

KEEP THEM SAFE OUTCOMES EVALUATION

FINAL REPORT – ANNEX E
NSW DEPARTMENT OF PREMIER AND CABINET

JUNE 2014

SPATIAL ANALYSIS



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Ethics and police clearance

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

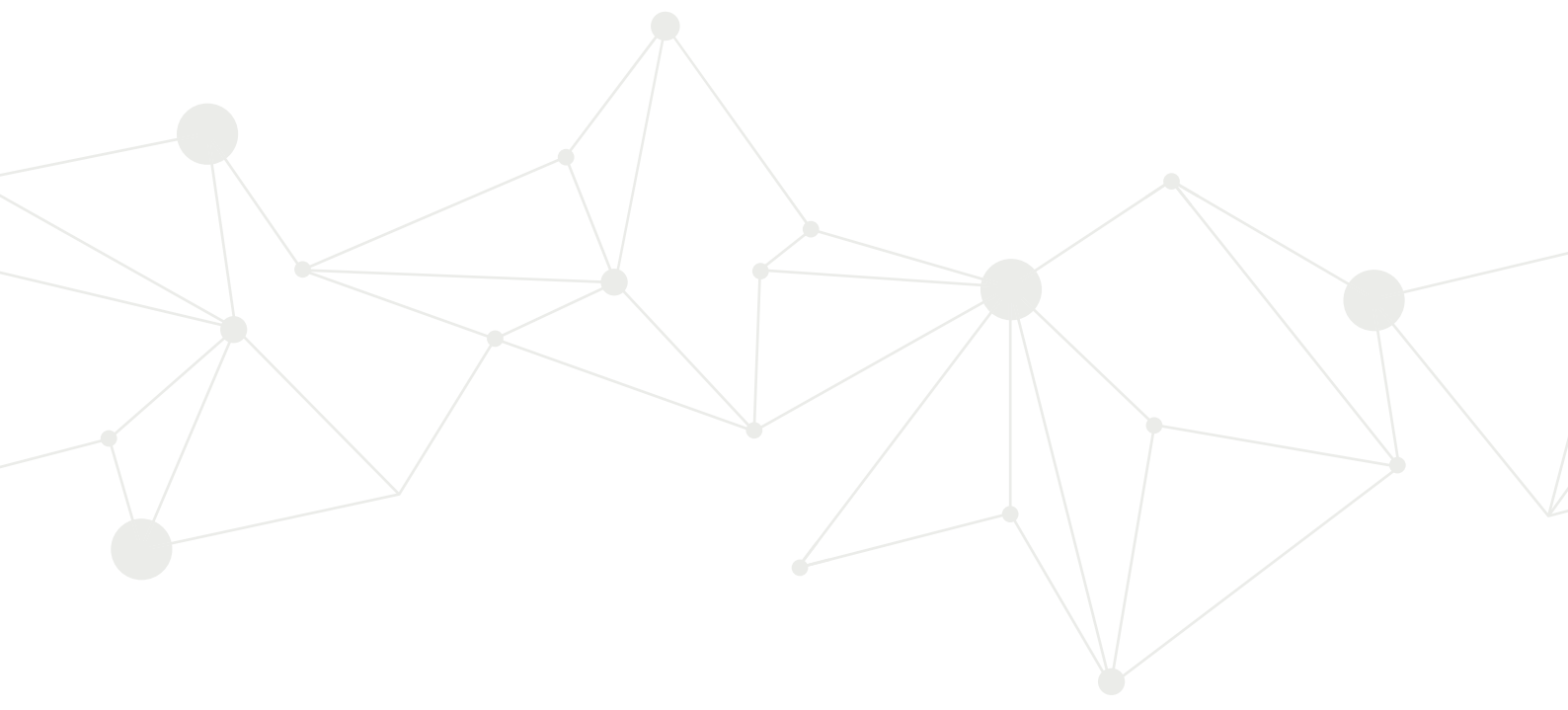


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Abbreviations

ADR	Alternative Dispute Resolution
AEDI	Australian Early Development Index
AIHW	Australian Institute of Health and Welfare
CSGP	Community Services Grants Program
CYP	Children and Young People
DPC	NSW Department of Premier and Cabinet
DEC	NSW Department of Education and Communities
FACS	NSW Department of Family and Community Services
Health	NSW Ministry of Health
JIRT	Joint Investigative Response Team
KiDS	Key Information Directory System (KiDS) – Community Services information management system
KTS	Keep Them Safe
LGA	Local Government Area
NGO	Non-Government Organisation
OOHC	Out-of-home care
POLICE	NSW Police Force
PRC	Parenting Research Centre
ROH	Risk of Harm
ROSH	Risk of Significant Harm
SEIFA	Socioeconomic Indexes for Areas
SPRC	Social Policy Research Centre

1 Executive summary



The NSW Government has made a substantial investment towards protecting children from harm through its \$750 million Keep Them Safe child protection initiative. Keep Them Safe (hereafter KTS) was introduced in 2009 as the NSW government's response to the Special Commission of Inquiry into Child Protection Services in NSW undertaken by Justice Wood (Wood Inquiry). A detailed description of KTS is provided in Section 2.1 of the Outcomes Evaluation Final Report.

This is one of eleven evaluation reports that make up the KTS outcomes evaluation. The evaluation involved nine separate yet complimentary methodologies that were designed to address eight evaluation questions and to analyse the various sources of data available to the evaluation team. A detailed description of the evaluation is provided in the KTS Outcomes Evaluation Final Report.

Keep Them Safe Outcomes Evaluation: Final report

Annex A. KTS Indicators

Annex B. Unit record Analysis

Annex C. Economic Evaluation

Annex D. Professional Perspectives

Annex E. Spatial Analysis Report

Annex F. Synthesis of Evaluations

Annex G. Report on Clients' Interviews

Annex H. Data Development

Annex I. Other NSW Strategies and Initiatives

Annex J. Literature Review

This report provides an in-depth analysis of the spatial distribution and patterns of KTS funding and key KTS Indicators across NSW Local Government Areas. The findings within this report provide

invaluable insight into geographical differences in child wellbeing, allowing identification of areas that have observed relative success in child outcomes; those that have deteriorated and areas that have experienced little change. The report also serves as a companion to the KTS Indicators Report and Economic Analysis Report.

Key findings

1. Variations in child wellbeing outcomes and investment are evident across NSW LGAs and over time.
2. A number of LGAs throughout NSW have persistently scored poorly on indicators of child wellbeing and child progress, as shown in the AEDI and NAPLAN performance figures as well as the proportion of children reported at ROSH. These LGAs tend to be concentrated in northwest regional NSW, and in the western and outer suburbs of Sydney.
3. KTS funding has been concentrated in areas where children show the most disadvantage, in particular, those in northwest NSW and the western and outer suburbs of Sydney. Funding for Aboriginal programs also tends to be concentrated in these areas due to the high proportion of Aboriginal residents.
4. Children in Western Sydney who are referred to family intervention are comparatively likely to undertake these programs, while children in rural and regional areas are less likely.
5. Remote locations show a much higher rate of children in OOHC compared to cities and regional areas. There is a strong relationship between population density and OOHC.
6. Children in regional and remote areas who are identified as at ROSH are much more likely to receive a face to face visit than children in city areas. However, the evidence does not strongly suggest that children who receive a face to face visit are less likely to be reported at ROSH in the future than those who did not.

This analysis has identified specific areas in which KTS is not yet having an impact, possibly due to a lag in the impact of the intervention or due to the highly complex family problems that exist in these areas. It has also identified areas where improvements can be seen, and those where results are mixed. Further monitoring and assessment in these areas is crucial to ensure that programs are suited to the area and can be tailored so that the program is suitable for the specific needs of the area. This report enables the identification of areas for policy targeting where multiple disadvantage, entrenched or worsening child protection outcomes are evident.

2 Introduction



One of the key aims of the evaluation is to examine the progress of the outcome indicators and whether or not targets or positive changes have been achieved in the process. Analyses at an aggregate state level provide some of this information, but can hide important differences and deviants from expected outcomes. For example, at the state level, overall we see that there has been little movement in CYP reported at risk of significant harm (ROSH) since the introduction of the new threshold in January 2010. However, assessing this indicator across NSW LGAs, differential patterns are uncovered – many areas have experienced little change; a number have improved; and still a number worsened.

Research objective

The purpose of this spatial analysis is to identify areas that have experienced improvements across a number of child wellbeing outcomes and those that have not been as successful as well as the associations between these outcomes and KTS funding. Specifically we question:

1. How do KTS Indicators and funding vary spatially for children in NSW?
2. How has this changed over time?
3. Do some areas have multiple issues related to child wellbeing and child protection?

3 Methodological approach



Our approach to this analysis was to assemble and develop geographic data, consistent across spatial units and time, in order to compare the initial condition (ideally before substantial KTS investment) with the most recent condition.

Child protection basefile

To test the impact of KTS funding on child wellbeing outcomes the evaluation team has constructed a unique and extensive area level panel database of KTS outcomes, funding allocations and a range of local demographic and socio-economic indicators across 153 LGAs in NSW between 2006/07 to 2012/13. This database includes unique constructs derived specifically for this project.

The NSW Child Protection Basefile and model development provides a unique opportunity for ongoing monitoring and assessment of regional trends in child wellbeing and protection outcomes and their associations with other factors, including government investment.

Data for this report has been drawn from departmental administrative data holdings, the Australian Early Development Index (AEDI), the National Assessment Program – Literacy and Numeracy (NAPLAN), and the Australian Bureau of Statistics.

Spatial unit and concordances

LGAs have been selected as the base unit for a number of reasons. The first is that it delineates an area that represents administrative boundaries, which can often make it simpler and more effective to target policies and implement programs. LGAs also have the benefit of being identifiable, allowing people to easily relate to areas that are being discussed.

Limitations and compromises exist when selecting any spatial unit from which to base an analysis. For example, the spatial unit may delineate quite large areas (both population and land mass) making the heterogeneity that exists within these areas difficult to uncover. In NSW, the child population (0-17 years) ranges from 208 to 80,621 across 153 LGAs. Alternatively, too small an area may mask spill over effects that exist across communities when analysing service delivery and investment.

4 Findings



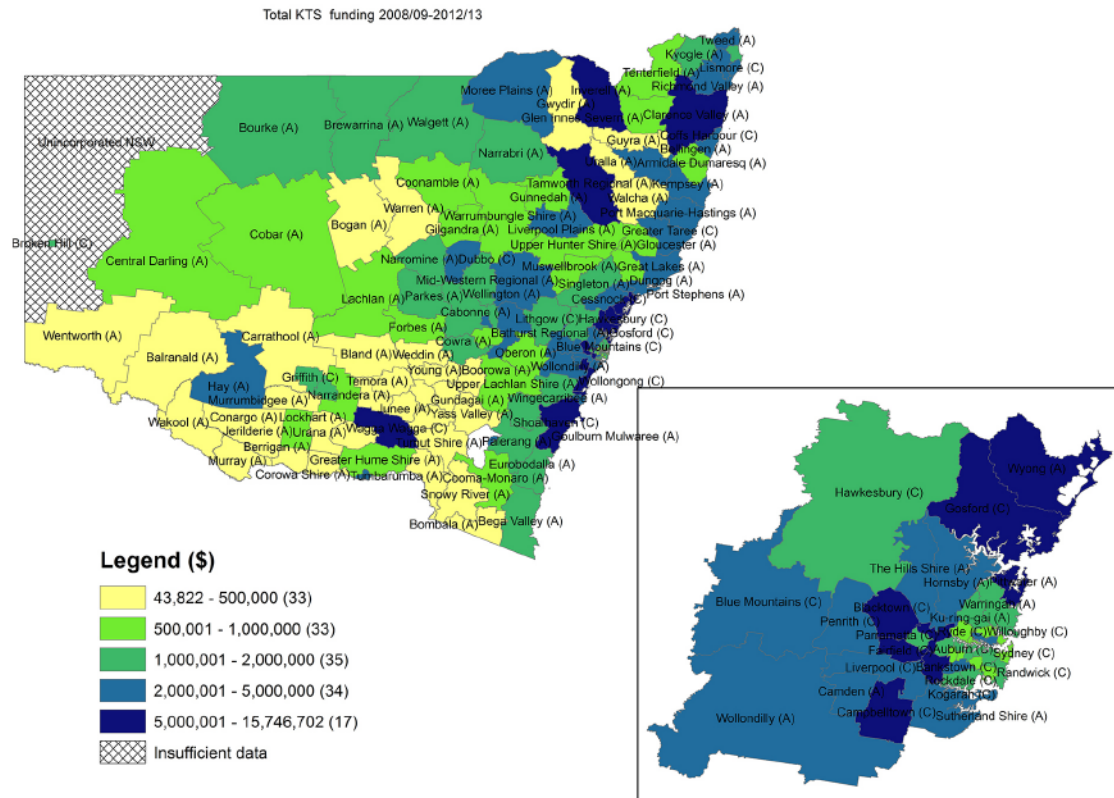
4.1 Investment in Keep Them Safe

This section shows how KTS funding was distributed across NSW, where possible. Of nearly \$800 million in total funding over the KTS program we allocated approximately \$430 million in funding to the LGA in which it was targeted. This allowed us to identify which areas received the greatest focus of KTS funding to determine if these areas also showed the greatest benefit.

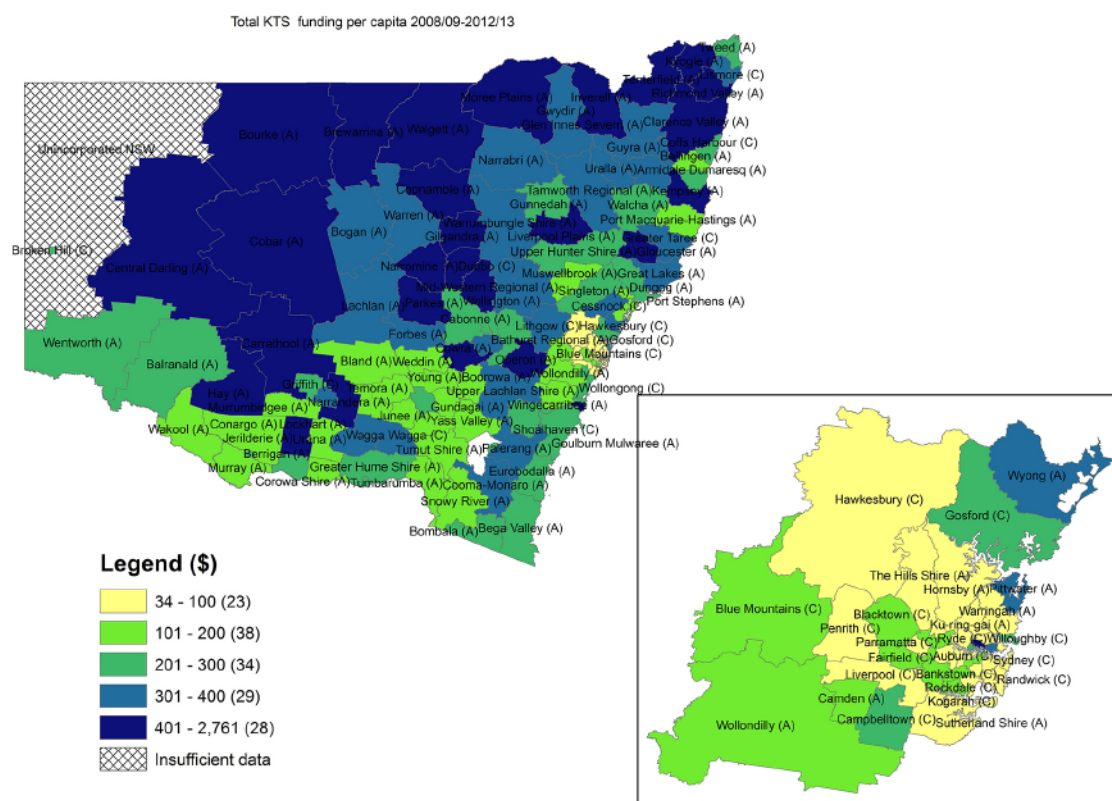
Figure 1 and Figure 2 show total KTS funding by LGA and KTS funding per 1000 children by LGA, respectively. Figure 1 shows that the bulk of KTS funding goes to coastal areas and other LGAs with large child populations, such as Wagga Wagga. Figure 2 shows that funding per 1000 children is concentrated in remote and regional areas, such as Bourke and Brewarrina, in which disadvantage tends to be higher and there tend to be larger Aboriginal communities which have been specifically targeted by some KTS programs.

