# Ombudsman
## New South Wales

# Review of the NSW Child Protection System:
## Are things improving?

A Special Report to Parliament under s.31 of the *Ombudsman Act 1974*

**April 2014**

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# Ombudsman message

The capacity of the child protection system to adequately protect children from harm is an issue of significant concern to the community. As the agency tasked with independently reviewing the delivery of community services in NSW as well as the deaths of children who die as a result of abuse or neglect, it is important that we report on matters arising from our work when it is in the public interest to do so.

This report is a follow-up to our 2011 special report to Parliament, *Keep Them Safe?*,[1] which discussed a number of critical challenges that needed to be met as part of reforming the child protection system. Two and a half years on, we believe it is timely to re-examine a number of the significant issues canvassed in that report. This report is also intended to complement the Social Policy Research Centre's comprehensive outcomes evaluation of *Keep Them Safe*.[2]

At the time we released *Keep Them Safe?*, the available data showed that only around one fifth of all reports assessed by Community Services as indicating risk of significant harm to children (ROSH) were receiving a face-to-face response.[3]

In relation to this issue, Community Services acknowledged that its capacity to respond to children at risk of significant harm was inadequate. In our 2011 report, we identified the need for Community Services to focus on improving its productivity, including by systematically collecting and utilising data to drive greater efficiency. We also highlighted the importance of ongoing transparency by Community Services in relation to its ROSH response rates and related issues, such as the filling of vacant caseworker positions.

This report outlines our analysis of recent data provided by Community Services on ROSH response rates and caseworker numbers. We also discuss a number of issues relating to the quality of intra and inter agency child protection practice.

In a number of our recent reports[4] we have highlighted poorly integrated and inefficient service systems in local communities. In addition to discussing weaknesses in past interagency initiatives, this report also explores place-based reform of the delivery of community services, particularly in relation to high-need communities.

As we have previously stated, there will continue to be waste, inefficiency and poor 'return on investment' until more wholesale reform of the service system occurs.

**Bruce Barbour**
NSW Ombudsman

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1   NSW Ombudsman, K*eep Them Safe?*, August 2011.
2   The evaluation aims to identify whether outcomes for children, young people and their families have changed since the introduction of *Keep them Safe* (KTS), and the extent to which this can be attributed to the KTS reforms. It will also examine why identified reforms have been successful or not, within available information, to inform future decisions about initiatives and preserving gains. We understand the evaluation will have a particular focus on the new reporting threshold and structured decision-making tools. The SPRC is due to report to the NSW Government by mid-2014. www.keepthemsafe.nsw.gov.au/kts_evaluation. Accessed 14 March 2014.
3   This data was for the period ending 31 December 2010.
4   NSW Ombudsman, Inquiry into service provision to the Bourke and Brewarrina communities, December 2010; *Addressing Aboriginal disadvantage: the need to do things differently*, October 2011; and Responding to *Child Sexual Assault in Aboriginal communities*, December 2012.

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# Chapter 1. *Keep Them Safe?* – what we found in 2011

The legislative and structural reforms introduced in 2010 following the Wood Special Commission of Inquiry into Child Protection Services in NSW (the Wood Inquiry) were intended to allow Community Services to concentrate its efforts on seeing children most at risk of experiencing serious harm.

The suite of *Keep Them Safe* reforms introduced substantial changes to the systems for reporting concerns about the safety, welfare and wellbeing of children and young people. They include:

- Raising the threshold for reporting concerns to Community Services from 'risk of harm' to 'risk of significant harm'.[5]

- The introduction of Child Wellbeing Units (CWUs) in the three government agencies responsible for the majority of child protection reports to the Child Protection Helpline (CWUs are currently in place in Police, Health and Education).[6]

- Simplifying information exchange provisions to allow information relating to the safety, welfare and wellbeing of children to be readily exchanged between certain human service and justice agencies, and other prescribed bodies.[7]

- The establishment of Family Referral Services (FRS) to improve access to services for vulnerable children, young people, and their families who fall below the threshold for a statutory child protection response, but would benefit from accessing local services – including case management, housing, childcare, playgroup, drug and alcohol counselling, mental health, parenting education and respite care – to address current problems and prevent the escalation of risk.[8]

Our 2011 report, *Keep Them Safe?*, examined whether the post-reform capacity of the child protection system to respond to reports of children at risk of significant harm (ROSH) had improved as a result of the increased reporting threshold.

We found that in the first 11 months of the new system,[9] the number of ROSH reports referred by the Child Protection Helpline to other parts of Community Services for action was more than 100,000 (53%) less than it had been before the Wood Inquiry began.[10] However, despite this significant drop in demand, the number of ROSH reports that received a face-to-face assessment during the same period dropped by over 50%.[11] In fact, only 21% of all ROSH reports were recorded as receiving a face-to-face response. In addition, the data showed that although the number of reports which were closed due to 'competing priorities' dropped by almost two-thirds,[12] the closure rate due to competing priorities remained unacceptably high at 25% of all reports screened in at the Helpline.

While in our 2011 report we outlined our concerns about these findings, we also acknowledged that the ROSH response rate is not the only indicator of whether the child protection system is functioning effectively. We stressed that an efficient child protection system must be able to identify those children who are most in need in order to direct an appropriate level of resources to this group. While a single piece of intelligence may justify determining that extreme risks exist, an effective intelligence-driven child protection system involves the systematic analysis of risk-related information held by key agencies, including identifying each agency's 'high-end users'.[13] We argued that this approach is consistent with the notion of 'shared responsibility' which was central to the recommendations of the

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5    Two new legislative grounds for mandatory reporting were introduced relating to non-enrolment or habitual non-attendance at school and giving explicit recognition to the cumulative nature of harm.
6    These units assess whether the concerns identified by their staff need to be reported to Community Services, and identify potential responses by the agency or other support services to help these families. CWUs also provide advice to frontline agency staff about child protection issues and discuss options for assisting the child or young person and their family.
7    The object of Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1993* is to facilitate the provision of services to children and young people by agencies that have responsibilities relating to the safety, welfare or well-being of children and young persons, by authorising or requiring those agencies to provide/receive information that is relevant to the provision of the services, and to take reasonable steps to coordinate the provision of the services.
8    FRSs are implemented by NSW Health. Families can self-refer to the FRS, or may be referred by staff from agencies or NGOs – including by mandatory reporters on advice from a CWU. After initially being trialled in three locations, there are now four FRS in the Greater Sydney area, and a further seven FRS around rural and regional NSW.
9    24 January–31 December 2010. As this period covers slightly less than a calendar year, we use full financial years to compare data at other points in this report.
10   From 201,208 in the year before the Wood Inquiry to 95,491 between 24 January and 31 December 2010.
11   From 46,757 in 2006-2007 to 19,826 for the 11 month period following the introduction of the new threshold.
12   From 77,386 in 2006-2007 to 24,268 in the 11 month period following the introduction of the new threshold.
13   Justice Wood specifically recommended that government agencies identify their 'high-end' users and provide these families with an integrated case management response.

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Wood Inquiry. We recommended that the Department of Family and Community Services (FACS) provide public advice on whether it intended adopting an intelligence driven child protection system, and if so, how this would be done.

In *Keep Them Safe?* we specifically identified the need for a clear policy and practice framework to be developed by the Department of Premier and Cabinet (DPC), together with FACS and other human service and justice agencies, for improving the response to vulnerable older children and adolescents, particularly in circumstances where there is cogent evidence of serious physical or sexual abuse; significant risk of death from abuse, neglect or suicide; and/or a lack of the basic necessities of life. We observed that ROSH report data indicated a higher level of priority was being accorded to young children requiring immediate intervention. By contrast, a higher proportion of reports about adolescents were often receiving no response. We noted that this approach was often justified by Community Services on the basis of the need to make decisions about relative risk, and the fact that generally, younger children will be at greater risk.[14]

We also identified that more work was required to establish a clear policy and practice framework for responding to habitual non-attendance at school. Following the Wood Inquiry, the *Children and Young Persons (Care and Protection) Act 1998* was amended in January 2010 to include educational neglect as a risk factor, which warrants a report to Community Services when it is significant. In *Keep Them Safe?*, we noted our concern that at the time, less than 10% of these ROSH reports were receiving a face-to-face assessment. In a number of reports since *Keep Them Safe?* we have continued to highlight the significant risks associated with educational neglect, and the role that various agencies – Education, Police, Community Services and the NGO sector – could play in tackling this problem.[15]

At the time of our 2011 report, Community Services acknowledged that the capacity of the child protection system was inadequate and advised us of its plan to address this problem. The plan involved strategies aimed at maximising caseworker time in the field and improving overall productivity. In addition, Community Services committed to employing a full complement of caseworkers by January 2012.

We recommended that FACS develop an action plan for publicly reporting on its progress in relation to response rates for ROSH reports, and the related productivity and efficiency outcomes achieved through its *Action Plan to Improve Capacity in Child Protection*.[16] In doing so, we also recommended that public reporting should include details of the number of filled caseworker positions against Community Services' funded staffing establishment (by region), and advice on its progress in recruiting caseworkers to rural and remote areas and in retaining experienced staff in these locations. We also highlighted the need for DPC, along with FACS and other human service and justice agencies, to examine how they could better deliver on the concept of shared responsibility in a range of contexts, including responding to ROSH reports and providing better support to high-risk adolescents.

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14  We reiterated the need for a comprehensive and integrated response to highly vulnerable older children and young people in two subsequent confidential reports provided to Community Services in 2012: *Review of a group of school-aged children from two Western NSW towns: Towards intelligence driven child protection and Service provision challenges in responding to very vulnerable older children and young people.*

15  NSW Ombudsman, *Addressing Aboriginal disadvantage: the need to do things differently* (2011); *Review of a group of school-aged children from two Western NSW towns: Towards intelligence driven child protection* (confidential report – 2012); *Responding to Child Sexual Assault in Aboriginal Communities,* December 2012.

16  One of the four key pieces of work under Community Services' Action Plan involved commissioning Ernst and Young consultants in 2011 to undertake a detailed review of caseloads and workload management.

# Chapter 2. Progress made since our 2011 report

## 2.1. Improving the rate of face-to-face assessments of ROSH reports

Since our last report, Community Services has lifted its annual rate of face-to-face assessments of ROSH reports from 21% to 28%.[17] While there is still a significant gap to bridge before the response rate is at an acceptable level, we acknowledge that some progress has been made against this key measure.

Community Services has attributed its increased capacity to undertake face-to-face child protection assessments to a number of factors, including:

- upgrading IT systems and reducing administrative tasks to allow caseworkers to spend more time with families, and

- streamlining caseworker training and introducing new professional development mechanisms such as coaching/mentoring to enhance career development and retention of front-line staff and managers.

At the time of our earlier report, many of the other reforms designed to support the introduction of the higher threshold for mandatory reporting – such as information exchange mechanisms, Child Wellbeing Units and referral pathways – were relatively new. Some, like the structured decision-making tools used by caseworkers, were still being put in place. According to Community Services, its frontline managers believe that these reforms have better equipped practitioners operating across the human services system to respond more effectively to risk in individual cases, and have encouraged greater collaboration between agencies. We understand that the KTS Outcomes Evaluation will be examining this issue.

## 2.2. Enhancements to IT systems

In *Keep Them Safe?*, we argued that Community Services could improve its productivity through enhancing the functionality of its database, the Key Information and Directory System (KiDS). The Wood Inquiry identified the need to improve business processes to reduce caseworker hours spent recording data on KiDS. Since our 2011 report, Community Services has continued to re-design and upgrade the KiDS system and has also developed a range of aggregated reports through its Corporate Data Warehouse. These enhancements are positive and should be broadened. Some of the more significant enhancements include:

- Removing the Initial Assessment field on KiDS (which was duplicated in the Contact Record field) has enabled more efficient recording of ROSH reports at the Helpline – creating a saving of 14 minutes per completion of each ROSH record – which translates to a saving of 260 caseworker hours overall.[18]

- The partner agency e-reporting trial was expanded – this allows mandatory reporters to more easily make 'on-line' non-imminent harm reports to Community Services. The number of e-reports increased from 243 in 2008-2009 to 13,524 by 2012-2013. Among other benefits, e-reporting has led to time savings for Helpline staff. It is anticipated that e-reporting will be available to all mandatory reporters in the first half of 2014.

- A Caseworker Mobility trial also commenced in October 2013, involving 50 caseworkers from eight business units. Each worker has been allocated an iPhone and iPad to allow them to type up case notes/make referrals/conduct research if they are waiting for lengthy periods at police stations and hospitals. Additional IT enhancements are planned to allow caseworkers access to selected KiDS information while in the field.[19] As well, iPhones will soon be distributed to frontline staff to improve efficiency and productivity, as well as communication between staff and clients.[20]

Our 2011 report observed that extracting critical historical information from the KiDS system was difficult and time consuming. We noted that for a user to learn about a family's child protection history, they often have to spend hours navigating numerous data fields. We drew attention to the benefits of providing caseworkers with a reporting tool that delivered consolidated history reports quickly, noting that this tool could save caseworkers significant time and improve the quality of casework decisions.[21]

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17    The face-to-face response rate to ROSH reports increased from 21% in 2010-2011 to 28% in 2012-2013.
18    The upgrade was released in November 2012.
19    NSW Department of Family and Community Services' response to Ombudsman request for information, 24 December 2013.
20    Advice provided by the NSW Department of Family and Community Services, 25 March 2014.
21    NSW Ombudsman, *Keep Them Safe?*, August 2011, p.13 and Recommendation 1(d).

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Recently, Community Services has advised us that it is now progressing a 'child on a page' report that will support more efficient risk identification and management by bringing together key information in one place. This information will include material relating to the child's:

- parents/care-givers
- siblings
- past reporting and safety issues (and related decisions), and
- connection to any individual recorded as causing harm to them.

Community Services has stressed that while the tool could potentially achieve efficiency savings, it should be seen as complementing, rather than replacing, a more comprehensive history check. Furthermore, Community Services believes that it is likely to save time in pointing caseworkers to where they need to look for specific pieces of information, and in certain cases, in the preparation of documents. It is encouraging that Community Services is progressing this work and we believe it should continue to receive priority.[22]

## 2.3. Stronger governance and accountability mechanisms

Community Services has significantly improved its capacity to measure, monitor and report on issues which impact on its ability to respond appropriately to ROSH reports. In particular, it has:

- developed the capacity to accurately report on funded and actual staffing numbers [23]
- developed lead performance indicators for managers and executives
- established a regular schedule of distributing data to managers and executives to help them identify emerging issues, monitor performance against outcomes and drive continuous practice improvements
- implemented a programme for driving ongoing improvements to the quality of its data collection, reporting and performance monitoring
- begun developing a workload management tool that will enable the calculation of accurate and meaningful measures of caseload/demand, benchmarks and performance, and
- refined its resource allocation modelling to determine demand and resource requirements for each district.[24]

In addition, Community Services has changed its internal governance and accountability arrangements through the implementation of a new Performance Reporting Framework and a substantially enhanced Quarterly Business Review (QBR) process. The framework consists of indicators and reports on the operation and performance of each district – broken down for each Community Service Centre (CSC) and specialist team – supported by detailed data drawn from Community Services. An important feature of the current QBR is the requirement that District Directors come together with FACS senior executive to report on progress – thereby allowing districts to benchmark their own performance and share good practice initiatives. The implementation of the Performance Reporting Framework and renewed QBR process is a significant initiative that should enable District Directors to be both accountable and supported in performing their critical leadership role.

The alignment of FACS boundaries with the 15 local health districts in NSW, and the related creation of the FACS District Director positions which occurred in September 2013, also has the potential to result in greater efficiency and flexibility in the use of resources across CSCs.[25] These District Directors are now responsible for implementing child protection, disability and housing policy for their area. In addition, the decision by FACS to share common district boundaries with Health should facilitate more integrated service planning and responses to vulnerable children and families.

