

# KEEP THEM SAFE

A shared approach  
to child wellbeing

## Interim Review: Review of Actions



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

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***Abbreviations***

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

## 1. *Executive Summary*

This document describes progress implementing the Keep Them Safe (KTS) *Action Plan*<sup>1</sup> as at August 2012. This is roughly the halfway point in this five-year suite of reform to the child protection system in New South Wales.

KTS has generally been implemented in a timely manner, and has progressed far enough to make possible an examination of how implementation has affected the workforce, systems and shared culture in the child protection sector. The *Action Plan* laid out an ambitious timeframe, especially given its scale and scope. Implementation of numerous “immediate” actions was to be substantially completed within six months (i.e. by September 2009); a large number of “short-term” commitments were to be substantially implemented between March and September 2010; and a small number of “long-term actions” were to be substantially implemented by March 2012. In many cases, implementation took longer than originally anticipated, but most initiatives have now either been established and are ongoing, or have been completed. With a very small number of exceptions, implementation of the remainder is on schedule according to revised timetables. The tables later in this document show the status of individual initiatives, measured against milestones established by the agencies responsible for implementation.

Four factors have contributed to most of the delay in implementation. In order of decreasing importance, these are:

1. Interdependencies between initiatives;
2. Cooperation with the Commonwealth, local government and local communities; and
3. Recruitment and workforce capacity.
4. In addition, several initiatives have been delayed by the need to consider all options, or have not proceeded following subsequent consideration of those options.

The main area where delays continue requiring effort over the next 18 months relate to Aboriginal children, young people and families.<sup>2</sup> Several initiatives in this space have taken longer than originally anticipated to implement: the state-wide rollout of the Protecting Aboriginal Children Together initiative based on cooperative arrangements between local communities and Community Services; and trials of Intensive Family-Based Services. These delays mostly appear to be due to challenges of engaging with – and providing services in – communities in regional and remote areas.

Other areas where delays have occurred are already the subject of appropriate attention. Following an evaluation, the Government decided in 2011 not to fund the expansion of Brighter Futures to 9-14 year-olds. Community Services has, however, allocated \$10m per annum to exploring options to enhance early intervention services to this cohort. The core upgrade to the KIDS database was discontinued for technical reasons in July 2012, a decision which also affected the provision of automated feedback to mandatory reporters. Community Services is currently considering its options, and targeted responses to six key issues are already underway.

<sup>1</sup> Department 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](http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0004/57145/Keep_Them_Safe.pdf).

<sup>2</sup> See *Action Plan*, pp. 28-41.

## 2. Introduction

This report examines whether and to what extent the individual reforms in the Keep Them Safe (KTS) *Action Plan*<sup>3</sup> have been implemented as planned. It describes overall progress, identifies programs which have experienced noteworthy delays, and analyses reported explanations for those delays. In doing this, it relies on regular reports provided by agencies responsible for implementation, collated by the Department of Premier and Cabinet.<sup>4</sup>

### 2.1 Purpose

This report contributes to the KTS Interim Review in two ways. First, it seeks to inform the ongoing rollout of KTS by identifying those actions which have not yet been implemented or which have been significantly delayed, and which require “more targeted work to ensure effective implementation”. Its purpose is not merely to draw up a list of individual actions (although this is provided in Section 3 starting on page 4). Its purpose is also analytical: by identifying any common features of delayed actions it seeks to identify the kinds of response which might be required.

Second, this report lays the groundwork for both the Interim Review and the Strategic Impact and Outcomes Evaluation, which is due for completion in June 2014, by identifying those actions which have been implemented sufficiently for review. It establishes the boundaries of the more detailed process review undertaken by other components of the Interim Review. It also serves as a source of hypotheses to explain variable implementation and impact. Some of these hypotheses are further examined in the Interim Review report in light of evidence gathered through other components; most will be examined further in the full outcomes evaluation.

### 2.2 Alignment

This report aligns with the *Action Plan* by grouping individual actions into the same 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.<sup>5</sup>

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<sup>3</sup> *Action Plan*.

<sup>4</sup> This information informs the progress reports in the Keep Them Safe Annual Reports. See 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 Community Services, Sydney. Retrieved on 5 December 2012 from [http://www.dpc.nsw.gov.au/data/assets/pdf\\_file/0020/146603/KTS\\_Report.pdf](http://www.dpc.nsw.gov.au/data/assets/pdf_file/0020/146603/KTS_Report.pdf).

<sup>5</sup> *Action Plan*, pp. iii-iv.

It aligns with the Interim Review as a direct consequence of this, because each of the eleven Interim Review questions aligns more or less directly with one of these seven elements.<sup>6</sup> The alignment is noted where relevant in the text below, and in greater detail in the Interim Review report.

