

## Responses to Questions from Peaks

### Helpline and Support Line

- 1. It's positive that Family Referral Services are now established in 3 regions, and providing a pathway for referral where reports are between the new and old threshold levels. However, there are continuing concerns in the sector about the pathways for children and families in non-FRS regions. What processes are currently in place at the Helpline level to address this?***

#### **Response**

Since commencing operations on 25 January 2010, the Community Services Brighter Futures Assessment Unit (BFAU) has been determining eligibility for all matters which the Child Protection Helpline assesses as not meeting the threshold and are potentially eligible for the Brighter Futures program.

The Child Protection Helpline provides feedback to all mandatory reporters about whether or not their report meets the new reporting threshold. This feedback is by way of a faxed letter or email. Where a report does not meet the new threshold, this feedback helps to ensure mandatory reporters can meet their obligations to the child and their family by continuing their involvement with them and/or referring them to alternative support services.

Referral pathways also exist outside of the Child Protection Helpline under the new child protection reporting and referral systems.

As of 3 June 2010, Child Wellbeing Units (CWUs) have had a referral pathway directly to the Brighter Futures Program. CWUs also provide advice to the mandatory reporters working in their agencies regarding service options and referral pathways. The mandatory reporter then discusses this with their client, and if appropriate, makes a direct referral to a service provider within their own agency or an NGO.

The KTS Support Line provides advice to NGO mandatory reporters about referral pathways for cases that fall below the threshold. Mandatory reporters are advised about accessing HSNET, the Human Services Network Service Link Directory, and are given details about local services.

- 2. Information provided to CPAG on 30<sup>th</sup> April 2010, indicated that "The US Children's Research Centre visited NSW at the end of March 2010 to review the use of the MRG in the first two months since proclamation". CWU staff also provided feedback on the tool. What were some of the issues and changes that have been lodged as result of this review? When will these changes reflected in the online tool?***

#### **Response**

Two *Mandatory Reporter Guide* workshops facilitated by the Children's Research Centre (CRC) have been held since the *Guide* was launched, one in April and one in July 2010.

Several changes to the Mandatory Reporter Guide (MRG) decision trees were recommended in these workshops. These include the addition of 'shaking' in Physical Abuse; 'or other adult household member' immediately after all references to 'parent/carer' under the Physical Abuse decision tree, and the addition of 'denial of fluids' in the Neglect: Food decision tree.

Some items were put on a 'watch list': the applicability of a table in the Sexual Abuse: Child decision tree on children with a disability; and the table outlining abusive and non-abusive sexual behaviours.

Further consideration is being given to other issues raised in these workshops; for example, whether or not adolescent risk taking is adequately covered using the existing decision trees. It was also agreed that other issues require further research and that minor content changes to a number of decision trees would address some identified gaps.

The changes agreed to in the workshops are to be reflected in the next upload of the online Mandatory Reporter Guide which is expected to occur in September 2010.

As the primary users of the MRG, mandatory reporters are able to raise issues about the tool's operation and content. These may emanate from their practice and/or be actively sought from them particularly by CWU agencies, the NSW Child Protection Advisory Group, the Child Protection Helpline, the KTS Support Line and by Community Services.

The Keep Them Safe Senior Officers Group has recently endorsed an interagency governance process for managing amendments to the MRG whereby:

- key stakeholders with a role in using and reviewing the MRG document issues and pass these on to Community Services.
- Community Services maintains and holds a master log of all issues from these key stakeholders and other sources, including feedback it receives directly from a range of users or via the KTS 'contact us' feedback process.
- The master issues log is made available to CWU Directors, the KTS Support Line and the Child Protection Helpline for consultation as to the merit, priority and impact of any suggested changes.
- Community Services, through its contract with CRC, manage version control of the MRG as per the convention with all SDM® tools in development in NSW. CRC make the final changes to the PDF version of the MRG.
- The Keep Them Safe Senior Officers Group is asked to endorse all changes once CRC has agreed that they warrant consideration/change.
- The CPAG is kept informed of all issues forwarded to the CRC for consideration and of any subsequent changes made to the tool.

Community Services is responsible for reviewing and evaluating the MRG and for reporting to Government on the findings. The master log of issues will help inform this broader review and evaluation.

