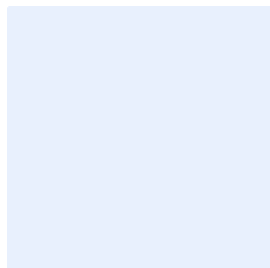# NSW statutory out-of-home care: Quality Assurance Framework

Section 1: Context and consultations

Parenting Research Centre
and
University of Melbourne

August 2015

THE UNIVERSITY OF MELBOURNE

Parenting Research Centre
raising children well

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Disclaimer

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Acronyms	
AbSec	Aboriginal Child, Family & Community Care State Secretariat NSW
ACWA	Association of Children's Welfare Agencies
AIHW	Australian Institute of Health and Welfare
CALD	Culturally and Linguistically Diverse
CBCL	Child Behaviour Checklist
CI	Continuous Improvement
CQI	Continuous Quality Improvement
DoCS	Department of Community Services (former name of FACS)
FACS	NSW Department of Family and Community Services
ISS	Intensive Support Service
KIDS	Key Information and Directory System
KTS	Keep Them Safe
LAC	Looking After Children
MAG	Ministerial Advisory Group
MDS	Minimum Data Set
NGOs	Non-government organisations
OCG	NSW Office of the Children's Guardian
OSP	NSW FACS Office of the Senior Practitioner
OOHC	Out-of-home care
PRC	Parenting Research Centre
QA	Quality Assurance
QAF	Quality Assurance Framework
RMS	Referral Management System
ROSH	Risk of Significant Harm
SBB	Social Benefit Bonds
SDQ	Strengths and Difficulties Questionnaire
WWCC	Working with Children Check

CONTENTS

1.   Overview

1.1   Background

The New South Wales Department of Family and Community Services (FACS) commissioned the Parenting Research Centre (PRC), in partnership with the University of Melbourne, to develop a robust Quality Assurance Framework (QAF) and implementation plan for out-of-home care (OOHC) in NSW. The framework development comes as NSW changes the provision of OOHC from a government-funded – and mainly government-run – service to a government-funded, NGO-run service.

This framework is being developed in the context of a broader monitoring and major reform environment in NSW, which includes the NSW Office of the Children's Guardian's (OCG) development of OOHC accreditation standards (these were in operation since 2003, revised in 2010 and under review at the time of writing); the Australian Government's release of national out-of-home care standards in 2011; the transfer of OOHC to the non-government sector; and, Safe Home for Life reforms, designed to strengthen the child protection system through legislative change, new policy and practice, and a redesign of how technology is used in child protection.

In this context, a QAF for OOHC incorporating new *Standards* is the next step in improving outcomes for children placed in OOHC.

The Project Team consisted of the PRC and the University of Melbourne, and the Project Group included the PRC, the University of Melbourne and FACS project managers.

1.2   Introduction

The context and consultations contained in Section 1 of the report describes the OOHC environment in NSW, and findings from a consultation process with key stakeholders from FACS, relevant peak organisations and NGOs.

Key elements of developing a QAF included understanding the context and history of OOHC development in NSW. It also involved working with the sector to design a QAF that would build on existing Quality Assurance (QA) and child/young person outcome-focused initiatives.

Consultations were held between July and December 2014, with two additional internal FACS QAF testing workshops held early 2015. The purpose of the consultations was to gain insights into the context and vision for the QAF, and to achieve an understanding of the barriers and facilitators to implementation.

1.3   Project aims

The purpose of the project was to develop a child and young person-focused QAF that would build upon work in the sector over many years.

The three main aims of the project were to:

1. Develop a QAF that focused on children and young people in statutory OOHC achieving the best possible outcomes.

2. Work with government and non-government organisations (NGOs) to design an outcome-focused QAF that would build on existing data-collection strategies used by NGOs, FACS and relevant agencies in NSW.

3. Develop a staged-and-phased implementation plan to achieve effective implementation of the QAF.

The Project Team worked collaboratively with FACS to develop:

- An OOHC QAF that included common elements of well-regarded and scalable frameworks that existed nationally and internationally.

- A visual representation of the QAF to explain the framework and to prompt constructive feedback for its continuing development.

- A staged-and-phased implementation plan to support embedding the OOHC QAF within the system with good effect. This included clarifying the following FACS needs:

  – The funding and monitoring of NGO OOHC contracts.

  – A smooth (non-disruptive) provision of OOHC services to children and young people during the transition process.

  – Provisions for FACS to maintain statutory responsibility and action for any non-delegable aspects of care for children and young people.

  – A staged-and-phased implementation plan.

1.4   Principles

In the early design phase, the Project Group developed a set of principles for the QAF to guide its development and to make clear to the sector its broad parameters (that is, child outcome-focused). The principles developed were as follows:

1. **Outcome-focused** FACS identified that the QAF would focus on three key outcomes for children and young people in care: safety, permanency and wellbeing.

2. **Building from the ground up** Mapping of content/indicators within the QAF would start with the data already collected by participating NGOs, FACS and other agencies.

3. **Building from the top down** Key measures and top-down elements related to the Minister's and FACS' statutory responsibilities, and from themes emerging from the Royal Commission into Institutional Responses to Child Sexual Abuse.

4. **Building on existing OOHC Standards** To complement, and not duplicate, the role of the OCG and the accreditation process.

5. **Continued improvement of QAF** A Continuous Quality Improvement (CQI) approach, including exploring the roles of CQI, monitoring and oversight agencies (OCG, Ombudsman, the Minister and FACS as the funding body).

6. **Efficient reporting systems** Building on existing data, and streamlining and minimising reporting requirements for NGOs.

7. **Accountability and transparency** Addressing the Government's need to demonstrate that children and young people in statutory OOHC are safe and faring well, in line with the Minister's responsibilities.

1.5   Definitions

A note on defining an outcome-focused Quality Assurance Framework

The narrative review in Section 2 of this report provides details on key definitions. In summary, there is a good deal of variability in definitions, terminology and characteristics of frameworks. The best definition of a framework located by the Project Team was as follows:

> *A structure to hold together or support something; an underlying set of ideas; a set of ideas, principles, or rules that provides the basis or outline for something to be more fully developed at a later stage* (Métis Commission, 2011, p.2).

Using this definition, "a framework defines the 'what' of the practice or approach and allows for the 'how' to be developed at the discretion of the agency based on its diverse and unique needs" (Métis Commission, 2011, p.9).

Important to the current project is the distinction between *Standards* and a QAF. *Standards* provide some of the essential elements upon which quality is built, but they do not articulate a process for improving child functioning across a range of outcomes. *Standards* are essential for ensuring that the conditions under which services are provided meet a minimal level of care, delivering some of the basic building blocks necessary for achieving better outcomes for individual children and young people.

In other words, they are essential components of quality but cannot, in and of themselves, be counted upon to measurably improve outcomes for children/young people in OOHC.

A framework that incorporates *Standards*, as well as outcomes, is a roadmap toward achieving those outcomes, but the method of movement toward those outcomes is to be developed by each of the agencies, allowing for a diversity of approaches in the service of the same ideals.

1.6   Project governance

Project governance included two levels of internal FACS governance, as well as external reporting.

Project Group

The Project Team and FACS project managers held weekly or fortnightly meetings throughout the project to ensure deliverables. An action log was tabled at each meeting to track progress against proposed milestones.

