executive Director, Organisational Performance	FACS-CS	Chair
Associate Professor and Director, Centre for Primary Health Care, UNSW	UNSW	Deputy Chair, Research Expert
Policy Officer	Aboriginal Affairs	Member
Manager, Student Welfare Directorate	DEC	Member
Associate Director, Education, Families and Communities	DPC	Member
Manager, Evaluation and Review (Keep Them Safe)	DPC	Member
Project Officer, Evaluation and Review (Keep Them Safe)	DPC	Member
Director, Office of the Chief Executive	FACS - CS	Member
Director, Evaluation and Statistics	FACS - CS	Member
Manager of Research, Juvenile Justice NSW	Juvenile Justice	Member
Executive Officer	LCSA	Member, NGO representative
Director	NCOSS	Member, NGO representative
Senior Clinical Advisor, Child Protection and Wellbeing, NSW Kids & Families	NSW Health	Member
Manager, Child Protection and Wellbeing Unit, NSW Kids & Families	NSW Health	Member
Manager JIRT Zone 4, State Crime Command, NSW Police	NSW Police	Member
Principal Financial Analyst, Human Services Branch	NSW Treasury	Member

These governance arrangements are expected to continue for the duration of Keep Them Safe. The KTS Evaluation Steering Committee will continue to play an active role in overseeing the development of the indicators, the conduct of individual project/program evaluations, and the planning and conduct of the final Outcomes Evaluation by June 2014.

5.2 Synoptic Table: Indicators and Outcomes

The tables below show the draft KTS Population Outcome Indicators as at February 2013. These indicators have been developed to measure progress towards KTS's aim of re-shaping the way family and community services are delivered in NSW to improve the safety, welfare and wellbeing of children and young people. They cover KTS actions to enhance the universal service system, improve early intervention services, better protect children at risk, support Aboriginal children and families, and strengthen partnerships with non-government organisations (NGOs) in the delivery of community services. They also align with Goal 13 of the NSW 2021 State Plan, to "better protect the most vulnerable members of our community and break the cycle of disadvantage". Where possible, data for these indicators will be disaggregated by Aboriginality, age, location, out-of-home care status, and socio-economic status. It should be noted that these indicators are a work in progress, and that the suite may change with the publication of the technical report referred to in section 2.2.6 on page 16. Data for Indicators 6-10 (shaded below) are currently only collected at a service or program level, and will not be available at a population level for the Outcomes Evaluation.

5.2.1 Child Protection and Wellbeing

Ultimate Outcome	Developmental/Safety Outcome	Indicator
Children and young people live in families where they are safe and where their physical, emotional and social needs are met	1. Children have a safe and healthy start to life	1(a) Rate of smoking by pregnant women
		1(b) Proportion of pregnant women attending pre-natal care before 14 weeks gestation
		1(c) Proportion of families with a newborn receiving a Universal Health Home Visit
		1(d) Number and proportion of 4 year olds who: (i) receive a vision screening through State-wide Eyesight Preschool Screening program; and (ii) who are referred for further assessment for possible vision problems
		1(e) Proportion of children recorded on the Australian Childhood Immunisation Register as 'fully immunised' at 1, 2 and 5 years of age
	2. Children develop well and are ready for school	2(a) Proportion of NSW children who are developmentally on track in Australian Early Development Index domains: (i) physical health and wellbeing, (ii) social competence, (iii) emotional maturity, (iv) language and cognitive skills (school-based), and (v) communication and general knowledge
		2(b) Proportion of children in NSW with access to a quality early childhood education program in the 12 months prior to formal schooling
	3. Children and young people meet	3(a) Proportion of NSW students in Years 3, 5, 7 and 9 at or above the national minimum

Ultimate Outcome	Developmental/Safety Outcome	Indicator
	developmental and education milestones at school	standard for reading and numeracy
		3(b) Year 12 completion rates for students in low SES schools
		3(c) Attendance rates for students in government schools
	4. Children and young people are safe from harm and injury	4(a) Number and rate of children and young people reported at risk of significant harm
		4(b) Number and rate of children and young people in statutory out-of-home care
		4(c) Rate of presentation at hospital emergency departments for children under one year old with a fracture