Community Services has also made significant progress in providing to the public meaningful data. For the first time, its *Annual Statistical Report* for 2011-2012 included data on the different levels of response to ROSH reports.[26] In the middle of 2013, Community Services published its first *Caseworker Dashboard*, which covered the June 2013 quarter. The dashboard provides a snapshot of the Community Services caseworker workforce and ROSH response

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22   NSW Department of Family and Community Services response to Ombudsman request for information, 12 March 2014.
23   'Funded staffing numbers' refers to the number of full-time equivalent (FTE) caseworkers funded in the Community Services budget. 'Actual staffing numbers' refers to the number of FTE employees working as caseworkers excluding those on extended or parental leave or occupying positions funded by specific time limited funding. Advice provided by NSW Department of Family and Community Services response to Ombudsman request for information, 10 December 2013.
24   NSW Department of Family and Community Services response to Ombudsman request for information, 24 December 2013.
25   In September 2013, the former region/area director positions that existed within each of the individual FACS agencies were replaced with 15 district director positions which now have broader FACS-wide responsibilities but over a smaller geographical area which aligns with local health district boundaries.
26   NSW Department of Family and Community Services, *Annual Statistical Report 2011-12*, 2013. p.52.

rate data by district. Another two dashboards, for the September and December 2013 quarters, have since been released. As a result, the public now has access to data that spans more than three years, on many important aspects of Community Services' work. We acknowledge the agency's considerable efforts to improve transparency and accountability in relation its performance through developing, and publishing, the *Caseworker Dashboard*.

Community Services has told us it will continue to refine its data collection and performance measures. In this regard, Community Services has made some progress on setting average caseload and case completion targets, and developing the capacity to be able to identify, and report on, families/sibling groups which are the subject of risk of significant harm reports.[27] One measure of sibling groups is already available in the Performance Reporting Framework and Community Services has leveraged off the caseload review work undertaken by Ernst and Young[28] to develop better measures of caseworker productivity. However, it has advised our office that it needs to continue to develop and refine its data collection in these areas before it can use the related reporting tools more widely.

Improvements to Community Services' information systems and governance structures, and the accountability mechanisms which underpin them, lay the foundation for a more effective child protection system. We will continue to closely monitor progress in relation to Community Service's work to determine average caseload and case completion targets, and its ability to identify, and report on, families/sibling groups which are the subject of ROSH reports.

While Community Services acknowledges that further work is required to better understand and measure the productivity of its workforce, the evidence demonstrates that it is now better equipped to assess, and accurately report on, its capacity to meet demand.

## 2.4. Sharing responsibility for responding to vulnerable adolescents and educational neglect

### 2.4.1. Vulnerable adolescents

It is apparent that ROSH responses to vulnerable adolescents remain inadequate, two and a half years after we raised this issue in *Keep Them Safe?*. On average, 31% of children under 12 received a face-to-face assessment, compared with only 22% of adolescents in 2012-2013.[29]

Having raised the need for a clear policy and practice framework to improve responses to vulnerable older children and adolescents in *Keep Them Safe?*, in July 2012 we prepared a confidential report for FACS called – *Service provision challenges in responding to very vulnerable older children and young people.* In direct response to this report,[30] FACS established the *'Vulnerable Teenagers Review'* – now known as *Better Lives for Vulnerable Teenagers* – which recommends strategies to reduce the number of older children and adolescents who are re-entering the Juvenile Justice system, are affected by homelessness, or are entering out of home care.

Our ongoing work in relation to this cohort culminated in a comprehensive recommendation in our December 2012 report, *Responding to Child Sexual Assault in Aboriginal Communities*, which called for the provision of an integrated, multi-agency response to vulnerable older children and young people.[31] However, despite in-principle cross government support for a senior group to be established to develop and implement a coordinated strategy for vulnerable young people – and a range of other recent initiatives developed by FACS and other agencies aimed at better responding to the needs of this cohort[32] – there is still no overarching framework to guide the delivery

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27  In *Keep Them Safe?* we highlighted the importance of Community Services capturing outcomes by family/sibling groups given that interventions are targeted towards families rather than individual children. While FACS has acknowledged the value of this type of data, it has also highlighted that identifying outcomes for family/sibling groups is not straightforward nor is it captured consistently across jurisdictions. Community Services advised us that it 'continues to work towards improving reporting of such information, locally and in line with national data projects currently in progress.' The analysis of family/sibling group data prepared by Community Services was used by the Wood Inquiry and in connection with various *Keep Them Safe?* projects such as Family Case Management. This data has also been used to inform two pieces of work: the Sibling Safety Policy (2010) and the Sibling Case Coordination Trial which ran for 12 weeks in Metro West Region in 2013. NSW Department of Family and Community Services response to Ombudsman request for information, 10 December 2013.

28  Ernst and Young, *Child Protection Caseworker Caseload Review*. Report prepared for the Department of Family and Community Services, 3 June 2011.

29  NSW Department of Family and Community Services response to Ombudsman information request, 24 December 2013.

30  NSW Ombudsman, *Service provision challenges in responding to very vulnerable older children and young people*, July 2012.

31  NSW Ombudsman, *Responding to Child Sexual Assault in Aboriginal Communities*, December 2012. Recommendation 64.

32  These initiatives include a state-wide Adolescents with Complex Needs Panel; Child Protection Adolescent Response Teams (work intensively with young people aged 12 to 17 to maximise the likelihood of them remaining with their families, by providing child protection case management and specialised advice), *Youth Hope* (a voluntary service which targets 9 to 15 year olds who have been assessed as being at risk of significant harm and need support to remain at home); *Youth on Track* (an early intervention scheme which targets young people who are at risk of long term involvement in criminal behaviour). Other relevant initiatives include Connected Communities, a strategy which positions schools as community hubs that will deliver a range of services from birth, through school, to further training and employment in a number of complex communities; concurrent reviews of the *Young Offenders Act 1997* and the *Children (Criminal Proceedings) Act 1987*; and a review by DAG&J into diverting Aboriginal young people from the criminal justice system.

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of services which are provided to high-risk adolescents. As a result, these initiatives are not being delivered in a coordinated, integrated way.[33]

In the absence of an overarching framework, the system will continue to be characterised by piecemeal service responses that result in young people continuing to get lost in the system.

## 2.4.2. Educational neglect

In relation to addressing educational neglect, progress has been made since our 2011 report. Measures to improve the way agencies identify and respond to educational neglect include: the development of better mechanisms for collecting and reporting data about school attendance; the commencement of a pilot interagency partnership program led by the Department of Education and Communities to test new collaborative approaches to students at risk of educational neglect; and a number of local initiatives aimed at strengthening collaboration between schools and Family Referral Services. We discuss educational neglect in more detail in Chapter 4.

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33   This is the case even within FACS. There is currently significant work being undertaken in relation to youth homelessness, for example (through Housing NSW *Going Home Staying Home* Reform Plan), which does not appear to be appropriately linked with other work being progressed by FACS to response to vulnerable adolescents.

# Chapter 3. Capacity to meet risk of significant harm demand

In this chapter we consider the data relating to Community Services' current capacity to meet ROSH demand and how it varies between the 15 FACS districts. We discuss the progress Community Services has made in filling vacant caseworker positions and the locations where the vacancy rates remain persistently high. In addition, we examine Community Services' systems for assessing the productivity and overall performance of its districts. Finally, we outline what is required to reduce the substantial gap in ROSH *'supply and demand'*.

## 3.1. Responses to ROSH reports

To determine the progress that Community Services has made since our last report, we asked for data on the number of ROSH reports screened in at the Child Protection Helpline in 2012-2013 at a state-wide, district and local level, and compared this to data for the previous two years. State-wide ROSH response data is presented in Table 1 below.[34]

**Table 1: ROSH reports screened in at the Helpline by highest level of child protection assessment received**

| Highest assessment received | 2010-11 | | 2011-12 | | 2012-13 | |
|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % |
| **Face-to-face assessment [35]** | | | | | | |
| **SARA/SAS2 – completed** | 20,204 | 20.4 | 25,684 | 25.9 | 29,403 | 28.1 |
| **SARA/SAS2 – ongoing** | 380 | 0.4 | 742 | 0.7 | 18 | <0.1 |
| **Office based assessment** | | | | | | |
| **SAS1 completed – other information or referral [36]** | 33,076 | 33.5 | 24,321 | 24.5 | 23,439 | 22.4 |
| **SAS1 completed – closed competing priorities [37]** | 15,570 | 15.8 | 31,661 | 31.9 | 40,555 | 38.7 |
| **SAS1 ongoing** | 2,159 | 2.2 | 1,609 | 1.6 | 1,376 | 1.3 |
| **Further assessment not required** | | | | | | |
| **Open – no further assessment** | 1,098 | 1.1 | 1,055 | 1.1 | 30 | <0.1 |
| **Closed – no further assessment [38]** | 26,358 | 26.7 | 14,211 | 14.3 | 9,996 | 9.5 |
| **Total** | **98,845** | **100** | **99,283** | **100** | **104,817** | **100** |

### 3.1.1. Rate of face-to-face assessment of ROSH reports

Table 1 shows that since our 2011 report, the proportion of ROSH reports screened in at the Helpline which received a comprehensive face-to-face assessment[39] increased from 20% in 2010-2011 to 28 % in 2012-2013. In addition,

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34   NSW Department of Family and Community Services responses to Ombudsman requests for information: 10,12,18 and 24 December 2013.
35   Reports that receive a comprehensive assessment include not only face-to-face contact with the child and their family, but may also involve discussions with other agencies obtaining information from other sources.
36   This first stage of the assessment process occurs prior to a field response and generally involves office-based inquiries and information gathering, but no face-to-face contact with the child and their family. It may involve follow-up with the reporter or another agency involved with the family.
37   Community Services' case closure policy specifies that in principle, all reports which reach a CSC or Joint Investigation response Teams (JIRT) should receive a comprehensive safety and risk assessment. The policy does, however, allow for reports to be closed at any time because the CSC has insufficient resources to respond. The basis for closing cases in these circumstances is the level and immediacy of risk to particular child in comparison to the level and immediacy of risk to other reported children in the context of the CSCs' capacity to respond. Our work illustrates that a matter can be closed regardless of whether the information at the time indicates that a child may be at risk of serious harm.
38   The closure of a case based on an assessment that the report does not warrant further action; for example, the concerns have been resolved, or having regard to the totality of the evidence, the veracity of concerns reported to the Helpline is not supported.
39   A completed SARA/SAS2.

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the actual number of face-to-face assessments conducted increased by 46% (from 20,204 to 29,403 reports).[40] This increase occurred against a backdrop of slightly rising demand: the numbers of ROSH reports that were screened in by the Helpline rose by 6% over the same period (from 98,845 to 104,817).

Although this improvement is encouraging, it is clear that the statutory child protection system is still struggling to meet the demands placed on it. As we discuss later in this section, although the rate of face-to-face assessment of ROSH reports is not the only measure of how the child protection system is responding to children determined to be at risk of significant harm, it is nonetheless an important indicator.

### 3.1.2. Cases closed due to competing priorities

As discussed earlier, in our *Keep Them Safe?* report we expressed the view that the 25% closure rate due to competing priorities which existed at that time was unacceptably high. For this report, we again analyse data relevant to this issue in order to ascertain whether there had been any improvement.

Table 1 on the previous page shows that the number of reports recorded as 'closed – no further assessment' has dropped considerably since 2010-2011– from 26,358 to 9,996. However, the number of reports recorded as 'SAS1 completed – closed competing priorities' rose considerably – from 15,570 in 2010-2011 to 40,555 in 2012-2013. Reports recorded as closed due to competing priorities now represent 39% of all ROSH report response outcomes.

Community Services advises that this increase is largely due to changes in the way case closure decisions are recorded at CSCs since we released our 2011 report; it does not reflect a significant change in the way these reports are actually being handled. Community Services has also advised that despite the 'case closure' labelling, some of the 40,555 reports recorded as having been closed due to competing priorities may, in fact, have received another type of response from either Community Services or other agencies. Furthermore, Community Services has noted that an initial Helpline determination of ROSH, does not necessarily mean that the related ROSH report requires a full safety and risk assessment. For example, additional screening and information collection processes that may occur at the local level could indicate that a full assessment is not required.

Therefore, while it is clear from the data that only 28% of ROSH reports received a full face-to-face child protection assessment from a Community Services caseworker in 2012-2013, the data do not allow the community to ascertain the true nature of responses given to the 39% of ROSH reports that were recorded as 'completed – closed due to competing priorities', nor the level of risk associated with such cases.[41] In light of Community Services' commitment to transparency in relation to its capacity to respond to children determined to be at risk of significant harm – and the increasing role of other agencies and non-government organisations in responding to this group – Community Services should enhance, over time, its capacity to collect, and report more meaningfully on, the nature of the actual response given to all ROSH reports – not just those that result in a face-to-face assessment by Community Services. For example, it would be useful to know whether the subject child and their family is already receiving appropriate support from an NGO service provider.

## 3.2. Caseworker numbers and vacancy rates

By the end of 2012-2013, Community Services had commenced using a Resource Allocation Methodology (RAM) to allocate caseworker positions.[42] The RAM is designed to ensure that caseworkers are working in the areas where they are most needed and that resourcing decisions reflect changes in demand over time. The allocation of caseworkers to districts is based on the geographic distribution of demand (measured, in part, by the number of children the subject of ROSH reports).

As at 2013-2014, Community Services is funded for 2,068 full-time equivalent (FTE) caseworker positions. Of these positions, 1,728 are allocated based on the RAM; 1,669 are allocated to child protection, out-of-home care and *Strengthening Families* positions and 59 are casework specialists. The remaining 340 positions fall outside the RAM and are in specialist business units such as the Joint Investigation Response Team (JIRT), the Child Protection Helpline and Adoptions.[43]

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40  This increase should be viewed in the context of Community Services conducting face-to-face assessments in response to 46,757 ROSH reports in the year before the Wood Inquiry (2006-2007). However at that time, the more comprehensive safety and risk assessment tool (SARA) had not been developed. NSW Ombudsman, *Keep Them Safe?*, August 2011, p.5.
41  Community Services has advised that although there is an apparent increase of 3 percentage points over the past two years in relation to this data, a detailed analysis of categories below SAS 2 is not recommended as there is variation in the way that CSCs have started to record data in this category since the introduction of Weekly Allocation Meetings. Advice provided by Community Services on 27 February 2014.
42  FTEs are calculated according to the number of hours worked. For example, a staff member who works a standard 35 hour week has an FTE of one. A staff member who works two days a week has an FTE of 0.4.
43  NSW Department of Family and Community Services response to Ombudsman request for information, 24 December 2013.

To understand caseworker vacancy rates, we asked Community Services for its most recent full year data (2012-2013) on the number of funded caseworker positions compared to the full-time equivalent caseworkers actually employed in each district/CSC.[44] Community Services supplied the data according to current CSC/district groupings; that is, in accordance with the FACS boundary realignment which occurred three months later in September 2013.[45]

The number of funded caseworker positions allocated to each district compared to the number of full-time equivalent positions filled on average for 2012-2013 is depicted in figure 1 below.