Internal FACS

Given the number of related and concurrently-running projects in FACS, the project was placed within FACS internal governance structures to ensure alignment with other strategies.

Given that the project has major implications for the sector, FACS provided updates to the Ministerial Advisory Group (MAG) for information purposes. This included a paper presented to the MAG in August 2014. The Project Team also delivered a presentation on the project to the MAG in October 2014.

Additionally, the OOHC QAF was a standing agenda item at the monthly meetings between FACS and the Association of Children's Welfare Agencies (ACWA).

1.7   Project phases

The Project Team worked through four interlocking phases in developing the QAF. These involved:

1. The planning phase: clarifying the project parameters, consultations with key FACS and NGO stakeholders (documented in Section 1, part 4) and a review of existing QAFs (documented in Section 2).

2. Designing the QAF and a QAF visual representation.

3. Developing a QAF implementation plan.

4. Delivering a draft report.

2.   Context of NSW OOHC reform

The QAF is being considered within the context of NSW OOHC reform. FACS reforms, such as localisation, practice and associated infrastructure and systems reform (beyond OOHC), have an impact on the OOHC landscape and the development and implementation of a QAF.

2.1   Legislative reform

The NSW Government introduced new legislation as part of the *Safe Home for Life* reform package, and the *Child Protection Legislation Amendment Act 2014* was passed in March 2014. This, in turn, facilitated changes to the *Children and Young Persons (Care and Protection) Act 1998* and, to a lesser extent, the *Adoption Act 2000* and the *Child Protection (Working with Children) Act 2012*. These changes came into effect on 29 October 2014.

The legislative reform package is highly relevant to the OOHC QAF. The reform package was designed to strengthen support and parenting capacity with vulnerable families; streamline the process towards permanency and stability for at-risk children/young people; and reduce the number of children entering into and staying in OOHC for extended periods.

2.2   FACS reforms

2.2.1   Transition of OOHC to the non-government sector

The NSW Government is transitioning OOHC service provision to the non-government sector. This change is one of many resulting from the *Keep Them Safe: A shared approach to child wellbeing* (2013) reforms, and entailed a major shift in the service system for a vulnerable

population group. The OOHC Transition Implementation Framework (2011) identified the main objective of the transition as follows:

> *Build a vibrant, responsive, sustainable non-government out-of-home care sector that has the capacity to achieve the best possible outcomes for children, young people and their families.*

The Implementation Framework outlined six strategies to achieve this transition objective:

1. Embed governance and cultural change

2. Champion capacity building as the key for sustainable transition

3. Increase focus on preservation and restoration through enhanced collaboration

4. Base placement decisions on the needs of the child or young person

5. Drive placement transfers through regional process

6. Recruit the carers that children and young people need

In 2011, the NSW Government made a commitment to transfer statutory OOHC placements – where Parental Responsibility rests with the Minister for Family and Community Services – to NGOs. This transition is over a five-year period for non-Aboriginal children and young people, and over a 10-year period for Aboriginal children and young people. The transition of OOHC services from government to the non-government sector commenced in March 2012.

As at 31 May 2015, 56% of children and young people in statutory foster/relative kin care have transitioned cumulatively from March 2012 to be supported by OOHC NGO providers. This means that 102% of the 3-year transition target of 5,711 children and young people had been achieved (the target for 31 May 2015 was exceeded by 101 children and young people).

The transition process started in March 2012 and continues until the process is complete. This means, in the future all children and young people in statutory care will be placed with and case managed by a non-government organisation, but this transition will take some years. As at May 2015, it was anticipated that some Aboriginal children would remain in FACS OOHC for at least the next eight to ten years. At May 2015, there were 7,344 children reported to be in NGO placements and 5,692 in FACS placements.

While the majority of service delivery lies with NGO service providers, this transition means FACS retains a number of important roles in relation to children in OOHC. This includes:

- Parental Responsibility for the majority of children in OOHC;

- approval of a child's Care Plan; and

- Apply for contested adoption matters.

NGOs are now responsible for the child's placement with an authorised carer, case management, support services, transition and case closure.

2.2.2 Localisation

FACS has been restructured across 15 Districts (led by a FACS District Director) to support better planning and decision-making at a local level, closer engagement with the community as well as alignment with NSW Health. Each District Director is responsible for housing, disability and community services performance, and service planning and development. The District Directors report to one-of-three recently established Deputy Secretaries. Implementation of the new Districts structure took effect in September 2013.

In relation to the OOHC QAF, this opportunity for local responsiveness needs to be balanced with consistent and effective service delivery.

2.2.3 The Care and Protection Practice Framework

In addition to better local support, FACS is undergoing major practice improvement initiatives. This includes establishing the Care and Protection Practice Framework (the Practice Framework). The Practice Framework aims to improve the quality of child protection practice in NSW, and overcome a culture of compliance and procedurally-driven practice. The goal of the Framework is to provide consistency, shared identity and direction on the basics of good child protection practice.

Key elements of the Practice Framework include Practice First and new Practice Standards. The FACS Office of the Senior Practitioner (OSP) is responsible for embedding the Framework in practice.

2.2.4 The Child Protection System Taskforce (formerly the OOHC Taskforce)

The Child Protection System Taskforce – with representation from Department of Premier and Cabinet, NSW Treasury, the OCG and FACS – provides oversight of reform in OOHC. It also assesses whether current policies and programs are achieving intended outcomes.

The oversight environment in NSW is complex, with a number of bodies playing a role, and the current system was judged by the OOHC Taskforce as unable to measure individual outcomes for children and young people in care.

In 2013, FACS submitted a proposal to the Taskforce for a QAF in OOHC. The need for the QAF stemmed from OOHC requiring a congruent regulatory and monitoring process, with consideration to the various roles of oversight bodies and stakeholders across the sector. FACS submitted to the Taskforce that a QAF would be a way of measuring and monitoring child outcomes. It would also provide a structure to enable FACS to act in the best interests of children and young people in care.

2.3 OOHC standards and regulation

2.3.1 NSW Standards for children in OOHC

The OCG uses the NSW *Standards for Statutory Out-of-Home Care* for accreditation and quality improvement in OOHC services. The *Standards* establish minimum requirements for accreditation as a designated agency.

Standards for Statutory Out-of-Home Care were first introduced in NSW in 1998 and have since been updated to reflect current practice, research and legislation. In 2010, the *Standards* were

streamlined to provide a greater focus on the rights of children and young people, and to emphasise continuous improvement of services providing statutory OOHC.

The NSW *Standards* were again updated in 2013 to reflect legislative changes. The *Standards* currently contain 10 child wellbeing/care standards, six casework practice standards, four management standards and two standards covering organisation-level issues and governance.

At the time of writing, the *Standards* were again being reviewed to integrate OOHC and adoption standards, and to include a list of desired outcomes and examples of measures of continuous improvement. According to the OCG website:

> *The Standards establish minimum requirements for accreditation as a designated agency and also provide a framework for continuous improvement in the quality of statutory out-of-home care services*.

The OCG reported in a recent submission to the Royal Commission into Institutional Responses to Child Sexual Abuse that accreditation looks at agency systems, rather than the care provided to individual children placed with an agency. It stated however, that assessors consider agency practice in respect of individuals when looking at agency systems.