It is important to emphasise that this report can only provide *partial* answers to the Interim Review questions. This is because the focus here is on establishing whether KTS has been implemented as intended, and not on whether the initiatives are having their intended effect. The question of whether these effects are actually occurring or these benefits are actually being delivered depends on many other factors which lie beyond the scope of this document.

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<sup>6</sup>See KTS 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](http://www.dpc.nsw.gov.au/_data/assets/pdf_file/0003/137406/12-04-12_-_Interim_Review_Plan.pdf).



### 3. Review of Actions

This section of the report shows that Keep Them Safe has generally been implemented in a timely manner. It also identifies two kinds of divergences from the original timeframes in the *Action Plan*: those initiatives which experienced early delays but which were implemented, and those (few) initiatives which have either not yet been fully implemented or on which a decision was made not to proceed as originally planned.

The *Action Plan* laid out an ambitious timeframe for implementation, especially given its scale and scope. Many actions were to be implemented “immediately” (i.e. to be substantially completed within six months, or by September 2009). Many more were “short-term” priorities, to be substantially completed between March and September 2010. A small number of “long-term actions” were to be substantially completed by March 2012.

Implementation of most initiatives began in mid-late 2009, and although several took longer than originally anticipated to complete, most are now either established and ongoing, or completed. Most of the remainder are on schedule according to revised timetables. The tables in this section of the document show the status of individual initiatives, measured against milestones established by the agencies responsible for implementation. For actions on which further work remains to be done, these tables state when work began (“underway since”) or when it is expected to be completed. Those actions on which active implementation effort was expected to cease at a certain point (e.g. legislative reform or evaluations) are described as “complete”; those programs which are ongoing, but which have reached a steady state are described as “ongoing”. A small number of programs were not completed due to external circumstances or decisions to adopt a different approach. These are generally discussed in the commentary text or footnotes.

#### 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, providing essential education healthcare and support for parents. This is addressed by Interim Review question 1 (“To what degree is the universal service system stronger and more extensive?”). Relevant initiatives and their status are shown in Table 1 below.

Table 1 - KTS Actions Concerning the Universal Service System

Action	Status
<b>Immediate Actions</b>	
Nil	
<b>Short-Term Actions</b>	
Implement the Preschool Investment and Reform Plan	Completed June 2010
Participate on the National Partnership on Early Childhood Education	Ongoing since July 2009
Establish nine Indigenous Child and Family Centres	On track for late 2013
Make Triple P program available to all parents with children 3-8	Completed October 2011
Expand the Aboriginal Maternal Infant Health Strategy to 31 services	Completed December 2010
Raise the school leaving age	Completed June 2010

<b>Increase the ratio of carers to children in long day-care</b>	Completed January 2012
<b>Participate in Low SES School Communities National Partnership</b>	Ongoing since March 2011
<b>Long-Term Actions</b>	
<b>State-wide coverage of Universal Health Home Visiting</b>	Completed June 2010
<b>Make SAFE START program available to more mothers</b>	Completed June 2011

There is good reason to expect KTS to strengthen and extend the universal service system as planned. As of 30 June 2012, the planned expansion of the Aboriginal Maternal Infant Health Strategy, Triple-P and SAFE START had been achieved, the school leaving age had been raised, and NSW was following through on its commitments under the Low SES School Communities National Partnership Agreement. Early delays were experienced in implementing two commitments, mostly due to unexpected complexities in negotiating with other governments, but implementation is now well underway on both. The establishment of Indigenous Child and Family Centres is generally on track with some delays in the construction schedule and delivery of interim services in some locations. Progress on the establishment of the Centres in NSW is measured against a Commonwealth agreed implementation plan.<sup>7</sup> Funding for early childhood education was also delayed by the negotiation of a bilateral agreement with the Commonwealth. NSW is currently on-track to meet its target under that agreement: that 95% of NSW children should have access to pre-school prior to commencing school by December 2013.

### 3.2 Early Intervention Services

The second element of the *Action Plans* sought to strengthen early intervention services for children, young people and families who are vulnerable but not yet sufficiently at-risk to require intervention from the statutory system. This is covered by Interim Review questions 2 and 3 ("Have early intervention services been enhanced?" and "Are early intervention services supporting children and parents in the community?"). Relevant initiatives and their status are shown in Table 2 below.