**Figure 1: Funded caseworker positions and average actual full-time equivalent caseworker numbers, 2012-2013**
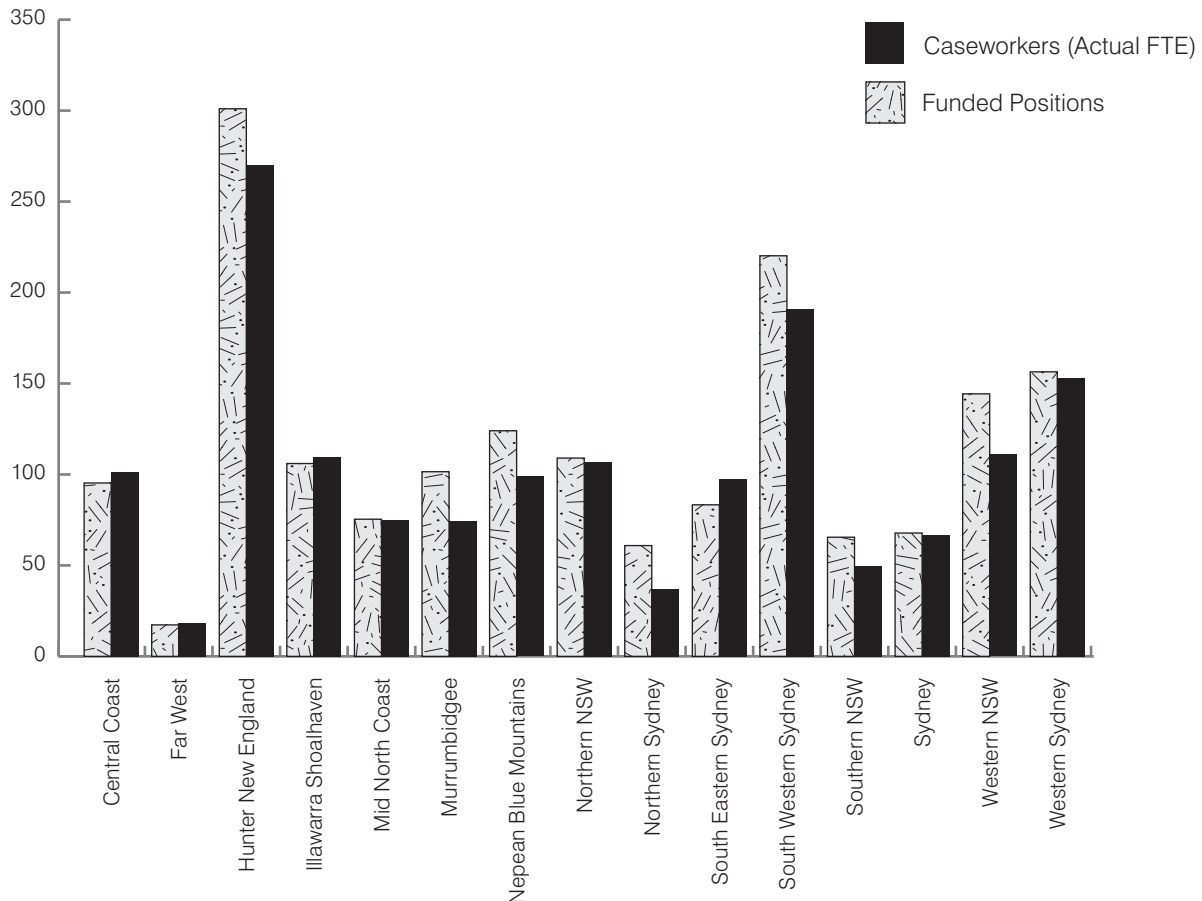


Although Community Services had committed to employing a full complement of staff by January 2012, figure 1 shows that several districts were operating with significant vacancy rates in 2012-2013. The *Caseworker Dashboards* published by Community Services indicate that this has been the case for some time and is continuing to be the case.[46]

The most recent figures for the December 2013 quarter show that Community Services' increased efforts to recruit and retain caseworkers are starting to have an impact. These efforts include advertising campaigns, improved assessment of candidates and more pro-active management of secondments and other temporary arrangements.

The figures demonstrate that although full-time equivalent caseworker numbers declined slightly from 1,795 in the June 2012-2013 quarter to 1,790 by the end of the September 2013-2014 quarter, there was an increase of 44 caseworkers by the end of December 2013 – lifting the overall number of caseworkers to 1,834.[47] Community Services has told us that it expects this increase in caseworker numbers to have an impact on activity rates and client outcomes from early 2014.[48]

While this advice is encouraging, several districts still have high vacancy rates and there is some way to go before these districts will be close to achieving a full complement of staff. By the end of 2013, seven of the 15 districts had

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44  NSW Department of Family and Community Services response to Ombudsman request for information, 30 January 2014.
45  Allocations of caseworkers according to the RAM did not occur until the end of 2012-2013, therefore the most recent dashboard provides a better baseline for future recruitment.
46  Department of Family and Community Services, *Community Services Caseworker Dashboard: June 2013 Quarter; Community Services Caseworker Dashboard: September 2013 Quarter; Community Services Caseworker Dashboard: December 2013 Quarter.*
47  NSW Department of Family and Community Services, *Community Services Caseworker Dashboard: December 2013 Quarter.*
48  NSW Department of Family and Community Services response to Ombudsman request for information, 9 November 2013 and 24 February 2014.

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vacancy rates of 10% or less. Of the eight districts with vacancy rates above 10%, Southern district had by far the highest rate at 31%, followed by Northern Sydney at 20%; Western and Nepean Blue Mountains districts at 17%; and Murrumbidgee with 16%.[49]

There has recently been significant public discussion about caseworker numbers. In accordance with our recommendations in *Keep Them Safe?*, Community Services has provided greater transparency in relation to caseworker numbers and vacancy rates through its publication of the quarterly *Caseworker Dashboards*. The most recent data shows that over a three and a half year period – from 2009-2010 to December 2013 – the vacancy rate dropped from 13% to 11%. However, the data also shows that during this same period, there has been a fluctuation in vacancy rates; for example, in 2011-2012 it was as low as 8%.[50]

What is clear is that Community Services is now closely monitoring, and reporting on, its caseworker numbers. As the past fluctuations in vacancy rates demonstrate, Community Services' ability and willingness to track filled caseworker positions is vital to maintaining a stronger capacity to respond to workload demand. As we also noted in our earlier report, it is critical that Community Services does not just focus on overall vacancy data; it needs to direct its attention to filling long-standing vacancies in those districts with significantly higher vacancy rates.

In rural and remote locations – such as Brewarrina and Walgett in Western NSW – where positions have been hard to fill, there would be merit in the creation of different types of roles that might be more likely to attract local applicants. For example, there may be scope for creating less technically challenging positions which are focussed on work that builds trust, provides practical support and monitors children's safety. From our review of practice in other jurisdictions, we have been particularly impressed with the role that respected Aboriginal leaders play in certain communities in providing culturally expert advice and support to both families and child protection practitioners that is focussed on keeping children safe.[51]

## 3.3. Measuring productivity – factors to consider

In addition to data in relation to the rate of face-to-face assessment of ROSH reports, we asked Community Services to provide ROSH response data broken down by district and individual CSC/business unit.[52] As figure 2 below shows, there are significant variations in the ROSH face-to-face response rate between districts. (Although we examined CSC level data, they are not published here.)

**Figure 2: Proportion of ROSH reports which were screened in at the Helpline and then received a face-to-face assessment, 2012-2013**
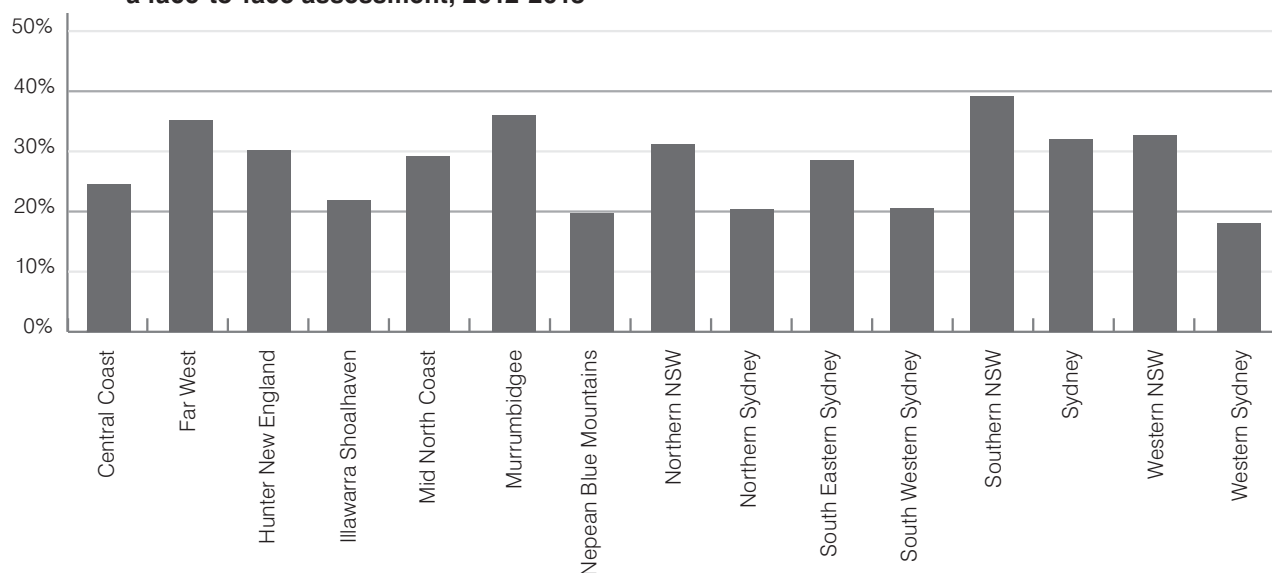


Figure 2 shows that in 2012-2013, nine of the 15 districts had a face-to-face assessment rate above the state-wide average, and six districts were below the average. The districts with the highest face-to-face rates were mostly outside

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49    NSW Department of Family and Community Services, *Community Services Caseworker Dashboard: December 2013 Quarter.*
50    In 2010-2011 the vacancy rate was 9%; it then dropped to 8% in 2011-2012 and then climbed to 10% in 2012-2013.
51    In Queensland, the *Child Protection Act 1999* (QLD) provides the legal framework for child safety services to work with Aboriginal and Torres Strait Islander communities. The Queensland Act stipulates that a 'recognised entity' – often an Aboriginal children's service provider or an individual who is Aboriginal or Torres Strait Islander – be given the opportunity to participate in decisions that will have a significant impact on the child's life.
52    Business units include for example: the JIRT, Intensive Family Based Services, Child and Family Regional (District) Units and Child Protection Adolescent Teams.

the Sydney metropolitan area, with the best performing being Southern NSW (39.2%) and Murrumbidgee (36.0%). The districts with the lowest rates were mostly in Greater Metropolitan Sydney, led by Nepean Blue Mountains (19.7%) and Western Sydney districts (18%).[53]

It is interesting to note that, although Southern and Murrumbidgee districts had the highest rates of face-to-face assessment of ROSH reports in 2012-2013, they also had among the highest average annual vacancy rates during the same period. As noted previously, the most recent *Caseworker Dashboard* shows that Southern district still has by far the highest vacancy rate at 31% and Murrumbidgee is the fifth highest at 16%.

Although determining district/CSC productivity generally is not as simple as comparing the number of face-to-face assessments of ROSH reports against actual caseworker numbers, the significant variation in response rates between districts – particularly in the absence of any strong correlation with vacancy rates – suggests that CSCs/districts are managing their response to ROSH demand differently.[54] If it is effectively utilised, the QBR process is well positioned to explore these variations as part of gaining a better understanding of local decision-making and workload management practises. More broadly, the QBR process should help to inform Community Services' ongoing work in developing more sophisticated measures of caseworker productivity and outcomes. Although there is more that should be done to improve efficiency and related outcomes, Community Services is far better placed than it was at the time of our 2011 report to identify, and take action to remedy, poor performance and to improve its overall productivity.

In making these observations, we are mindful of the risks associated with viewing rates of face-to-face response to ROSH reports in isolation from other performance measures. We are also aware of the risks associated with failing to pay sufficient attention to ROSH response rates at each local CSC. The most recent results for Western district are relevant in this regard. The December *Caseworker Dashboard* shows that Western district had one of the highest rates of face-to-face assessment of ROSH reports in NSW.[55] However, a number of the CSCs in the district continue to have a very low face-to-face response rate and significant staffing shortages.[56] In August 2013, we raised concerns with FACS about the impact of resourcing challenges in some parts of Western NSW on the quality of casework, noting that our investigations of four child deaths in the region over a two year period[57] had identified serious, ongoing problems in the region – including inadequate responses to ROSH reports and a lack of professional supervision and support. In fact, over an 11 year period, approximately one third of the more than 40 formal investigations and inquiries we have conducted[58] arising from child deaths have involved CSCs located in Western NSW.

For this reason, it is encouraging to see that the QBR process will include a range of qualitative as well as quantitative indicators, which can be applied to each and every local CSC and business unit. We discuss the issue of quality further in the next chapter.

As the rate of face-to-face assessment of ROSH reports is primarily concerned with recording whether a home-based assessment of risk has been conducted, the QBR process includes indicators to capture casework outcomes. As well as measuring the proportion of children at risk of significant harm who receive a face-to-face assessment, the QBR measures include:

- the proportion of children who are re-reported
- the numbers of out-of-home care entries and exits
- the proportion of unplanned placement changes, and
- the number of restorations and adoptions.

Community Services has advised us that the QBR process also takes into account the differences in the nature and complexity of the cases being handled by each district, particularly when certain CSCs have a high volume of Children's Court work to manage in connection with out-of-home care entries. Other relevant factors include the geographic size, demographics and remoteness of particular CSCs, as well as particular factors for CSCs with significant Aboriginal populations; such as additional work associated with community/family engagement and cultural care planning. Community Services is also committed to refining its caseworker productivity measures and is building on the findings of the caseload and workload management review completed by Ernst and Young in 2013.

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53  This data relates to the response rate to ROSH reports whereas the data published by Community Services in its *Caseworker Dashboard* reports on response rates to children and young people in ROSH reports.
54  Community Services has advised that these data are not directly comparable largely because caseworkers operate across various work streams, including child protection, Strengthening Families and out-of-home care, and their time is not only spent conducting face-to-face assessment work.
55  The period used in the dashboard is 1/10/12 to 30/9/13.
56  In 2012-2013, two CSCs had a rate of face-to-face assessment for ROSH reports of 6%, one had a response rate of 18%, and another had a response rate of 20%.
57  September 2010 to October 2012.
58  This figure relates to investigations and inquiries arising from child deaths involving Community Services' handling of cases and does not include those inquiries/investigations into the handling of cases by other agencies.

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## 3.4. ROSH demand – concluding comments

So far in this report, we have discussed the measures that are in place to improve Community Services' performance in relation to responding to ROSH reports. In doing so, we have noted the improved response rate which has been achieved. However, Community Services is still only providing a face to face response to less than 30% of all ROSH reports.

We have also noted that through the QBR approach and IT enhancements, there is scope to drive further improvement of ROSH rates. However, what cannot be ignored is the fact that even Community Services' best performing district is still only able to provide a face-to-face response to just under 40% of ROSH reports. Therefore, while Community Services has lifted, and will need to continue to lift, its capacity to respond to ROSH reports, the data strongly indicates that intra-Community Services productivity initiatives alone are unlikely to enable it to adequately meet ROSH report demand. Against this background, it is important to consider the role other agencies might play.

In our 2011 report, we acknowledged that addressing this issue of capacity also requires consideration of what other measures can be adopted to improve the overall effectiveness of the child protection system. In this regard, we noted that there is:

> *……the need for an ongoing debate about the roles and responsibilities of various agencies,* [and that] *it is important to stress the benefits of an ongoing examination of these challenging areas of practice. In doing so, our focus should always be on seeking to determine which agencies are best placed to respond, both individually and collectively.*[59]

At the time we released our report, Community Services acknowledged that the capacity of the child protection system was inadequate and advised us of its plans to address the capacity shortfall. In doing so, Community Services emphasised that exploring the capacity of any child protection system is a *'complex issue of supply and demand which involves the service system as a whole, rather than the statutory sector in isolation.'*

While agencies such as Police, Health and Education have long been involved in responding to vulnerable families, the *Keep Them Safe* reforms have to some extent formalised and expanded the role of these agencies in child protection through the establishment of Child Wellbeing Units and Family Referral Services and an expansion of universal health and early childhood services. The role of the non-government sector is also being expanded in a number of ways.[60] We discuss these roles further in Chapter 4.