2.3.2   National Standards for out-of-home care

The *National Standards* were introduced as part of the National Framework for Protecting Australia's Children (2009-2020). The *National Standards* focus on children and young people in statutory OOHC, and are designed to address inconsistencies in regulations between jurisdictions where the Parental Responsibility for the child or young person has been transferred to the Minister/Secretary.

The *National Standards* are designed to improve the outcomes and experiences for children and young people by focusing on the key areas within care that directly influence positive outcomes. Key areas include:

- Health
- Education
- Care planning
- Connection to family
- Culture and community
- Transition from care
- Training and support for carers
- Belonging and identity
- Safety, stability and security

These areas were selected based on broad consultation with children and young people, service providers, carers and governments.

The aim of the *National Standards* is:

> *…to deliver a more integrated response between all governments, but they do not change core governance arrangements. The states and territories retain responsibility for statutory child protection, while the Australian Government retains responsibility for providing income support payments* (FAHCSIA, 2011)*.*

States and territories, including NSW, agreed to report against 13 standards with the aim of creating a nationally comparable picture of the outcomes being achieved for children in care. The recently introduced National Minimum Data Set allows the Australian Institute of Health and Welfare (AIHW) to report on aspects of OOHC against some of the standards. The *National Standards* are important, but are high level and do not track individual children's outcomes.

2.3.3   Contracts and service agreements

FACS' contractual arrangements (service agreements and service specifications) include performance monitoring and reporting requirements (FACS 2013). The performance-monitoring framework comprises:

- Self-assessment
- Desktop review
- Monitoring and review meeting
- Performance-improvement planning
- Continuation of funding

At the time of writing, FACS is preparing for the next round of OOHC contracts in 2016. FACS is also keen to ensure that the QAF is aligned with performance contracting arrangements, which are likely to have a stronger focus on some form of reporting against child outcomes.

2.3.4   Information systems - ChildStory

At the time of writing, FACS was developing a new frontline IT system (ChildStory) designed to improve how caseworkers store, find, analyse and use information. It is hoped that ChildStory will help caseworkers and families make decisions about how to meet the needs of a child or young person. ChildStory will aim to make resources, learning materials, tools and templates more accessible for caseworkers, children, families and FACS partners (particularly around referral management).

2.3.5   The OOHC regulatory and oversight framework in NSW

NGOs and FACS are subject to oversight by a number of organisations. The organisations and responsibilities are summarised in Table 1.

Table 1: Organisational roles and responsibilities

Agency	Roles and responsibilities
NSW Children's Guardian	The Children's Guardian promotes and safeguards the best interests and rights of all children and young people in OOHC. In brief, the OCG accredits, monitors and audits (to renew accreditation every 3-5 years) FACS and designated agencies. Responsibilities:

Agency	Roles and responsibilities
	• promote and safeguard the best interests and rights of children and young people in OOHC;
	• develop, for the approval of the Minister for Family and Community Services, criteria for the accreditation of designated agencies and the registration of non-designated agencies that wish to provide voluntary OOHC;
	• accredit designated agencies to arrange or provide statutory OOHC;
	• maintain a quality-improvement program to progress pre-accreditation OOHC providers towards accreditation;
	• register non-designated agencies that wish to provide voluntary OOHC;
	• monitor the responsibilities of designated and registered agencies under care and protection legislation;
	• develop statutory guidelines and procedures for specific aspects of statutory and voluntary OOHC;
	• accredit non-government adoption service providers.
NSW Ombudsman	The Ombudsman oversees agency investigations into reportable conduct, and reviews the systems of designated agencies. The Ombudsman can also review a child or group of children in care.
	According to *Child Wellbeing and Child Protection - NSW Interagency Guidelines*, the work of the NSW Ombudsman that relates to child protection is governed by the *Ombudsman Act 1974* and the *Community Services (Complaints, Reviews and Monitoring) Act 1993*.
	The role falls into two major categories relevant to children in OOHC as follows:
	• Under Part 3A of the *Ombudsman Act,* the role of the Ombudsman is to oversight and review agency investigations into allegations of **reportable conduct allegations** against employees of certain agencies.
	• The role of the NSW Ombudsman under *CS CRAMA* is to **handle complaints in relation to, and to monitor and review**, the provision of community services.
	Responsibilities:
	• scrutinise the systems put in place by designated agencies and other public authorities for preventing reportable conduct allegations by employees, and for handling and responding to reportable conduct allegations or convictions by those agencies and authorities;
	• receive and assess notifications concerning reportable allegations or convictions against an employee;
	• monitor investigations of reportable allegations and convictions against employees;
	• conduct investigations concerning reportable allegations or convictions, or concerning any inappropriate handling of, or response to, a reportable notification or conviction;
	• conduct audits and education and training activities to improve understanding of, and responses to, reportable allegations;
	• handle complaints about the provision of, or failure to provide, a community service, or about the withdrawal, variation or administration of a community service;
	• monitor and review the delivery of community services, and inquire into matters affecting service providers and consumers;
	• review of the situation of a child in care, or a group of children in care;
	• review the deaths of certain children and people with a disability. This includes children in statutory care; children living in disability accommodation services; and children whose death were, or might have been, due to abuse or neglect or that occurred in suspicious circumstances;
	• review complaint-handling systems of service providers;
	• coordinate and oversight official community visitors, visiting out-of-home care services;
	• provide information, education and training in relation to standards for community services and complaint handling in community services, and promote access to advocacy support to enable consumer participation in decision about the services they receive.

Agency	Roles and responsibilities
Children's Court	Make orders about the care and protection of children and young people, including Parental Responsibility.
Supreme Court	Make adoption orders, including for children and young people in OOHC who are adopted by their carers.
Administrative Appeals Tribunal	Review some decisions of FACS and designated agencies about OOHC.
NSW Office of the Advocate for Children and Young People	The role of this new Office (formally the Commission for Children and Young People) is to advocate and promote the wellbeing of children and young people aged 0-24 years, and their participation in the decisions that affect their lives.
NSW Auditor General	The Auditor-General is responsible for audits and related services. The Audit Office conducts financial and performance audits, principally under the *Public Finance and Audit Act 1983* and the *Corporations Act 2001*, and examines allegations of serious and substantial waste of public money under the *Public Interest Disclosures Act 1994*.

3. Consultations

3.1 Background

Consultations with key stakeholders were held between July and December 2014 with two additional internal FACS QAF testing workshops held in early 2015. As these consultations were point-in-time, they do not reflect more recent FACS initiatives, such as ChildStory. Industry stakeholders expressed views in the consultations, which are not intended to be representative but to offer reflections and reactions to a proposed QAF.

3.2 Purpose

The purpose of the consultations was to gain insights into the context and vision for the QAF, and to achieve an understanding of the barriers and facilitators to implementation.

The consultations with FACS were designed to:

- Understand the opportunities, challenges, and contextual and systems issues in developing a QAF;

- Obtain information on FACS' current QA policies and processes (including documentation); and,

- Understand future planned activities of relevance to the development of QA and quality improvement efforts.

The Project Team also consulted with FACS systems analysts and obtained documents relating to the information contained in the various information-management systems.

Consultations with NGO service providers were designed to present and get feedback on the proposed QAF, as well as to understand some of the data and systems issues relevant to implementing a child/young person-focused QAF.

The Project team held more detailed discussions with four large NGOs to illicit information about specific data-collection tools. This included information about how and when data were gathered, as well as examining any elements that measured outcomes.