- 3. Initially the number of calls to the KTS Support line were very low. We believe one reason for this was the lack of profile for the line within the sector. Have the number of calls changed significantly since the KTS sessions have been running?**

**Response**

The overall numbers of calls to the KTS Support Line continued to be less than anticipated during the first six months of its operation. The line will continue to operate throughout 2010 with the number and nature of the calls being monitored during this period.

Concerns about cumulative harm information not being recorded are acknowledged. The Department of Premier and Cabinet has undertaken to examine this issue as part of a wider review of the KTS Support Line.

**Child Wellbeing Units**

- 1. In May, Gary Groves (Director, Police CWU) provided Peaks with information which indicated CWU's are collecting data on the number of people referred to NGOs, and the number of those who subsequently receive a service. This data will reflect those who decline service, and those who are turned away due to lack of service availability. Is early information available across CWU's on the gaps emerging for service availability? What timeframe has been set to respond to gaps identified by CWUs.**

**Response**

The information held by CWU about referrals is limited and cannot be used to identify gaps in service availability.

The Police CWU follows up on the referrals it makes to NGOs and keeps records of the number of referrals taken up by families. The records show that less than a third of families referred by Police have taken up these referrals.

However, police do not record the reasons why a family has not taken up a referral so it is not possible to distinguish the proportion of these families who may have been unable to access a service because of service capacity issues.

Unlike the Police CWU, the Human Services, Department of Education and Training and Health CWUs do not make direct referrals to NGO services. Rather, these CWUs provide advice to the mandatory reporters working in their agencies regarding service options and referral pathways. The mandatory reporters then discuss this with their clients, and if appropriate, make direct referrals. Because direct referrals are not made from these CWUs, referral records cannot be kept in the same way as they are in the Police CWU.

**2. The back-end recording system for CWUs includes a flag system which highlights multiple CWU contacts for a child/family across agencies. How effective is this system proving to be in identifying cumulative concern and risk, given that the full details of a child/family record is not available electronically (and relies on staff to contact other CWUs)?**

**Response**

A key to the collaborative and effective operation of the CWUs is the ability to share information.

The application of the WellNet database allows reports to be recorded by individual CWUs. This shared database helps provide an information network that provides a record of other reported concerns and gives CWUs a more comprehensive picture of a child's situation. WellNet allows for cumulative data on a child to be captured and used to determine whether a report to the CWU should be escalated to the Child Protection Helpline.

CWUs apply the Chapter 16A information exchange provisions to exchange information regarding risk to children and young people with other CWUs and other 'prescribed bodies' or agencies. These provisions provide an effective means of information exchange and assist CWUs to undertake cumulative risk assessments. The CWUs report that they are not experiencing any difficulties in promptly accessing relevant information from other CWUs or prescribed body under Chapter 16A.

**3. CWUs (and family referral services) are relying on HSNet as a key source of information in referral. Historically, there have been issues around the utilisation of HSnet across the sector. What steps have been put in place to improve the utilisation of HSNet across the sector?**

**Response**

The application of HSNet has been growing steadily since its launch in 2005. The database provides a key information source for locating services for families requiring assistance.

HSNet is promoted via the KTS website and has been widely referred to during the KTS Phase Two training rollout. HSNet provides regular workshops to agencies, in addition to 'awareness raising sessions' by agency invitation.

NSW Health Child Wellbeing Area Coordinators liaise with health staff to help ensure that relevant NSW Health services directories are up to date, and provided to HSNet.

KTS Regional Project Managers also promote HSNet in their work across government and non government agencies.

## **Family Referral Services**

- 1. It is critical for the Family Referral Services to have knowledge of local services and their capacity to support families. What data is being gathered by the Family Referral Services regarding capacity of service provision in local areas? Will this be collated at a central level to assess service capacity?***

### **Response**

The three Family Referral Services (FRS) pilot services are collecting monthly data for the FRS evaluation. This includes information on:

- the referrals made to particular types of support services; and
- the numbers of cases where referrals were not made, including those where the local service reports it is at full capacity.

The FRS pilots monitor service capacity as part of their community development/capacity building activities. Two of the three pilots have dedicated community development staff positions for maintaining up to date service directories in the local FRS catchment area. The service directories contain details of a service's location, contact person, opening hours and waiting list (if applicable).

The FRS monthly service activity reports to NSW Health also provide data on referrals made to waiting lists. The monthly evaluation data and these service activity reports are expected to provide an indication of service availability and capacity in the three pilot catchment areas.