In Sydney, the relatively wealthy LGAs concentrated in central and eastern Sydney tend to receive lower levels of funding, both in total and per child, while outer suburbs such as Blacktown and Campbelltown receive higher funding.

Figure 1 Overall investment (total KTS spend) by LGA, 2008/09-2012/13



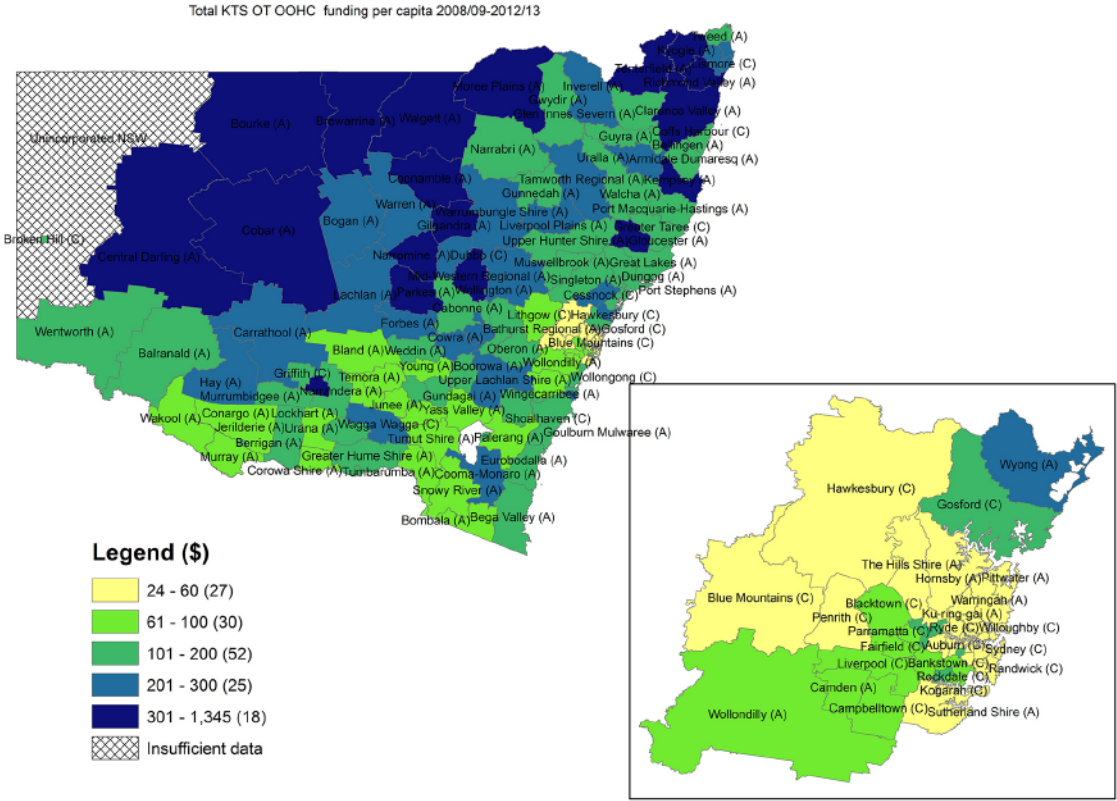
Source: NSW Government data.

Figure 2 Total KTS investment (per capita, child population) by LGA, 2008/09-2012/13

Source: NSW Government data.

OOHC funding constitutes a very large proportion of KTS spending, and most is simply allocated to areas in which children in OOHC live. To clarify program specific funding in early intervention, acute services, child protection and services for Aboriginal children we have mapped all funding except for OOHC in Figure 3. This clearly shows that the bulk of KTS funding per capital, excluding OOHC, is focused on remote and regional areas particularly in the State's north west LGAs. Comparatively little per capita funding is focused in cities, with the lowest per capita funding in Sydney LGAs. Sydney funding tends to be concentrated in the outer LGAs such as Blacktown, Campbelltown, Gosford and Wyong.

Figure 3 Total KTS except OOH investment (per capita, child population) by LGA, 2008/09-2012/13



Source: NSW Government data.

4.2 Investment by KTS reform area

KTS funding is broken down into a series of reform areas: Child Protection, to ensure that NSW has a robust system to ensure that children in need are identified and supported; Acute Services, focusing on assisting children who are at risk of serious harm; OOHC funding to support children who are not able to live with their parents due to unacceptable risk; Prevention and Early Intervention (PEI) to provide assistance to families in difficulty so their problems can be resolved quickly and do not escalate, and Services for Aboriginal Children, catering to the particular needs of Aboriginal children in NSW.

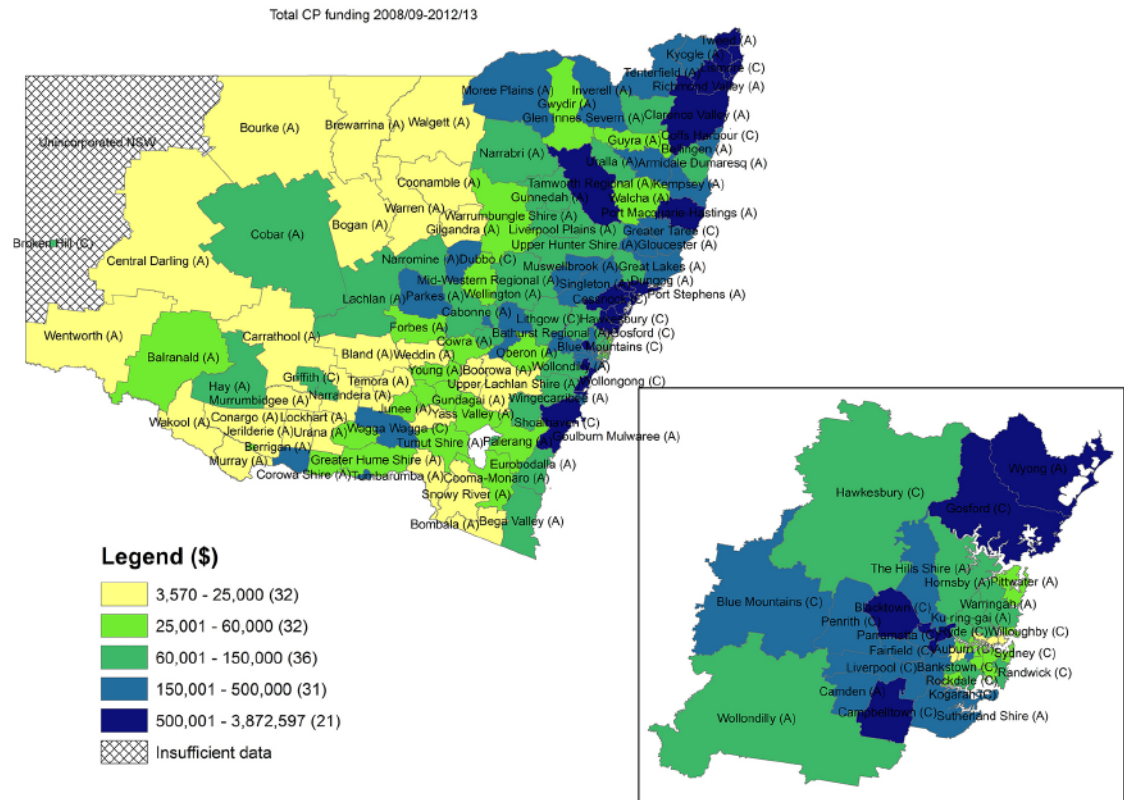
4.2.1 Child Protection (CP) program funding

Child protection programs focus on establishing a system that is able to identify children at risk of harm and ensure they receive appropriate services. The highest concentration of funding for KTS child protection initiatives tended to be in regional areas (Figure 4 and Figure 5). LGAs with the greatest concentration of funding included those in the Far North Coast, Central New South Wales, Gosford and Wyong. South eastern LGAs received the lowest level of child protection funding. Only Ryde in Sydney received more than \$100 per child while outer suburbs received a higher concentration of funding than inner suburbs.

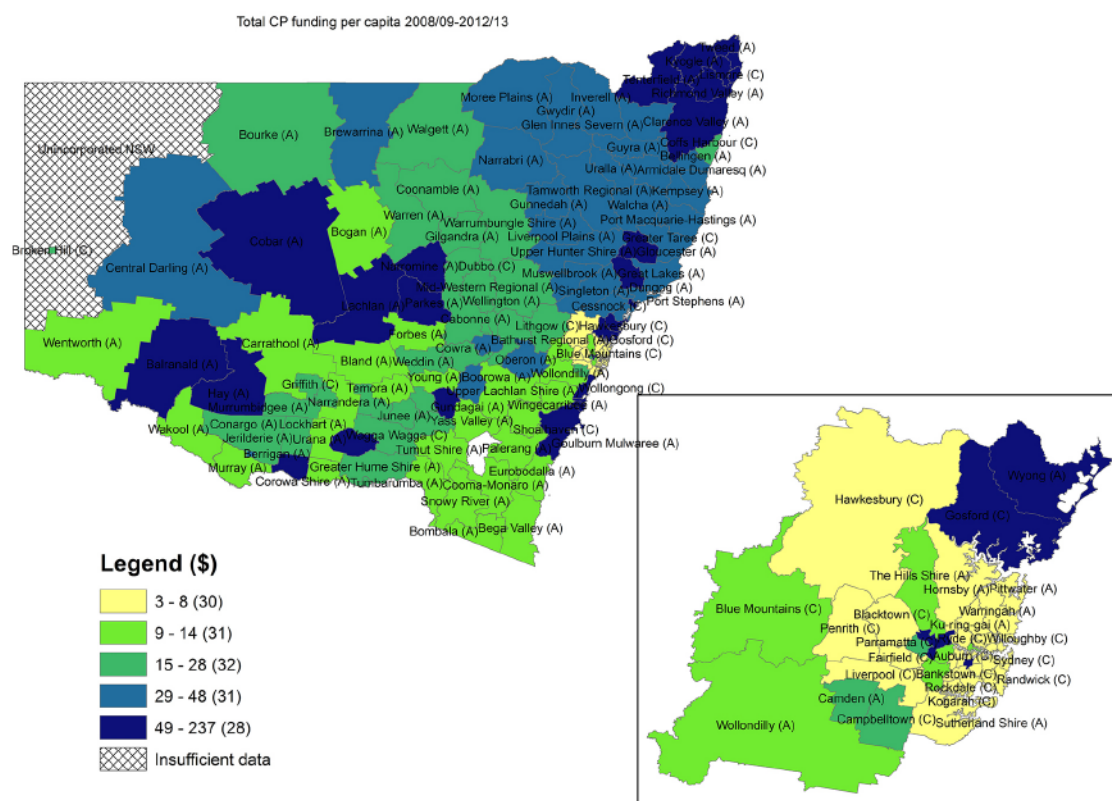
Of the \$196 million spent on child protection funding we were able to map \$60 million, or 31%. It was not possible to map most of the child protection funding because much of it related to systems reform and services involving central administration or head office activities, such as IT upgrades or additional training.

The programs included in this analysis include Regional Governance, support for Alternative Dispute Resolution (ADR) and Specialist Children's Magistrates in child protection decisions, establishment of the Structured Decision Making Tool in assessing child protection decisions and Whole Family Teams, which provide intensive interventions to parents who have drug, alcohol or mental health problems.

Figure 4 Investment in KTS Child Protection (CP) initiatives by LGA, 2008/09-2012/13



Source: NSW Government data.

Figure 5 Investment in KTS Child Protection (CP) initiatives by LGA, per capita, 2008/09-2012/13

Source: NSW Government data.

4.2.2 Prevention and Early Intervention (PEI) program funding

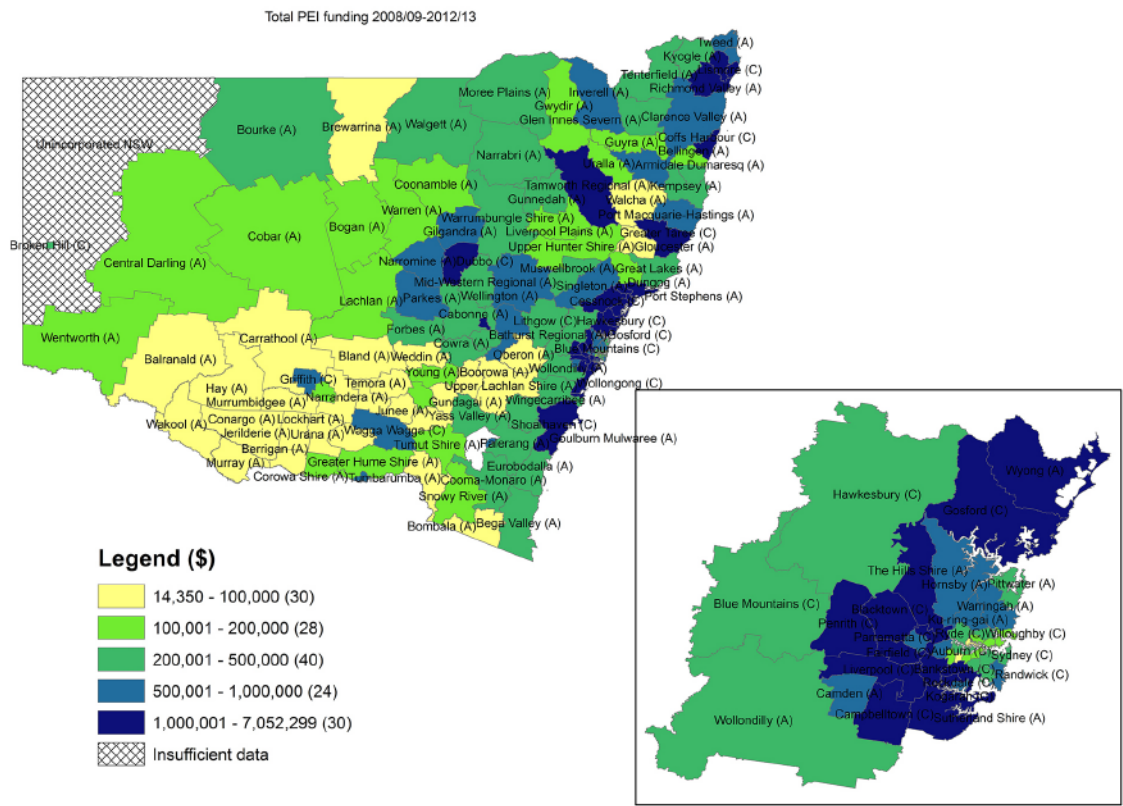
PEI services aim to provide support to children and families who have not been identified as being at ROSH. The aim is to ensure children and their families can receive support for any difficulties they face early on so that problems do not grow until they are intractable.

Per capita funding in this area is particularly concentrated in the northwest and centre of the state (Figure 7). These areas may have struggled with a lack of services compared to their city and southeast cousins, and as a result have higher concentrations of disadvantage.

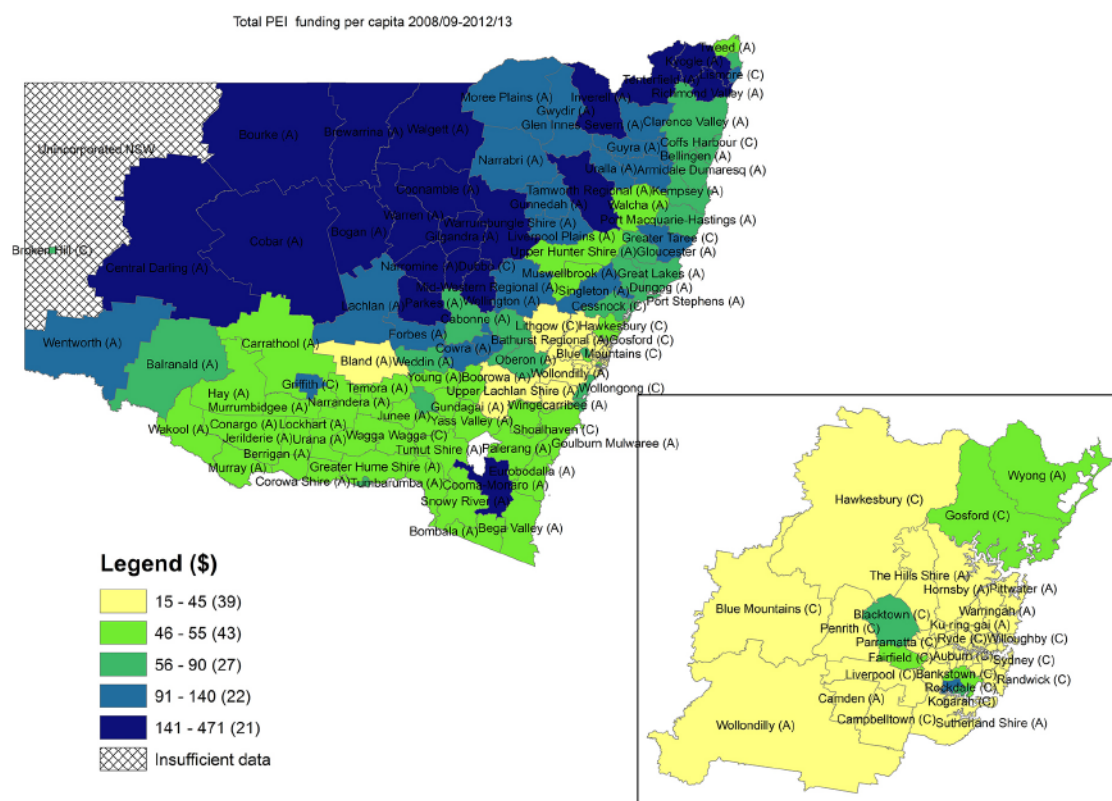
A total of \$156 million was spent on PEI programs of which we were able to map \$131 million, or 84%.