In the context of this changing environment, we believe that there is scope to improve the response to ROSH reports – and to vulnerable families more generally – by the direct involvement of other agencies. In adopting this position, we note that more effective collaborative work could potentially:

- improve the identification of those most at risk

- lift the direct response rate, and

- improve the effectiveness of the support provided to those below the ROSH threshold and therefore, potentially lower the number of ROSH reports over time.

However, in noting these possibilities, we acknowledge that it would be naïve to overstate a possible reduction in ROSH reporting rates, at least in the short-term. Furthermore, it is also important to recognise that if there is a substantial lift in the face-to-face assessment rate, the likely flow-on effect would be that Community Services and its partner agencies will be faced with an even bigger resource challenge – providing quality ongoing casework to a much larger cohort of at-risk families.

In our 2011 report, we also recognised that improving the effectiveness, and expanding the reach, of Community Services' government and non-government partner agencies in relation to the 'ROSH sphere' will require an investment in building the capacity of these agencies. Meeting this challenge will also require an investment in the key ingredients of effective collaborative practice which are pre-conditions for yielding better results. Our work reviewing various interagency initiatives has repeatedly found that a significant number of these endeavours have failed to produce any tangible return because of a failure to properly invest in the essential elements of effective collaborative practice. Our findings are consistent with those of Kania and Kramer, who have accurately identified that: '[unlike most collaborations] *collective impact initiatives involve a centralised infrastructure, a dedicated staff,*

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59    NSW Ombudsman, *Keep Them Safe?,* August 2011, p.16.
60    Following the Wood Inquiry, the transfer of most out-of-home care services from the government to the non-government sector commenced; there has also been an expansion of the range of NGO delivered early intervention and prevention programs; and a greater role in working with vulnerable families referred by the Health-led Family Referral Services. The Government's current legislative reform agenda also envisages a further expansion of the sector's role in delivering family preservation services which will see them working with families at the higher-end of the risk spectrum.

*and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants.'*[61]

Therefore, notwithstanding the scope for Community Services to further lift its own productivity levels and for other agencies to play an enhanced role in relation to very vulnerable families, we believe that the available evidence strongly indicates that the ROSH response rate will remain inadequate without the injection of further targeted resources and related capital investment in technology.

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61    Kania, J. and Kramer, K., 'Collective Impact', *Stanford Social Innovation Review*, Winter 2011, pp. 36-41.

# Chapter 4. Ensuring a quality child protection response

So far in this report, we have focused on the challenge of responding to ROSH reports. However, while it is clearly necessary to further improve the number of children at risk of significant harm who receive a child protection response, a separate issue relates to ensuring that the response provided is both appropriate and effective.

Through our review and investigative work, we have identified cases handled by Community Services that demonstrate evidence of: poor decision-making; failure to actively seek and/or exchange critical risk-related information; and poor collaboration between agencies. We have previously discussed these practice issues in various public reports, including our annual report and reviewable child death reports.

It is vital that Community Services is able to promptly and effectively respond to practice deficiencies as part of its overall framework for ensuring practice quality. In this chapter, we outline some of the more significant practice issues that remain unresolved. In doing so, we acknowledge the significant work which Community Services has undertaken to implement stronger governance mechanisms for tracking its performance and improving the quality of its casework practice. However, we note that Community Services' quality assurance framework needs to be particularly effective in relation its capacity to independently audit and assess the quality of decision-making by CSCs/districts in high-risk practice areas.

We also recognise that practice quality is an issue for other agencies in carrying out child protection work along with Community Services.

Through *Keep Them Safe*, a range of initiatives aimed at strengthening cross-agency child protection work have been implemented. Despite this, we continue to identify common problems relating to joint responses to child protection cases. In many instances, these problems could have been avoided if there was more effective communication and collaboration between agencies in carrying out their shared role in protecting children. Given the significantly expanded role envisaged for the NGO sector through the changes to child protection legislation,[62] it is now even more important for ongoing debate and analysis of what 'shared responsibility' should mean across the continuum of need.

In Part 1 of this chapter, we address 'intra-Community Services' quality and in Part 2, we discuss the need for a framework to drive collaborative interagency child protection work. Without effective interagency practice, we believe families with complex needs will not be provided with the quality service response they require.

## 4.1. Improving quality assurance within Community Services

Since we released *Keep Them Safe?,* Community Services has implemented several components of its system for improving the quality of its practice and measuring its performance. As we noted at the beginning of this report, the systematic reporting by districts against a range of qualitative and quantitative indicators through the QBR process provides a solid platform for Community Services to identify and address weaknesses in practice.[63]

Underpinning the QBR, is the regular provision of data to districts to enable them to closely track and assess their own performance. Community Services has told us that the input of the Office of the Senior Practitioner (OSP) to the QBR process is a critical part of ensuring that practice issues identified through the OSP's work with districts are considered in the QBR forum.

In this regard, the OSP has developed a self assessment model which will allow CSCs to measure their performance against a revised set of practice standards. We understand that these practice standards are due to be finalised and rolled out by the middle of 2014. The self assessment will be undertaken at a CSC level on an annual basis, and will allow CSCs – together with their district executive – to identify priority areas for improvement as well as areas of strong performance across the four areas of workforce, systems, practice and culture. Community Services has advised us

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62   The changes are contained in the *Child Protection Legislation Amendment Act 2013*.
63   In recent years, Community Services has captured information regarding the quality of service delivery via two primary processes: Quarterly Business Reviews (QBR) and CSC Reviews. QBR has been in place for approximately 10 years, with the current process capturing quantitative data analysis measured against targets and goals. CSC Reviews commenced in 2009 following a recommendation in *Keep Them Safe* that a trial of CSC quality review tools should proceed immediately with approved tools applied in each CSC in a timely manner. While an Ernst and Young audit report found that the CSC Review model was a sound process, they identified that CSC Reviews needed to be streamlined and greater linkages made with the planning, monitoring and review processes that were already in place. Until a streamlined review process is finalised, districts have been asked to not continue with the CSC reviews because the district resources required to support the former review function are not justified. Advice provided by NSW Department of Family and Community Services, 25 March 2014.

that the practice standards will be built into the QBR, with a view to incorporating both the qualitative and quantitative components of performance for each CSC and district, to create a more effective quality assurance model.[64]

Community Services also undertakes more in-depth reviews of CSCs which are typically overseen by a District Director (Community Services) or the OSP (Director Practice Standards), in response to particular issues that arise. These reviews allow for a more in-depth examination of local business units following a request from a District Director or other senior member of the FACS Executive. This process requires the local unit to develop a plan for implementing agreed actions and reporting on progress against identified areas of concern.

The establishment of the OSP in July 2012 to provide leadership in child protection practice across Community Services is a significant development. The main functions of the OSP involve:

- implementing the *Care and Protection Practice Framework*[65]

- providing support to the CSCs involved in the implementation of *Practice First* – a new principle based casework practice model[66]

- reforming and improving casework practice and systems

- developing and implementing 'action learning' strategies for casework staff to address identified problems with practice

- monitoring and reviewing the impact of practice initiatives and system improvements

- providing expert advice and training to practitioners working with families experiencing drug and alcohol abuse, mental health issues and/or domestic violence, and

- reviewing all matters involving the death of a child (or sibling) in circumstances where there has been a report to Community Services within three years of the death, or where the child was in statutory care, and making recommendations to address identified practice weaknesses.

The office is led by an Executive Director and includes three separate units: Clinical Issues, Practice Quality and Child Deaths and Critical Incident Reports. The office is also supported in the field by eight regionally-based Directors (Practice Standards) who provide support to FACS District Directors and Community Services Directors/ Client Service Managers. Although the eight positions have been in place since 2007, they now report directly to the OSP through the Senior Director (Practice Standards).

While a number of the functions now performed by the OSP existed previously, bringing them together under one 'umbrella' provides significant scope for developing a more robust whole-of-agency quality assurance framework. In this regard, linking the work of the OSP to the QBR process is a positive development. However, to effectively capitalise on this, it will be essential to ensure that the OSP is well placed to independently identify, based on rigorous quality measures, when CSCs demonstrate high quality practice and conversely when improvement is required.

The *Practice First* initiative is an important element of the drive to improve quality and consistency throughout Community Services. The initiative is based on a multidisciplinary approach which emphasises collective decision-making through weekly case review meetings between caseworkers and specialist staff, and in many sites, other government and non-government organisations working with the involved families. It has a strong focus on enhancing practice culture through active engagement with very vulnerable and high risk families, based on building respectful relationships and preserving families where appropriate. *Practice First* was trialled initially in early 2012 in the Bathurst and Mudgee CSCs, and in December 2012 the model was extended to 14 other CSCs and a regional adolescent team. A further roll out to seven CSCs was undertaken in November 2013 taking the total to 24 sites across the state.

Although it is too early to reach any firm conclusions about the extent to which this new approach to improving casework practice will improve outcomes for clients, early results from the first formal review of the trial are positive.[67] It has, for example, led to a significant increase in the number of home visits in trial regions; a similarly significant decrease in the number of ROSH re-reports for families whose case-plan goals were achieved; and widespread support among front-line caseworkers and managers.[68] A further full evaluation is planned. We would expect that the ongoing implementation of *Practice First* will need to be informed by successful home-based service intervention models where strong evidence exists of good outcomes having been achieved for vulnerable children and families. In this regard, we note that evaluations of the US implementation of the SafeCare home-based model indicate

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64    Advice provided by the NSW Department of Family and Community Services, 25 March 2014.
65    The *Care and Protection Practice Framework* is a high level document launched in December 2012 which describes Community Services' mandate and approach to its work with children and families in NSW. It articulates the principles and values that underpin Community Services' work and clarifies the knowledge and skills that are required for good casework practice.
66    We understand that 16 CSCs are currently involved in the trial and one regional adolescent team.
67    Professor Eileen Munro was commissioned to undertake a review of the model in 2013. The final report on the review will be released shortly. Advice provided by NSW Department of Family and Community Services, 24 December 2013.
68    NSW Department of Family and Community Services response to Ombudsman request for information, 24 December 2013.

its effectiveness in reducing child welfare recidivism and producing high client satisfaction among vulnerable families – including equally positive results for American Indian families.[69] Recent advice from Community Services indicates that it has had discussions with the Parenting Research Centre and the US SafeCare program owners about developing an implementation proposal for the program in NSW.[70]

### 4.1.1. Significant unresolved practice issues

While the quality improvement strategies discussed above are impressive, Community Services must also be in a position to take effective action relating to discrete and significant practice shortcomings which come to light. Our concern in this regard relates to Community Services' failure to take adequate and timely action on a number of significant practice issues our office – and other agencies – have highlighted in the past. To illustrate, we have outlined the following examples.

***Chronic delays in the allocation and investigation of reportable conduct allegations***

For some time we have been raising our concerns with Community Services about chronic delays in the allocation and investigation of reportable conduct allegations.[71] The number of matters that had not been allocated for an investigation peaked at 209 in June 2013. Community Services shared our concerns, and in the second half of 2013, it implemented a strategy to address the delays. The strategy, which included the appointment of external investigators, was successful in almost halving the number of unallocated matters for investigation to 110 by the end of October 2013. Unfortunately, there has since been a steady increase in the number of matters that await an allocated investigator. At the time of writing, there were 141 of these matters – more than half of these matters were initiated more than six months ago.[72]

It is important to note that the fact that a matter has not been allocated to an investigator does not mean that no action is being taken to respond to the allegations.[73] In this regard, Community Services has indicated to us that when an allegation is received it seeks to promptly put in place an initial risk management response. Furthermore, of the 141 matters not allocated to an investigator, 22 of these were unable to be progressed by Community Services' investigators because of current police investigations.

Notwithstanding these qualifications, the number of matters that have not been allocated to an investigator is unacceptably high. Prompt investigative action is integral to effective risk management of these matters. For these reasons, Community Services needs to demonstrate an ongoing marked improvement in its performance in this area

***Access to victim's compensation for children and young people in out-of-home care***

In June 2010 we reported to Parliament on significant shortcomings in Community Services' systems for handling victim's compensation claims for children and young people in care.[74] Our leaving care review the following year found that there were still significant delays in assessing and lodging claims for victims' compensation and that this meant that some young people were being told after they left statutory care that they were now responsible for pursuing a claim.[75] In October 2011, Community Services told us it had implemented new casework procedures in relation to the assessment and processing of victim's compensation claims. However, in May 2013 we were advised by Community Services that the new procedures had not been operating effectively, and a new monitoring and reporting framework would be established to address this. We were later advised that Community Services had suspended this work because of changes to victim support under the *Victims Rights and Support Act 2013*, and that it will develop new practices to fulfil its responsibilities under the Act.

We were only very recently advised that Community Services has commenced a comprehensive review of its procedures to ensure that they meet the NSW Charter of Victims Rights, and the new application requirements for

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69   Chaffin, M., Hecht, D., Bard, D., Silovsky, J., and Beasley, W., 'A Statewide Trial of the SafeCare Home-based Services Model With Parents in Child Protective Services', *Pediatrics*, Vol. 129, No. 3, 3 March 2012. See also Chaffin, M., Bard, D., Subia Bigfoot, D. and Maher, E., 'Is a Structured, Manualized, Evidence-Based Treatment Protocol Culturally Competent and Equivalently Effective Among American Indian Parents in Child Welfare?', Child Maltreatment, Vol.17, Iss.12, 2012.

70   Advice provided by the NSW Department of Family and Community Services on 25 March 2014.

71   Part 3A of the Ombudsman Act 1974 requires the Ombudsman to keep under scrutiny the systems that government and certain non-government agencies in NSW have for preventing reportable conduct and handling reportable allegations and convictions involving their employees. 'Designated agencies' must notify us of all reportable conduct allegations and convictions that arise inside or outside the employee's work. Under section 25A of the Ombudsman Act, reportable conduct includes: any sexual offence or sexual misconduct committed against, with or in the presence of a child – including a child pornography offence; any assault, ill-treatment or neglect of a child; any behaviour that causes psychological harm to a child – even if the child consented to the behaviour.

72   Advice provided by the NSW Department of Family and Community Services, 25 March 2014.

73   In June 2012, the Prioritisation and Risk Assessment Tool (PRAT) was developed and approved with the following goals to: prioritise all unallocated matters against agreed criteria for priority allocation; liaise with regional stakeholders in promoting management of risk, pending the allocation of the matter to an investigator; and ensure a coherent and consistent strategy in the prioritisation of work to determine fortnightly allocation. Advice provided by Department of Family and Community Services, 25 March 2014.

74   NSW Ombudsman, *The need to support children and young people in statutory care who have been victims of crime*, June 2010.

75   NSW Ombudsman, *The continuing need to better support young people leaving care*, August 2013.

seeking support from Victims Services. A working party has been established to develop Community Services' response to its responsibilities under the Charter. The first meeting of the working party was held on 17 March 2014. Community Services has indicated that it is continuing with its case file audit program of children aged 15 and above who are preparing to leave care (including children being case managed by the NGO sector), and has made changes to practice. In addition, Community Services' is identifying all potential legal claims prior to young people leaving care. Our office will be keen to see whether these recent initiatives translate to improved practice in this important area.

### Unaccompanied children in homelessness services

Following discussions with the peak body for youth homelessness[76] in 2004, Community Services started to develop a policy for meeting the needs of unaccompanied children living in homelessness services. A consultation draft of the policy was released in early 2006; the same year we initiated a review of a group of children under the parental responsibility of the Minister and residing in refuge accommodation.[77] We recommended that Community Services provide us with detailed advice about the progress it had made in settling the policy. Despite subsequently issuing several draft policy positions, a final policy was not endorsed. After commencing an investigation in 2009 in relation to Community Service's handling of a placement involving an unaccompanied child in a refuge, we once again asked for advice about the unaccompanied children policy. We were only recently advised by the youth sector that Housing NSW (a separate agency within FACS) is now progressing work in this area.