**Table 2 - KTS Actions Concerning Early Intervention Services**

<i>Action</i>	<i>Status</i>
<b>Immediate Actions</b>	
<b>Evaluate Brighter Futures</b>	Completed September 2010
<b>Revise Brighter Futures guidelines on child protection history and eligibility</b>	Completed January 2012
<b>Short-Term Actions</b>	
<b>Expand Child Youth and Family Support services</b>	Completed July 2011
<b>Expand Brighter Futures to more children aged 0-8 years</b>	Completed December 2010
<b>Establish an extra 25 Home School Liaison Officers</b>	Completed February 2010

<sup>7</sup> The Aboriginal Child and Family Centres are funded through a COAG partnership agreement. NSW is not directly contributing to their construction or operation, but has provided in-kind contributions of land. No Centres are constructed as yet: handover of Centres will be from May 2013 (Gunnedah) to November 2013 (Lightning Ridge and Mount Druitt); interim services are being delivered from temporary premises during the construction phase. The implementation plan is subject to on-going discussions between the State and the Commonwealth.

<b>Review strategies to expand counselling services to parents<sup>8</sup></b>	Ongoing since February 2011
<b>Long-Term Actions</b>	
<b>Trial models for expanded Sustained Health Home Visiting</b>	On track for December 2012
<b>Expand Brighter Futures to 9-14 year-olds</b>	Replaced August 2011
<b>Transfer growth places in Brighter Futures to the NGO sector</b>	Completed June 2011
<b>Consider transfer of Brighter Futures to the NGO sector pending evaluation</b>	Completed June 2011
<b>Implement Getting on Track in Time – Got It!</b>	Ongoing since June 2012

There is good reason to expect KTS to enhance early intervention services as planned, although some of these initiatives were completed slightly later than originally anticipated. Consideration of the transfer of Brighter Futures to the NGO sector was delayed until the completion of the evaluation, and began in late 2010. The Department of Education and Communities has been piloting counselling services for parents since February 2011. And the Sustaining NSW Families program is now established in the five locations across NSW – Liverpool (South Western Sydney), Cessnock/Kurri Kurri (Hunter New England), Wyong (Central Coast), Arncliffe (South Eastern Sydney) and Lismore (Northern NSW). An outcomes evaluation for this initiative is currently being scoped. Finally, following the evaluation promised under the *Action Plan* it was decided not to fund a direct expansion of Brighter Futures to 9-14 year-olds. Instead, \$10m per annum has been allocated for the development and delivery of innovative approaches to early intervention for children aged 9-15 years. A tender process is currently underway to distribute these funds to the non-government sector.

### 3.3 The Statutory Child Protection System

The third element of the Action Plan sought to ensure a streamlined statutory child protection system focussing on children at greatest risk. These issues are addressed by Interim Review questions 4 and 5 (“Are workers engaging with the Mandatory Reporter Guide and the new reporting threshold[...]?” and “Have out-of-home care and children’s court processes improved?”). Relevant initiatives and their status are shown in Table 3 below.

**Table 3 - KTS Actions Concerning the Statutory Child Protection System**

<i>Action</i>	<i>Status</i>
<b>Immediate Actions</b>	
<b>Commence new threshold for reporting to the Helpline</b>	Completed January 2010
<b>Develop and implement a threshold tool for mandatory reporters</b>	Completed January 2010
<b>Provide training on KTS reforms</b>	See s3.6 below
<b>Amend relevant legislation to change Children’s Court processes</b>	Completed July 2012
<b>Review caseworker policy on taking action in the Children’s Court</b>	Completed June 2010
<b>Change how FaCS files material in the Children’s Court</b>	Completed June 2010
<b>Support care applications to the Children’s Court with written reports</b>	Ongoing since June 2010

<sup>8</sup> The rollout of *Getting on Track in Time – Got It!*, described under Long-Term Actions, is an outcome of this review.