The PEI programs mapped (Figure 6) were co-location of domestic violence workers near police, extending Safe Aboriginal Youth Night Patrols, employing additional Home School Liaison Officers, additional funding for CSGP, Sustaining NSW Families, Brighter Futures, Family Referral Services and Got It! (Getting on Track in Time).

Figure 6 Investment in KTS Prevention & Early Intervention (PEI) programs by LGA, 2008/09-2012/13



Source: NSW Government data.

Figure 7 Investment in KTS Prevention & Early Intervention (PEI) programs by LGA, per capita, 2008/09-2012/13

Source: NSW Government data.

4.2.3 Acute program funding

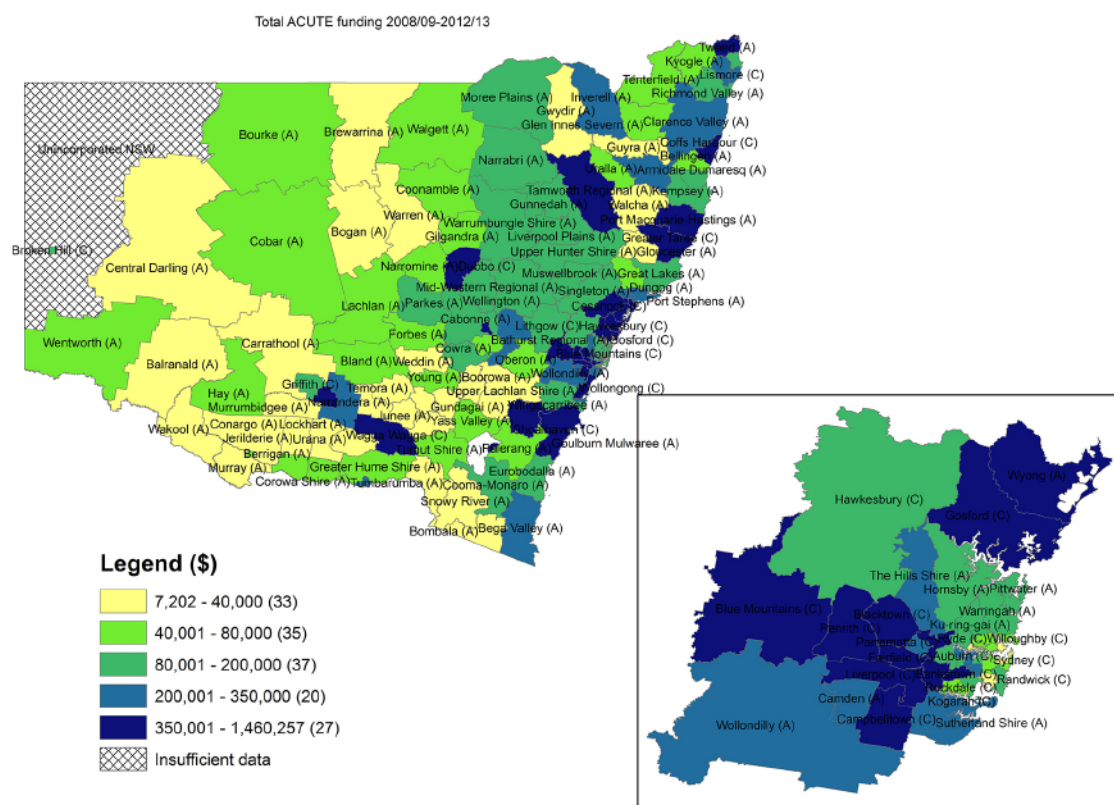
Acute programs are designed for families and children that have been identified as having some serious problems, including children at ROSH, sometimes to the extent that criminal charges can be laid or children exhibiting inappropriate sexual behaviour.

Per capita funding is once again concentrated in central and western NSW, where low population densities and the remoteness of these areas may mean that children at risk of harm might have previously had difficulty accessing support services (Figure 9). In Sydney, outer LGAs such as Gosford, Wyong, Camden and Campbelltown received proportionately greater funding, as well as central LGAs with some hotspots of disadvantage, such as Bankstown (Figure 8).

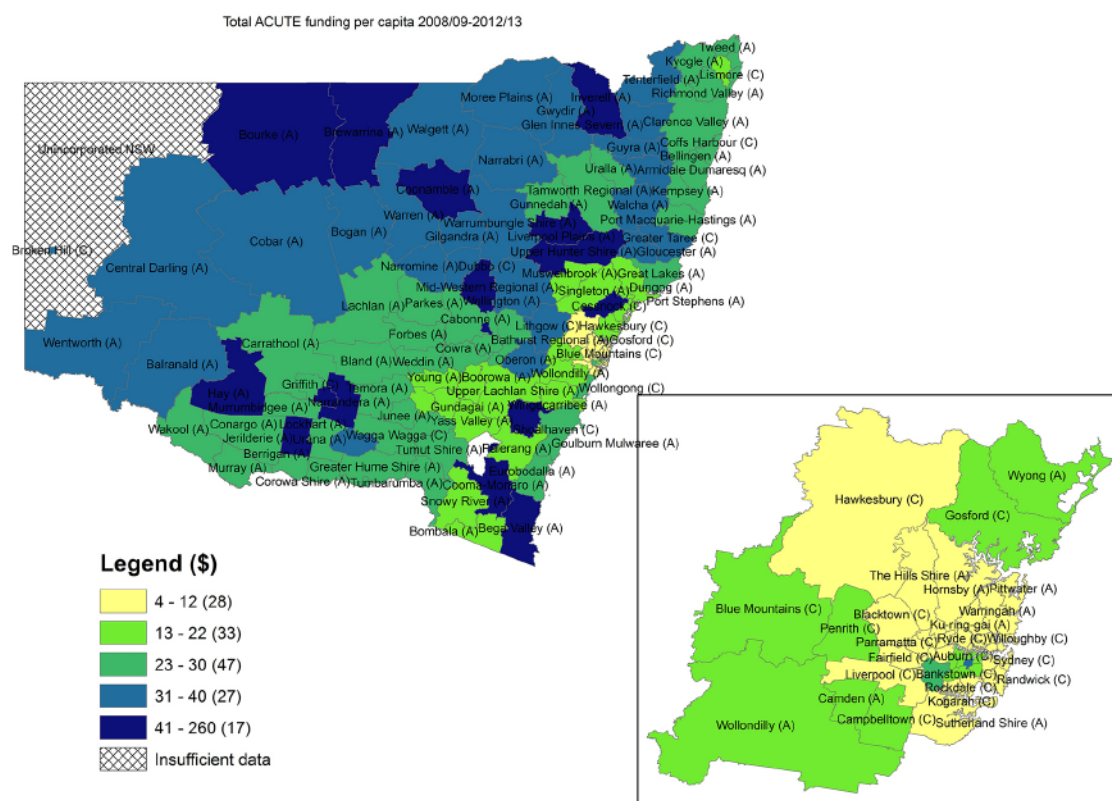
Sixty five million dollars was spent on programs in this area, of which 75% (\$49 million) were able to be mapped.

The programs included in this funding area were Family Case Management, the JIRT Referral Unit, Kaleidoscope and Intensive Family Preservation.

Figure 8 Investment in KTS Acute funding initiatives, by LGA, 2008/09-2012/13



Source: NSW Government data.

Figure 9 Investment in KTS Acute funding initiatives, by LGA, per capita, 2008/09-2012/13

Source: NSW Government data..

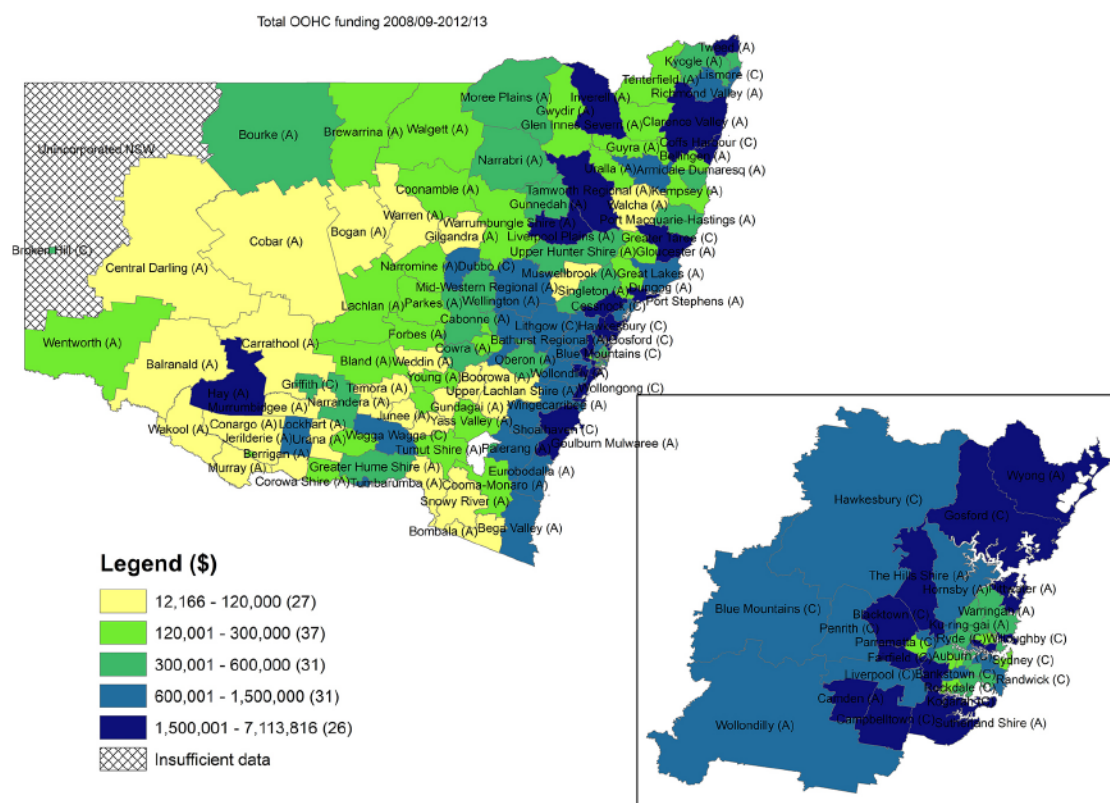
4.2.4 Out-of-Home Care (OOHC) program funding

These programs provide assistance to children and young people living in OOHC. This includes funding used to pay for providing OOHC and support services for children living in care to ensure their needs are met.

Funding for OOHC tends to be concentrated in coastal locations in addition to Hay, Invernell, Tamworth Regional and Liverpool Plains. Comparatively little is spent in other inland areas with relatively low population density. In Sydney, outer suburbs receive considerably higher funding than wealthier inner suburbs, with Gosford, Wyong, Blacktown, Fairfield and Bankstown among others, all receiving more than \$1.5 million in out-of-home care funding.

KTS provided funding worth a total of \$338 million to OOHC and supporting services, of which \$162 million, or 48%, was able to be mapped (see Figure 10). The programs included in this funding area include funding for additional Department of Community Services caseworkers, additional funding for out of home carers and foster care recruitment, staff to assist in providing children in OOHC with individual health and education plans to ensure their schooling and health are on track, and Reparative Parenting Program to try to work with parents so their children can live at home safely.

Figure 10 Investment in KTS Out-of-Home Care (OOHC) programs, by LGA: 2008/09-2012/13



Source: NSW Government data.

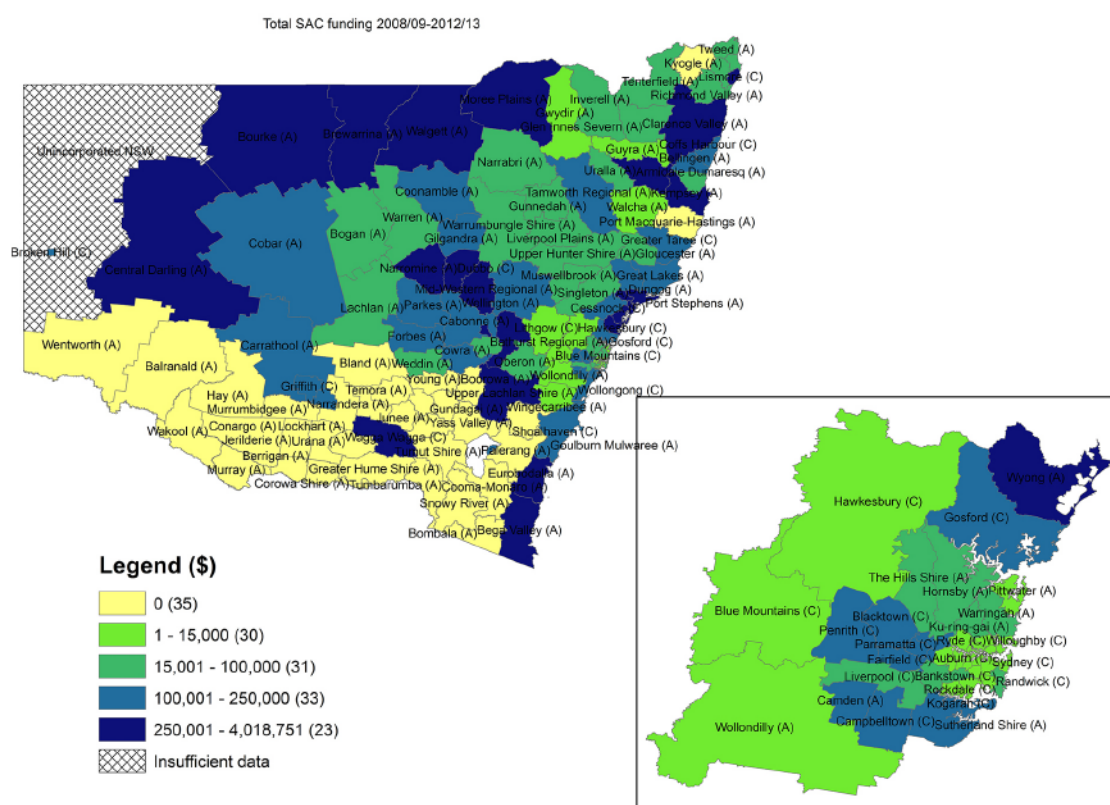
4.2.5 Services for Aboriginal Children (SAC) program funding

Some of these programs are deliberately targeted towards Aboriginal children and their families, identifying the disadvantages faced by Aboriginal children and to ensure that services provided to support

Aboriginal children and their families are culturally suitable. Naturally, the funding for these programs is concentrated in LGAs in which a comparatively high proportion of the population is Aboriginal, hence the little variation in total versus per capita measures (Figure 11 and Figure 12). These LGAs include Wyong, Wagga Wagga, Greater Hume Shire, Kempsey and Clarence Valley, as well as LGAs in central and northwest New South Wales. Comparatively little funding was allocated to other LGAs in the south of the state. The differences in funding in Sydney were not quite so stark, but somewhat more was spent in the western suburbs of Sydney compared to the western outskirts and eastern and central LGAs.