The consultations involved working collaboratively on the design of the QAF in a way that would build on existing data-collection strategies used by NGOs, FACS and relevant agencies in NSW.

3.3   Stakeholder groups and consultation processes

The Project Team consulted with four main stakeholder groups, including representatives from FACS, the peak bodies, NGO service providers and oversight agencies. The Project Team used a variety of consultation and feedback processes, including individual face-to-face and small group meetings, a forum, a presentation to the MAG, and workshops to test the development of the QAF. See Appendix (D) for list of agencies consulted.

Stakeholder groups and consultations included:

- **FACS representatives** across policy, planning, procurement, operational performance, research and evaluation and operations. Consultations consisted individual face-to-face and small group meetings (33 staff) and two workshops testing the framework (attended by approximately 40 staff).

- **Peak body representatives** including ACWA, Aboriginal Child, Family & Community Care State Secretariat (AbSec) and the CREATE Foundation. Consultations were either face-to-face or by telephone (six participants).

- **NGO service provider representatives** Consultations consisted face-to-face meetings with four larger service providers (15 participants), as well as a forum organised by ACWA and attended by 28 people from 19 agencies.

- **Oversight agency representatives** including the OCG and the Ombudsman's office. OCG representatives were consulted and gave feedback on the QAF over a series of face-to-face meetings. NSW Ombudsman's office representatives also met face-to-face with the Project Team to provide contextual information early in the project.

- **Ministerial advisory group** the Project Team presented a progress report on QAF development to the MAG.

3.4   Themes emerging from the consultation process

Table 2: Summary table of key themes from the consultations

Theme	Key points
Contextual issues	• QAF needs to fit into the OOHC system • The need to take in to account the implications of the reform environment • The impact of the transition of OOHC to NGOs should be understood and taken into account in particular

Theme	Key points
Identifying the need for a QAF	• Standards and accreditation not seen as the same as a QAF • There is a need to monitor the most vulnerable children/young people in OOHC (especially with the increase of vulnerable children/young people in the system) • FACS/NSW Government funding and monitoring responsibilities • Quality concerns
Vision for the QAF	• Widespread agreement on a focus of safety, permanency and wellbeing, with a need to further investigate the meaning of each domain; particularly wellbeing.

Features of safety, permanency and wellbeing outcomes and their measurement	• Challenges with measuring outcomes
	• Some appetite for using validated and reliable tools
	• Some agencies identified as possibly ready to use
	• Safety:
	  − tracking seen as an essential bottom line
	• Permanency:
	  − family restoration needs to be considered very carefully
	  − adherence to the Aboriginal Child Placement Principles
	  − need to take in to account placement moves and actual address changes
	• Wellbeing:
	  − less understood currently and less likely to be being measured (than safety and permanency)
	  − identity is central to the wellbeing of Aboriginal children
	  − needs to take in to account educational outcomes

Process and features of the QAF	• Keep it streamlined and not onerous for agencies
Systems to support the QAF	• Oversight structure for the QAF needs to be considered • Adequate reportable conduct • Governance • Data systems and IT • Performance-based contracts • Incentives for family restoration and related concerns • Exchange of information
Major challenges and concerns	• Governance • Administrative and reporting burden • Duplication, overlap and complementarity with the *NSW Standards for Statutory OOHC* • Some level of mistrust about the rationale for the QAF • FACS inclusion in the QAF

3.4.1   Contextual issues

The Project Team introduced the project to stakeholders during interviews, including its aims and purpose. A number of stakeholders responded to the introduction – and to questions about their vision for a QAF – by providing background and contextual information that was helpful in setting the scene for the QAF's place in the development of OOHC in NSW.

Stakeholders wanted to know how a QAF would fit into the NSW OOHC system

A number of stakeholders spoke to the history of monitoring OOHC in NSW. Some noted that, originally, the OCG was to play a role in tracking and monitoring individual children in the care system.

A number of stakeholders wanted to know more about how a QAF for OOHC would fit into the overall regulatory and monitoring environment in NSW. Both FACS and external stakeholders stressed the need to clearly communicate the boundaries of a QAF in relation to the OCG-regulated *Standards*, and how these mechanisms (the QAF and *Standards*) would fit together.

Stakeholders agreed about the need to have information on outcomes for children and young people in OOHC. Some stakeholders were clear about the difference between standards, accreditation and quality assurance. Others were unclear or confused about different existing mechanisms in NSW, as well as the differences between standards, accreditation and a QAF, and appropriate mechanisms for tracking outcomes.

Stakeholders generally were highly attuned to the role of the OCG and were emphatic about the need to have a system that complements – not duplicates – what is currently in place.

Implications of the reform environment

Peak bodies and FACS stakeholders mentioned the significance of the reform environment in OOHC and the need to be clear on how the QAF would contribute to the reform process.

FACS stakeholders were attuned to the environment of transition, and the clarification needed about its residual responsibilities under the *Act*, as well as its ongoing, direct-OOHC-provision role. The main FACS responsibilities were identified as:

- Ongoing Parental Responsibility,

- Ensuring permanency for children and young people,

- Contract management,

- Direct service provision for some children and young people.

Stakeholders also mentioned localisation as a key reform, although its impact at time of writing was still unclear. Some stakeholders mentioned that local decision-making could lead to less standardised approaches to OOHC and increase the need for consistency through QA.

Transition of OOHC to NGOs

FACS and NGO stakeholders mentioned that the transition, thus far, had been about the process of transferring children in OOHC to NGOs, and did not cover quality or specific outcomes.

Stakeholders were clear that the assumption behind the transition was that NGOs were better placed to provide more flexible, innovative care with improved caseworker-client ratios. FACS stakeholders were keen to see a way of testing this assumption and thought a QAF could provide this.

FACS stakeholders mentioned that NGOs would now be responsible for some of the more-complex OOHC placements. One FACS stakeholder mentioned that the speed of the transition had been challenging for some Aboriginal agencies and smaller providers. Although one peak stakeholder thought the transition of Aboriginal children in relation to care planning had, to date, been mainly positive.

3.4.2   Identifying the need for a QAF

Participants in the consultations identified the following reasons for a QAF in NSW.

Standards and accreditation not the same as a QAF

Two of the three peak organisations reflected that, although there are *Standards* for OOHC in NSW, "*there is a gap in relation to knowing how individual children are faring in the system and the quality of care they are receiving*".

More generally, stakeholders saw accreditation in NSW as important but different to QA. Accreditation was described as providing important minimum requirements for providers, however it was considered a point-in-time mechanism that did not track children's outcomes or monitor how children were faring once an agency was accredited.

Stakeholders felt there was little way of knowing how an agency and the children/young people in OOHC were faring post-accreditation, particularly as many agencies are accredited for five years.

The need to monitor the most vulnerable children in OOHC

Many stakeholders confirmed the monitoring issues identified by the Child Protection System Taskforce (see 2.2.4). Safeguarding children and intervening early if they are not faring well confirmed the need for a QA mechanism. It would allow better tracking, monitoring, and therefore, intervention to improve the effectiveness of the OOHC in meeting the needs of individuals.

Some FACS stakeholders spoke of evidence of increasing vulnerability of children entering the care system. Of particular concern, from a tracking and monitoring perspective, were children in residential care (due to their decreasing age at entry and level of case complexity). Stakeholders also saw Aboriginal children as particularly vulnerable, as some of the agencies providing care struggled with the required levels of service provision.