<b>Ensure CS applies to Children's Court no later than 72 hours</b>	Ongoing since January 2010
<b>Revise listing practices at the Children's Court</b>	Completed November 2009
<b>Train CS caseworkers in court proceedings/evidence</b>	Ongoing since June 2010
<b>Appoint a District Court Judge as President of the Children's Court</b>	Completed June 2009
<b>Trial Alternative Dispute Resolution prior to and during care proceedings</b>	Evaluated December 2012
<b>Review MoUs between CS, DET, and Health</b>	Completed June 2010
<b>Provide automated feedback to mandatory reporters</b>	Discontinued October 2011 <sup>9</sup>
<b>Pilot services for frequently encountered families</b>	Completed March 2012
<b>Trial quality review tools in CSCs, then conduct ongoing audits</b>	Completed August 2009
<b>Relocate the Complaints Unit and revise complaints handling procedures</b>	Completed October 2010
<b>Establish carer support teams to manage complaints from carers</b>	Completed March 2011
<b>Amend Commissioner for Children and Young People Act</b>	Completed November 2010
<b>Ensure all child deaths are reviewed</b>	Ongoing since September 2009
<b>Ensure Children's Registrars are qualified and sufficient in number</b>	Completed June 2010
<b>Short-Term Actions</b>	
<b>Develop a Common Assessment Framework</b>	See s3.4below.
<b>Expand the work of the Drug &amp; Alcohol Expertise Unit</b>	Completed June 2010
<b>Develop a code of conduct and accreditation for legal representatives</b>	Completed May 2012
<b>Improve workforce capacity in forensic medical services</b>	Underway since January 2011
<b>Guidelines to ensure adherence to Placement Principles</b>	See s3.5below
<b>Expand Brighter Futures subject to evaluation</b>	Completed December 2010
<b>Establish whole family teams for drug, alcohol &amp; mental health problems</b>	Completed June 2012
<b>Review counselling, sexual assault and allied health services</b>	Completed December 2010
<b>Pilot and evaluate family preservation services</b>	On track for June 2013
<b>Amend CS Complaints, Reviews and Monitoring Act</b>	Completed November 2010
<b>Employ specialist case workers for young people in each region</b>	Ongoing as of June 2012
<b>Enhance New Street programs</b>	Completed June 2010
<b>Collect and publish better data on Children's Court proceedings</b>	Partially implemented <sup>10</sup>
<b>Health assessments for children in OOHC, and OOHC Coordinators</b>	Ongoing since August 2011
<b>Prevalence study of health status of children in OOHC</b>	Completed November 2011
<b>OOHC coordinators in place in each DET Region</b>	Completed December 2009

<sup>9</sup> The parts of this commitment which depended on the core KIDS upgrade were discontinued along with the upgrade itself however Community Services remain committed to improving KIDS. Feedback to mandatory reporters has been improved through other commitments listed here, such as eReporting.

<sup>10</sup> The Wood Report called for the collection of case profile data, and for comprehensive records on judgments and appeals. This commitment has been partially implemented: Children's Court and District Court judgments are now published online in anonymised and fully-searchable form, and the Children's Court website contains guidance on accessing certain court documents such as transcripts. The Children's Court also continues to collect data manually against several performance indicators, and this has been reviewed to improve the reliability of the data.

<b>OOHC students in government schools have learning plans</b>	Ongoing since June 2010
<b>Examine feasibility of common OOHC case management models</b>	Completed June 2010
<b>Improve training and support for foster and kinship carers</b>	Completed June 2011
<b>Provide a leaving care training package for carers</b>	Completed February 2011
<b>Provide better information to care leavers on After-Care assistance</b>	Completed November 2010
<b>Transfer the Children's Court Clinic to Justice Health</b>	Completed July 2011
<b>Trial a docket system in the Parramatta Children's Court</b>	Completed September 2011
<b>Additional "Blue Book" pages for children in OOHC</b>	On track for December 2013
<b>Base Caseworker Guidelines on the DPP's code of conduct</b>	Completed March 2010
<b>Provide evidence-based guidelines for Magistrates for contact orders</b>	Completed April 2011
<b>Involve caseworkers in OOHC decisions earlier</b>	Completed June 2011
<b>Domestic violence training for CS and NGO caseworkers</b>	Completed December 2010
<b>Investigate OOHC measures for preschools and nongovernment schools</b>	Completed February 2011
<b>Specialist magistrates to hear more complex care matters in rural areas</b>	Completed February 2010
<b>Revise case practice procedures for Helpline reports</b>	Completed June 2011
<b>Long-Term Actions</b>	
<b>Transfer most OOHC to the NGO Sector</b>	Underway since June 2011
<b>Establish an after-hours bail placement service</b>	Ongoing since June 2010
<b>Consider implementing common OOHC case management models</b>	Not adopted June 2010 <sup>11</sup>
<b>Improve responses to prenatal reports</b>	Completed July 2009

Given the number and scope of this group of reforms, it is difficult to generalise about progress in implementing them. Very broadly, however, efforts under KTS to improve intake and casework, services for children and young people at risk of significant harm, and the Children's Court have been implemented as intended and within a reasonable timeframe. Delays, where these have been experienced, have occurred for a variety of reasons. Perhaps the most significant of these relates to the transition of out-of-home care to the non-government sector, which was delayed due to negotiations over timing and financing. While immediate strategies have been implemented to assist with the provision of an appropriately trained workforce to provide forensic medical services where needed for children and young persons who have suffered sexual assault and physical injury; challenges remain for improving access to these services, particularly in rural and remote areas. The employment of specialist caseworkers has been slightly delayed to allow for incorporation of additional review and modelling of child protection caseload and due to interdependencies with the staff management plan. Finally, for children and young people in care, the inclusion of additional pages in the "Blue Book" – an interim strategy pending the development of fully-transferrable electronic health records – has been delayed by