After once again raising our concerns about delay with FACS, we were recently advised[78] that an interim policy has now been released to inform the tendering approach for the *Going Home Staying Home* reforms to specialist homelessness services. An extensive consultation process is underway with FACS districts, peak bodies, youth specific specialist homelessness providers and other key stakeholders.[79] The final policy is due to be implemented in July 2014. We will be examining the extent to which the new policy addresses the need to provide adequate support to vulnerable unaccompanied children in homelessness services.

### Failure to refer allegations of serious criminal child abuse to police

Over a number of years, we have raised concerns with Community Services about the failure by caseworkers to report allegations to police in circumstances where the allegation does not meet the threshold for a response by the JIRT[80] but there is evidence that the allegations nonetheless constitute serious criminal child abuse. While we have emphasised to Community Services on numerous occasions that it must take decisive and effective action to improve its practices in this regard, it has been slow to do so. Community Services first agreed in October 2010 to revise and clarify its procedures. Some 14 months later in January 2012, Community Services stated that it was trialling the new procedures in a number of high volume CSCs. More than a year later, we were advised that the trial had been completed and reviewed; and that a report would be submitted to the executive. However, in November 2013 – more than three years after agreeing to review its procedures – Community Services told us it was still in the process of *'developing policies and procedural guidance to inform frontline staff when and how to refer matters to NSW Police or other relevant authorities.'* It also acknowledged that its existing procedures remained inadequate.

In providing a recent update[81] to our office, Community Services acknowledged *"the unacceptably lengthy delay in resolving this matter"*. It has now reviewed current practices and has discussed the implementation of a new policy with the NSW Police Force. Additional meetings with Police have been arranged to identify the most efficient and effective way for Community Services staff to make reports to police in appropriate cases.

### Failure to determine current potential risk to children when assessing reports about historical allegations

Since March 2010, we have raised concerns with Community Services about its failure to identify whether there may be current risks to any child or a 'class of children' when considering historical reports of child abuse made by victims who have since become adults. This is particularly critical in circumstances where the alleged offender is engaged in child related work or has direct contact with children in some other capacity. We noted that the Mandatory Reporter Guide (MRG) and Helpline Tool (used by Community Services staff in assessing whether reports meet the ROSH threshold) did not provide any guidance in this regard. In June 2011, Community Services finally agreed that the MRG required adjustment to address this gap. Throughout the remainder of 2011 and 2012, we had ongoing discussions with Community Services about the proposed changes to policy and procedures. Despite

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76    Formerly the Youth Accommodation Association, now known as YFoundations.
77    NSW Ombudsman, *Annual Report 2007–2008*, p.71.
78    Advice provided by the NSW Department of Family and Community Services, 25 March 2014.
79    Community Services is undertaking a snapshot survey of this cohort of children to inform the final policy – survey results will be available in April 2014.
80    Allegations of child sexual assault and serious cases of child abuse and neglect are typically responded to in NSW by the JIRT. The JIRT aims to provide a collaborative interagency response to serious child abuse through the involvement of multiple agencies in order to address the safety requirements and therapeutic needs of the child, while simultaneously conducting a criminal investigation. Reports referred to the JIRT for assessment must meet the JIRT criteria.
81    Advice provided by the NSW Department of Family and Community Services, 25 March 2014.

advising Community Services in November 2012 that we were satisfied with the action taken to address the previous policy position, the updated guidance remained in draft form for a further six months. The 'class of children' definition for the Helpline Tool and the MRG has now finally been settled in accordance with our advice.[82] The latest edition of the MRG has now been published.

***Responding to child protection concerns involving registered child sex offenders***

In 2010 we investigated a matter which revealed that Community Services had failed to adequately assess and manage the risk to a child whose mother was in a relationship with a registered child sex offender. Corrective Services had approved the man's request to live with the woman and her child after seeking an assessment of the child's safety by Community Services, which concluded that the mother was aware of the man's criminal history and capable of protecting her daughter from harm. The man was subsequently convicted of several offences after the girl disclosed that he had persistently sexually abused her over a three-year period. Following our investigation and a roundtable we convened with Community Services, Corrective Services NSW and Police, Community Services agreed to prepare a document, in consultation with its partner agencies, containing guidance for the frontline staff of each agency about their respective roles and responsibilities in relation to managing child protection risks involving offenders on the Child Protection Register. However, the group was mostly inactive for two years.

While other important related initiatives have been introduced, the guide for frontline staff is yet to be completed almost three years on, despite us raising our concerns about this issue in our 2012 report on Aboriginal child sexual assault.[83] Community Services has acknowledged that this important work has been 'unacceptably slow'. Recently, it advised us that the stakeholder agencies are trialling an improved method for the referral of matters involving registered offenders, and that this will enable a final policy to be settled.[84] Community Services is also exploring the issue of whether its own staff can develop the necessary expertise in assessing the risk of sexual assault posed by registered offenders.

While we appreciate the need to ensure that new policies and procedures are developed in a through a rigorous process, we are concerned that Community Services has taken so long to achieve real progress in this area in light of the very real child protection risks involved.

## 4.1.2. Enhancing accountability in relation to significant practice concerns

It is essential that Community Services' overall quality assurance framework includes a focus on ensuring that policy and guidance for frontline practitioners is developed quickly and is well implemented. As illustrated above, important issues have been inadequately addressed for far too long.

The governance structure associated with the QBR process provides an ideal vehicle for Community Services' senior executive team to track how significant systems and policy issues are being addressed, not only by districts but also by other business units with responsibilities in this area. There would also appear to be an opportunity to complement the analysis of performance data and related information conducted through the QBR, with a program of targeted 'independent' auditing under the leadership of the OSP, to determine whether CSCs are providing a quality service, as well as assessing performance in relation to identified priority areas.

For example, one area where the OSP could strengthen its oversight is ensuring that, at least in relation to serious practice issues, districts are implementing the recommendations it makes arising from its reviews of child deaths. At present, districts are responsible for deciding whether to implement the OSP's recommendations and there is no formalised process to assess whether, and how, these recommendations are actioned. From our own experience in handling notifications of child abuse we know that high-level data will only provide part of the picture in relation to quality. For this reason, we believe that, in the absence of the OSP conducting regular targeted auditing, it will be difficult to assess the quality of decision-making within individual CSCs and their capacity to work effectively with other agencies in delivering integrated and effective child protection responses.

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82  Both the MRG and Helpline procedure guide were adjusted to include references to historical allegations in accordance with our recommendations. These were included in the fifth edition of the MRG, released in May 2013. The Child Protection Helpline guidelines were progressively adjusted in the second half 2013.
83   NSW Ombudsman, *Responding to Child Sexual Abuse in Aboriginal Communities*, December 2012. See Chapter 17 and Recommendation 80 and 81.
84  In September 2013, the working group agreed that, over a six month period, Community Services, Corrective Services and Police would trial a procedure for exchanging and recording information on registrable offenders likely to have contact with a child in cases where the existing procedures of each agency do not sufficiently address safety and risk concerns. The working group proposed that Police and Corrective Services should report to the Helpline cases where a registrable offender is likely to have unsupervised contact with a child. The role of Community Services would be to assess the protective capacity of parents/care-givers. In cases where Police or Corrective Services are concerned that no adequate response has been made, they could contact a nominated senior officer in the FACS Complaints and Information Exchange Unit to escalate the matter. The FACS Complaints and Information Exchange Unit would then liaise with the relevant Community Service Centre to arrange appropriate action. Advice provided by NSW Department of Family and Community Services, 25 March 2014.

## 4.2. Improving the quality of interagency child protection work

In *Keep Them Safe?* we said that it would be essential to fully explore what shared responsibility means in practice. We also identified that the focus should always be on determining which agencies are best placed to respond to vulnerable clients, both individually and collectively. In this regard, we highlighted the need to reconsider the historic assumption that only a child protection worker can deliver an appropriate 'child protection' response.

It has been clear for some time that, given capacity constraints across the child protection system, more innovative approaches are required. There are a number of ways agencies can strengthen their practice and expand their roles to improve the responsiveness of the overall service system. In the following section, we discuss the roles that other agencies are playing in working with high-risk families and how within a 'shared approach' these roles can be enhanced and further clarified. In this context, we note that given the expanding role of the NGO sector in protecting and supporting children and their families it is vital that we continue to explore flexible and innovative shared practice responses. In this regard, NGOs will often be well placed to lead certain initiatives, particularly when they can leverage off the goodwill that they have built within the community.

In the second part of this chapter, we discuss the lessons learnt from past attempts at integrated case management and what is needed to ensure that opportunities to maximise the potential of a collective agency effort are not lost.

Our work continues to identify common and recurrent problems that demonstrate the need to enhance communication and related case management responses between agencies at the local level. These problems include:

- agencies failing to provide or request critical child protection related information between each other
- poor understanding by agencies of their respective and joint child protection responsibilities
- the failure of agencies to strategically involve each other in child protection matters at critical points in time, and
- poor documentation and record keeping.

Our consultations with frontline practitioners have indicated that collaboration between agencies often works better when clients are 'below the ROSH threshold', and that collaboration and information exchange becomes more limited when clients enter the 'ROSH sphere'. This distinction between ROSH and non-ROSH can be counter-productive and lead to families falling through the cracks. Given the significant scope for collaboration between Community Services and other agencies in working with high-risk families, we believe a clear framework needs to be developed to guide interagency practice at both a local and central level to ensure that this work is of a high quality.

### 4.2.1. Enhancing the role of other agencies in responding to high risk matters

***The NGO sector***

Changes to the child protection system have led to an expansion of the roles and responsibilities of the NGO sector. For example, there is the ongoing transfer of out-of-home care placements to accredited NGO out-of-home care providers. More broadly, NGOs are increasingly working with families with complex needs, where risks to children are high.

The NGO sector is diverse, comprising agencies ranging from large multi-function organisations to very small providers – some agencies are therefore better equipped than others to take on more responsibilities. The proposed role for NGOs in monitoring parents' compliance with court ordered undertakings and agreements entered into prior to formal court action, will have significant implications for the sector. In our view, ongoing NGO sector development will be critical to the success of these proposals. Relevant to this issue, ACWA – the peak association for child welfare agencies – has also identified the critical need to prioritise skills development to enable the NGO sector to take on the practice challenges inherent in the enhanced role envisaged by the proposed legislative changes.

Community Services has advised our office that it is developing an industry development framework, in partnership with the sector, to better articulate the roles and responsibilities of Community Services, industry bodies and NGOs to agree and support sector directions and priorities.[85] The investment in a comprehensive industry development strategy for the child and family sector is a welcome initiative. The role played by the National Disability Service in sector development as part of bedding down the reforms to the disability sector has been important in strengthening that sector.

A decentralised service system must have comprehensive systems to monitor, and report on, the nature of outcomes delivered by funded agencies. As Community Services continues to devolve responsibility for out-of-home care and other child protection work to its NGO partners, it will be important to develop in partnership with the NGO sector,

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85    In this respect, we note that the Industry Development Fund developed for the disability sector in NSW, has assisted the sector to prepare for the significant challenges involved in the implementation of the National Disability Insurance Agency.

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a robust quality assurance framework to assess and drive ongoing improvements to NGO practice. For example, given the transition of out-of-home care to the NGO sector, Community Services is developing a Quality Assurance Framework to monitor outcomes for children in out-of-home.[86]

We have also been advised that, through ACWA, the NGO sector will lead the development of a best practice framework that will incorporate policy, guidance on practice, research and training across a range of areas, including: working with biological parents, restoration, adoption, dispute resolution, and working within the legal system.[87] ACWA has indicated that in developing the framework it will ensure a *'high level of agency involvement and buy-in'*. In this regard, it will be important for ACWA and Community Services to ensure that a strong partnership is developed between both Community Services and ACWA staff who are leading quality and efficiency initiatives.

In addition, Community Services has told us that it is already implementing a new contract governance approach that sets out clear expectations of NGO partners in relation to the delivery of services; and that active monitoring of performance and relationship management will be key components of the approach.

### *Police*

Given that around 60% of ROSH reports made to the Helpline indicate possible criminal behaviour (including domestic violence, sexual and physical abuse), police are potentially well placed to gather information relevant to the assessment of a child's safety and to pass on this information to Community Services.[88] From our extensive oversight work in this field, we see considerable opportunity for improving the way police capture and share relevant child protection related information, and for enhancing the partnership between Police and Community Services (particularly for those matters where there are concurrent serious child protection and criminal conduct issues in play).

We have been exploring with Police and Community Services the potential for police to routinely provide better quality child protection related information to Community Services – and other agencies – in a range of contexts.

Community Services has recently agreed to include additional questions in the existing ROSH reporting tools used by police with the aim of ensuring better evidence is collected and provided when police attend family violence incidents, or when they are called out to visit families when Community Services lacks the capacity to do so.

Another issue Community Services and Police are currently exploring together is the implementation of a mechanism for identifying and flagging serious violent offenders (SVO) on the police database COPS. Under this proposal, any child risk assessment undertaken by police involving an SVO could potentially lead to an automatic notification to Community Services within 24 hours, together with advice that the individual is an SVO and the provision of relevant criminal antecedents. In addition, when they receive a child at risk report, Child Wellbeing Units and Community Services could also check with police whether a person has been flagged as a SVO and if so, request relevant details.

Collaborative work between Community Services and Police on this issue is encouraging and represents an important part of the development of an intelligence-driven approach to child protection practice. This issue is discussed in more detail later in this chapter.[89]

In several of our public reports – and in recent discussions with Police and Community Services – we have also focused on the value of sharing information from police profiles that is highly relevant to significant child protection risks (particularly profiling by local police commands of high-risk domestic violence offenders and victims). Both agencies have agreed that more needs to be done to ensure that, at a local level, risk related information of this type is being routinely and systematically exchanged.

We have also identified that there is scope for police to improve the way that they conduct child protection related 'welfare checks'. In reviewing a significant number of cases where welfare checks were conducted, it is clear that the quality of the information obtained by police – and their related practice – varies greatly. In our view, clearer guidance and support for police in this challenging area of practice is required. This should include, but not be limited to, ensuring that Community Services and other agencies provide critical contextual information to police when requesting a welfare check.

Finally, our discussions with Community Services and Police have highlighted the need for police to be able to quickly access any child protection information which might be held by Community Services at the time that they are responding to domestic violence and other incidents. When police attend homes in response to criminal matters that may also involve potential child protection risks, they do so without necessarily even knowing whether there are

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86    Advice provided by the NSW Department of Family and Community Services, 25 March 2014.
87    Advice provided by ACWA on 25 March 2014.
88    In 2011-2012, 59.9% of ROSH reports had a Primary Reported Issue of either physical abuse, sexual abuse, domestic violence, or drug/alcohol use by carer. Community Services, *Annual Statistical Report*, 2011/12, Table A4.i.
89    Advice provided by Family and Community Services in connection with a meeting held on 31 January 2014 with NSW Police Force, Community Services and Ombudsman representatives to consider options for enhancing the collection of child protection information by police when responding to incidents where child safety issues are involved.

any children in the home. While in some cases this can be gleaned from the visit, this will not always be the case. Therefore, it is worth considering whether certain designated police positions could be given direct access to the KiDS system. This would not only assist in identifying children in the home, it would also provide Police with relevant child protection information associated with household members. However, it needs to be recognised that providing police with direct access to the KiDS system would require legislative change.