- 2. The two models of Family Referral Services are being trialled in 2010-11 with a view to staged statewide implementation by 2014. How will the Government decide which model will be used? Will it be possible for different models to be implemented in different parts of the state?***

### **Response**

The independent evaluation will inform the roll-out of FRS across NSW. It is expected that one model may not be appropriate in all areas and some degree of flexibility may need to be retained in terms of service methodology.

The evaluation will also examine what a 'best practice' model might look like and what common standards will be required to ensure consistency and quality as part of the state-wide FRS roll-out.

- 3. Will consideration be given to the recommendation of the Special Commission of Inquiry to place one or more Child Protection case workers seconded from Community Services in the Family Referral Service?***

### **Response**

The potential role of child protection caseworkers placed in FRS has yet to be fully analysed and will be considered ahead of the state-wide roll-out of FRS. Community Services will consider this option if the need is established.

In the meantime, Community Services is working with NSW Health to determine the best ways of providing support to FRS. Direct links between the Child Protection Helpline and FRS to assist families who contact the Helpline for advice are currently being explored.

Other options may include providing child protection expertise via a 'visiting service' arrangement whereby experienced caseworkers attend key meetings and/or participate in case consultation discussions.

## **The Protecting Aboriginal Children Together (PACT) Model**

- 1. The PACT project is modelled on the Victorian Lakidjeka ACSASS service providing advice to the Child Protection branch of the Victorian Department of Human Services on culturally appropriate intervention for Aboriginal children and young people alleged to be at risk of abuse and or neglect. What resources can the NSW Government commit to Aboriginal service providers who are successful in the tender process to ensure that the service/s can meet the needs of Aboriginal children and families?***

### **Response**

The Protecting Aboriginal Children Together (PACT) model is currently in the development phase. The PACT pilot will seek community input and involvement on individual child protection decisions involving Aboriginal children. PACT aims to develop locally driven service models which empower and actively engage with the unique needs of Aboriginal families and their communities. It also aims to actively encourage consultation between relevant mainstream and Aboriginal non-government organisations to form meaningful partnerships in order to develop capacity in both sectors.

Community Services has been allocated funding over five years under *Keep Them Safe* for a PACT pilot to be established by an Aboriginal NGO and evaluated. This funding includes provisions for staffing, training as well as establishment, capacity building and service delivery costs. For a pilot of this nature to effectively commence in NSW, a number of partnership and capacity building activities need to occur with the Aboriginal NGOs.

Community Services will coordinate local information sessions for interested Aboriginal NGOs with the aim of increasing their understanding of PACT and the service model, and to provide them with an opportunity to discuss purchasing or service implementation issues. These information sessions will coincide with the select tender process scheduled for September/October 2010.

- 2. In Victorian, the Children, Youth and Families Act (2005) specifically states that 'in making a decision to place an Aboriginal child in out of home care, an Aboriginal agency must first be consulted and in making the placement regard must be had to the advice, of the relevant Aboriginal agency. Further, a formal protocol has been entered between Department of Human Services and the Victorian Aboriginal Child Care Agency (VACCA – the service responsible for providing Lakidjeka) about all "significant decisions" regarding Aboriginal children. What commitment can the NSW Government make to ensure this occurs in NSW?***

### **Response**

The Minister for Community Services, the Hon Linda Burney MP hosted a signing ceremony of a Memorandum of Understanding between Community Services and the Aboriginal Child, Family and Community Care State Secretariat NSW (AbSec) on 17 March 2010 at Parliament House. This Memorandum of Understanding is underpinned by

*Keep Them Safe* principles and sets out practical mechanisms for real consultation and collaboration. In particular, the memorandum provides for:

- Developing and piloting the PACT model.
- Expanding the capacity of mainstream organisations (including workforce development and cultural training), to foster partnerships with Aboriginal organisations and deliver culturally appropriate child protection and family support (specifically family preservation and restoration) to Aboriginal families;
- Developing models for effective consultation and service delivery across the spectrum of child protection services;
- Developing and implementing a viable model for the four new Intensive Family Based Services to be established in the non-government sector; and
- Developing a recommended approach for mainstream service providers to improve their capacity to deliver services for Aboriginal communities inclusive of the development of partnerships

**3. *What practices are, or will be, in place during the term of this pilot to ensure that Community Services staff, particularly in the regions, are culturally sound to make appropriate referrals to the selected Aboriginal service providers? Will mechanisms be put in place to capture whether children or young people are Aboriginal, as this is process in Victoria?***

**Response**

Community Services is currently working on a number of projects to address cultural capability and Aboriginality.