<sup>11</sup> Community Services conducted a review and analysed a number of case management models during 2010–11. A position paper was made available to key OOHC stakeholders for comment. The responses to the position paper highlighted the diversity of views within the OOHC sector on the issue of introducing a common case management framework beyond the standards currently in effect in NSW. A common case management framework was therefore not adopted.

several factors, including unexpected interdependencies with the transition of OOHC to the NGO sector.

### 3.4 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 families are linked to the right services earlier, and that services work together better through improved coordination and information sharing. These issues are addressed by Interim Review questions 6 and 7 (“To what degree is there coordination and information sharing amongst agencies?” and “Do new systems effectively link families to services?”). Relevant initiatives and their status are shown in Table 4 below.

**Table 4 - KTS Actions Concerning Changing Practice and Systems**

<i>Action</i>	<i>Status</i>
<b>Immediate Actions</b>	
<b>Create an online Mandatory Reporter Guide and associated policy reform</b>	Completed January 2010
<b>Reform legislation and policy to allow/require exchange of information</b>	Completed October 2009
<b>Centralise handling of accusations against employees</b>	Completed February 2010
<b>Develop information sharing procedures between CS and Police</b>	Completed March 2010
<b>Revise MoU between CS and DADHC on joint assessment/planning</b>	Completed June 2009
<b>Revise case practice procedures for Helpline reports</b>	Completed June 2011
<b>Short-Term Actions</b>	
<b>Establish Child Wellbeing Units</b>	Completed January 2010
<b>Establish WellNet (Child Wellbeing Unit common data system)</b>	Completed January 2010
<b>Implement KiDS Core Design Update Project</b>	Discontinued August 2012
<b>Staged implementation of Family Referral Services</b>	Underway since January 2010
<b>Develop a Common Assessment Framework</b>	Completed December 2010
<b>Test the use of Structured Decision Making at the Helpline</b>	Completed September 2011
<b>NSW Ombudsman to audit Aboriginal CSA Interagency Plan</b>	On track for December 2012
<b>Extend working with children background checks</b>	Completed June 2012 <sup>12</sup>
<b>Develop mechanism for CS to consult on delegating parental responsibility</b>	Completed July 2010
<b>Provide aggregated data to key agencies employing mandatory reporters</b>	Completed July 2010
<b>Revise procedures in investigations of accusations against employees</b>	Completed December 2009
<b>Extend trial of eReporting</b>	Completed June 2011
<b>Professional development in Personal Planning and Review agreements</b>	Completed June 2010
<b>CS to develop an electronic records management system</b>	Completed August 2010
<b>Long-Term Actions</b>	

<sup>12</sup> Enabling legislation received royal assent in June 2012. As of January 2013, it has not yet entered into force but is expected to do so in early 2013.

<b>Revised Class or Kind Agreement – Ombudsman</b>	Completed March 2010
<b>Establish a sexualised behaviour program for children under 10</b>	Completed February 2010

These initiatives constitute the core systemic reforms of Keep Them Safe aimed at relieving pressure on the statutory child protection system, and with one exception they have been implemented as planned and with only minor delays. Most of these early delays were due to the interdependent and systemic nature of the reforms, many of which became operational simultaneously in late January 2010 (prime examples being the newly-established Child Wellbeing Units and associated legislative amendments to information sharing and reporting thresholds). The first Family Referral Services, which were both a short- and long-term commitment in the *Action Plan*, also began operations at that time; the state-wide rollout is on track to conclude by June 2013. The exception is the upgrade to Community Services' KiDS database system. The broad-ranging upgrade of KiDS has not been implemented due to contractual problems, however a range of smaller enhancements are being developed which are expected to meet the key concerns of Wood. Some of these enhancements have been implemented in November and December 2012, timing of the remainder is yet to be determined.

### 3.5 Supporting Aboriginal Children and Families

The fifth element of the Action Plan sought to improve outcomes for Aboriginal children, families and communities. This aligns with Interim Review questions 8 and 9 ("Are services more available and better able to meet the needs of Aboriginal children, young people and families?" and "Have services increased the levels of cultural awareness, cultural competence and partnerships with Aboriginal communities?"). Relevant initiatives and their status are shown in Table 5 below.