5.2.2 Keep Them Safe Target Groups

Target Population	Outcomes	Indicators
Aboriginal Children And Young People, Families And Communities	5. Aboriginal communities participate in the protection and wellbeing of Aboriginal children and young people	5(a) Proportion of Aboriginal children and young people in OOHC placed in accordance with the Aboriginal Child Placement Principle 5(b) Proportion of Aboriginal communities reporting increased participation in the protection and wellbeing of Aboriginal children and young people
Vulnerable And At Risk Children And Young People, Families And Communities ³³	6. Child safety, welfare and wellbeing concerns are addressed before they escalate to statutory involvement ³³	6(a) Proportion of families in vulnerable communities participating in targeted early intervention and prevention programs
		6(b) Proportion of children and young people whose families have completed a targeted early intervention and prevention program who are subsequently reported at risk of significant harm
		6(c) Proportion of children and young people whose families have completed a targeted early intervention and prevention program who subsequently enter OOHC
	7. Parents in vulnerable and at risk families have improved capacity to care for their children ³³	7(a) Proportion of parents in vulnerable and at risk families reporting that they feel more confident to care for their children
	8. Vulnerable and at risk families are more supported in their community ³³	8(a) Availability of child and family programs and services to meet the specific needs of vulnerable families
		8(b) Participation in child and family programs and services to meet the specific needs of vulnerable families
	9. Vulnerable and at risk families receive appropriate support services ³³	9(a) Proportion of vulnerable and at risk families who report that they consider targeted support services to be relevant to their needs 9(b) Proportion of vulnerable and at risk families who report that they found services to be accessible and appropriate

³³ Data for Indicators 6-10 are currently only collected at a service or program level, and will not be available at a population level for the Outcomes Evaluation.

Target Population	Outcomes	Indicators
	10. Vulnerable children, young people and their families are supported by an integrated service system ³³	9(c) Proportion of vulnerable and at risk families who report that they consider systems and services to be responsive and timely
		9(d) Proportion of vulnerable and at risk families who report that they consider that services are culturally appropriate and inclusive
		10(a) Proportion of services and workers that report an increased capacity to identify children and young people at risk of significant harm
		10(b) Proportion of services and workers that report an increased capacity to meet the specific needs of vulnerable children, young people and families
		10(c) Collaboration and integration between services and workers to support vulnerable children, young people and families.
Children And Young People At Risk Of Significant Harm/Living In Statutory Out Of Home Care	11. Children in OOHC transition to permanent care	11(a) Proportion of children and young people in statutory OOHC, with a case plan goal of restoration, who are successfully restored
		11(b) Proportion of children and young people who re-enter OOHC
		11(c) Proportion of children and young people in permanent placements
		11(d) Proportion of children in OOHC who have had fewer than 3 placements within 12 months
	12. Young people (16 – 18 years) successfully transition from OOHC	12(a) Proportion of young people in OOHC aged 15 years and over who have a current leaving care plan
		12(b) Proportion of young people leaving OOHC in employment/education
		12(c) Proportion of young people leaving OOHC with stable housing
		12(d) Proportion of children and young people in the juvenile justice system who have OOHC experience
		12(e) Proportion of children and young people leaving OOHC who are provided with detailed information about the assistance available to them
	13. Children and young people in OOHC are safe and healthy and have access to the support they need	13(a) Proportion of school-aged children and young people in OOHC with individual education plans
		13(b) Proportion of children and young people in OOHC with individual health plans
		13(c) Proportion of children and young people who were the subject of a report while in OOHC which was substantiated
		13(d) Proportion of school-aged children and young people in OOHC who have participated in their case planning
		13(e) Proportion of children and young people living in statutory OOHC who are placed with and case managed by non-government agencies
	14. The needs of children and young	14(a) Proportion of carers appropriately trained for their role

Target Population	Outcomes	Indicators
	people in their care are met by authorised carers who are appropriately trained and supported	14(b) Proportion of carers report that they are supported to meet the needs of children and young people in their care
	15. Children at risk of significant harm are identified and protected	15(a) Number and proportion of children and young people at risk of significant harm whose cases are investigated within appropriate timeframes
		15(b) Number and proportion of children and young people for whom a secondary assessment determines intervention is required and who participate in a family preservation, Strengthening Families, or a placement prevention intervention.
		15(c) Number and proportion of reports of risk of significant harm for children and young people who have already been the subject of a substantiated report of significant harm
		15(d) Number and proportion of successful family preservation interventions.
	16. Children's Court proceedings are conducted in a timely and consistent manner that allows for the participation of children and their families in decisions relating to the care and welfare of a child or young person	16(a) Proportion of cases that are referred to Alternative Dispute Resolution
		16(b) Proportion of cases that are resolved by consent prior to hearing
		16(c) Proportion of matters finalised within time standards published by the Children's Court
		16(d) Proportion of care hearings conducted by a specialist Children's Magistrate