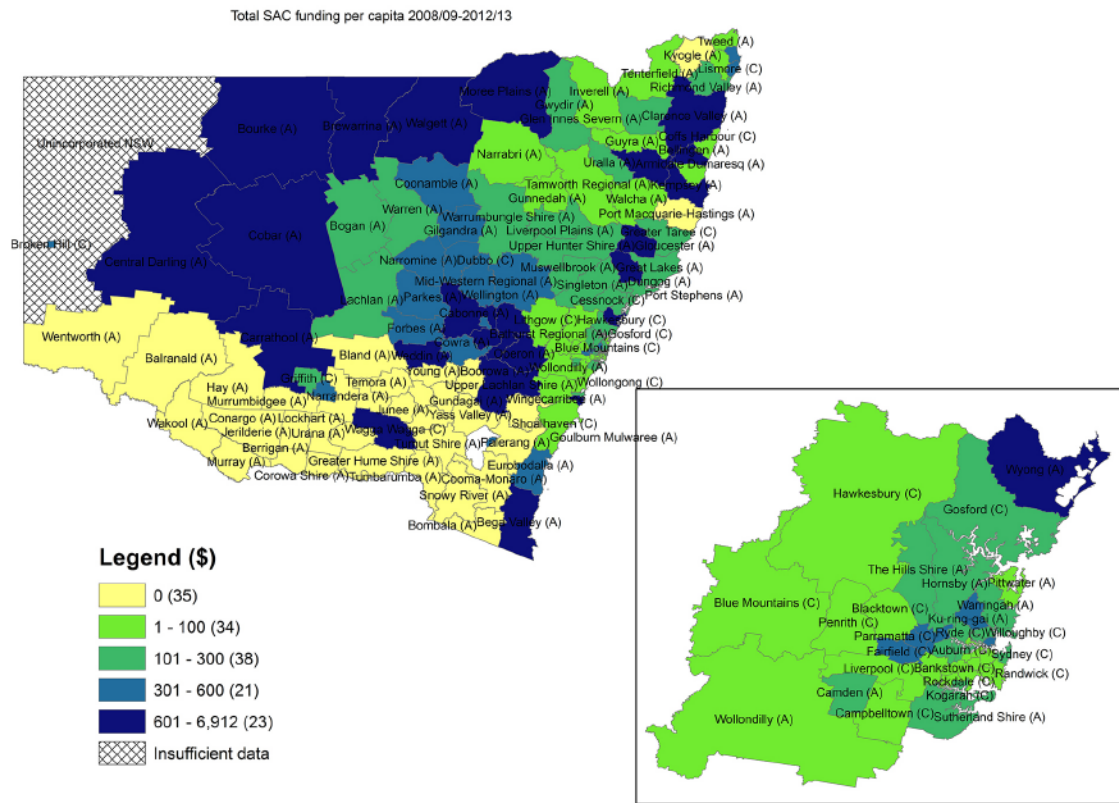
KTS provided \$39 million towards programs that focused on Aboriginal children and young people, of which \$29 million, or 74%, was able to be mapped. These programs included Aboriginal Foster Carers, the Toomelah/Boggabilla Project, Aboriginal Student Liaison Officers, Safe Families, Working with Men, New Street and Intensive Aboriginal Family Based Services.

Figure 11 Investment in Services for Aboriginal Children (SAC) program, by LGA: 2012/13



Source: NSW Government data.

Figure 12 Investment in Services for Aboriginal Children (SAC) program, by LGA: per capita of the Aboriginal child population, 2008/09-2012/13



Source: NSW Government data.

5 The universal system



5.1 NAPLAN

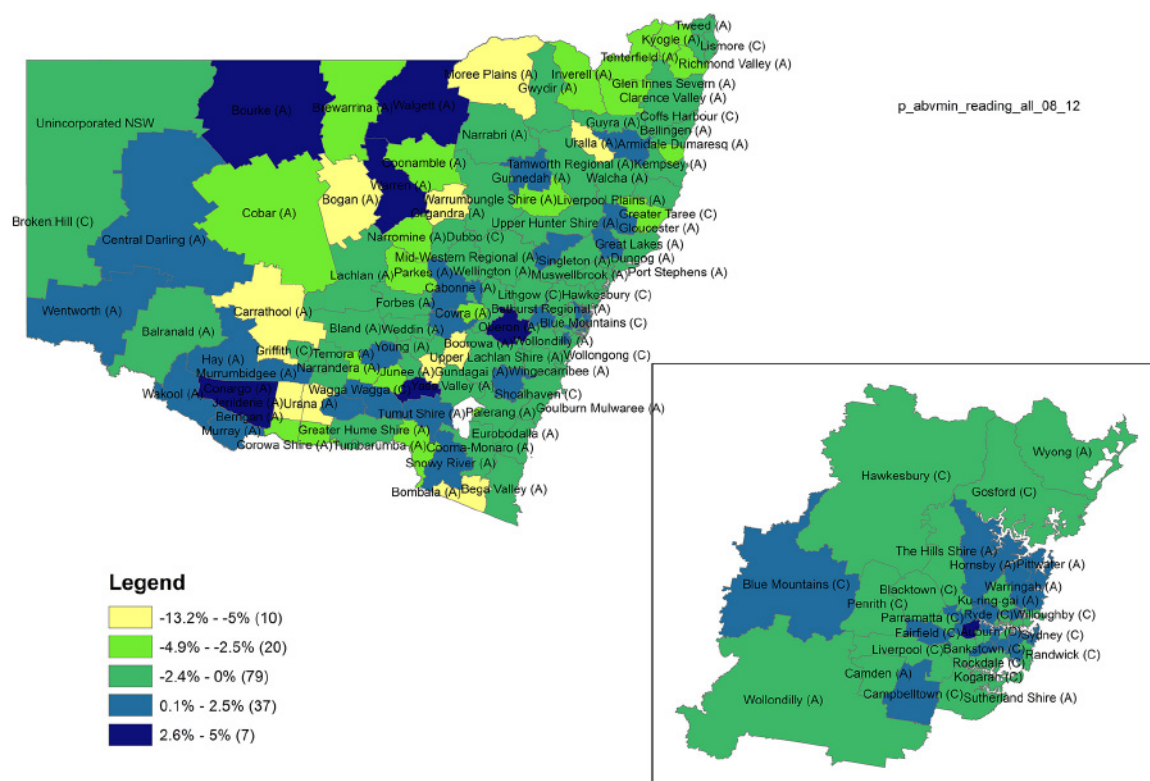
The National Assessment Program for Literacy and Numeracy (NAPLAN) is designed to identify student skill development in years 3,5,7 and 9. This is an indicator of the effectiveness of the education system, which is intended to provide contextual information about the environment in which KTS is operating. Poor educational attainment is associated with poor employment prospects, which is a contributor to family dysfunction. The performance of each local student in NAPLAN is compared with two national statistical approximations: the lowest national performance band and the top two national performance bands for each year group. Since educational attainment includes many other factors this indicator is only a proxy measure for education outcomes.

If the proportion of local students in each of the 10 national performance bands is about 10% we can conclude that the education outcome in this LGA is about average. The LGAs with more than 20% of students in the top two bands provide a better education environment and those with less than 90% of students at or above the national minimum (the lowest band) provide relatively low quality of education. As the education outcomes are subject to many other factors we focus on the change in the performance over time from 2008 to 2012. A positive change (blue) implies improvement and a negative one (yellow) means the education outcomes deteriorated in the past four years.

Figure 13 and Figure 14 show the change in the proportion of students at or above the minimum national standard in numeracy and reading. There is no change, or only marginal change, in most LGAs. LGAs in the eastern coastal regions have shown some improvement in education outcomes while some LGAs in the western regions have shown a slight decline proportion of students above or at the minimum standard. Overall, metropolitan Sydney showed little change, with almost all LGAs only showing variation of 2.5% or less, with the exception of Auburn, which showed a slightly higher

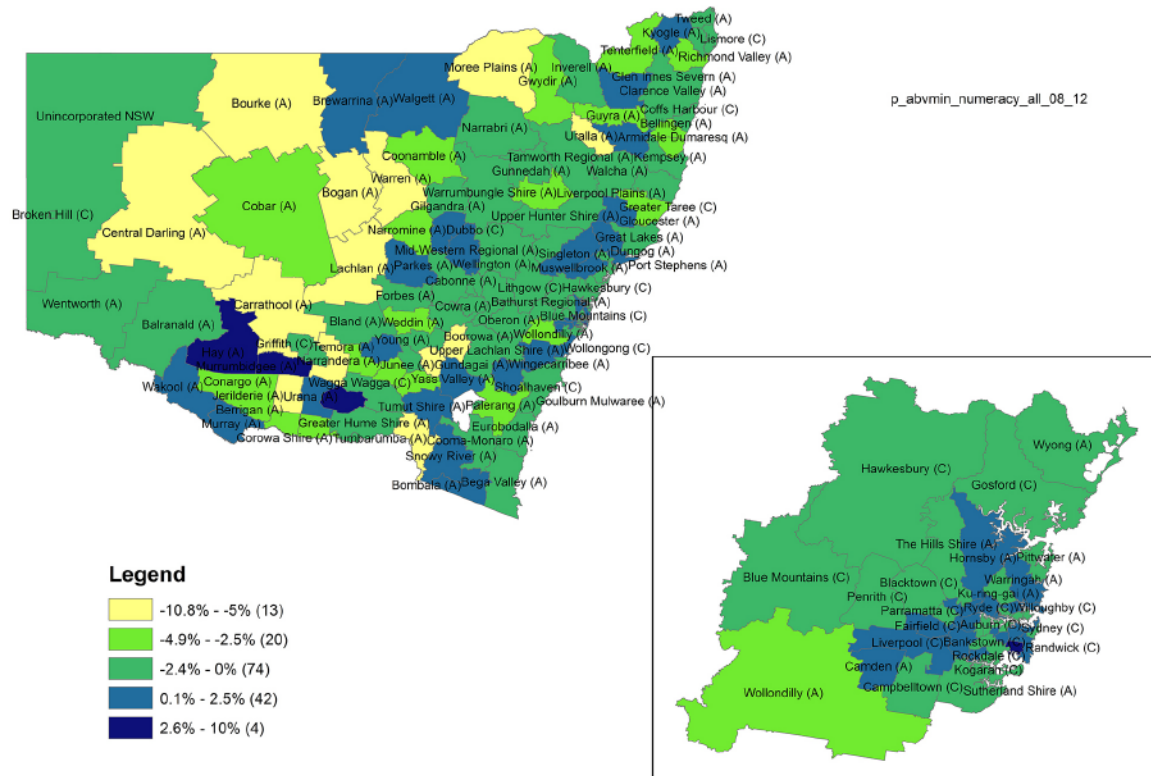
improvement in literacy, and Randwick, showing a higher improvement in numeracy. Regional results tended to be more highly variable, with greater swings in the proportion of students meeting minimum standards, possibly due to lower student populations in regional areas. There were no noticeably different changes in literacy compared to numeracy.

Figure 13 Change in percentage of students at or above the national minimum standard in reading, by LGA: 2012/13



Source: National Assessment Program – Literacy and Numeracy.

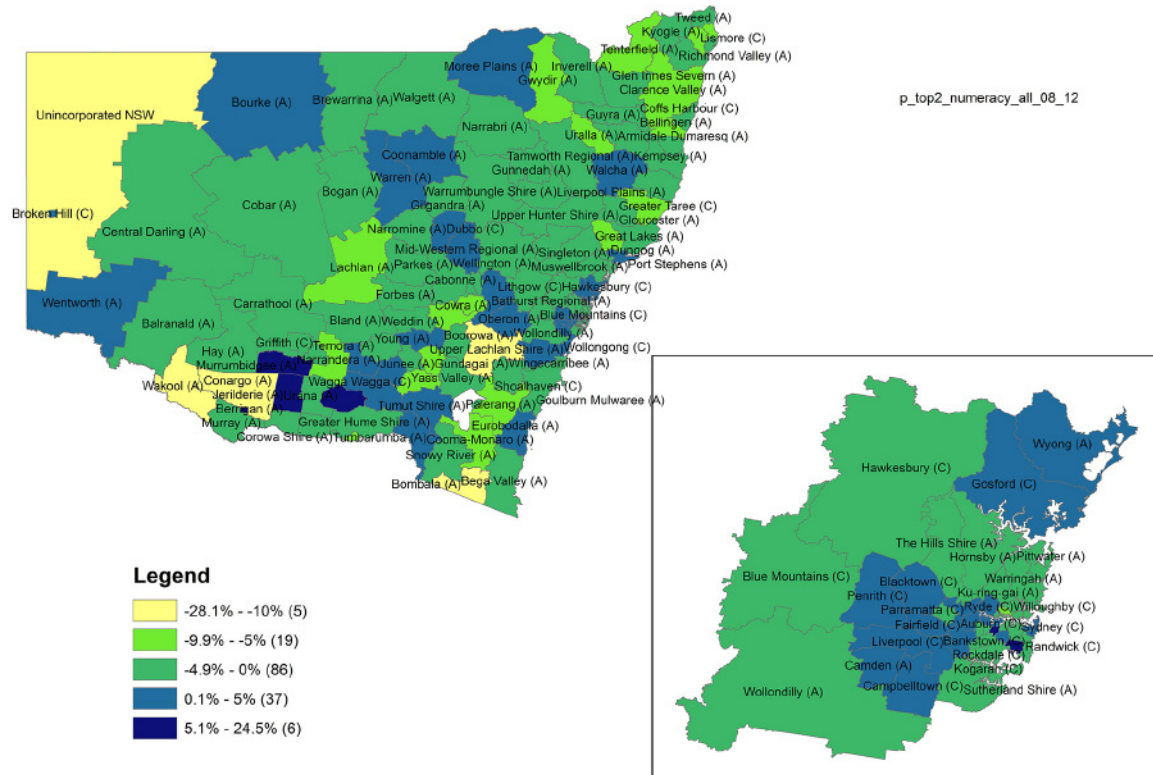
Figure 14 Change in percentage of students at or above the national minimum standard in numeracy, by LGA: 2012/13



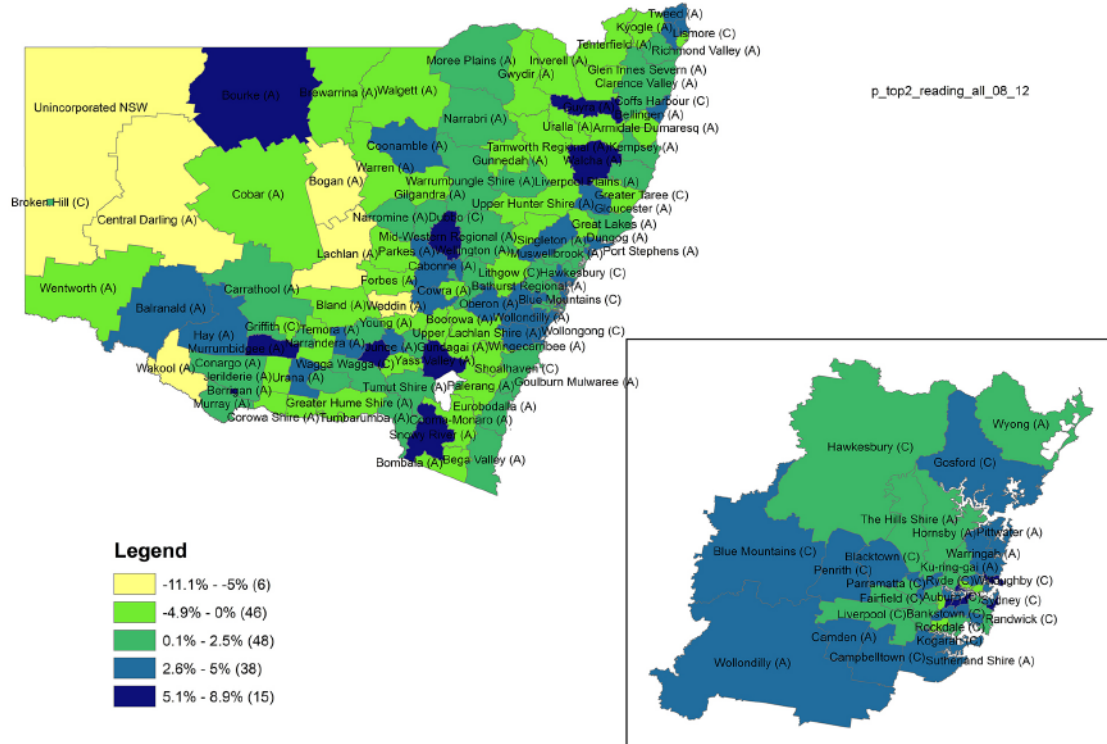
Source: National Assessment Program – Literacy and Numeracy.