FACS /NSW Government funding and monitoring responsibilities

FACS stakeholders saw the key reasons for a QAF for government as including the need to know how children in care are faring. It was also seen as a way of understanding if performance and contractual arrangements were being delivered.

FACS stakeholders also mentioned that NSW Treasury would require justification for funding of the OOHC system. This would need to be based on greater understanding of what a "*transitioned*" system delivered, particularly as the new system costs more and is expected to deliver improved outcomes.

OOHC has a number of oversight bodies, and some stakeholders mentioned that both the Audit Office and NSW Ombudsman want to know more about how children are faring. FACS stakeholders feared that, currently, they can only rely on what providers are saying and do not have more objective data on how children are faring. A QAF was seen as a way to counter this.

Stakeholders felt that an example of the need for tracking in relation to permanency was that, at the time of consultation, FACS had no way of knowing where children in care were living. This knowledge lies with service providers and is problematic where the Minister has Parental

Responsibility. The child's address was often listed as the service provider's main office rather than the child's home.

Quality concerns

A number of stakeholders, including oversight bodies, expressed concern about the quality of OOHC – including in NGOs. They cited issues about the quality of casework and workers, staff turnover and use of agency workers. This concern was particularly (but not only) strong for residential care. This was clearly an issue with FACS OOHC provision – and the reason for the transition – but both FACS and NGO stakeholders mentioned ongoing issues with the quality of casework and care in NGOs, illustrating the need to monitor outcomes for individual children and young people.

3.4.3   Vision for the QAF

"The QAF should be relevant and not bureaucratic" (peak body)

The Project Team tested responses to the idea of a child/young person outcome-focused QAF looking at the broad domains of:

- **Safety:** A child/young person is protected from abuse and neglect;

- **Permanency:** A child/young person has permanency and stability in their living situation and the continuity of family relationships and connections is preserved;

- **Wellbeing:** A child's basic needs are met and the child/young person has the opportunity to grow and develop in an environment that provides consistent nurturing, support and stimulation. A child needs to develop a healthy sense of identity, an understanding of their ethnic heritage and skills for coping with various situations.

The majority of those consulted agreed on the need for a stronger focus on safety, permanency and wellbeing outcomes for children and young people in OOHC. Many agreed that a child outcome-focused QAF would be useful (provided it was not duplicating other existing systems). Stakeholders also mentioned that these outcomes needed to be formally agreed across NGOs and between NGOs and FACS.

FACS stakeholders cited that a focus on child/young person outcomes gave them a way of knowing that children and young people were better off being placed with NGOs. As stated previously, this has been a core, but as yet-untested, assumption.

Safety, permanency, education and health were the commonly cited child outcomes required in a QAF. Stakeholders, when prompted, also considered wellbeing to be important.

One oversight body mentioned the need to address, what they saw as, a poor track record on certain outcomes for children and young people in OOHC. These have been raised in previous inquiries and commissions, and include safety and permanency, as well as the quality of casework. A lack of improvement in these areas was noted, and that any QAF system should attempt to accommodate these identified issues.

One stakeholder with a background in disability services suggested that a focus on choice and control for children could be beneficial in the framing of the QAF. This focus could help both children and service providers understand the different types of agencies that might match

children and young people to the right carer. For example, lesbian, gay, bisexual and transgender children and young people may feel uncomfortable in a placement run by a church-based agency. A number of stakeholders also mentioned the need to incorporate children's views into the QAF process.

3.4.4 Features of safety, permanency and wellbeing outcomes and their measurement

FACs and other stakeholders identified a number of challenges with measuring child outcomes. This included no standardised approaches to data collection and a lack of baseline data about children in care in relation to education and other identified areas of interest.

Another issue mentioned was tracking and measuring outcomes with the flexibility to take in to account shorter and longer stays in OOHC. The increased focus on permanency, through adoption in NSW, would also need to be taken into account in the QAF.

AbSec stated that Aboriginal children need safety, stability and wellbeing, but that there may be some differences in how stability translates (for example, children moving around more due to cultural requirements). These characteristics would need to be taken in to account in any measurement system. According to one FACS stakeholder, there is little data on children in OOHC who are from culturally and linguistically diverse (CALD) backgrounds. This means it is hard to measure elements of the implementation of cultural-care plans.

When prompted, FACS stakeholders thought there was an appetite for investigating the use of validated, standardised measures. FACS stakeholders mentioned that the Strengths and Difficulties Questionnaire (SDQ) was being used by some NGOs and that the Child Behaviour Checklist (CBCL) was being used in the FACS Pathways of Care project.

One FACS stakeholder mentioned that the KTS outcome indicators may align well with QAF outcomes around safety (and contained in a hierarchical indicators document), health and education. This would be through the data government was now be required to keep.

Stakeholders were asked to identify agencies that they thought might already be measuring safety, stability/permanency and wellbeing. In general, stakeholders were unsure.

One peak thought that Barnardos would be doing this work. The peak Aboriginal agency did not think that any Aboriginal OOHC agency would currently be in a position to measure outcomes. CREATE Foundation mentioned its Report Card as offering valuable feedback on young people's lives across the seven Looking After Children (LAC) domains. CREATE's latest Report Card (2013) identified 'placement stability', 'a placement feeling like home', and 'good relationships with caseworkers' as important to young people.

Safety

Stakeholders saw tracking safety as an essential bottom line for children and young people in OOHC, and the basic outcome required in a QAF. FACS stakeholders mentioned that, according to information from the Royal Commission into Institutional Responses to Child Sexual Abuse and the KTS Evaluation, OOHC child safety issues are not well tracked or reported. Stakeholders also mentioned that the QAF would need to pay attention to any recommendations around safety for children in OOHC emerging from the Royal Commission.

FACS stakeholders recognised the complexity of measuring safety, and that it is dependent on identification of risks and the age of the child. Some possible measures identified by a range of stakeholders included:

- criminal charges (across time);

- contact with the legal system in relation to crime;

- property damage;

- being in a placement (the child is in their bed each night);

- absconding;

- Risk of Significant Harm (ROSH) reports;

- repeated Helpline requests;

- hospital presentations; and,

- the level of traffic a child's case is generating.

The Royal Commission into Institutional Responses to Child Sexual Abuse recently highlighted the issue of child-on-child sexual abuse of children, particularly in residential care. Both FACS and oversight agencies cited tracking and measuring the sexual safety of children in OOHC as necessary.

One FACS stakeholder raised concerns about smaller agencies, or those with less resources, being overly reliant on the Working with Children Check (WWCC) and failing to undertake other aspects of due diligence before employing workers.

Permanency/stability

FACS stakeholders mentioned the need to track placement changes within, as well as between, agencies. A useful measure of improvement could be the reduction in the number of placement changes, as a result of the transition. When prompted, stakeholders agreed that being placed with siblings could also be an important measure of both stability and wellbeing.

Stakeholders saw family restoration as an area requiring careful consideration, including the need to measure the success or failure of restoration and adoption attempts. The UnitingCare Social Benefit Bond (SBB) project was mentioned as having investigated aspects of measuring successful restoration.