**Table 5– KTS Actions Concerning Support for Aboriginal Children and Families**

<i>Action</i>	<i>Status</i>
<b>Immediate Actions</b>	
<b>Develop an Aboriginal impact statement for all actions</b>	Completed July 2012
<b>Implement Partnership Community Program</b>	Ongoing since 2008
<b>Consult on building capacity of Aboriginal communities and organisations</b>	Ongoing since June 2012
<b>Complete JIRT Reforms</b>	Completed June 2009
<b>Establish Aboriginal community patrol program ("SAY Patrols")</b>	Completed June 2010
<b>Short-Term Actions</b>	
<b>Establish CWU links to Aboriginal services</b>	Completed March 2011
<b>Develop Aboriginal-specific OOHC Pathways</b>	Completed December 2010
<b>Interagency plan to tackle child sexual assault in Aboriginal communities</b>	Completed December 2011
<b>Trial Intensive Family Based Services (IFBS) in 4 indigenous communities</b>	On track for September 2014
<b>Support the development of a learning exchange</b>	Ongoing since November 2008
<b>Develop practice guidelines and build cultural competency</b>	Completed July 2011
<b>Reform Funding</b>	Completed March 2012



<b>Establish Safe Families – Orana Far West</b>	Completed June 2010
<b>Develop partnerships with peak Aboriginal NGOs</b>	Ongoing since March 2010
<b>Consider healing programs and men's groups</b>	Completed June 2012
<b>Provide parenting programs</b>	Ongoing since October 2011
<b>Establish "Mothering at a Distance" for Aboriginal female offenders</b>	Completed July 2010
<b>Establish culturally appropriate sexual assault services</b>	Completed June 2009
<b>Expand Aboriginal Student Liaison Officers to 26</b>	Completed February 2010
<b>Consider boarding-style accommodation for Aboriginal children</b>	Completed December 2010
<b>Work with Commonwealth to secure New Directions and other funding</b>	Completed June 2010
<b>Develop strategy for families with drug/alcohol/mental health problems</b>	Completed March 2010
<b>Assist Aboriginal communities to control alcohol</b>	Ongoing since June 2010
<b>Long-Term Actions</b>	
<b>Work with AbSec to develop NGO capacity</b>	Ongoing since July 2009
<b>Pilot and roll out Lakidjeka-type model</b>	On track for June 2013
<b>Consider rollout of Family Group Conferencing</b>	Ongoing since July 2012
<b>Monitor and evaluate Nowra Care Circle pilot</b>	Completed December 2009
<b>Guidelines to ensure adherence to ATSI Principles</b>	Completed June 2011
<b>Explore creation of specialist Aboriginal child protection teams</b>	Ongoing as of December 2012
<b>Implement the Aboriginal Family Health Strategy</b>	Ongoing since March 2010
<b>JIRT audited every 3 years</b>	Ongoing since August 2011

Although many of these initiatives took longer to implement than originally intended, most should be operational or complete before the end of KTS in June 2014. The causes of these delays varied considerably, but many involved unexpectedly long timeframes in engaging with local communities and hiring suitably qualified staff. As of August 2012, three commitments still require significant work. The first is the trial and state-wide rollout of Protecting Aboriginal Children Together, a model of cooperation between local communities and Community Services in relation to child protection matters. The pilots experienced delays in tendering and recruitment, in one case requiring a change of trial area, which delayed the evaluation in turn. This is now due to conclude in June 2013, at which point a decision on a full state-wide rollout will be taken. Second, the Ombudsman's audit of the Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities is scheduled for release before the end of 2012; a Government response will be prepared once this occurs. Finally, the trial of step-down caseworkers within Intensive Family-Based Services has been significantly delayed by difficulties in partnering with community-based organisations, recruiting staff and rolling out services. The evaluation of this program is now scheduled to conclude in September 2014, after the conclusion of KTS as a whole, although the Interim Report is due by August 2013 and the draft Final Report by June 2014.

### 3.6 Strengthening Partnership

The sixth element of the Action Plan sought to strengthen partnership across the child protection and wellbeing sector. It focussed on two things in particular: encouraging



cooperation between government agencies and non-government organisations; and fostering workforce and cultural change. These issues are addressed by Interim Review questions 10 and 11 (“What is the current state of partnerships between government and non-government services?” and “Have government and non-government services engaged positively in the process of workforce culture change?”). Relevant initiatives and their status are shown in Table 6 below.