Similar patterns can be seen in Figure 15 and Figure 16 where changes in the proportion of students in the top two bands are presented. Few LGAs showed substantial changes over the years with greater changes, both positive and negative, seen in the regions away from the East Coast and the Sydney metropolitan area. Again, this may be due to lower populations in these regions. Numeracy results tended to show greater swings than reading results.

Figure 15 Change in percentage of students in the top 2 performance bands for numeracy, by LGA: 2012/13



Source: National Assessment Program – Literacy and Numeracy.

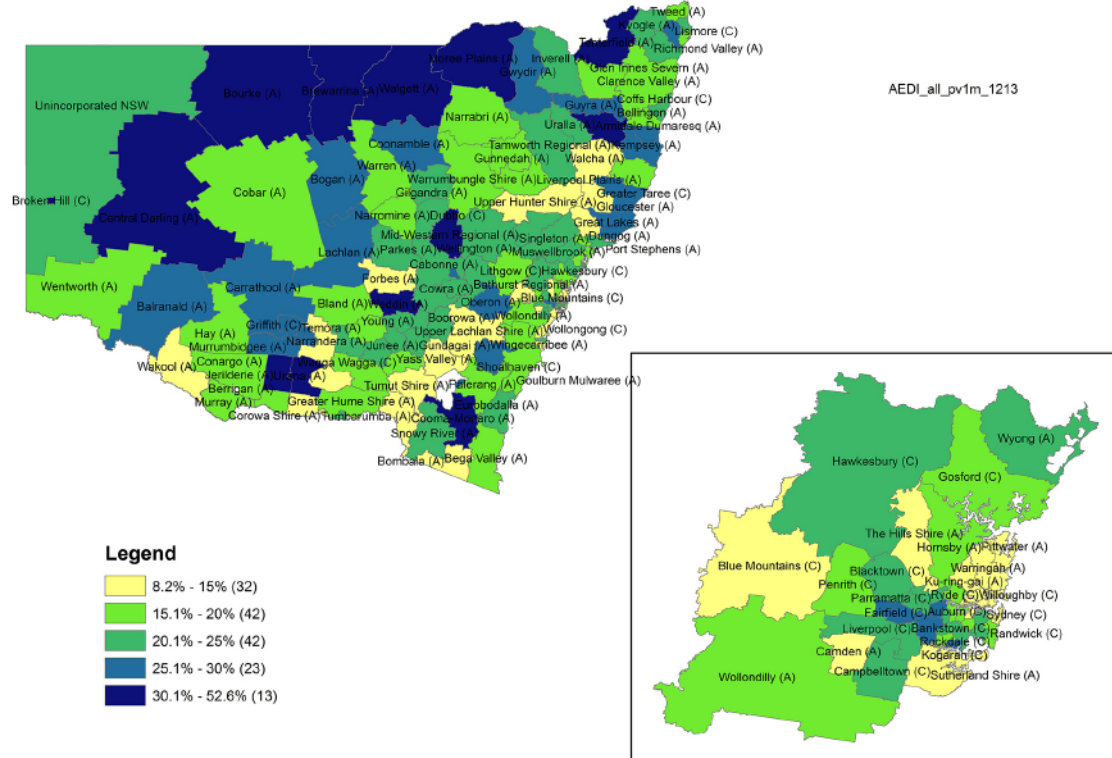
Figure 16 Change in percentage of students in the top 2 performance bands for reading, by LGA: 2012/13

Source: National Assessment Program – Literacy and Numeracy.

5.2 The Australian Early Development Index (AEDI)

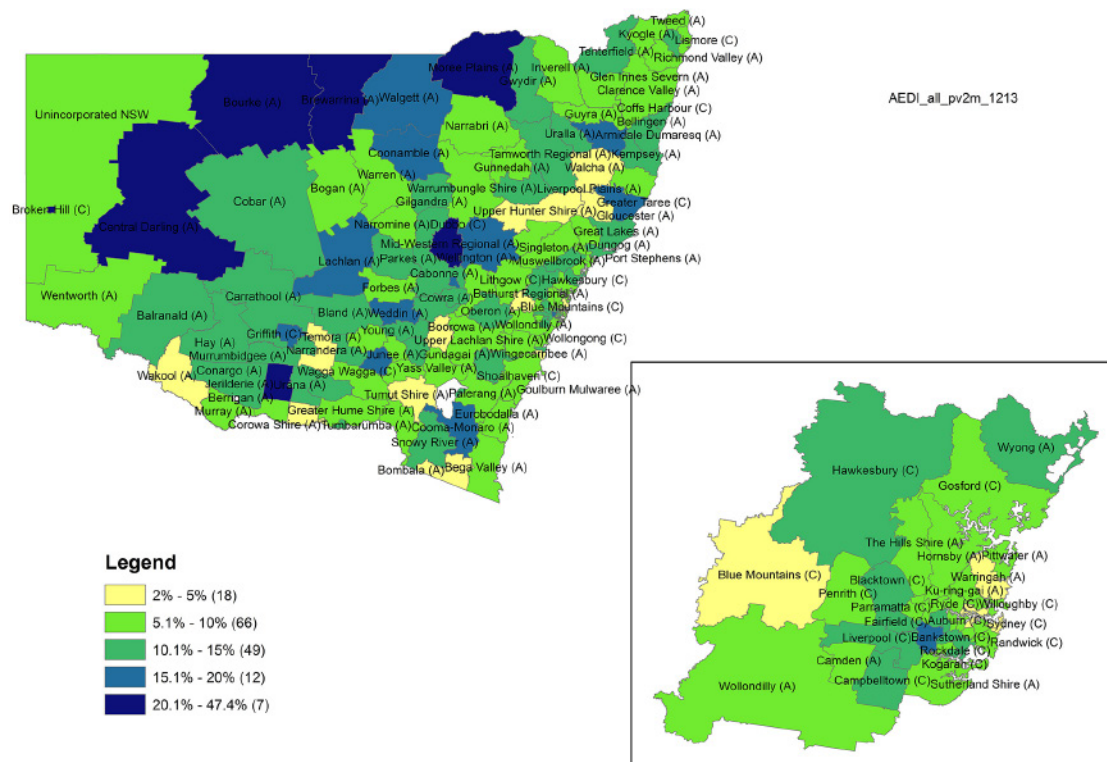
The AEDI is a full population census of children's health and development in their first year of formal full-time schooling. It provides a comprehensive map of early developmental outcomes across Australia. The AEDI reports on five domains of children's development: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), and communication skills and general knowledge. These five developmental domains are closely linked to the predictors of good adult health, education and social outcomes. Teachers complete the AEDI Checklist made up of approximately 100 questions for each child in their class. Each of the five AEDI domains has a corresponding set of questions from the AEDI Checklist. All the children's AEDI domain scores are ranked from the lowest to highest score and scores ranked in the lowest 10 per cent were classified as developmentally vulnerable.

The proportion of children who are classified as vulnerable in one or more domains is shown in Figure 17 and the proportion of vulnerable children in two or more domains are shown in Figure 18. The smaller the proportion (yellow), the better the children's development. The LGAs with better children development are very consistent in figure 12 and 13. In 2012/13, 74 out of 153 LGAs have less than 20% of children vulnerable in 1 or more domains and 84 of out of 153 LGAs have less than 10% of children venerable in 2 or more domains. The metropolitan area provides relatively better environment for early children development but the trend is that more and more children are being assessed as vulnerable in 1 or more domains.

Figure 17 Proportion of kids vulnerable in 1 or more domains, by LGA: 2012/13

Source: The Social Research Centre, Melbourne.

Figure 18 Proportion of kids vulnerable in 2 or more domains, by LGA: 2012/13



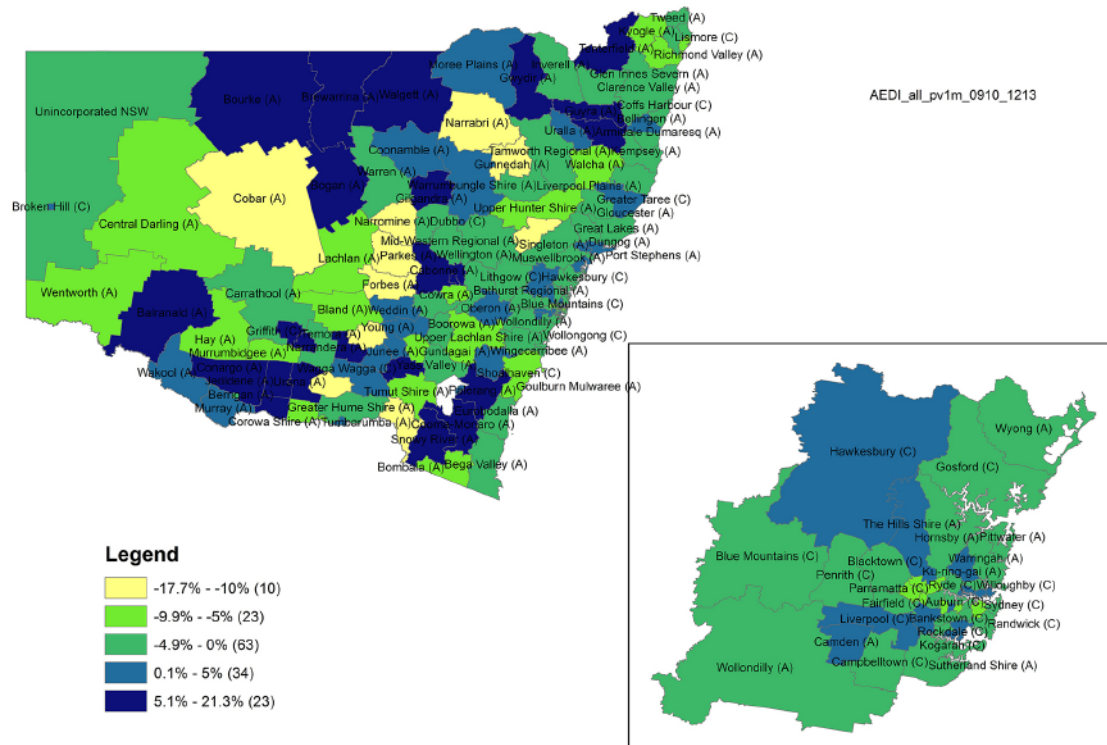
Source: The Social Research Centre, Melbourne.

Children who are most likely to be vulnerable in 1 or more, or 2 or more domains, are concentrated in the LGAs in the northwest of New South Wales: Bourke, Brewarrina, Walgett, Moree Plains and Central Darling. Other hotspots of low AEDI scores include Mid-Western Regional and Urana, but the latter result should be interpreted with caution due to the low child population in Urana. In Sydney only Bankstown had more than 15% of children vulnerable in two or more domains.

Ideally, we should like to see the proportion of children vulnerable in one or more domain decreasing over time. For the majority of LGAs this is the case (Figure 19): In 96 LGAs, the proportion of children vulnerable in one or more domains in NSW has decreased or remained the same between 2009 and 2012. Those that showed an increase included those in north-west NSW, southwest of the ACT, from Balranald to Urana plus a handful of others in Central NSW. Most Sydney LGAs showed little change, with decreases of less than ten percent and increases of less than five percent.

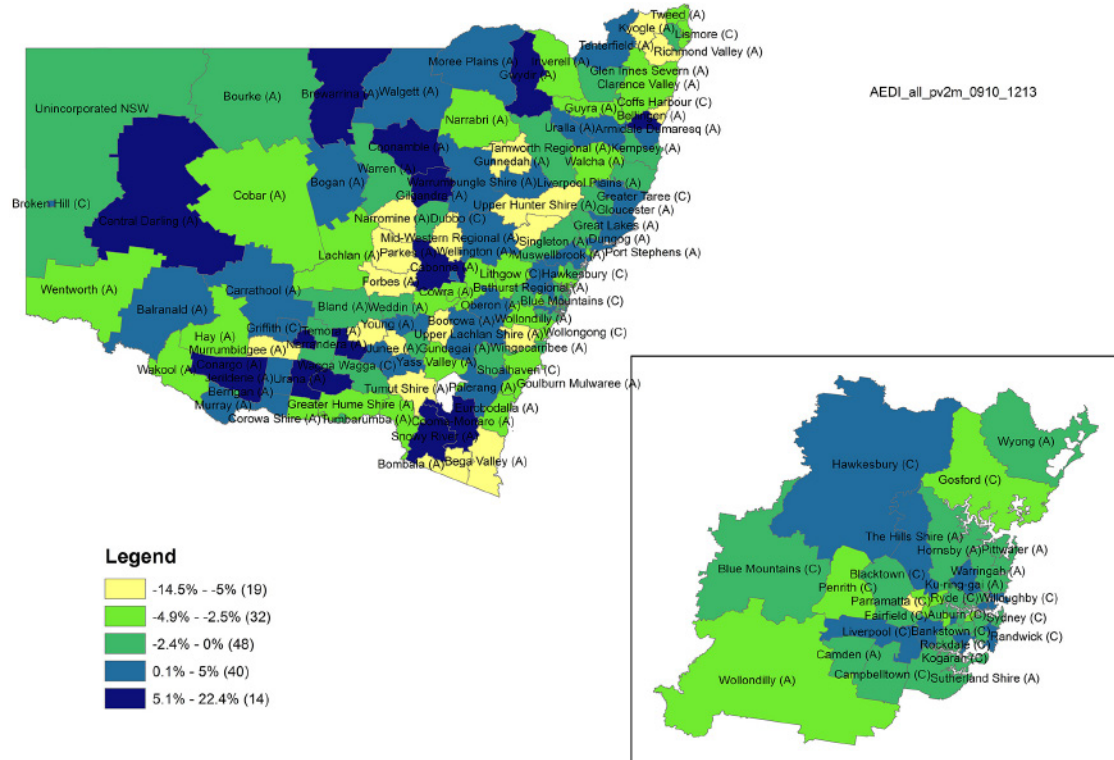
Only 54 LGAs showed an increase in the proportion of kids vulnerable in two or more domains, and only fourteen of these showed an increase of more than five percentage points (Figure 20). No regions in particular showed large concentrations of increased vulnerability, with improvements and declines scattered across the State.

Figure 19 Percentage point change in proportion of kids vulnerable in 1 or more domains, by LGA: 2009/10-2012/13



Source: The Social Research Centre, Melbourne.

Figure 20 Percentage point change in proportion of kids vulnerable in 2 or more domains, by LGA: 2009/10-2012/13



Source: The Social Research Centre, Melbourne.

6 Strengthening early intervention and community based services

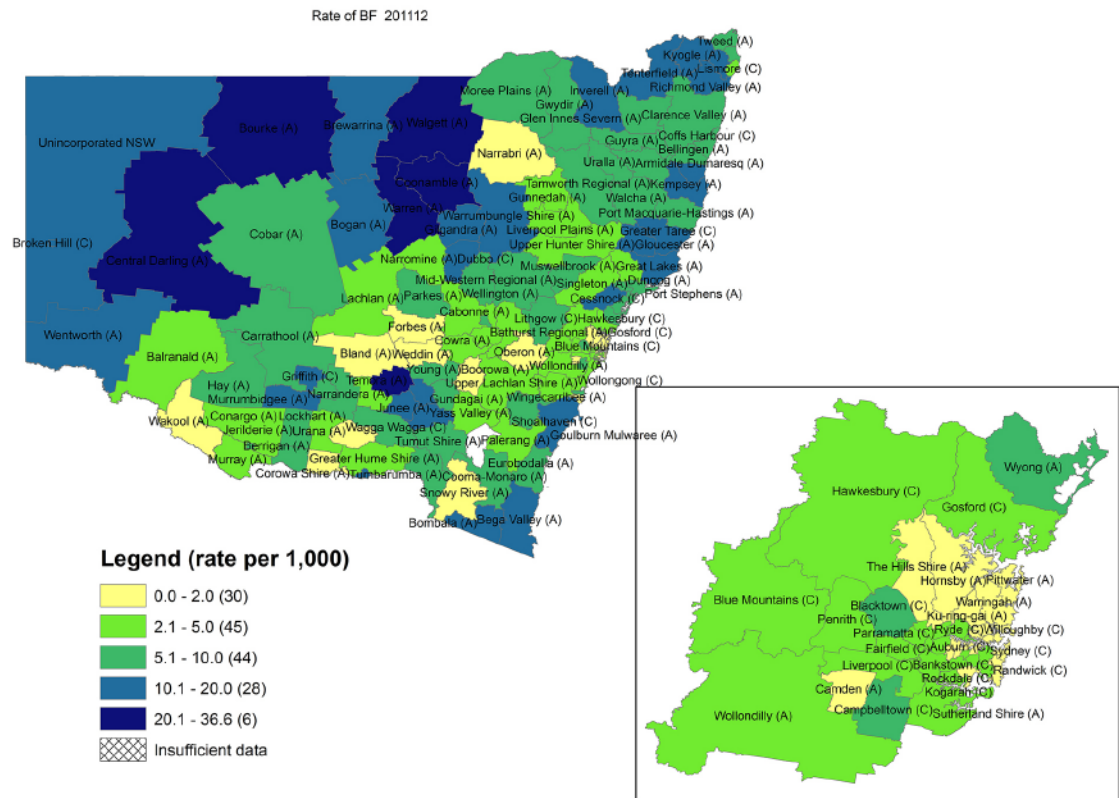


6.1 Children and families participating in Brighter Futures (KTS Indicator 6a)

Brighter Futures is a voluntary early intervention program that seeks to identify families at risk earlier and prevent them from entering the child protection system by providing them with sustained services and support. Early intervention services can help prevent future problems by improving family relationships, by increasing a family's capacity to cope with stress and adversity and by promoting the physical, intellectual and social development of children and young people. The Brighter Futures program is provided to families with children under nine years of age, or expecting a child, who are experiencing a range of complex problems including domestic violence; drug and alcohol misuse and mental health problems.