Oversight agencies and peaks were keen to track the success or otherwise of restoration efforts for individual children, as well as ensuring a strong overlap between safety and restoration (one oversight body raised concern about this not always being the case). Some suggested that restoration needed to be carefully connected to the consideration of wellbeing outcomes – particularly for very young children – so that wellbeing is at the centre of restoration plans and implementation. Some stakeholders raised concerns about a lack of adherence to the Aboriginal Child Placement Principles and the resulting consequences on placement stability. Improvements in this area within non-Aboriginal agencies could be built into the QAF system.

FACS stakeholders with expertise in adoption mentioned the importance of improving sector understanding of the adoption and permanency continuum. They also mentioned the need for a cultural shift in attitudes to adoption, which tend to be seen negatively by many workers and some agencies. Measurements relating to the adoption end of the permanency spectrum may need to consider timeliness of decisions, the number of restoration attempts (or otherwise), as well as the importance of locating all family members prior to moving to adoption. The care plan template was mentioned as a mechanism for tracking permanency.

One emerging-adoption issue raised was the support required for families who have adopted children formerly in care. In addition to this was the re-entry of adopted children into the care system and ensuring that the care system is tracking the adoption experience (particularly wellbeing outcomes) and emerging challenges. The QAF could be the mechanism for tracking post-adoption support, particularly the relationship between children and birth parents.

Stability was seen as an important element to measure; although FACS and peak body stakeholders warned that there needed to be some nuance. There would need to be the capacity to track children who move between providers, as well as the children who receive services from multiple providers (including FACS). It was also noted that some children could do well despite placement instability.

Education

Most stakeholders who mentioned education as a key outcome thought that measures should include attendance, improvement, and access to learning support and achievement at school "*as it usually means something good is happening*". Some of this data may be available through the NSW Department of Education, and FACS stakeholders mentioned that the intention was for NGOs to get access to a child's NAPLAN data in the future.

Stakeholders felt education measures should include elements that can track pre-school children, for example attendance and school readiness. A number of stakeholders mentioned university entrance as a possible measure.

Some stakeholders saw children in residential care as at risk of being involved in tick-a-box education activities for short periods – perhaps two hours a day – which would not likely lead to improved educational outcomes for those children.

Health and wellbeing

Stakeholders suggested that health measures could include hospital presentations, access to and attendance at health services, immunisation status as well as the implementation of interventions identified in Health Pathways, which are carried out at entry into OOHC.

When prompted about wellbeing, stakeholders talked about the need to change the culture of service providers. It needs to shift from an environment where caseworkers expect children in care to have – and continue to have – difficult behaviours, to an environment where caseworkers are proactive in addressing those behaviours

In order to address wellbeing, FACS stakeholders mentioned the inclusion of measures to track therapeutic interventions that are designed to address issues such as trauma. One peak body mentioned the need to monitor whether the suggested wellbeing/behavioural intervention

actually took place. A key regulatory body mentioned this as a major issue, noting ongoing concerns about whether health and wellbeing interventions were happening as planned.

According to CREATE Foundation, in its most recent Report Card young people identified caseworker relationships and the level of trust, as well as family contact, as particular issues of importance. Measuring these factors could assist in understanding stability and wellbeing. One oversight agency also mentioned the importance of good relationships with caseworkers. Also raised was the importance of children in OOHC having an opportunity to report on their own assessment of their safety, stability and wellbeing.

FACS stakeholders reported there had been negotiation for NGOs to administer the SDQ. However, some of the data projects with NGOs had stalled in the wake of the reform process more generally.

Identity and wellbeing

Stakeholders consistently raised the issue of identity and cultural care for Aboriginal and CALD children, and the role communities play in raising children. Identity has a strong link to wellbeing, and AbSec mentioned that identity and connection to community were often poorly understood by non-Aboriginal agencies.

FACS stakeholders mentioned that tracking cultural care plans – which look at faith, identity, community and connection to language – could be a method of measuring whether Aboriginal and CALD children were getting their planned wellbeing needs met. Basic indicators included having data on file about the children's cultural identity.

3.4.5   Process and features of the QAF

Stakeholders were concerned that the QAF be streamlined and not onerous for already-stretched agencies. One suggestion from FACS stakeholders was that the process use self-assessment, as is common in QAFs used in other sectors (Childcare, Housing and Disability were mentioned). It has worked well in those sectors, as long as it engages the organisation and is representative rather than completed by a small group in isolation. The OCG mentioned that it could measure individual child outcomes if given the resources to do so.

3.4.6   Systems to support a child/young person outcome-focused QAF

Stakeholders listed a number of systems issues that required attention. The Project Team believed that a number of the identified issues sit outside the QAF, however addressing these issues would support its overall effectiveness.

Oversight of the QAF

There was a range of views on the oversight of the QAF. Stakeholders were nervous about establishing additional oversight mechanisms, given the already-complex regulatory environment in NSW. Suggestions included that the QAF sit with the OCG or be governed by an existing committee or sub-committee in the OOHC space.

One peak body thought the governance of the QAF should sit outside of FACS, and would need some sort of statutory authority. It was suggested this could be a "*beefed-up*" OCG.

Adequate reportable conduct

FACS stakeholders and oversight bodies mentioned that, in the wake of the transition of OOHC, some work was required to establish a more robust reportable-conduct system. The Ombudsman holds information on allegations and their outcomes, but FACS stakeholders wondered if FACS needed to track this in relation to the quality of services provided by particular NGOs. FACS stakeholders suggested that the Ombudsman might need to give FACS access to its reportable-conduct data in order to monitor QA. FACS stakeholders saw larger NGOs as having the capacity to have reportable-conduct systems in place.

ROSH reports, which sit below the report threshold, were identified as a possible safety gap. If a series of below-threshold reports are received, is anyone in the role of addressing this cumulative picture of risk and harm? FACS stakeholders identified that, while the work has been transferred to NGOs, given the Minister will usually hold Parental Responsibility, the risk (when there are issues of carer/worker abuse) still remains with FACS.

Governance

A number of governance projects were underway at the time of the consultations that provided insights into how and where a QAF would best fit into governance arrangements in NSW. Many stakeholders raised concerns about over-regulation and governance of OOHC in NSW, with examples of reporting that lacked logic, meaning and coherence. The QAF could be an opportunity to develop logic and coherence around quality in OOHC.

FACS stakeholders believed that the Royal Commission into Institutional Responses to Child Sexual Abuse would publish recommendations for improving the governance of OOHC service providers, but the nature of these 'child-safe' organisational recommendations were not known. One FACS stakeholder mentioned the community housing sector in NSW as a possible model for good governance.

Some FACS stakeholders expressed strong concerns about a general lack of NGO board and management engagement in safety issues for children and young people in residential care (where they are at heightened risk of sexual abuse). FACS stakeholders thought that management needed to have some direct knowledge of the children in care and how they were doing. It was also thought that children needed to understand the "*chain of command"* so they could go to managers about any concerns.

Data systems and IT

FACS and peak body stakeholders cited the significant reform environment as causing confusion in relation to data projects. FACS stakeholders referred to the current short-term patchwork of FACS systems, some of which are to be replaced in the short-to-medium term. Both FACS and NGO stakeholders described the strategy to engage NGOs around data as having stalled at the time of consulting.

Performance-based contracts

FACS stakeholders said that contracts have not previously covered organisational performance issues. Some FACS stakeholders indicated that they would like to include broad-quality indicators/outcomes in future contracts. (They were aware of some of the issues and sector concerns with this, particularly relating to perverse and unintended outcomes.) The QAF was seen as an opportunity to align a set of child outcomes with contractual requirements.