### *Education*

For more than five years, we have been highlighting the important role of schools in identifying and reporting cases of habitual non-attendance at school. In recent years, there has been a greater level of national recognition of the need to tackle this issue. However, as with other complex child welfare issues, school staff alone will often not be in a position to address the entrenched problems facing many of the vulnerable children and families they come into contact with.

The death from starvation of a seven year old girl known as Ebony in 2007 highlighted the importance of an effective interagency approach to child protection and was one of the main catalysts for the Wood Inquiry. One important outcome of this Inquiry was the establishment of habitual non-attendance at school as a specific statutory ground for reporting concerns to Community Services. Our review of that case identified extreme educational neglect as a recurrent and escalating risk indicator for Ebony and her siblings.[90]

Since then, in a number of reports we have continued to identify the strong link between educational neglect and other child protection risks. In our 2012 report *Responding to Child Sexual Assault in Aboriginal Communities*, we observed that a high proportion of Aboriginal children reported as victims of sexual assault had records of lengthy school absenteeism and suspension.[91] Our 2012 confidential report of our review of a group of school-aged children from two Western NSW towns also found a strong correlation between children's non-attendance at school and their identification by police as being 'high risk'.[92] In addition, a failure to adequately respond to educational neglect has been a significant factor in a number of child deaths from abuse and neglect that we have investigated over recent years.

A range of measures have recently been introduced in an attempt to improve the way that Education and other agencies identify and respond to educational neglect. Education has acknowledged the concerns we have previously raised about the inadequate collection and reporting of data about school attendance and suspensions.[93] These inadequacies create a lack of transparency about individual schools and communities where non-school attendance is a significant problem.

Since our 2011 report, Education has published the attendance rate of every mainstream school annually on its website. In addition, it has made a range of improvements as part of the integrated learning management program that is progressively being rolled out to public schools in 2014.[94] As part of a recent functional realignment, Education has established a child protection team bringing together its child protection policy, school attendance and out-of-home care units. It is expected that this will enable a more coordinated approach to policy and practice. Education has also improved its annual child protection training module which is undertaken by all staff in child protection related positions, and is working with other agencies to develop an online resource to improve awareness of, and the response to, educational neglect.[95]

Education has also improved the advice it provides to Home School Liaison Officers (HSLOs) about their child protection responsibilities, and has reported a large increase since 2009 in the number of students supported by HSLOs and Aboriginal School Liaison Officers.[96] As well, Education has noted that according to a KPMG

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90    NSW Ombudsman, *The death of Ebony: the importance of an effective interagency response to children at risk*, October 2009.
91    Our report found that almost a third of Aboriginal students from the 12 communities we reviewed had missed 30 days or more of school in 2011, including three schools where more than 80% of Aboriginal students missed 30 days or more of school. We also looked closely at the child protection and education histories of 46 Aboriginal children from the 12 target communities who had been the subject of a sexual abuse report. This showed that 61% had missed 30 or more days of school in the six months before the incident and 15% had been suspended at least once in the same six month period; and 67% had missed 30 or more days of school in the six months after the incident and 38% had been suspended at least once in the same six month period. NSW Ombudsman, *Responding to Child Sexual Assault in Aboriginal Communities*, December 2012, Chapter 19.
92    NSW Ombudsman, *Review of a group of school-aged children from two Western NSW towns: Towards intelligence driven child protection* (confidential report), July 2012.
93    We discussed the inadequacy of data as well as the need to strengthen internal accountability and governance mechanisms for tracking the progress of individual schools and regions against these indicators in our 2011 report, *Addressing Aboriginal disadvantage: the need to do things differently*, as well as our 2012 report, *Responding to Child Sexual Abuse in Aboriginal Communities*.
94    Among other things, schools will now have the capacity to record and report on the number of overall school days missed by a student each year, the number of occasions a student has been suspended and the length of each suspension, the number of students who have missed 30 or more days of school each year, and whether an attendance improvement plan has been developed. However, we note Education's advice that the current LMBR scope for SALM does not include data capture regarding school attendance enforcement action under the Education Amendment (School Attendance) Act 2009.
95    We have been advised by Education that the training updates for 2013 and 2014 provided more specific information on educational neglect as well as a training module for principals to deliver to their school executive..
96    The number of students supported by HSLOs increased by approximately 60% from 2009 to 2012 (to 5,125 students in 2012) while the number of students supported by ASLOs increased by approximately 170% from 2009 to 2012 (to 524 students in 2012). Advice provided by Department of Family and Community Services to Ombudsman request for information, 24 December 2013.

evaluation[97], a substantial number of children in care are being better supported in the education system as a result of the establishment of the 10 new out-of-home-care coordinator positions which were recommended by the Wood Inquiry. However as we have previously observed,[98] individual positions such as HSLOs and ASLOs cannot, on their own, adequately respond to educational neglect.

In 2013, in response to a report by this office, Education launched a pilot in Shellharbour and Cessnock to test new collaborative early intervention approaches to students at risk of educational neglect. In both areas, interagency committees, chaired by Education, have met at least monthly with the dual aim of identifying and responding to the underlying issues affecting school attendance and reducing the likelihood of child protection reports. The committees also have a role in coordinating case management for each family – in both pilot sites this has involved smaller subgroups having more detailed discussion of individual cases.[99]

Separately, schools in Mount Druitt, Newcastle and Dubbo are involved in piloting a school-based partnership program with mental health services. Additionally, schools and other services in the New England North West, Murrumbidgee and Western region have been collaborating at the local level on a variety of new approaches to supporting vulnerable children. In a number of cases, this work is reportedly improving collaboration between schools, the Family Referral Service and broader service sector. While there is a need for ongoing review and reshaping of the service system to facilitate genuinely integrated service delivery to vulnerable families, these initiatives demonstrate scope for more effectively implementing the notion of 'shared responsibility' for supporting and protecting children.

While the implementation of the *Connected Communities* strategy, is not currently planned to be a vehicle for addressing educational neglect on a state-wide basis, it does provide the opportunity to test and develop innovative collaborative interagency work in this area of practice. The strategy – which involves the creation of 'executive principal' positions in 10 communities (involving 15 schools) across the state – positions schools as integrated 'service hubs' for providing support to all children and families in the involved schools from birth, through school, and on to training and employment.[100]

Menindee Central School and the Department of Education – in conjunction with Police, Health, Community Services, and local NGOs – have already started to develop intelligence-driven strategies to build a more complete understanding of local child protection risks to inform and guide the work of *Connected Communities* in Menindee.[101]

At a meeting in August 2013, the Executive Principal of Menindee Central School, explained how the school was working collaboratively with participating agencies in identifying key areas relating to student safety, welfare and wellbeing so as to maximise support and assistance.[102] The school's initial analysis identified a number of at-risk children and families. The information about these families which was held by other agencies, particularly Police, will enhance this analysis. This approach will ensure that a much more complete picture of the service needs of all students in Menindee – not just those who are at obvious risk of dropping out of school or becoming involved in offending – is available. After assessing all of the students and identifying children and families who appear to be at greatest risk, the next step is to again bring agencies together to share aspects of the analysis and to see who is best placed to provide support.

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97    We were provided with a copy of the evaluation report at the time of publishing this report. The evaluation report is currently being considered by our office.

98    NSW Ombudsman, *Addressing Aboriginal disadvantage: the need to do things differently*, August 2011 – Chapter 5; and *Responding to Child Sexual Assault in Aboriginal Communities*, December 2012, Chapter 19.

99    Community Services has advised us that there are currently 10 families involved in the pilot at Cessnock, and eight families at Shellharbour. We understand an evaluation will be carried out later in 2014. Advice provided by Department of Family and Community Services to Ombudsman request for information, 24 December 2013.

100   A local school reference group chaired by the local Aboriginal Education Consultative Group Inc. (AECG) and including members from the Parents and Citizens Association and other key stakeholders, has been established in each school community to work alongside the Executive Principal to guide the planning for the strategy in each school. This governance model is unique in that the local community, in partnership with the school principal, collaborate in a co-leadership role that is locally responsive to determine the students' needs and aspirations. To assist the Executive Principal in connecting more directly with parents, the local community and key stakeholders, a position of Senior Leader, Community Engagement or Leader, Community Engagement has been established whose main purpose is to serve as a conduit between the local and broader community and key stakeholders and the school. Connected Communities schools will teach Aboriginal Language and Culture, aligned with the Government's *OCHRE* plan. Advice provided by the Department of Education and Communities, 12 March 2013.

101   Positive steps have been taken in a number of other *Connected Communities* schools: At Brewarrina Central School, the school is reviewing and reorganising its senior secondary curriculum and teaching style and they are seeing signs of increasing student engagement and building their capacity as learners. The school is also working with agency partners to provide a co-ordinated approach to youth issues. At Coonamble Public School, interagency support has been used to ensure families now have access to Birth Certificates for all children. The school is also working closely with health providers to provide family access to mental and physical health services within the school environment. Toomelah Public School has reported success in relation to its early years reading program and through the establishment of an adult learning centre for parents and other community members – 30 people have participated in two courses. Further courses are planned on how to help your child succeed at school, financial literacy, basic computing and build your own computer. At Moree East Public School, a focus has been on planning for the transition of children to school and has engaged with local preschools and early childhood centres to promote the school and build relationships with families early on. Advice provided by the Department of Education and Communities, 12 March 2013.

102   This was in accordance with the information sharing provisions contained in Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998*.

Despite the encouraging developments referred to above, significantly more work needs to be done in the area of identifying and responding more effectively to educational neglect. Current data suggests that children the subject of a ROSH report because of educational neglect are still among those least likely to receive a response from the statutory system. In *Keep Them Safe?* we noted that reports about educational neglect received a very low rate of response by Community Services; in 2010, less than 10% of educational neglect ROSH reports received a face to face response by a Community Services caseworker (as compared to a figure of 21% for all reports).[103]

The most recent data indicate negligible change in this trend; in 2012-2013 only 11% of educational neglect ROSH reports received a face to face response from a Community Services caseworker. However, in *Keep Them Safe?*, we noted the risk issues which are so often associated with educational neglect will only be properly addressed once we more fully understand the role that various agencies – such as Community Services, Education, Police, Health and the NGO sector – should play in responding to this issue.

This recent data serves to emphasise how critically important it is for those designing the community welfare system to continue to explore the most efficient and effective ways of providing a collaborative response to educational neglect and the other frequently associated risk factors. In addition, it highlights the need to improve data on working out a collective response to this issue – clearly, the data on Community Services' ROSH response rate to educational neglect fails to provide an adequate picture of the actual support provided in these cases.

### *NSW Health*

Together with Police and Education, NSW Health is one of the main reporters of ROSH matters to Community Services. The main issues reported by health professionals involve parental mental health problems, domestic violence, physical abuse, neglect and parental drug or alcohol use. This means, of course, that emerging and serious risks to children are frequently linked to complex health and behavioural problems within vulnerable families. NSW Health's policies require health workers to take account of child protection and wellbeing issues in their dealings with clients whether they are children and young people or parents/carers.

Child protection and wellbeing is core business for NSW Health and there are a range of primary, secondary and tertiary health services providing a continuum of care in this area, including: antenatal and early childhood health services, sustained health home visiting, mental health and drug and alcohol interventions (including Whole Family Teams for families with children above the ROSH threshold), child protection counselling services, sexual assault services, New Street Adolescent Services and routine screening for domestic violence.

Our review and investigation work has identified a number of opportunities to improve child protection practice in the health sector. For example, we have highlighted matters where mental health services were not always cognisant of the support needs of patients as parents, and the possible impact of the parent's mental health condition on children. As a result, we have recommended that NSW Health advises us of current and proposed strategies to promote a better understanding of, and more effective response to, the needs of children of a parent with a mental illness.[104]

NSW Health has indicated that it demonstrates a strong commitment to this work through its state-wide implementation of the *NSW Children of Parents with a Mental Illness (COPMI) Framework for Mental Health Services 2010-2015*. Health has advised that the Framework – along with mandatory use of the state-wide mental health clinical documentation and the work of the 'COPMI local champions' – supports frontline clinicians to better recognise their patient's parental responsibilities and the needs of their children, including providing guidance on assessing risk. NSW Health also provides ongoing workforce development via online training and face-to-face workshops for mental health and drug and alcohol professionals across NSW to improve their understanding of child protection issues.

We have also recommended that NSW Health undertake an internal review if a child dies in suspicious circumstances within 12 months of receiving care or treatment from a NSW public health facility.[105]

Since 2010, significant work has been undertaken in establishing and strengthening Health's systemic response to children at risk, including through the operation of its three Child Wellbeing Units[106] and NSW Health funded Family Referral Services (FRS). The FRS network – currently operating in 11 metropolitan and rural/remote locations – was established to coordinate the referral of families and children who are identified as being at low to moderate risk and who do not require statutory intervention. However, we have been advised that higher risk children have been referred through five FRS trial sites which are hosting Community Services child protection caseworkers. FACS has told us that, as of late 2013, these sites have received about 300 referrals of children who have been assessed as being at ROSH with a designated response time of less than 10 days. It is important to stress that these were cases

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103  Data relates to the period 24 January – 31 December 2010.
104  NSW Ombudsman, *Report of Reviewable Deaths in 2010 and 2011, Vol 1: Child Deaths*, March 2013.
105  NSW Ombudsman, *Report of Reviewable Deaths in 2010 and 2011, Vol 1: Child Deaths*, March 2013.
106  NSW Health has three CWUs, which align with the existing NSW Child Health Networks, and are located in Dubbo, Wollongong and Newcastle.

that would not otherwise have received a face-to-face casework response.[107] In our opinion, this work represents a welcome attempt to expand system capacity and trial new ways of working with vulnerable children and their families on a collaborative interagency basis.

It also more broadly points to the potential for building the capacity of the overall community service sector through the strategic placement of highly skilled Community Services' personnel within the NGO sector.[108] In particular, designated positions of this kind could play an advisory role and potentially provide support to NGOs – and other government agencies – in relation to:

- the handling of high risk cases
- improving the consistency of intra and inter agency decision-making
- strengthening the working relationship between Community Services and its partner agencies
- enhancing information exchange practices and collaborative practice more generally, and
- reducing the number of unnecessary ROSH reports made to the Helpline.

Therefore, against the background of the current inability of the child protection system to adequately deal with ROSH report demand, we believe that additional investment in positions of this kind could produce a strong return if they were to be effectively used. However, it is important to stress that any such appointments would need to involve individuals with excellent technical and capacity building skills, and they would need to be well supported by both government and non government partners.

## 4.2.2. Addressing identified problems in relation to integrated practice

Case management practices and systems which are truly integrated across government and non-government agencies are a critical component of shared responsibility, and a precondition for improving service responses to vulnerable clients who have needs that cannot be easily met by any one agency.

In *Keep Them Safe?*, we noted the importance placed on integrated case management by the Wood Inquiry when we discussed frequently encountered, complex and other *'high end'* users of the service system. However, as we observed in our December 2012 report – *Responding to Child Sexual Assault in Aboriginal Communities* – current practices in relation to engaging high need families is often complex, inefficient and disjointed. That report strongly argued the need for NSW to move toward a more integrated approach to engaging high-need families, including through the development of a high level framework to support more efficient and effective place-based case management practices.[109]

***Integrated case management programs***

In NSW, attempts to create more holistic responses to vulnerable children and their families have largely relied on the initiative of individual agencies investing in trials of integrated case management programs. In broad terms, these programs attempt to respond to the multiple issues affecting clients with complex needs by using various frameworks that try to deliver coordinated agency interventions. An active proponent of these programs is FACS, which has responsibility for the two leading programs in this area – Family Case Management and Supporting Children, Supporting Families[110] (formerly known as the Anti-Social Behaviour Pilot Program).[111] FACS also operates Complex Case Coordination Panels in a number of districts, which are intended to bring various agencies together to regularly review complex clients in circumstances where the existing service system is struggling to meet their needs.