The proportion of children and young people whose families participated in the Brighter Futures program is approximately 1.2% of children under 9 years. In 120 out of 153 LGAs the proportion of early intervention has been increased since 2008/09. Most of LGAs in Far West region and Northern Plains region have very high proportion of children involved in Brighter Futures program and the number has been increased the most in the past 5 years.

Figure 21 Proportion of children and young people whose families participated Brighter Futures Program, by LGA: rate per 1,000, 2011/12



Source: FaCS.

7 Better protection for children at Risk



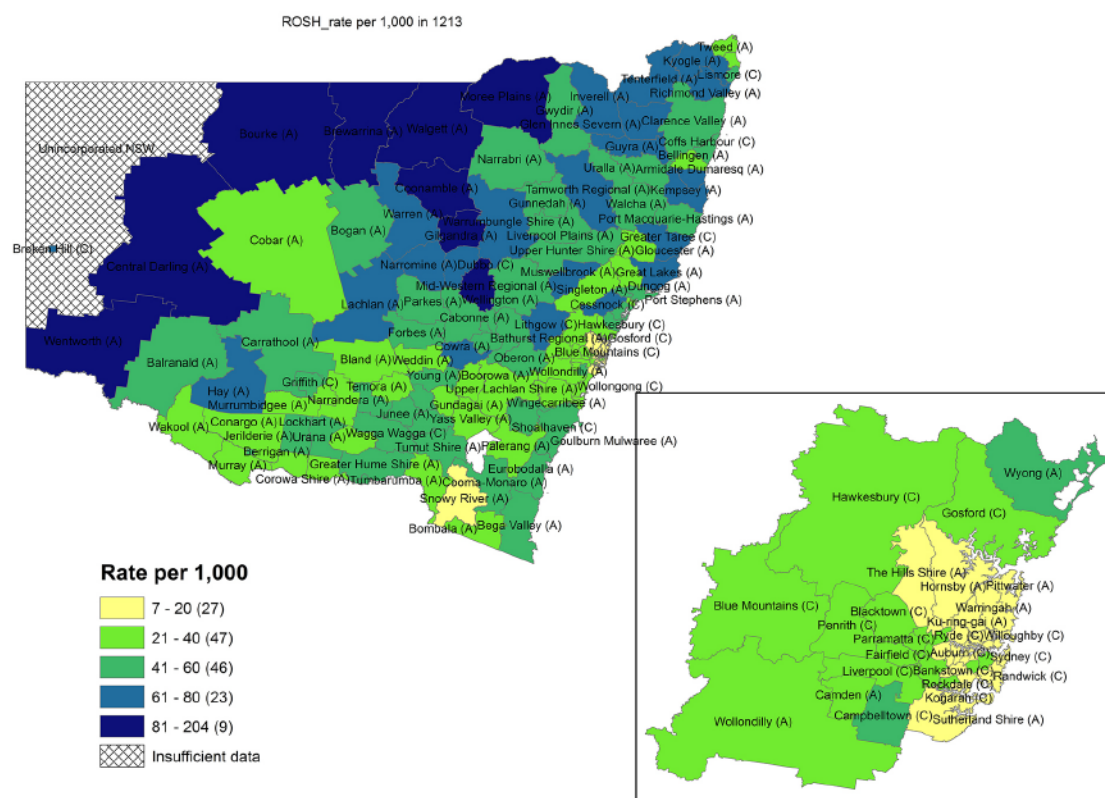
7.1 Children at Risk of Significant Harm (KTS Indicator 4a)

At the aggregate level children reported at ROSH has seen little change for the entire child population since the introduction of the new threshold in January 2010. Reports for Aboriginal children however had increased slightly.

The spatial distribution of children of the rate of children at ROSH for the latest data (2012/13) is illustrated in Figure 22. Higher rates per 1,000 of children reported at ROSH are evident throughout Western NSW, in remote indigenous areas such as Bourke, Brewarrina, Central Darling, Walgett Moree Plains and Dubbo. High rates of children reported at ROSH are also evident in inland areas scattered throughout the state and coastal areas such as Greater Taree and Kempsey.

Turning to Sydney, which comprises of more than half of the total child population aged 0-17 in NSW, ROSH reports are lower when compared with other LGAs. Wyong and Campbelltown stand out as areas with rates of between 41-60 per 1,000 children living within that LGA.

Figure 22 Children and young people reported at risk of significant harm (ROSH), by LGA: rate per 1,000, 2012/13



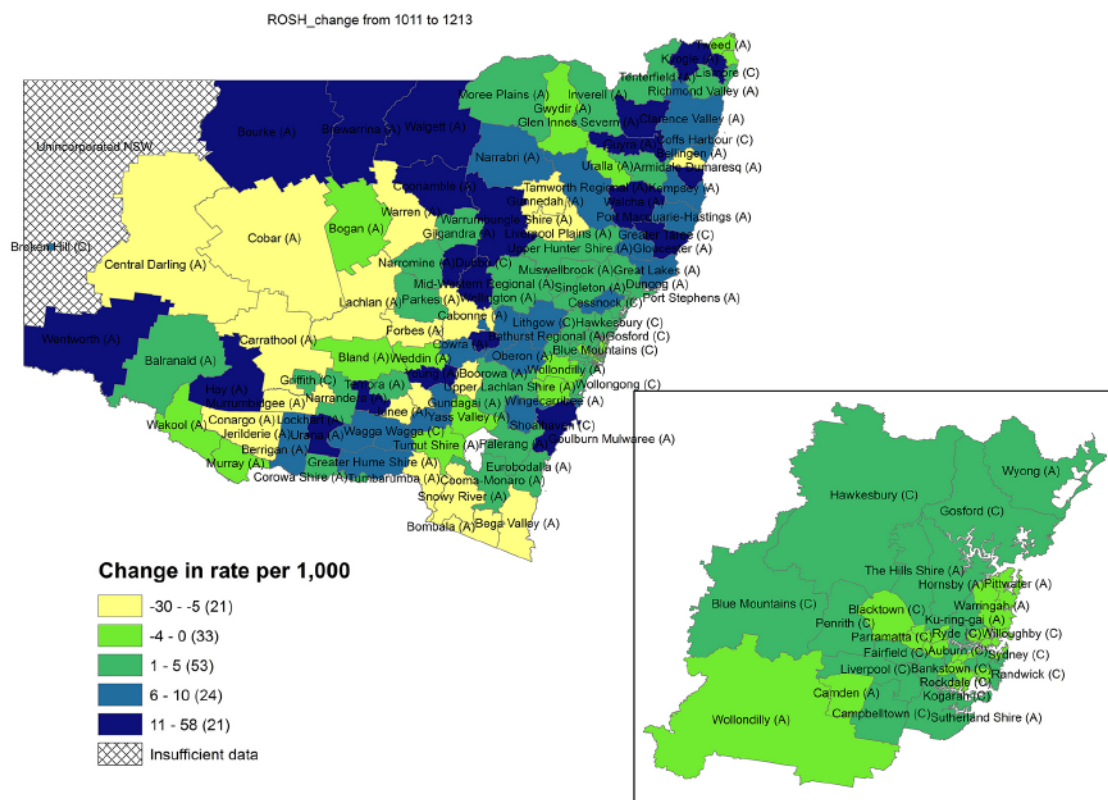
Source: FaCS.

Changes in the rate of CYP at ROSH for children across NSW LGAs are shown in Figure 23. A number of areas experienced a decrease in CYP at ROSH between 2010/11 and 2012/13, the majority of which are located in central NSW – Cobar, Central Darling, Lachlan, Forbes and Warren. The Snowy River and Bega areas bordering Victoria also experienced a decline in this three year period, ranging from a decrease between 5 and 30 reports per 1,000.

Contrary to these outcomes, the rate of CYP at ROSH have increased in a number of NSW LGAs. While these LGAs are spread throughout NSW a cluster exists in North Western NSW, which includes the LGAs of Bourke, Brewarrina, Walgett, and Coonamble. Other areas that have experienced an increase are scattered throughout NSW.

For Sydney many of the LGAs experienced very little change – either a small increase of between 1-5 reports or ROSH per 1,000; or a small decrease of between 0-4 reports less in 2012/13 when compared with 2010/11.

Figure 23 Change in the rate of children and young people reported at risk of significant harm (ROSH), by LGA: rate per 1,000, 2010/11-2012/13



Source: FaCS KiDS and ERP.

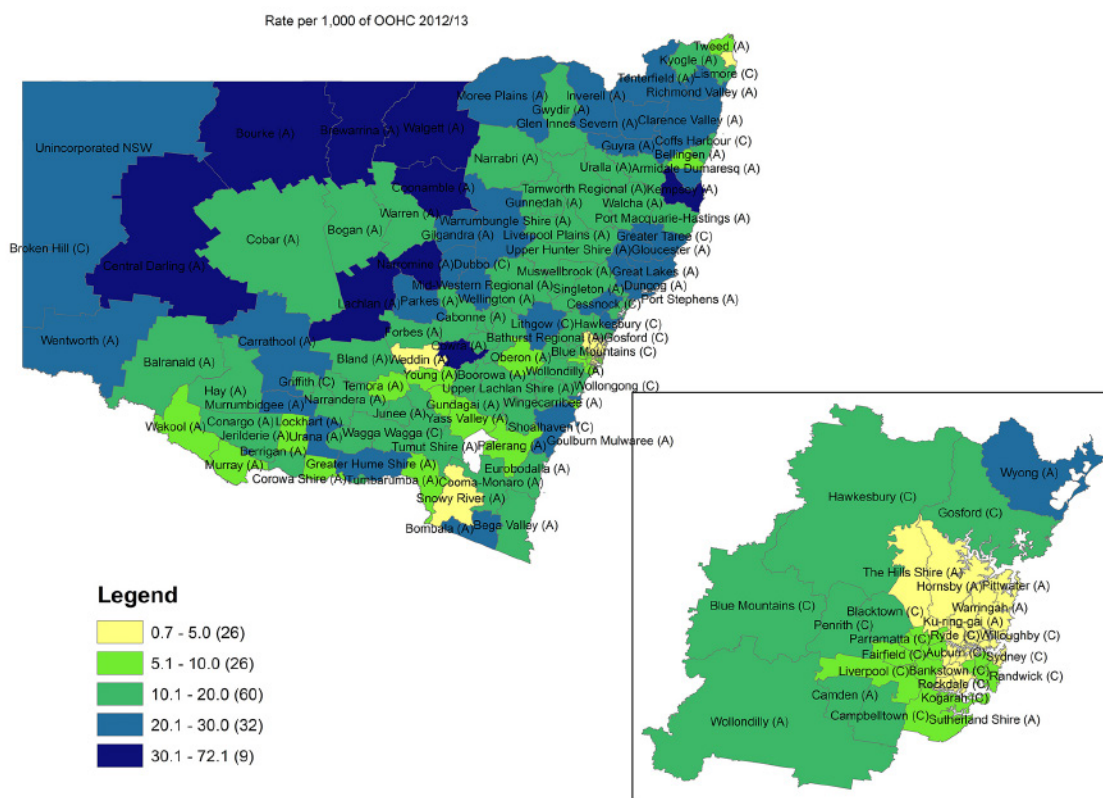
7.2 Children in Statutory OOHC (KTS Indicator 4b)

The KTS Indicators showed that at a state level the rate of entry for statutory OOHC appeared to be slowing, and that for younger children (aged 0-5 years) this was declining for the non-Aboriginal population and had plateaued for the Aboriginal population.

The spatial distribution of the rate of children in OOHC for the latest available data (2012/13) is presented in Figure 24. High rates per 1,000 children in OOHC are evident throughout Western NSW, in remote indigenous areas such as Bourke, Brewarrina, Central Darling, and Walgett. Where between 30 and 72 children in every 1,000 are living in statutory OOHC. The LGAs of Kempsey, Cowra, Narromine and Lachlan are also among those areas with high rates of children living in OOHC.

Within Sydney rates of OOHC reports are lower, with higher rates concentrated in the lower socio-economic areas that skirt the states capital. Wyong, located above Gosford stands out within the city boundaries, falling into the second highest category of children living in OOHC – between 20 and 30 children for every 1,000.

Figure 24 Rate of children and young people in statutory out-of-home care (OOHC), by LGA: rate per 1,000, 2012/13

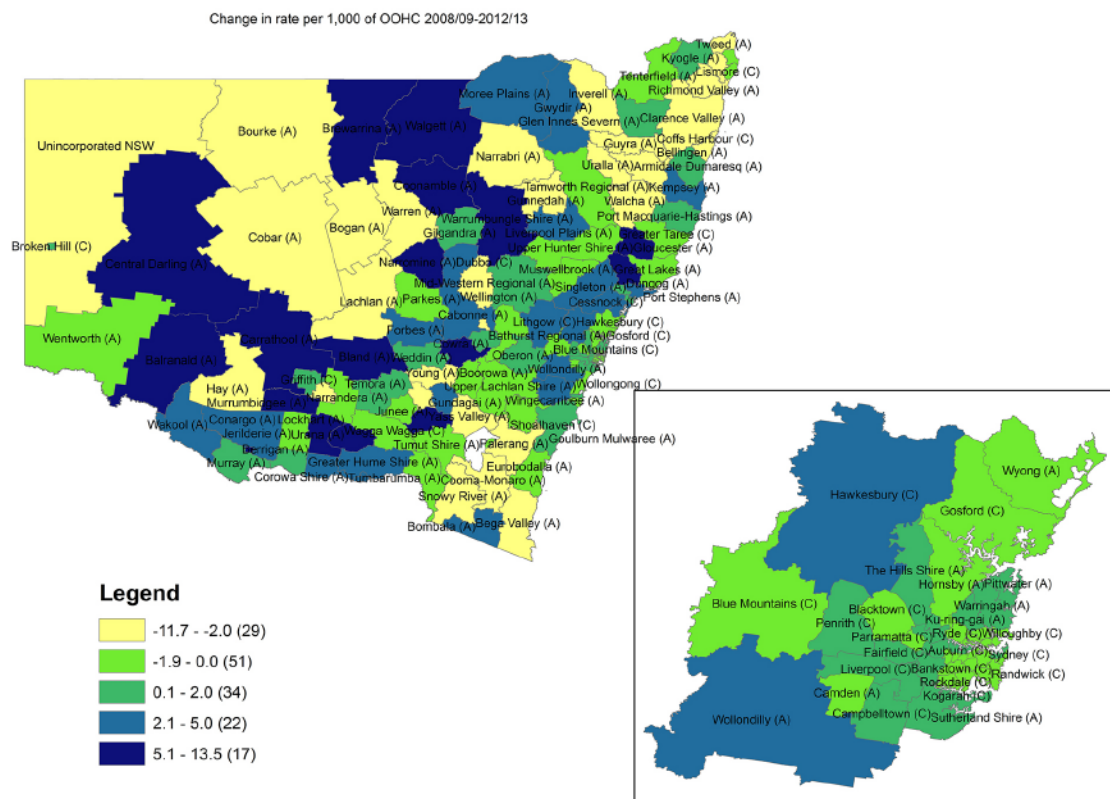


Source: FaCS.