FACS stakeholders described current contracts as vague and activity-based, rather than outcome-based. As this work was happening concurrent to the QAF, it was considered a good opportunity to get an agreed set of broad outcomes articulated in contracts.

NGO stakeholders expressed strong concerns about aspects of performance-based contracts, particularly around *"creaming"* clients who would be more likely to have good outcomes and other unintended consequences.

Incentives for restoration and related concerns

FACS stakeholders frequently mentioned the need to build an infrastructure into the OOHC sector that provides incentives for family restoration and other permanency options; particularly as children in the OOHC system don't fare well. A number of ideas were discussed about ways to curb the increasing number of children and young people coming into, and remaining in, care. At the same time, an NGO stakeholder raised concerns about the risks inherent in too much emphasis on restoration leading to high-risk restorations; particularly for young children where families further damage and traumatise children.

FACS and peak stakeholders thought an unintended consequence of the current system could be that agencies reliant on OOHC funding may develop business models that maintain children and young people in their care, rather than exploring restoration or adoption. Organisations receive extra money for more intensive work, for example OOHC, which costs more than more preventative home-based options.

Another stakeholder observation was that some NGOs are purely OOHC providers and do not have experience with birth families in the earlier intervention or child protection space. In these cases, NGOs have limited capacity to move children across programs and work with this cohort. As one FACS stakeholder put it, we *"need incentives to get off the bus"*.

On a positive note, stakeholders mentioned that the QAF could provide incentives for agencies as *"high achievers"* to promote their outcomes and effectiveness. This, in turn, could drive their competitive edge. Agencies with a good track record and achieving effective outcomes would also be in a good position to secure increased funding.

Exchange of information

FACS and oversight agencies mentioned that new arrangements are needed for exchange of information between agencies, even though 16a of the *Children and Young Persons (Care and Protection) Act 1998* allows for it. This includes an exchange of information between the OCG and the Ombudsman so that information about children's moves across the system could be exchanged to ensure good decision-making and case management.

Stakeholders were unclear at the time of consultation about what could be shared across agencies. FACS stakeholders noted a need to know where a child is living on a given night, and NGOS need to be able to track and share this information. This is particularly important if subsequent allegations about safety emerge and need to be investigated retrospectively (as is often the case). FACS stakeholders noted that the payment system might allow the ability to track and retrieve this data.

FACS stakeholders also expressed concern about how NGOs would share data in the current competitive environment. One issue identified was, due to the transition, there is now no central

repository of information about children. Questions remain about who owns older information and how this will remain accessible to both clients and other agencies trying to track children over time.

A number of stakeholders mentioned the role of the NSW Carers Register in facilitating designated agencies being able to exchange information about carers and their households. At the time of consulting, the OCG was still developing this project.

3.4.7 Major challenges and concerns

Governance

Nearly all stakeholders raised governance and risk management as an issue. This was also highlighted by the Royal Commission into Institutional Responses to Child Sexual Abuse in two of its 2014 public hearing case studies.

From a FACS perspective, a number of smaller agencies are struggling to meet governance and risk-management requirements. One peak body highlighted that some Aboriginal organisations can also be at risk of overextending in an effort to prevent children moving to a non-Aboriginal family.

One peak body mentioned that reportable-conduct allegations are an important indicator of poor governance and can be a warning bell that agencies in the sector are not coping.

Administrative and reporting burden

NGOS and peak bodies raised concerns about the volume of OOHC compliance requirements. It was thought, the QAF reporting requirements on service providers would need to be managed by reducing red tape elsewhere.

FACS stakeholders identified a number of information and communications technology (ICT) projects currently underway that will attempt to streamline data requirements. Many of the ICT projects mentioned were in the early stages of development at the time of consultations, but were thought to have a bearing on any QAF data requirements. One peak cautioned that many Aboriginal agencies were struggling to meet basic accreditation standards, let alone being able to participate in a QAF, and that anything that created additional burden would be resisted.

Duplication, overlap and complementarity with the OOHC standards

Peaks, FACS and oversight bodies all agreed that the current NSW OOHC *Standards* are about a basic compliance to standards, and are not necessarily about quality. They cautioned that the QAF needed to fit under the OOHC *Standards* with a clear explanation of this structure. It was suggested, as a way of demystifying the role of the QAF, that a visual representation be created depicting the role of the different agencies and their roles in standards, quality, and contracting.

One peak suggested that a positive addition to supporting how Aboriginal agencies work in relation to the *Standards* would be to ask caseworkers how they ascertain how children are going in their care. They could then explain how the QAF would help in understanding and tracking safety, permanency and wellbeing.

Mistrust about the rationale for the QAF

Peak bodies raised the issue of suspicions of a hidden agenda, and that a QAF is perceived as a means to more closely contract-manage NGOs. One peak body advised that the project be

recalibrated to allow for this high level of concern. As a result of this advice, the project was reshaped and the timeline extended.

FACS inclusion in the QAF

Stakeholders believed that FACS needed to be included in any QAF, particularly as the standard of care provided by FACS has been low. Stakeholders raised concern that a two-tier system would occur if the QAF excluded FACS, and substandard care would continue in FACS' placements. (Note: at the time of writing, FACS confirmed that the QAF would apply to children in FACS care, and the Department was also considering being a QAF-trial agency).

3.4.8   Summary of key themes emerging from consultations

Overall, stakeholders were supportive of a child and young person-focused QAF to assist agencies to track individual child/young person outcomes. Stakeholders were keen to understand the *"fit"* of the QAF in the current NSW OOHC monitoring environment. They thought that caution would be required to ensure that the sector was aware of, and understood, the difference between the role of accreditation and minimum standard requirements (through the OCG), as well as the role and purpose of the proposed QAF. Stakeholders saw the OOHC *Standards* as very important, but limited in that they address the minimum standards for accreditation.

There was general agreement that the QAF should focus on the domains of safety, permanency and wellbeing. Some stakeholders were already tracking aspects of safety and stability, but work would need to be done to enable monitoring of individual children's progress; particularly as few agencies track children's wellbeing.

Stakeholders also noted that particular attention would need to be paid to identity and culture in relation to Aboriginal children and young people. There was general consensus that a focus on individual child/young person outcomes would require major shifts to practice and systems.

Stakeholders offered insights into the systems issues that would be required for a QAF to function effectively. These included:

- governance and oversight,

- reportable conduct,

- IT and data systems,

- contracting arrangements, as well as the incentives for permanency that need to be built into the OOHC system; particularly around restoration.

Stakeholders also identified a number of challenges and concerns, including:

- QAF governance,

- FACS' inclusion in the QAF,

- exchange of information,

- potential duplication,

- reporting, and

- issues around administrative burden.

Administrative burdens included ensuring that the QAF complemented the accreditation process and did not compete with it.

3.5 In-depth consultations on data systems and measurement with four large NGO service providers

The Project Team undertook more in-depth consultations with four large providers of OOHC. These consultations had a specific focus on the service provider's interest in measuring safety, permanency and wellbeing, as well as their interest in trialling the QAF in their agency.

The Project Team sought to understand aspects of agency data systems, data collection; as well any agency tracking of safety, permanency and wellbeing outcomes. Some technical aspects of agency systems were not always attainable during the consultations due to time limitations and/or access to relevant agency personnel.