**Table 6 - KTS Actions Concerning Strengthening Partnership**

<i>Action</i>	<i>Status</i>
<b>Immediate Actions</b>	
Nil	
<b>Short-Term Actions</b>	
Develop an NGO capacity building/shared governance plan	Ongoing since August 2010
Review Government funding arrangements, commencing with CS	Completed December 2010
Establish timeframe for the transfer of OOHC to the NGO sector	Completed March 2011
Develop and publish 5 year plan for workforce development	Completed May 2010
Provide training on KTS reforms	Ongoing since October 2009
Revise position description for new managers casework	Completed January 2010
Provide uniform training to caseworkers and carers	Ongoing since January 2010
Develop model for professional support of novice caseworkers	Ongoing since December 2011
Monthly group case reviews in CSCs	Ongoing since December 2011
Strengthen the preparation of graduates	Underway since May 2010
Strengthen workforce capacity in regional/remote areas	Ongoing since December 2010
Strengthen the cultural competency of community service workers	Completed September 2011
Work with AbSec to develop NGO capacity	See s3.5 above
New accommodation models for children/young people with disabilities	Completed June 2010
Establish a joint data management system	Completed January 2010
Mediation process for carers of disabled children/young people	Completed June 2010
Provide joint training re responsibilities under CS/ADHC MoU	Completed June 2010
Joint recruitment of foster carers by CS and ADHC	Completed June 2010
Review of Financial Delegations	Ongoing as of September 2009
Review tasks that can be delegated by caseworkers	Completed June 2010
<b>Long-Term Actions</b>	
Implement five-year plans mentioned above	Ongoing

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. Consistent with this, many of the commitments in the *Action Plan* were to scope, plan or begin long-term processes of capacity building and cooperative culture. Many of the actions in the table above are listed as “complete” on the grounds that these original commitments have been

achieved, but in many cases the work flowing from them is ongoing as of August 2012, and will continue until June 2014. This is particularly the case for the implementation of components of the five-year workforce development and NGO capacity building plans.

### 3.7 Delivering the Plan

Finally, the Action Plan also included a number of commitments relating to the establishment of coordination, oversight and evaluation mechanisms to ensure timely and effective implementation. These were not listed as a separate “element” in the *Action Plan’s* diagrammatic depiction of Keep Them Safe,<sup>13</sup> nor do they correspond with a specific Interim Review question. They are reported here for the sake of completeness, and are shown in Table 7 below.

**Table 7 - KTS Actions Concerning Delivery of the Plan**

<i>Action</i>	<i>Status</i>
<b>Immediate Actions</b>	
<b>Establish Keep Them Safe Implementation Unit in DPC</b>	Completed January 2009
<b>Establish implementation plan and reporting against plan</b>	Completed December 2010
<b>Develop outcome measures to identify progress</b>	On track for December 2012
<b>Establish Senior Officer’s Group to oversee implementation</b>	Completed March 2009
<b>Maintain consultative mechanisms with key stakeholders</b>	Ongoing since December 2008
<b>Develop Regional Action Plans</b>	Completed October 2009
<b>Change legislation to foster interagency cooperation</b>	Completed April 2009
<b>Interagency coordination as a performance measure for senior staff</b>	Completed October 2009
<b>Ensure integration with State Plan and National Frameworks</b>	Ongoing since 2009
<b>Short-Term Actions</b>	
<b>Establish Justice and Human Services regional coordination committee</b>	Completed October 2009
<b>Long-Term Actions</b>	
<b>Evaluate outcomes of KTS reforms</b>	Ongoing since December 2010
<b>Review action plan against milestones</b>	Ongoing since March 2009

As of August 2012, these commitments were all either underway or had been completed. Changes to legislation, institutions and performance agreements had been put in place, a framework for the evaluation had been agreed and evaluation work was ongoing.

<sup>13</sup> *Action Plan*, p. iv.

## 4. Conclusions

The evidence available from regular progress reports by line agencies to the Department of Premier and Cabinet suggests that many KTS commitments have been implemented in a timely manner, but that there are a small number of important exceptions. The *Action Plan* contained around 180 separate commitments, and in most cases implementation work began soon after the announcement of Keep Them Safe in March 2009. It took somewhat longer to “substantially complete” these actions than originally anticipated, but with the exception of the issues discussed below these delays were not significant. As of November 2012, almost all commitments had either been established and are ongoing, or have been completed. The small number of commitments which have not yet been established or completed are on schedule according to revised timetables.