Figure 25 shows a comparison in the rate of children living in statutory OOHC between 2008/09 and 2012/13. A number of areas showing the highest rates of OOHC in 2012/13 have also experienced a decrease across the period. These include The LGAs of Bourke and Lachlan. However, many that currently have the highest rates of OOHC have also had the highest increase over the period – Brewarrina, Walgett, Central Darling and Narrabri. Balranald, Carrathool, Bland, Coonamble and Cowra have also experienced an increase of between 5.1 to 13.5 children per 1,000 living in statutory OOHC. The majority of NSW LGAs have experienced very little change across the period.

Within Sydney the Hawkesbury and Wollondilly LGAs have had the highest increase (between 2.1 and 5 children per 1,000). All other Sydney LGAs had very little change.

Figure 25 Change in rate of children and young people in statutory out-of-home care (OOHC), by LGA: rate per 1,000, 2008/09-2012/13



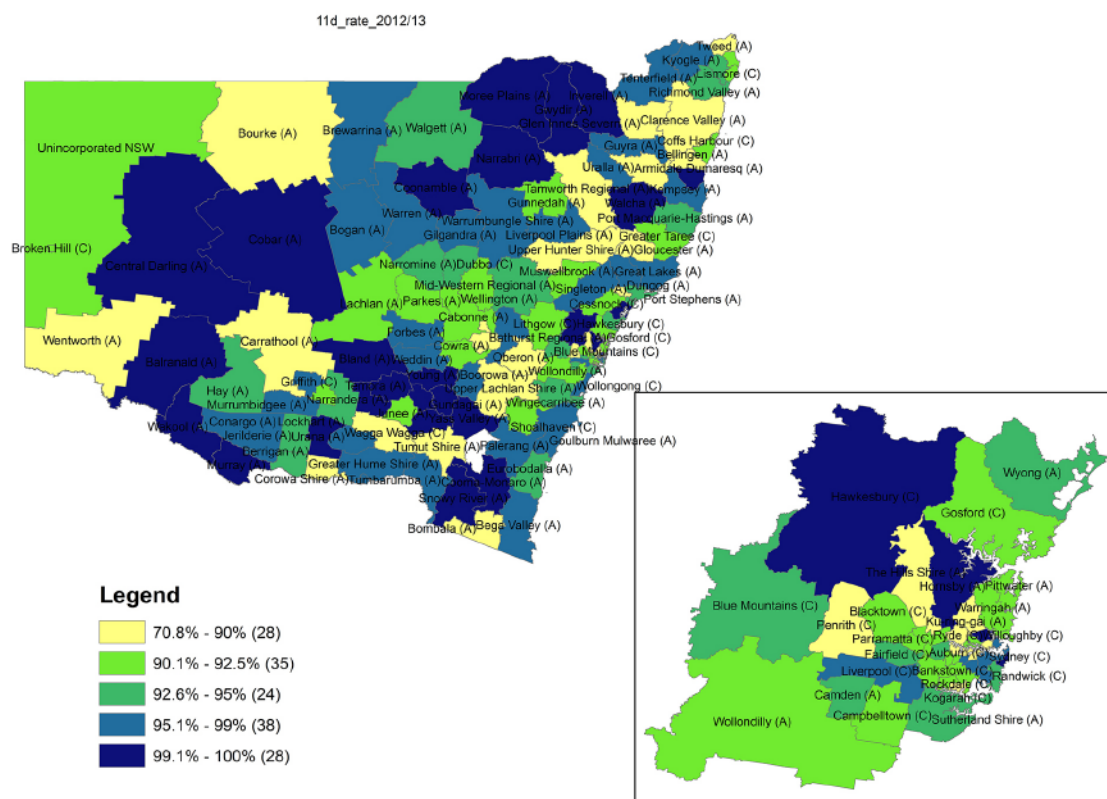
Source: FaCS.

7.3 Children in Statutory OOHC with fewer than 3 placements (KTS Indicator 11d)

This indicator measures the stability of accommodation/care for those who are in OOHC. At a state level there has been very little change in the proportion of CYP in statutory OOHC in who have had fewer than 3 placements within a 12 month period. The KTS Indicators report shows that this has been around 91-93 per cent over the last five years.

Figure 26 shows that some variation does exist for this indicator, however, the majority of regions have very high rates (>90%) of children with fewer than three placements over 12 months. In 66 out of 153 LGAs, the proportion is higher than 95%. A number of areas are experiencing lower outcomes for this indicator (between 70% and 90%), these include Bourke, Wentworth, Carrathool, Penrith and the Upper Hunter Shire.

Figure 26 Proportion of children and young people in OOHC who have had fewer than 3 replacements within 12 months, by LGA: 2012/13



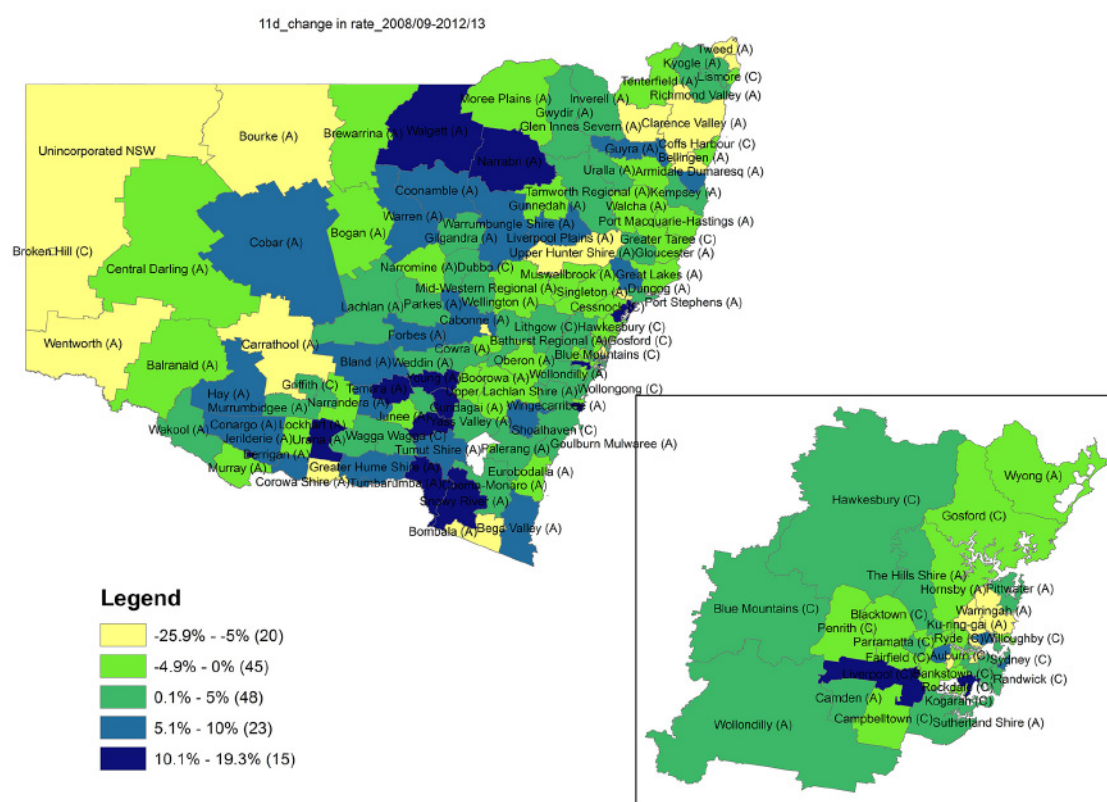
Source: FaCS.

A comparison in the proportion of children living in statutory OOH who have had fewer than 3 placements within 12 months between 2008/09 and 2012/13 is shown in Figure 27. A number of areas have improved considerably –with Walgett, Narrabri, Temora and the Snowy River increasing in this indicator by between 10 and 19.3 per cent.

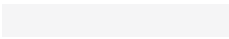
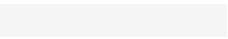
Bourke, Wentworth, Carrathool, Clarence Valley and Tweed have all experienced a decrease of between 5 and 29 percentage points in the proportion of children in OOH with less than three placements in a 12 month period, over the last five years.

Within Sydney, Liverpool the Hawkesbury and Wollondilly LGAs have had the highest increase (between 0.1 and 5 per 1,000). All other Sydney LGAs had very little change. Ku-ring-gai and Warringah also fell within the category of the greatest decrease in this indicator over time.

Figure 27 Change in proportion of children and young people in statutory OOH who have had fewer than 3 replacements within 12 months, by LGA: rate per 1,000, 2008/09-2012/13



Source: FaCS.



8 Children at risk of significant harm are identified and protected



8.1 Children at ROSH receive a face-to-face assessment (KTS Indicator 15a)

This indicator provides a measure of the extent to which the Community Services statutory intake system is able to assess the ROSH reports it receives.

At the state level this KTS indicator showed that the likelihood of receiving a face-to-face assessment improved for both Aboriginal and Non-Aboriginal CYP during KTS. This was particularly the case for children aged 0-5 years, with almost one in two Aboriginal children aged 0-5 years and one in three Non-Aboriginal children seen by a case worker.

The spatial distribution shows that much variation exists for this indicator, with the minimum proportion of children receiving a face-to-face assessment in 2012/13 8.4 per cent and the maximum 66.2 per cent (Figure 28). The distribution implies that less than 60% of cases in 2012/13 were assessed within appropriate time frame, which aligns with findings in the KTS Indicators report. The average proportion for LGAs in the greater Sydney region is around 25%. That is, only one quarter of the ROSH cases in this area receive a face-to-face assessment, reflecting the greater volume of children and consequently need in these areas.

Areas with the greatest proportion of children receiving a face-to-face assessment include areas around Western NSW such as Central Darling, Cobar and Balranald; areas within Southern NSW; and those within the Hunter-New England area. Others are spread throughout the state.

15a_percentage_2012/13

Legend

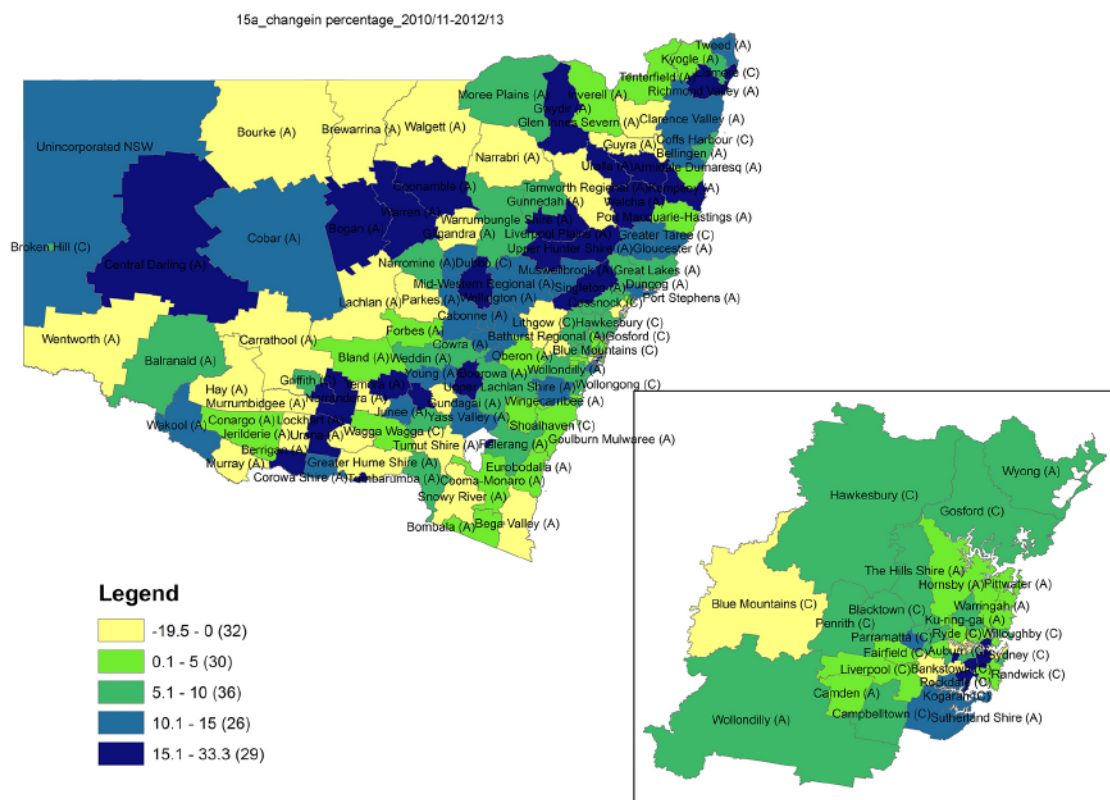
- 8.4% - 20% (23)
- 20.1% - 25% (33)
- 25.1% - 30% (30)
- 30.1% - 40% (38)
- 40.1% - 66.2% (29)

Assessing changes in the proportion of children and young people who receive a face-to-face assessment across NSW LGAs between 2010/11 and 2012/13 (Figure 29); there are mixed results. A number of areas have improved their performance in this KTS Indicator, including Central Darling, Bogan, Warren, Coonamble, Uralla and LGAs around Hunter-New England. These areas improved their rate of face-to-face assessment by between 15 and 33 percentage points.

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In Sydney there has been small to medium positive changes in the last three years in the proportion of children receiving a face-to-face assessment across most LGAs, the biggest of which were observed in Sutherland, Rockdale and Sydney City. The Blue Mountains and Bankstown deteriorated over the period.

Figure 29 Change in the proportion of children and young people at ROSH who receive a face-to-face (SARA/SAS2) assessment, by LGA: 2010/11 - 2012/13



Source: FaCS.

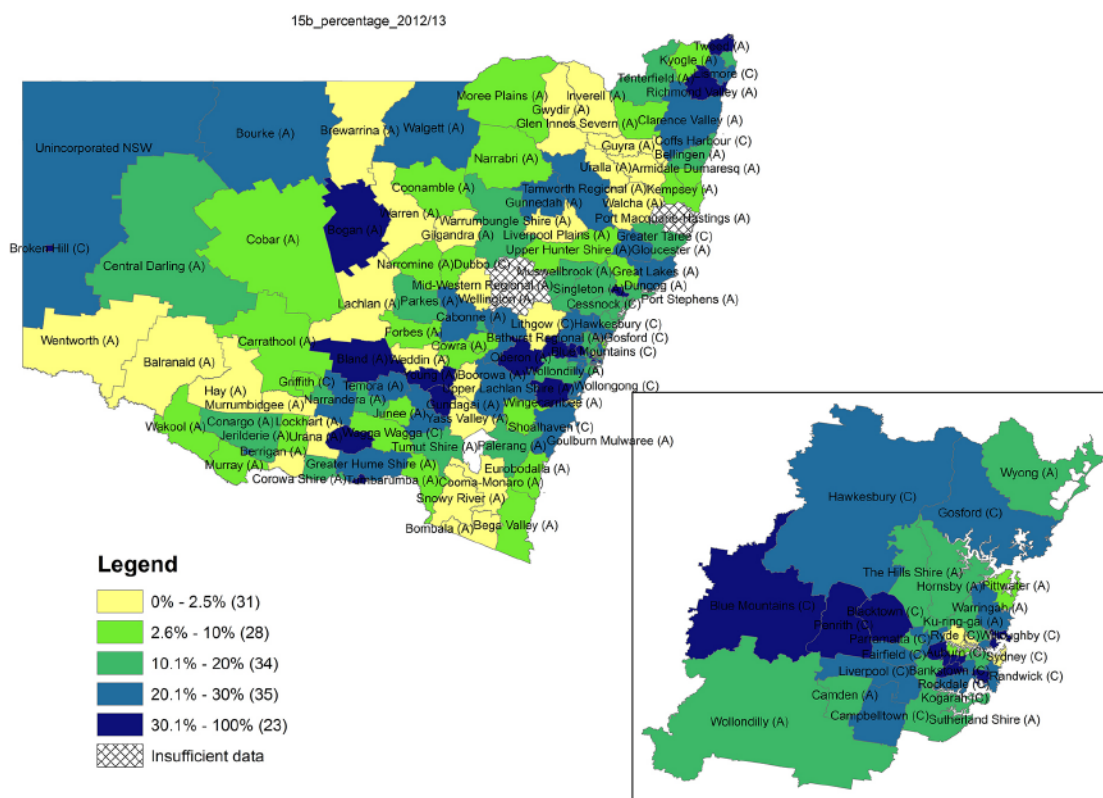
8.2 Children at risk participate in key KTS programs

(KTS Indicator 15b)

This indicator relates to the centrepieces of the KTS reforms: raising the threshold for report. For children and young people who are assessed as “unsafe” or at “high” level of risk ideally all cases are adequately assessed and responded. That is, their families participate in a family preservation, strengthening families or placement prevention.