Community Services has an Aboriginal Strategic Commitment document which outlines how we work as an organisation to provide better and more sustainable services for Aboriginal people. Regional Commitment of Service Plans have been implemented each year since 2006. They support the aim to improve service delivery for our clients and support Departmental Aboriginal staff.

Community Services is committed to the recruitment, retention and career development of Aboriginal staff and this remains a key priority. We are proactive in establishing Community Services as an employer of choice for Aboriginal people. As at April 2010, Community Services employs 364 Aboriginal staff of 4449 overall staff. This represents over 8.18% of total staff which is well above most other government agencies in NSW.

Local Aboriginal Action Plans are being developed in all Community Services Centres. These plans provide detailed strategies that can be implemented at a local level. The plans describe practical and localised actions - the things that Community Services can do 'on the ground' to strengthen their work with Aboriginal people and communities.

The Plans are designed to empower Community Services staff at a local level to:

- build strong working relationships with Aboriginal people, including Aboriginal service providers;
- strengthen the cultural capability of all staff, so that they are able to implement policies and programs specifically targeting Aboriginal communities; and
- implement improvements in the way they work with Aboriginal service users.

A related *Keep Them Safe* project is currently underway to improve how cultural heritage information/data is recorded in Community Services client files.

## **Family Case Management**

- 1. *Community Services estimated that there were between 2,500 and 7,500 'frequently encountered families' who might benefit from Family Case Management. Has this estimate changed and how many families will benefit from Family Case Management in 2010-11?***

### **Response**

The initial Community Services statistical analysis of between 2500 and 7000 families was based on families who were frequently 'reported' to Community Services – not necessarily families who are encountered across the broader service system. (Refer to the published report posted on the Community Services website [Reporting trends and estimates of children and young people "known to DoCS"](#) ).

The *Keep Them Safe* funded Family Case Management (FCM) project managed by the Department of Premier and Cabinet refers to families frequently 'encountered' across a number of Government agencies. The frequently encountered families cohort is broader – but not necessarily bigger (for example, there may be families frequently involved with Community Services, but not with other agencies).

Stage One of the FCM project involves up to 90 families in three Regions (Western NSW, South East NSW, and South West Sydney) and will run for 12–18 months. Stage One is being externally evaluated by ARTD Consultants with an interim report expected in early 2011 and final report in early 2012. The evaluation will provide an analysis of the target group, projected estimates for the numbers of frequently encountered families and the actual benefits for the families involved.

- 2. *Are there plans to roll out Family Case Management to other areas of the state over the new few years? If so, what are they and if not, when will these plans be developed?***

### **Response**

If the findings in the interim evaluation report are positive, the three Stage One Regions will continue to provide services with new families being accepted into the program. This will help ensure that support to families continues and the momentum of the project is maintained.

Decisions about further rollout to other areas of NSW will be based on the findings and recommendations in the final evaluation report.

- 3 *How is this programme evaluated?***

### **Response**

FCM is being externally evaluated by ARTD Consultants.

The evaluation is comprised of the following key components:

- 'Frequently encountered families' definition and sizing: this component will identify more specific information about the particular characteristics of these families in

order to determine how they can be defined and/or targeted in a broader roll-out of the model.

- Process evaluation: this component will evaluate the effectiveness of the approach and how the different parts of the approach are operating. It will consider issues such as the effectiveness of engaging families, the role of the coordinators, the effectiveness of the local models, and major system challenges.
- Family outcomes: this will measure the impact of the program for participating families.
- Economic impact: an analysis and evaluation of the costs and benefits of FCM.

## **Community Services Grants Program (CSGP)**

### **1. *Is data from the Helpline and Wellbeing Units yet able to indicate the numbers of children/young people/families who will be requiring service below the new threshold?***

#### **Response**

The Child Protection Helpline records all reports it receives where risk of significant harm is suspected. This includes all reports where it is determined that the risk of significant harm threshold has not been met.

Child Wellbeing Units also record concerns that are reported by agency mandatory reporters that do not reach the new threshold as indicated by the MRG.