The Supporting Children, Supporting Families (SCSF) program is the most far reaching integrated case management program with 17 sites across the state.[112] A 2011 interim evaluation of the program confirmed that there had been disappointing practical outcomes from the program over its seven years of operation. As part of our review of school-aged children in Western NSW, we also consulted staff from agencies that participated in the program. In feedback provided in late 2011, they cited a number of factors that had impeded the effective coordination of joint casework.

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107  NSW Department of Family and Community Services response to Ombudsman request for information, 24 December 2013.
108  The Magnolia Place initiative which is discussed in further detail in Chapter 6, involves the use of child protection workers to act as a linking point between the child services department and the more than 70 organisations involved in delivering services through the initiative.
109  NSW Ombudsman, *Responding to Child Sexual Assault in Aboriginal Communities*, December 2012, p.197.
110  It was formerly managed by the Department of Premier and Cabinet but, approximately three years ago, responsibility for its operation was shifted to FACS.
111  The SCSF program was originally established by Police, Community Services and other agencies in Dubbo over eight years ago, as a forum to bring service providers together to coordinate interventions targeting young people with complex needs. Our initial observations of the Dubbo model were positive. See NSW Ombudsman, *Working with local Aboriginal communities – Audit of the Implementation of the NSW Police Aboriginal Strategic Direction 2003-2006*, April 2005.
112  Eastern Beaches, Blacktown, Campbelltown, Darling River, Lake Macquarie, Liverpool, Leichardt, Macquarie Fields, Mt Druitt, New England, Port Stephens, Richmond, St Mary's, Orana, Tuggerah Lakes, Parramatta and Wagga Wagga.

These included:

- poor preparation, with some agencies that have key casework responsibilities attending the meeting with insufficient or outdated knowledge of families' circumstances
- agencies delegating attendance to inexperienced staff who lacked knowledge of the families and the authority to commit their agency to a particular course of action
- confusion about processes for identifying when, and in what circumstances, decisions about jointly managed cases should be escalated
- the development of a practice whereby agencies that nominate families for assistance were usually required to take on lead agency responsibility for the case, even if their agency had little direct involvement with the family and was not best-placed to coordinate the response
- the logistical difficulties associated with seeking the assistance of agencies that have few or no staff based in remote locations and haphazard attendance by some agencies, and
- basic program governance problems, including frequent changes in responsibility for chairing the meetings and for providing secretariat and other support.

Against the background of these (and other) concerns, we decided to initiate an inquiry into the operation of the program in 2012. In responding to our inquiry, FACS' included a copy of an evaluation conducted by a firm of consultants in June 2012. The evaluation highlighted many of the same concerns that we had been raising around weak governance processes and poor accountability.

The other major integrated case management program, Family Case Management (FCM), began as a *Keep Them Safe* reform. Justice Wood made a range of recommendations for reforming the way that information about vulnerable children and their families is collected, shared and responded to (including that government agencies with child protection responsibilities should actively identify their 'high end' users and provide these families with an integrated case management response).[113] An evaluation of Stage 1 of FCM, which operated in three regions, provides useful insights into integrated case management practice generally; particularly in relation to issues such as determining who should be targeted for assistance, and how.

Although FCM was established to identify 'high end' users and to provide them with integrated case management responses, an evaluation found that its trial sites in Western NSW experienced acute difficulty in getting families with complex needs to engage with the program. A number of inter-related factors contributed to this problem; including uncertainty about which families to engage; limits to the capacity of staff to case manage clients with multiple and complex needs; a lack of training; and local community distrust of participating services. In response, the FCM agencies shifted their focus to 'medium users' whose problems were less acute, but who were more willing to engage and who were easier to assist.[114]

While shifting the focus of interventions from 'high end' to 'medium' users might have increased the likelihood of achieving positive outcomes, this approach failed to resolve the issue of how the families with the most complex needs should be managed and supported in each location. The program failed to deliver on its intended outcomes largely because it was not embedded within a broader interagency framework to identify, and respond to, the needs of vulnerable children and families across the continuum of need.

### Identifying the client base – using an intelligence-driven approach

The ability of Community Services and other agencies to provide a quality response to families requires robust systems for identifying potential clients and the nature of client need. The systematic identification, sharing and analysis of information is also a critical precursor to the implementation of effective place-based solutions; we discuss this issue in the final chapter of this report.

*Keep Them Safe?* has had a considerable focus on improving information exchange between agencies, but the impact of these reforms has been uneven at best.[115] While the inability to easily extract agency data about the use of the Chapter 16A provisions makes it difficult to assess the extent of their application, it is clear that the provisions have not been used in a systematic way to identify which children and families need support in individual locations and the kind of services they require as a result.[116]

As we have previously noted, our *Keep Them Safe?* report specifically recommended the development and implementation of an intelligence-driven child protection system that promotes identifying, analysing, prioritising

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113  *Report of the Special Commission of Inquiry into Child Protection Services in NSW*, November 2008, Recommendation 10.7.
114  ARTD, *Stage 1 Family Case Management, Appendices for Interim evaluation report for NSW Department of Premier and Cabinet*, 27 April 2011, p.12.
115  NSW Department of Premier and Cabinet, *Keep Them Safe Interim Review Report*, 2013, p.25.
116  Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1993*

and acting on information held by agencies involved in child protection. Almost a year after our report was released, we completed a confidential review in 2012 of a group of 48 school aged children from two Western NSW towns. The purpose of the review was to explore the potential benefits of intelligence driven child protection practice and to inform the work being carried out by agencies in response to our 2011 recommendation.[117]

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**Our 2012 confidential report: Sharing responsibility for identifying and prioritising children at greatest risk**

Using Education and Police records, we identified children who had missed lengthy periods of school through unexplained absences (at least 50 days a year) or suspensions, and/or had frequent contact with police because of their repeated exposure to violence and other risks at home or their own risk-taking behaviours, as well as those identified by either schools or police as being at particular risk. The group included 14 children on a 'priority' list created by local police analysts because of particular concerns about their suspected involvement in offending or because of incidents that highlighted specific child protection risks. The majority of the children were aged between 8 and 11 years old.

When we scrutinised the records that Police, Community Services, Education, Health and other agencies held about the children and others in their households, we found that most had been exposed to violence at home. The mothers of 46 children (96%) had been reported as victims of domestic violence, including the mothers of 26 children (54%) who had been the victim of 10 or more domestic assaults in the two year period checked. The fathers of 42 children (88%) had been criminally charged, some repeatedly. One father had accumulated 140 charges and 118 convictions over his lifetime, and another had 117 charges and 83 convictions. There were criminal charges against the mothers of 36 children (77%), and despite their young age seven of the children had also been charged.

Education records showed that 36 (75%) of the 48 children had been absent from school for 50 or more days in at least one of the years we checked, and 32 (67%) had been suspended at least once.

When we cross-referenced the agency information holdings on the 48 children we found that:

- For this age cohort, the children at greatest risk were readily identifiable through Education and Police records alone. There was also a high correlation between the children identified as being at risk due to school absences and/or suspensions and those identified as a 'priority' by police.

- Most were known to be at risk from an early age – 60% of the 48 children were aged two or younger when they were first reported to Community Services as being at risk, mostly because of their exposure to domestic violence.

- Those whose parents had extensive criminal records were among the children at greatest risk, as indicated by the high volume and seriousness of reported child protection issues. These children were also much more likely to be in statutory care or living in an informal care arrangement.

- All the children who were the alleged victims or perpetrators of sexual abuse had a range of other risk factors present – including disengagement from school, exposure to domestic and family violence, exposure to parental substance abuse and comparatively high numbers of abuse and neglect reports. These associated risks were present in all of the sexual abuse cases, irrespective of whether the abuse allegations had been substantiated.

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From this work, it is clear that when we received the collective holdings about this cohort, rather than each agency's holdings in isolation, the information painted a clear picture of the risks associated with the circumstances of each child and family. However, our review found that there was not an adequate system in place to systematically share and analyse the information held collectively by agencies. We also identified that both locations lacked a clear governance framework to facilitate this type of work.

The need for streamlined, effective and accountable governance structures was also recognised by the regional directors from Community Services, Education and Police who took part in our review. In emphasising the benefits of agencies coming together to share critical information on priority families, they highlighted the need for existing local governance structures to be rationalised. They commented on the program-centric nature of *'existing case*

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117  NSW Ombudsman, *Review of a group of school-aged children from two Western NSW towns: Towards intelligence driven child protection* (confidential report), 2012.

coordination bodies established for specific purposes, such as the Supporting Children, Supporting Families program or the Safe Families Case Co-ordination Groups'. And they expressed concern about the lack of an efficient mechanism for ensuring that vulnerable families from both communities were being identified and referred for help. They also saw the need to track whether identified families were receiving the assistance that they actually required, rather than having to adjust to suit the particular parameters of the programs on offer.

The regional directors concluded that:

> There may be value in re-thinking and broadening case co-ordination for these remote communities so that they can address issues of child protection and safety more broadly. There is a need for a mechanism by which information about children and families can be appropriately shared in order to enable a coordinated and early response. Utilising a tiered approach more broadly within the community could reduce duplication of case co-ordination activities and improve early intervention outcomes. It is of course critical that we do not add another layer of coordination, but look to streamline and simplify.[118]

In response to our 2011 recommendation relating to this issue, an *'intelligence driven child protection sub-committee'* was established in 2012 within the *Keep Them Safe* Senior Officers Group. The group met several times, and at its last meeting towards the end of 2012, agreed that there is potential to apply intelligence driven practice at all points in the child protection continuum. The group also noted a number of opportunities for carrying out further work in this area.[119]

As we noted earlier in this chapter, Community Services has recently commenced joint work with Police to identify and flag *'serious violent offenders'*. It has foreshadowed future work with Health and Education that will focus on including data that identifies risk on the WellNet information system (the Child Wellbeing Unit database).[120] NSW Health has also been exploring the use of *Patchwork* – a web application 'designed to transform the way governments interact with vulnerable families in maternal health, child health and youth services.' As well as listing various services to allow practitioners to find an appropriate service for a client if they identify a referral need, the application allows practitioners to maintain a client list so that participating services can tell if any other services are engaging with their client.[121]

While these types of initiatives are critical, they should sit within a broader operational 'intelligence' framework. In this regard, business requirements need to be developed which provide guidance and accountability mechanisms to promote the systematic analysis and sharing of local information holdings between agencies. In addition, this work must be supported by adequate local governance structures. The resulting analysis from this type of work should then be used to inform related interagency case management work and service planning more generally.

As our school-aged children review demonstrates, this kind of work does not necessarily require sophisticated IT systems or major changes to agencies' business environments (although sophisticated data solutions certainly enhance intelligence capacity).

We note that intelligence-driven child protection practice is beginning to be embraced internationally. The first conference on 'intelligence-led safeguarding' was held in the United Kingdom in late 2012. Early this year, a follow up conference was held to showcase the latest thinking around intelligence-led outcomes through multi-agency and integrated working, with a focus on systems for sharing data.[122]

### The need for an overarching framework to drive integrated case management

In November 2012, Community Services advised us that to address the limitations identified through our reviews and other evaluations, they had decided to replace the various interagency case management programs – including SCSF, FCM, and Complex Case Coordination Panels – with a single framework known as *Coordinated Approaches for Complex Clients.*[123] While noting that the general direction of the draft framework was positive, we expressed concern about it centering on FACS, rather than incorporating all relevant human service and justice agencies. We also questioned the adequacy of the proposed governance structure, noting that in all essential aspects, it was very similar to the structures that had already failed in connection with SCSF and FCM programs. During our discussions with FACS, we underlined the importance of any framework for integrated case management having more than just

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118  Joint response provided by Community Services, Department of Education and Communities and NSW Police Force on review of school-aged children, 26 March 2012.
119  Most of these opportunities had been identified in our school-aged review work: for example, the enhanced use of risk information collected by NSW Health as part of their SafeStart and domestic violence screening; information from Education on transience, non-enrolment and school absences; and police holdings on high risk adults. Department of Family and Community Services response to Ombudsman request for information. Advice provided by NSW Department of Family and Community Services, 31 January 2014.
120  NSW Department of Family and Community Services response to Ombudsman request for information, 24 December 2013.
121  See www.patchworkhq.com. Accessed 5 March 2014.
122  The conference profiled the information sharing model known as 'MASH' – the 'Multi Agency Safeguarding Hub'. Intelligence-led safeguarding – enhancing intelligence outcomes through multi-agency and integrated working, Conference 24 February 2014, London, UK.
123  On the basis of this commitment by FACS, we finalised our inquiry into SCSF in July 2013..

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the 'support' of partner agencies and/or 'linkages' with related initiatives – instead, we stressed that it must be co-designed with human service and justice agencies and the NGO sector, and be integrated with existing and planned initiatives.

During 2013, we repeatedly sought advice from FACS about the status of the Coordinated Approaches for Complex Clients framework.[124] In December 2013, we were told that in response to the May 2012 Commission of Audit's recommendation for trialling a centralised Family Recovery Unit to provide intensive support programs for the highest risk multiple and complex needs families,[125] the NSW Government was *'exploring options for a more effective whole of government response to this cohort of families'*.[126] We have recently been advised that the development of the Coordinated Approaches for Complex Clients framework is in progress and that adjustments are being made to the framework to reflect the FACS localisation and other service system changes.

In January of this year, we received advice from FACS that Complex Case Coordination Panels of 'some form' continue to operate in 14 of FACS' 15 districts. We were also informed that the panels are *"under consideration"* by a FACS-led interagency design group and that *'subsequent steps require further understanding of whether the current approach needs to be revised, as well as the demonstrated effectiveness of the use of panels in providing better outcomes for complex clients, and an understanding of the approach to classifying complex cases across Districts.'*[127]

More recently, FACS provided us with details of a large number of examples of local integrated case management initiatives in which that Department is involved with other agencies. It is evident that many of these have evolved from practitioners' demonstrating initiative and appreciating the importance of joint work in responding to the complex needs faced by many vulnerable children and families. This is very encouraging. However, what is still missing is a coherent framework that ensures the various integrated case management initiatives are informed by the core components of successful collaborative practice, that is:

- a clear and practical commitment to collaboration

- an agreed definition of the problem and the proposed solution

- a joint design and robust ongoing review processes

- strong governance processes to drive implementation, including but not limited to the technical skills to obtain evidence regarding implementation 'success' and the outcomes achieved, and

- collective responsibility for delivering results.

In the final chapter, we discuss the issue of collaborative practice in the context of broader service system reform at the local community level.

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124  May, June, July and November 2013.
125  NSW Commission of Audit, *NSW Commission of Audit Final Report: Government Expenditure*, May 2012, p120.
126  Department of Family and Community Services response to Ombudsman request for information, January 2014.
127  Community Services, *NSW Ombudsman Outstanding Issues / Actions Update*, January 2014.

# Chapter 5. Building an efficient service system

In *Keep Them Safe?* we acknowledged the critical need to look beyond the 'ROSH horizon'. We observed that, in examining how to strengthen the child protection system, Justice Wood's focus was not only on the need to improve the response to ROSH reports, it was also on the importance of investing in effective universal and early intervention services. Although this report has a strong focus on the ROSH-end of the system, it is widely recognised that effective universal services and targeted early intervention, especially in the early years of life, provide the best outcomes and return on investment – the more entrenched the indicators of disadvantage, the costlier the remedies.[128]

In addition to ensuring that there is an adequate investment in universal and early intervention services, there is also the need to determine whether programs and service systems are actually delivering a return on investment. In Australia and elsewhere, there is understandable public support for ensuring that the expenditure of funds on community welfare initiatives results in solid outcomes.