In most LGAs, as shown in Figure 30, less than 30% of children and young people who are assessed at “high” level of risk participated in a family preservation, strengthening families or placement prevention in 2012/13. Higher proportions exist in Bogan, Richmond Valley, Bland, Young, Wagga Wagga, Oberon as well as the Blue Mountains, Penrith, Blacktown and inner West Sydney.

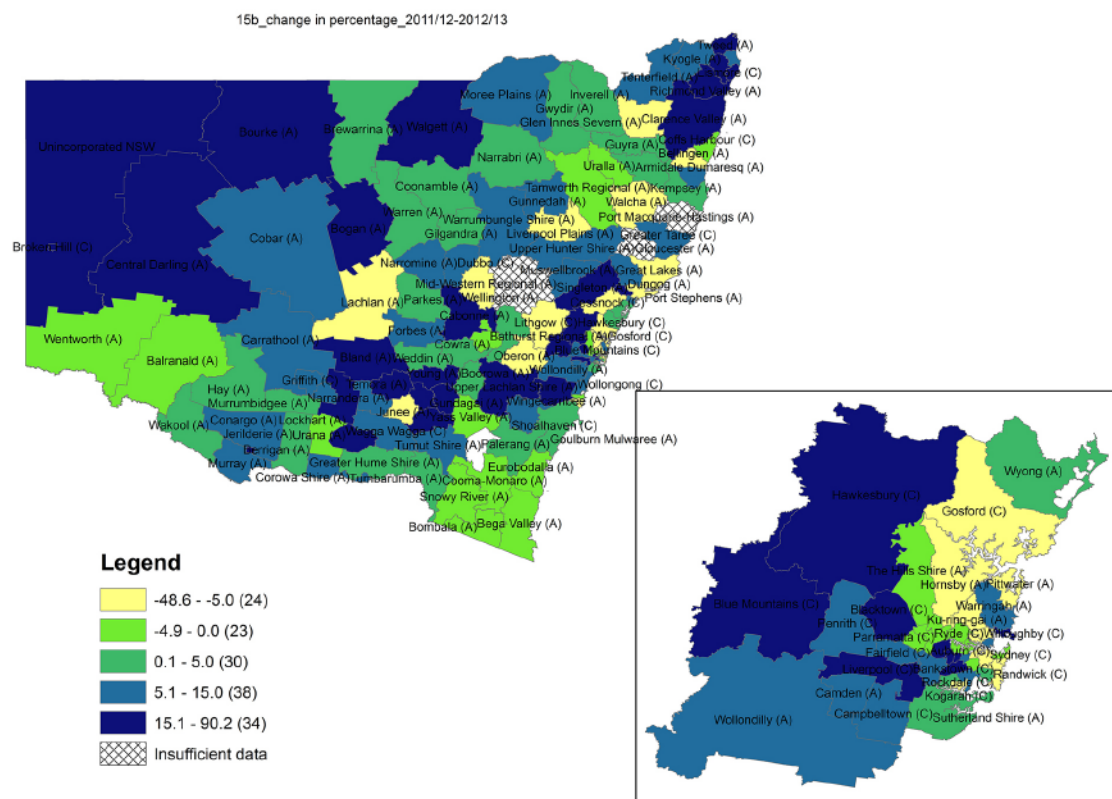
Figure 30 Proportion of children and young people for whom a secondary assessment determines intervention is required and who participate in a family preservation, strengthening families, or placement prevention intervention, by LGA: 2012/13



Source: FaCS.

Over the two year period that data was available for this proportion has increased in two thirds of the LGAs throughout NSW (Figure 31). The biggest differences are in those areas throughout Western NSW that have also received substantial PEI funding and are also those that have high rates of ROSH.

Figure 31 Change in the 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 placement prevention intervention, by LGA: 2011/12 - 2012/13



8.3 Children who are re-reported at ROSH (KTS Indicator 15c)

Indicators 15(a) and 15(b) show whether the system is able to assess a significant proportion of reports and allocate them for follow-up by a Community Services worker. If some CYP are reported but not assessed by the system the first time then there is a greater possibility that they will be re-reported and remain at Risk of Significant Harm for longer.

The proportion of CYP re-reported within 12 months of being the subject of a substantiated risk of significant harm is illustrated in Figure 32. In more than half of the LGAs repeated contact with the statutory child protection system is higher than 50% in 2012/13.

Very high rates of re-reports are evident in Western NSW, extending to the Murrumbidgee region and including Cobar, Carrathool, Hay and Wagga Wagga. Other areas of high re-report rates include Moree Plains, Narrabri, Glenn Innes Severn, Cowra and the Upper Lachlan.

Within the Greater Sydney region Blacktown, Auburn and Sydney City have the highest re-report rates.

Figure 32 Proportion of CYP at ROSH who have already been the subject of a substantiated report of significant harm, by LGA: 2012/13

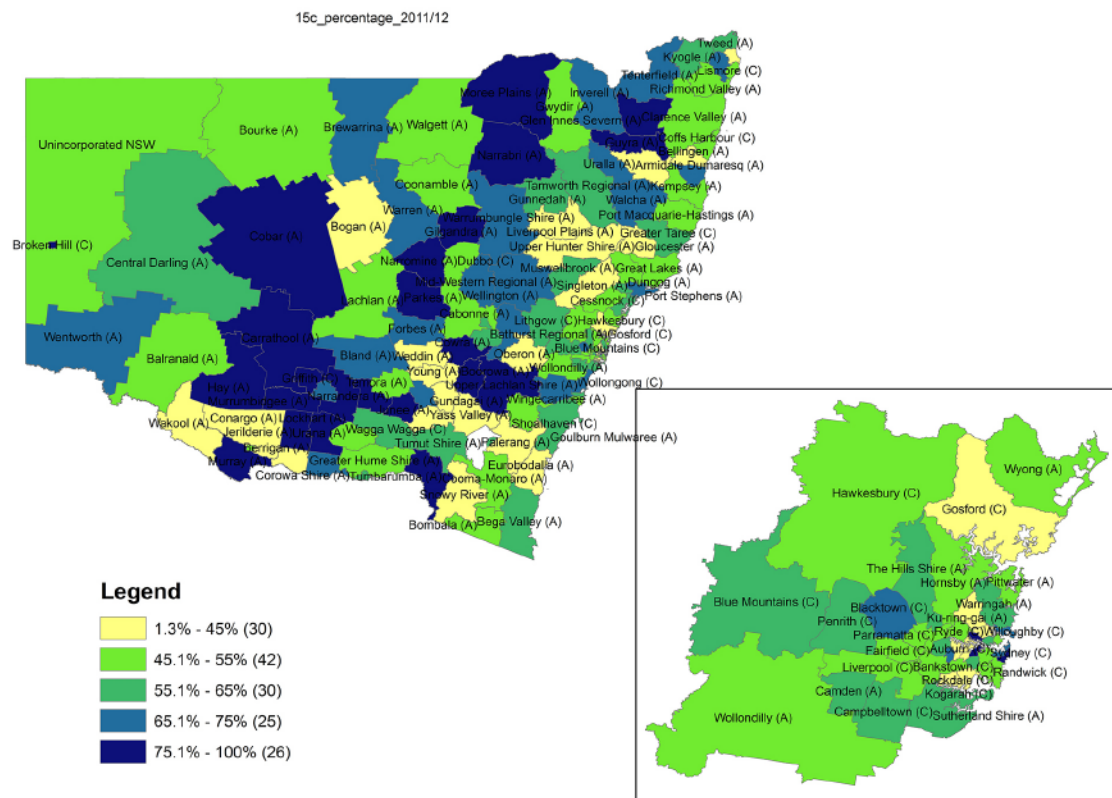
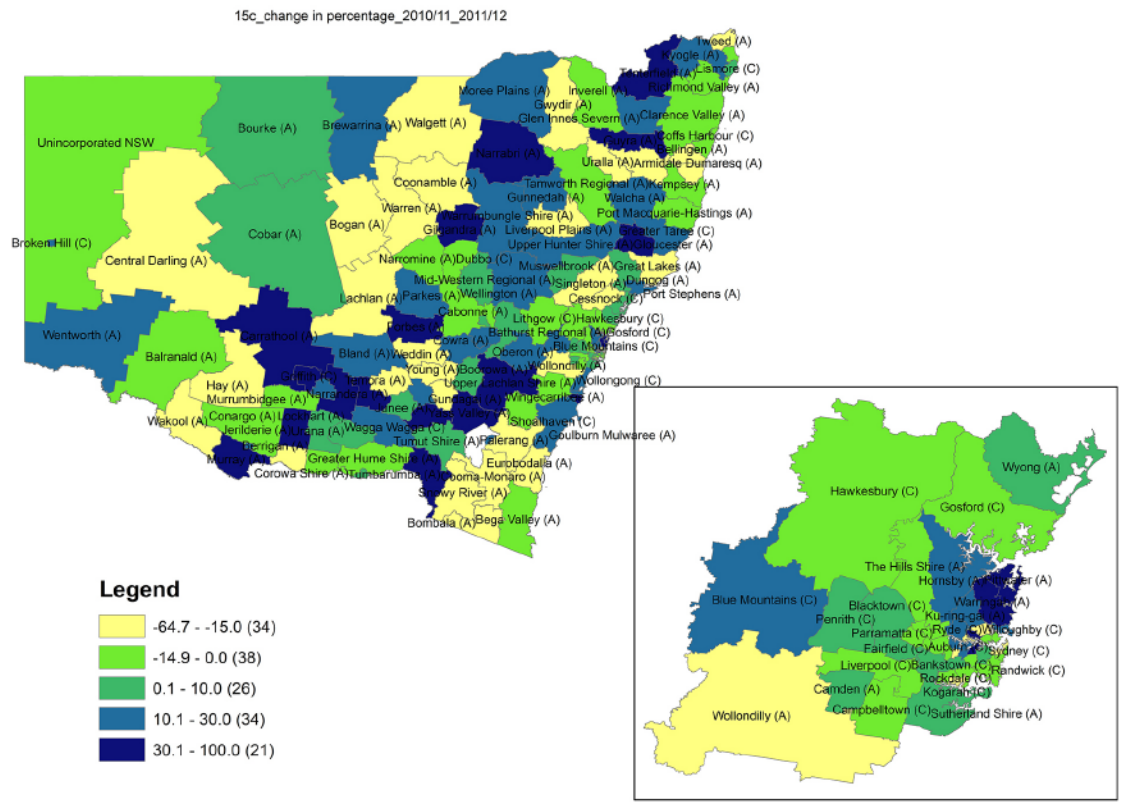


Figure 33 Change in proportion of CYP at ROSH who have already been the subject of a substantiated report of significant harm, by LGA: 2012/13



Source: FaCS.

9 Conclusion



The information presented in this report gives invaluable insight into the progress of NSW LGAs in relation to child protection and wellbeing outcomes. This information is able to be assessed against investment in Keep Them Safe at a total and per capita level, as well as across different KTS reform areas.

Our analysis of KTS investment illustrates that the volume of overall KTS funding is concentrated in the most populous areas throughout NSW, however this funding is spread thinly among the child population in these areas. Assessment of per capita investment demonstrates that children in regional NSW, particularly Western NSW have much higher funding levels per capita of the child population. These results may suggest a number of things, including a higher level of relative need within these areas (particularly complex need) and the greater expense involved in providing services to remote areas where economies of scale cannot often be realised. Prevention and Early Intervention funding, Acute service funding and Services of Aboriginal Children are also concentrated in these areas when assessing per capita measures.

Poorer educational and developmental outcomes are also more prominent in these areas and have been declining over time when looking at children reaching national minimum reading and numeracy standards. However, these results do vary depending on the LGA. Children who are most likely to be vulnerable in 1 or more, or 2 or more domains, are concentrated in the LGAs in the northwest of New South Wales: Bourke, Brewarrina, Walgett, Moree Plains and Central Darling. In Sydney only Bankstown had more than 15% of children vulnerable in two or more domains. Progress can be observed in the proportion of children vulnerable in 1 or more or 2 or more domains according to the AEDI, however, the results are mixed and a number of vulnerable continue to decline in this measure.

The outcome for children participating in one of the largest funded Prevention and Early Intervention programs – Brighter Futures, show that participation has increased across the majority of NSW LGAs, reflecting the KTS funding injection.

For CYP reported at ROSH throughout NSW poorer outcomes are again observed in the Far Western regions, characterised by remoteness and high Aboriginal populations. Over time a number of areas experienced a decrease in the rate of CYP reported at ROSH between 2010/11 and 2012/13, the majority of which are located in Central NSW – Cobar, Central Darling, Lachlan, Forbes and Warren. The Snowy River and Bega areas bordering Victoria also experienced a decline in this three year period, ranging from a decrease between 5 and 30 reports per 1,000. Contrary to these outcomes CYP reported at ROSH have increased in a number of NSW LGAs. While these LGAs are spread throughout NSW a cluster exists in North Western NSW which includes the LGAs of Bourke, Brewarrina, Walgett, and Coonamble. Other areas that have experienced an increase are scattered throughout NSW.

Similarly for OOHC, high rates per 1,000 children in OOHC are evident throughout Western NSW, in remote indigenous areas such as Bourke, Brewarrina, Central Darling, and Walgett, where between 30 and 72 children in every 1,000 are living in statutory OOHC. The LGAs of Kempsey, Cowra, Narromine and Lachlan are also among those areas with high rates of children living in OOHC.

Turning to the stability of children in OOHC we found that for 66 out of 153 LGAs more than 95% of children in OOHC had fewer than three placements within a 12 month time frame. A number of areas are experiencing lower outcomes for this indicator (between 70% and 90%). These include Bourke, Wentworth, Carrathool, Penrith and the Upper Hunter Shire.

Much variation exists across NSW in terms of the proportion of children at ROSH who then go on to receive a face-to-face assessment, ranging from 8.4 to 66.2 per cent. For Sydney, the average proportion for children receiving a face-to-face assessment is around 25%. That is, only one quarter of the ROSH cases in this area receive a face-to-face assessment, reflecting the greater volume of children and consequently need in these areas. Areas with the greatest proportion of children receiving a face-to-face assessment include areas around Western NSW such as Central Darling, Cobar and Balranald; areas within Southern NSW; and those within the Hunter-New England area. Other areas are spread throughout the state. There has been some improvement in this indicator for a number of LGAs over time, including Central Darling, Bogan, Warren, Coonamble, Uralla and LGAs around Hunter-New England. These areas improved their rate of face-to-face assessment by between 15 and 33 percentage points. However, poorer outcomes are evident for LGAs in North Western NSW bordering Queensland, a number throughout the Murrumbidgee region and scatterings throughout the state. In Sydney there has been small to medium positive changes in the last three years in the proportion of children receiving a face-to-face assessment across most LGAs, the biggest of which were observed in Sutherland, Rockdale and Sydney City. The Blue Mountains and Bankstown deteriorated over the period.

More children at ROSH are participating in strengthening families, placement prevention intervention and family preservation in the two year period that data is available for reflecting the investment in these services. Higher proportions exist in Bogan, Richmond Valley, Bland, Young, Wagga Wagga, Oberon as well as the Blue Mountains, Penrith, Blacktown and inner West Sydney. The impact of this greater participation will remain to be seen in future years.

Ideally, the investment in KTS programs and system reforms would work to reduce the proportion of children and young people who are re-reported within 12 months of being the subject of a substantiated risk of significant harm. In more than half of the LGAs repeated contact with the statutory child protection system is higher than 50% in 2012/13. Very high rates of re-reports are evident in Western NSW, extending to the Murrumbidgee region and including Cobar, Carrathool, Hay and Wagga Wagga. Other areas of high re-report rates include Moree Plains, Narrabri, Glenn Innes Severn, Cowra and the Upper Lachlan.

10 Technical notes



Incorporated NSW, located in the far west region is not part of any local government area. According to 2011 census there are 210 children and young people at or under 17 living in this area. Although the population outcome indicators based on such a small group are not statistically significant they are still presented in the maps as we believe more information on this region is better than none.