### 4.1 What Has Caused Delays?

Five factors have contributed to most of the difference between what was promised under the *Action Plan* and what has been delivered. In order of decreasing importance, these are:

1. **Interdependencies between initiatives.** Two different kinds of interdependencies emerge most frequently from the progress reports on which this Report is based. The first involves information technology – these are often interdependent because they require interfacing with or changing existing processes and databases. The second are two-stage commitments to evaluate then roll out programs. In some cases, evaluations have proved more complex than anticipated (e.g. sustained health home visiting and the state-wide rollout of the Lakidjeka model). Other examples include reforms to complaints handling procedures in out-of-home care situations, and reforms in the Children’s Court which depended on the evaluation of alternative dispute resolution. A third, similar kind of interdependency is not explicitly mentioned in progress reports: the rollout of large, foundational initiatives has affected the implementation of other aspects of KTS. One example of this is the Family Referral Services (FRS): these were originally scheduled for full state-wide coverage by the conclusion of KTS in June 2014, a commitment which due to be achieved ahead of schedule in April 2013. Evidence from other components of the Interim Review, notably the Location-Based Evaluation<sup>14</sup> and the Workforce Survey,<sup>15</sup> suggests that other aspects of KTS (such as the transfer of functions to the non-government sector and the development of local referral pathways by the CWUs) have so far been more successful regions where FRS were rolled out earlier. This third kind of delay is probably inevitable under a large reform such as KTS.
2. **The need to cooperate with the Commonwealth, local government, communities or other organisations.** Initiatives which were delayed due to the renegotiation of Federal agreements included the training of out-of-home care education coordinators, and pre-school funding. Negotiations also delayed reform to the delegation of parental responsibility, and the implementation of several initiatives aimed at improving outcomes for Aboriginal communities. Negotiations with unions led to early delays with the establishment of monthly case reviews in CSCs, the relocation of complaints handling

<sup>14</sup>KPMG (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](http://www.dpc.nsw.gov.au/prem/documents/keep_them_safe/publications_non-automated/Location_Based_Evaluation.pdf)

<sup>15</sup>KPMG (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](http://www.dpc.nsw.gov.au/data/assets/pdf_file/0006/146670/KTS_WS_-_Final_Report_no_appendices.pdf)

within Community Services, and contributed to delays in the transfer of out-of-home care to the NGO sector. This factor has also contributed to delays to the addition of pages to the “Blue Book” (a health record for children and young people in out-of-home care).

3. **Recruitment and workforce capacity.** Recruitment of qualified workers, especially in regional and remote areas, delayed commitments relating to Safe Families, New Street, and Got It!, among others. Tendering difficulties also affected several programs, above all PACT and Intensive Family-Based Services. NGO capacity is hampering the transfer of out-of-home care to the NGO sector.
4. **Finally, several initiatives have been delayed by the need to consider all options, or have not proceeded following subsequent consideration of those options.** A significant early example of a decision not to proceed this was the decision not to expand Better Futures to 9-14 year-olds following evaluation (although it should be noted that Community Services is exploring options to achieve the ends identified in the Wood Report through other means). Another example concerns the development of IT systems to support the collection and distribution of data about the Children’s Court. Perhaps the most significant example of a delay concerns the transfer of out-of-home care to the non-government sector. This is taking place significantly behind the original schedule due, among other things, to delays within government in agreeing the appropriate costing model and overall quantum of funding.

## 4.2 Where Should Future Implementation Effort Be Focussed?

The main element of KTS where further effort at implementation is warranted involves supporting Aboriginal children, young people and families,<sup>16</sup> where several significant initiatives have taken longer than anticipated. This includes the evaluation and state-wide rollout of Lakidjeka-style cooperative arrangements between local communities and Community Services. After initial delays the trials of step-down caseworkers in Intensive Family-Based Services are underway and are ongoing, and should be monitored to ensure satisfactory progress. The delays so far are broadly due to factors two and three discussed above: the challenges of engaging with local communities, and the challenges of engaging with suitably-qualified and capable organisations and staff in regional and remote areas.

Other areas where delays have occurred are already the subject of sufficient attention. Community Services is exploring options for enhancing early intervention services to 9-14 year-olds, following the decision not to directly expand Brighter Futures to this age group. It is also exploring options for improving its core IT systems following the decision to discontinue the comprehensive KiDS core upgrade.

## 4.3 Which Areas are Evaluable?

Overall, the implementation of KTS has progressed far enough to enable an examination of its effects on the workforce, systems and shared culture in the child protection sector. Relatively good progress has been made in implementing policies which seek to ensure a strong universal service system, to enhance early intervention and prevention services, to strengthen partnerships across the sector and to deliver the plan. With the exception of the issues mentioned above, good progress has also been made in implementing commitments to streamline the statutory child protection system and improve practice and systems.

<sup>16</sup> See *Action Plan*, pp. 28-41.

Although many initiatives aimed at supporting Aboriginal children and families have also been implemented, much remains to be done in this space and it is possible that as much may be gained from examining why implementation has not progressed as far as was hoped as from an examination of what has been achieved.

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