Community Services statistical data for the quarter January to March 2010, including Child Protection Helpline data, has recently been published:

[http://www.community.nsw.gov.au/about\\_us/docs\\_data.html](http://www.community.nsw.gov.au/about_us/docs_data.html).

While the number of below threshold reports to the Child Protection Helpline and the CWUs can provide a broad indication of the number of families needing non-statutory services, it should be kept in mind when using this information to predict demand that:

- not all below threshold matters are reported to CWUs by their agency staff when the result of the MRG is "*Document and continue relationship*".
- many children are the subject of multiple 'below threshold' reports
- some 'below threshold' children and families have very complex needs and require a range of services from multiple providers.

### **2. *Do the statistics show how many referrals the Wellbeing Units are making to the service sector and how many can be accepted?***

#### **Response**

Refer to CWU Question 1 answer.

### **3. *What are the projections for the number of clients who will need service provision from the non-Government sector in early intervention and prevention and what plans does the Government have to meet this need.***

#### **Response**

Under Community Services Service System Realignment project, direct services to children, young people and families will transfer into one of five funding initiatives

incorporated in the new Early Intervention and Placement Prevention Service Continuum (EIPP). They are:

1. Child and Family Support
2. Youth and Family Support
3. Brighter Futures
4. Intensive Family Support
5. Intensive Family Preservation

The new focus and structure developed under this process will be used to inform the service specifications and projected client numbers.

Community Services (including Communities and Early Years Division), in association with NGO peak organisations, is currently running a series of regional forums to consult local services about the changes. The forums will provide critical information about local priorities and community needs, which will be integrated into the planning process.

## **KTS Evaluation Framework**

- 1. The current KTS evaluation framework focuses heavily on processes rather than outcomes for children, young people and families. How can we ensure that any evaluation undertaken will take into account outcomes for children and families, including life long outcomes?***

### **Response**

The *Keep Them Safe* evaluation focuses on both process and outcomes. Following extensive consultation, lists of key indicators or measures of success were developed using existing indicators across all sectors of human services, education, health and children's services.

The evaluation will include measurement on short and long-term system outcomes, short and long-term wellbeing outcomes, implementation indicators and measures, and cost effectiveness analyses.

The Department of Premier and Cabinet, in consultation with the Keep Them Safe Senior Officers Group and peak organisations will be developing an implementation plan to progress the various evaluation aspects contained in the evaluation framework. This implementation plan will help ensure the evaluation of local initiatives is consistent with the overall approach and can inform the broader evaluation.

- 2. The new child protection system as described by Wood and endorsed by KTS is a holistic system that relies that relies on multiple components (intake and referral, service provision, ...) to achieve an overall objective (better outcomes for clients). How is it possible to evaluate the success of the new system when several components have not been implemented yet?***

### **Response**

The evaluation framework developed by SPRC does not rely on the completed implementation of all 106 actions. KTS will be evaluated from multiple vantage points, using many existing indicators which are already in use. The evaluation will be considering the outcome of KTS in terms of social, service and economic factors.

## **Brighter Futures, Family Referral Services, Family Case Management**

- 1. SPRC in partnership with Community Services were/are engaged in the evaluation of Brighter Futures. How can the sector be assured of the objectivity of the evaluation when Community Services is involved in evaluating its own program?***

### **Response**

Community Services is involved in some aspects of the Brighter Futures Evaluation, primarily through providing SPRC with administrative data for the Minimum Data Set (MDS).

The MDS contains a number of separate data files including a Family File with details of families in the program, a Reports File containing details of reports relating to children in families in the program, a Family Survey file containing details of the Family Survey for families who have completed these, and a Services File containing data on the services families have used.

The evaluation analysis and report remains independent of the agency and fully controlled by SPRC.

- 2. The success of the Family Referral Services is linking families to services on the ground. How would the success of the trials in the three locations be measured when there is no 'known' plan to increase the capacity of services in the three trial locations?***

### **Response**

Please refer to answers under Family Referral Services above.

Ernst and Young consultants and ARTD consultants have been engaged to carry out a range of evaluation activities that will inform the recommendations for rolling out FRS across NSW.

ARTD have conducted a survey of local service systems and will do so again at a later point to help determine the impact of the services.

- 3. How would the Family Case Management Project be evaluated and what plans DPC have in rolling that out state wide?***

### **Response**

Please refer to answers to questions on Family Case Management above.