Relevant to this issue is NSW's recent rollout of social benefit bonds:

> … a new financial instrument in which investors provide up-front funding to service providers to deliver improved social outcomes. If these outcomes are delivered, there are cost savings to government that can be used to pay back the upfront funding as well as provide a return on that investment.[129]

The Council of Social Service of NSW (NCOSS) noted in a recent report that:

> At a time when the Government budget itself is under pressure, our report signals the importance of ensuring that programs intended to relieve cost of living impacts reach those who are really hurting, and provide sufficient levels of assistance relevant to the circumstances. The NSW Government commits considerable funding, across a range of portfolios, to such programs. Many would benefit from review to ensure they are appropriately targeted, reflective of current-day issues, delivering measurable results and using the most appropriate service delivery models.[130]

Against the background of the community's desire to see positive outcomes from funded welfare initiatives, a particular focus of our work has been on the waste associated with poorly integrated and inefficient service systems operating in disadvantaged local communities. This system dysfunction has resulted in a failure to identify and meet the needs of vulnerable children and families; the continued funding of agencies that are failing to provide a good quality service; and the limited return on investment from a number of costly agency programs.[131]

We have repeatedly stressed that, on its own, the injection of additional resources will not guarantee improved outcomes for vulnerable children and families in high-need communities. And we have consistently reinforced that in order to make real, sustained inroads into disadvantage, the service system should be rebuilt to achieve a more targeted response to those communities and individuals most in need of assistance and support.

Since 2010, we have published a number of reports which have advocated for effective 'place based' models of service planning, funding and delivery – underpinned by a cohesive approach to local decision making by federal, state and local government agencies, key non-government agencies and community representatives. We have argued that implementing place based service delivery should involve:

- relying on evidence to identify need and to determine priority areas for funding, as part of an ongoing 'whole of community' service planning and mapping exercise

- funding services based on the priority areas that have been identified (and according to a rigorous procurement process that assesses the capacity of individual services to deliver)

- ensuring that the level and nature of services which are provided by funded agencies are tracked, and the related outcomes are monitored.

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128 See for example Schorr, L., & Schorr, D. *Within our reach: Breaking the cycle of disadvantage.* New York: Anchor Press Doubleday, 1988 and Homel, R., *Pathways to prevention: developmental and early intervention approaches to crime in Australia.* Canberra, National Crime Prevention Council, 1999.

129 FACS has entered into agreements to implement the Newpin SBB and the Benevolent Society (TBS) SBB. Under these bonds, which are the first of their kind in Australia, support will be provided to vulnerable families to either prevent children from entering care or safely restore children who are in out-of-home care to their family and thereby reduce the need for out-of-home care. The development of a third SBB is underway. The Newpin SBB raised $7 million in private capital for Unitingcare Burnside to deliver a restoration and family preservation program. The TBS SBB is a $10 million bond under which TBS will provide its Resilient Families program. Advice provided by NSW Department of Family and Community Services response to Ombudsman request for information, 7 March 2014.

130 Council of Social Service of NSW (NCOSS), *Cost of Living: Who's Really Hurting*, March 2014, p.33.

131 NSW Ombudsman, Inquiry into service provision to the Bourke and Brewarrina communities (2010); *Addressing Aboriginal disadvantage: the need to do things differently* (2011); *Review of a group of school-aged children from two Western NSW towns* (confidential report - 2012); *Responding to Child Sexual Assault in Aboriginal Communities* (December 2012).

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In addition, our reports have strongly emphasised the importance of well formulated and sophisticated community engagement strategies. We have also stressed the need for governance arrangements, and related accountability mechanisms, that are sufficiently robust to effectively drive 'place-based' work.[132]

In December 2012, our final report on the implementation of the *NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal communities* recommended that the Department of Premier and Cabinet (DPC), together with other key stakeholders, develop and implement a strategy for delivering effective place-based planning and service delivery within a number of high need communities.[133] In response to our audit, the NSW Government has committed to work with Aboriginal leaders to *'design, develop and implement service delivery reforms in Aboriginal communities'*. This work will be informed by the Local Decision Making Framework envisaged by OCHRE – the government's plan for Aboriginal affairs – and the integrated service delivery approach being pursued as part of *Connected Communities*.

Since we first began arguing for an effective and collaborative place-based service delivery model in NSW, the *'collective impact'* movement has been gaining momentum. The term *'collective impact'* was coined in the US in 2011 and has been defined as:

> *a framework to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organisations and citizens to achieve significant and lasting social change. The approach is premised on the belief that no single policy, government department, organisation or program can tackle or solve the increasingly complex social problems we face as a society.[134]*

Importantly:

> *The approach calls for multiple organisations or entities from different sectors to abandon their own agenda in favour of a common agenda, shared measurement and alignment of effort... It needs good data and good analysis of data at a local level; and it needs the skills, tools and practice knowledge of continuous quality improvement.[135]*

Perhaps the best known example of a large-scale collective impact initiative is Promise Neighborhoods, a US federally funded program to support a number of disadvantaged communities to improve educational outcomes for students through 'wrapping' children in education, health, and social supports by *'effectively coordinating the efforts of schools, families, social services, health centres, and community-building programs.'*[136]

A recently released report for the Benevolent Society about the critical need for continued investment in prevention and early intervention specifically endorses whole of community, place-based collective impact initiatives.[137] The Centre for Social Impact has articulated why the collective impact approach is potentially useful in the context of place based service delivery, observing that its underlying principles provide *'guidance on how to collaborate and navigate complexity to achieve the intended social impact'* of initiatives.[138]

The desire to test this framework is evidenced by the growing number of Australian organisations exploring and promoting initiatives under the 'collective impact' banner. These organisations include United Way Australia, which has carried out considerable work on developing appropriate accountability and reporting mechanisms to enable better measurement of 'community impact'. Their recent work in NSW involves supporting a series of Good Beginnings Australia programs in Claymore; establishing an Income Coalition with members from government, business and the community to support students transitioning from school to employment; and leading *'90 Homes for 90 Lives'* – a cross sector partnership which aims to provide permanent exits from homelessness to rough sleepers in Woolloomooloo.

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132  In 2013, the *KTS Interim Review* report also recommended that 'options for adopting a place-based model of co-located universal and targeted services' be considered, and that the Outcomes Evaluation should examine 'the effectiveness of efforts at fostering local coordination; the impact of interaction between services; and opportunities for restructuring groups of interdependent initiatives to improve local effectiveness.' KTS Evaluation Steering Committee, *Keep Them Safe: a shared approach to child wellbeing*, Report of the Interim Review, 2013.

133  NSW Ombudsman, *Responding to Child Sexual Assault in Aboriginal Communities*, December 2012. Recommendation 89.

134  Graham, K. and O' Neil, D. 'Collective Impact 2014 – Why Philanthropists and Business Should Be There'. www.collectiveimpactaustralia.com. Accessed 28 February 2014.

135  O'Neil D. and Graham K., 'How Collective Impact Can Help Place-Based Policies', *Pro-Bono Australia News*, 13 November 2013. www.probonoaustralia.com.au. Accessed, 28 February 2014.

136  Promise Neighbourhoods Institute, 'Creating Promise Neighbourhoods'. www.policylink.org. Accessed 28 February 2014.

137  Moore, T.G. and McDonald, M., *Acting Early, Changing Lives: How prevention and early action saves money and improves wellbeing*. Prepared for The Benevolent Society. Parkville, Victoria: Centre for Community Child Health at The Murdoch Children's Research Institute and The Royal Children's Hospital, 2013.

138  O'Neil, D. and Graham, K., 'How Collective Impact Can Help Place-Based Policies', *Pro-Bono Australia News*, 13 November 2013. www.probonoaustralia.com.au. Accessed 28 February 2014.

The Ten20 Foundation is another notable organisation seeking to apply a 'collective impact approach'. It is partnering with a number of organisations to implement collective impact initiatives in 10 disadvantaged communities across Australia.[139]

FACS and Education, as well as a number of non-government partners, have also become directly involved in this emerging area of practice through their participation in an action research project that seeks to examine the conditions required for achieving a collective impact approach to improving child wellbeing in disadvantaged communities.[140] The project, led by Professor Ross Homel at Griffith University, will build and test the efficacy of a structured process – based on the CREATE framework[141] – for achieving collective impact in three locations: Wyong, Kempsey and Campbelltown.[142] One of the most significant aspects of the collective impact approach is its explicit acknowledgement that a supporting infrastructure is needed to achieve genuine collaboration.

In the US, this infrastructure has tended to be centralised in the form of *'a backbone organisation with dedicated staff whose role is to help participating organisations shift from acting alone to acting in concert'*.[143, 144] United Way Australia has in fact argued that the notion of a single backbone is not flexible enough for the Australian context, and that 'the Australian model of collective impact is emerging differently where the backbone is made of…multiple parts who will share the weight and provide a flexible and sustainable base for impact'.[145]

Regardless of where the debate around the issue of 'backbone' organisation/structure leads us, as we have observed in the previous chapter, numerous interagency initiatives have failed because of inadequate governance arrangements and a lack of 'on the ground' support and/or expertise enabling a *'common agenda, shared measurements and alignment of effort'*.[146] In fact, even proponents of collective impact accept that delivering on collaborative practice that drives strong results is inherently complex.

We also note that the research suggests that the same core elements need to be in place to deliver effective collaborative practice, regardless of whether the objective is to implement a local *'whole of community'* service system response or to provide a service response to a discrete issue which requires well coordinated cross agency work.

A further issue requiring consideration relates to the issue of leadership for this type of work. In this regard, it needs to be recognised that the best 'leadership' arrangement is the one which is 'fit-for-purpose'. However, when the collective impact goal requires providing place-based 'whole of community' collaborative service delivery reform, we believe that, given the complex challenges which are integral to such reform, the leadership must ideally involve a strong partnership between the three levels of government, business/philanthropic sectors,[147] NGOs and the involved local community. In terms of the involvement of local community members, the research clearly demonstrates that without effective community/consumer engagement, both place and program based initiatives are likely to fail.[148]

Finally, it is important to stress that 'herd-like' adoption of 'collective impact', or other social program labels, does not guarantee success. It is the effective execution of sound principles and evidence-based practice that will lead to real and sustained outcomes. And we should not underestimate the complex challenges associated with successfully implementing large-scale collective impact or collaborative practice initiatives.

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139  Other Australian organisations working in this area include, Social Ventures Australia, Tomorrow Today Foundation, and Together SA.
140  Professor Ross Homel, Dr Kate Freiberg and Dr Sara Branch, 'Creating the conditions for collective impact: transforming the child-serving system in disadvantaged communities', Australian Research Council Linkage Project: 2013-2015. www.griffith.edu.au. Accessed 28 February 2014.
141  The CREATE framework incorporates the principles of: collaboration underpinned by good governance and community empowerment; relationship-driven program delivery; early intervention/prevention; accountability in the form of a clear focus on measurable outcomes and shared responsibility; training and continuous skills development; and evidence-based practice. See Professor Ross Homel, Dr Kate Freiberg and Dr Sara Branch, 'CREATE-ing community capacity: Enabling collaborative action around children's needs', June 2013. www.griffith.edu.au. Accessed 28 February 2014.
142  Project partners include: Griffith University, Pennsylvania State University, Mission Australia, The Smith Family, The Benevolent Society, The Australian Primary Principals Association, The Parenting Research Centre, Commonwealth Department of Social Services, NSW Department of Family and Community Services, NSW Department of Education and Communities, and Queensland Department of Education, Training and Employment.
143  O'Neil, D. and Graham, K., 'How Collective Impact Can Help Place-Based Policies', *Pro-Bono Australia News*, 13 November 2013. www.probonoaustralia.com.au. Accessed 28 February 2014.
144  This is likely to account for the significant level of expense associated with implementing collective impact initiatives in that country – which also has a significantly larger private investment base than Australia.
145  Jenny Riley (United Way Australia), 'Let's remember backbone has multiple parts'. www.unitedway.com.au. Accessed 4 March 2014.
146  O'Neil, D. and Graham, K.,'How Collective Impact Can Help Place-Based Policies', *Pro-Bono Australia News*, 13 November 2013. www.probonoaustralia.com.au. Accessed 28 February 2014.
147  In the words of Kerry Graham and Dawn O' Neil, "collective impact must move beyond community and government leaders and include more philanthropists and business leaders" ('Collective Impact 2014 – Why Philanthropists and Business Should Be There'. www.collectiveimpactaustralia.com. Accessed 28 February 2014).
148  See Moore, T.G. and McDonald, M., *Acting Early, Changing Lives: How prevention and early action saves money and improves wellbeing.* Prepared for The Benevolent Society. Parkville, Victoria: Centre for Community Child Health at The Murdoch Children's Research Institute and The Royal Children's Hospital, 2013.

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# Recommendations

The following are the Ombudsman's recommendations arising from this report. The Department of Family and Community Services should consult with key human service and justice agencies and the non government sector when implementing recommendations 3-5.

1.    Within two months of this report, the Department of Family and Community must report to my office on whether it accepts and will adopt recommendations 2-6.

2.    The Department of Family and Community Services should:

    a.   Use its Quarterly Business Review process and the related work of the Office of the Senior Practitioner to continue to drive demonstrable improvements in accountability and business performance in the areas of output, quality and in addressing significant practice shortcomings (see sections 2.3 – 4.1.2).

    b.   Continue to enhance Community Services' information systems to support performance improvements – and related reporting – in the areas outlined in Recommendation 1(a) above (see sections 2.2 and 3.3).

    c.   Lower overall caseworker vacancy rates and fill longstanding vacant positions in those districts with high vacancy rates (see section 3.2).

    d.   Address the longstanding practice and systemic issues which CSCs in the Western District have faced (see section 3.3).

    e.   Ensure that the ongoing implementation of Practice First is informed by a robust evaluation methodology that assesses whether strong outcomes are being achieved for vulnerable children and families (and that the Practice First initiative is being continually refined in light of evaluation results (see section 4.1).

    f.   Enhance the capacity to record, and report on, the nature of responses being provided to all children the subject of ROSH reports – not just those that result in a face-to-face assessment by Community Services.

3.    The Department of Family and Community Services should develop and implement strategies for expanding the collective reach in meeting ROSH demand. This should include identifying where further targeted resources and related capital investment in technology are required (see sections 2.4, 3.2, 3.4 and 4.2.1).

4.    The Department of Family and Community Services should develop and implement interagency operational frameworks to:

    a.   Enhance and more clearly define the role of partner agencies in relation to their work with high-risk families, and substantially strengthen their capacity in this regard (see section 4.2).

    b.   Deliver a more effective and integrated response in relation to vulnerable adolescents and in the area of educational neglect.

    c.   Improve the operation of integrated case management programs, particularly given the history of past failure in this area.

    d.   Build an intelligence driven approach to child protection practice and embed this approach within interagency initiatives (see 4.2.2 of this report).

    e.   Support the core components of successful collaborative practice, namely:

        i.    a clear and practical commitment to collaboration

        ii.   an agreed definition of the problem and the proposed solution

        iii.  a joint design and ongoing review process

        iv.   strong governance processes to drive implementation and the technical capacity to monitor outcomes, and

        v.    collective responsibility for delivering results.

5. The Department of Family and Community Services and the NSW Police Force should work together to:

    a. Enhance the quality of information which police collect relating to child protection risks, through refining the ROSH reporting tool used by police.

    b. Develop and implement an effective system for defining, identifying and providing to Community Services information about 'serious violent offenders', when such information is relevant to risk of harm assessments (and related child protection casework).

    c. Assess whether certain designated police positions should have direct access to the KiDS system in order to enable police to quickly access child protection information held by Community Services at the time when police are responding to incidents that may involve serious risks to children.

    d. Develop improved guidance and related support to police in relation to their role in conducting child welfare checks.

6. The Department of Family and Community Services should report publicly every twelve months from the date of release of this report on its progress in implementing recommendations 2-5.

7. The Department of Premier and Cabinet should consider the observations made in Chapter 5 of this report as part of its ongoing work to develop and implement a place-based approach to service delivery.

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