The following broad questions were put to the four NGOs:

- Do you have a current data-capture system?

- If so, what does it contain for the OOHC module? (a data dictionary would be fantastic if one exists)

- Does it have the capacity to export data?

- Do you have the capacity to build new tables?

- How do workers use the system in their work?

- Are there any known problems that you could share?

- Do you currently measure outcomes for children in OOHC?

- If so, how, and using what types of measures?

3.5.1 Agency data systems

Agency data systems were in various stages of use and development. Two agencies had recently adopted the Carelink client-management system, with one of the two agencies already using Carelink and the other piloting the system (with it going live in February 2015). The other two agencies had developed bespoke systems.

The Carelink Minimum Data Set (MDS) can be exported and up-loaded to other agencies. The system has the capacity to capture a range of relevant information, including placement changes and unplanned placement moves. Tables can be added to Carelink, although this incurs significant costs for the agencies. The system could also be easily rolled out to partner organisations, but this process would, again, require resources and time.

The agency that had most recently adopted Carelink said a cultural shift would be necessary for staff to record information in a retrievable, non-narrative format, as this is not what they had been used to doing in their old system.

One bespoke system was launched in 2011, with relatively advanced use in NSW. The other organisation's system had been launched in the agency in late 2014. The first, and more established, system had the ability to easily and inexpensively add new fields and dropdowns. The other, very recently-launched, bespoke system provided a robust method of recording the journey of individual children and their history. However, given this system is set up as an event-based system – with a lack of focus on child outcomes that are easily retrievable – at this stage of its development it does not currently have a strong launching pad for testing the QAF.

One agency described the complexity of the data environment, particularly for large agencies with numerous funders. Most funders are now looking at measuring outcomes, which was seen as positive but problematic if all the agencies are doing different things.

3.5.2   Outcome measurement

The agencies consulted were in various stages of considering outcome measurement. Two of the four agencies identified a number of challenges they were facing with identifying and understanding the key outcomes before they could move to a measurement focus.

One agency was in the process of piloting an outcomes framework, with their three OOHC 'banner' outcomes being safety, stability and wellbeing. That agency was initially focusing on measuring stability, with the data system able to draw down reports to monitor this outcome. Another agency was not, at the time of writing, measuring any outcomes but planned to put this at the centre of their organisational agenda through their upcoming strategic planning process.

The agency with the newest bespoke system thought that client outcomes were recorded in the narrative records, rather than drop-down boxes (meaning that this data may be hard to retrieve for tracking outcomes). Documents, such as medical and psychological reports, could also be attached and referenced in the system. Any information on outcomes relating to assessments and treatment were recorded in narrative form within a dedicated part of the system.

The agencies identified the following items that they were currently capable of tracking:

- The number of home and school placements

- The entries and terminations of school placements

- School attendance and absences

- School achievements and qualifications

- Children not meeting grade levels

- School support

- Tracking the number of contacts with family members and key individuals

- The location of siblings (that is, being placed together or not – although one agency could not track this with its current system)

- Health status (including annual health checks and start and end dates for treatment

- Legal status

All four agencies were grappling with the challenge of how to understand and measure wellbeing outcomes. Most often cited was the need to find better ways of monitoring educational outcomes. Most had considered including NAPLAN scores, as well as engagement with school and community.

The types of qualitative information agencies recorded in narrative format, included:

- relationship with carer

- caregiver environment, and

- child satisfaction.

Agencies described how monitoring of individual children generally occurred through caseworker monthly home visits, monthly case reviews, annual case reviews and supervision.

During home visits children's behaviours were observed by caseworkers and recorded on the file. Information on case plans is looped back to the OCG *Standards* and is quality-checked via external accreditation.

Information on individual children could also be collected from leaving care plans and cultural care plans. One agency mentioned an SBB project that had the potential to track restoration outcomes through that agency's data system.

Some agencies were using the SDQ in a number of their services, but none were using standardised measures across their organisation. One agency was experimenting with the use of the North Carolina Family Assessment Scales Tool, while another agency devolved decisions about the use of tools to local management, and thought that some tools would be used at the local level.

Trialling the QAF

Three of the four agencies consulted were in a position to express an interest in being involved in a staged trial of the QAF, but stressed that other key agencies and the OCG needed to be supportive of both the project and the trial. When asked, these agencies were also interested in exploring a menu of validated and reliable tools to assist in designing interventions and monitoring a child's progress towards identified outcomes. The agencies stressed, however, that the tools would need to be useable to a broad cross-section of employees.

3.5.3   Issues and challenges with the QAF from a data-management perspective

The four NGOs consulted about data systems and outcomes identified a range of challenges and issues that would need to be taken into account in the development of the QAF. They included the following:

- **Unintended consequences of data collections and data usage:** A change-management piece would be needed in order to establish trust to facilitate transparency of data and data sharing. This would be with the purpose of reducing the risk of metrics being used in wrong way, and the "*creaming*" of easier clients to make agency performance look more positive (for example, more stable placements due to taking only less complex children into agency OOHC placements).

- **Administrative burden caseworkers already experience around data entry**: One agency reported manual entry being required three times for each OOHC client (agency system, OCG, MDS). This agency said the volume of required data interfered with case work.

- **Number of different programs run by large agencies:** Numerous data collection/compliance/reporting requirements are extremely time consuming.

- **Volume of data:** One agency estimated OOHC required ten times as much data compared to other programs. To address this issue, it was suggested to agree on one or two major outcomes, and focus on these rather than trying to collect too much data.

- **Lack of useful data:** A large volume of data goes into FACS but was not coming back and being helpful to the sector. Why was it being collected if it was not available to improve practice?

- **Impact of transition:** Some agencies noted the impact of the transition in NSW, and the subsequent impact on embedding new initiatives such as a QAF.

- **Significant increases in number of children in each agency's care**: The right kinds of resources may be needed to do extra things like behavioural interventions, as well as understanding the opportunity costs of being involved in new things like trialling the QAF.

- **Resources:** Agencies may need additional resources to be involved in any trial of the QAF.

3.5.4   Summary of in-depth consultations with the four large NGO service providers

The four agencies consulted about outcome measures and data systems were interested in, and positive about, the potential of a QAF to improve the quality of care for individual children in the system.

The agencies consulted seemed to collect data on stability and permanency in regard to placement and, to some extent, school movement. This may be because they are already required to report placement data to FACS as part of the MDS.

Reporting on aspects of safety was also, to some extent, in place but possibly less systematic than placement reporting.

At the time of consultation, agencies were not systematically collecting easily-extractable data on wellbeing and health.

Three of the four agencies were in a position to agree, in principle, to being involved in a QAF trial as a next step. It was on the following provisos:

- That it involve more than one agency;

- That the OCG be comfortable and onside with the trial and the direction of the QAF;

- That the QAF be integrated with the *Standards*;

- That the QAF result in reduced administrative burden elsewhere (that is, no additional administrative burden).

3.6 Summary of context and consultations for the OOHC QAF

This report, titled Section 1: Context and consultations, is one of three documents presented to FACS in July 2015 for its consideration of a QAF for OOHC in NSW. It briefly outlines the purpose of the project, as well as the context in which the QAF was being developed. Crucially, the QAF needs to fit within the regulatory environment in NSW and complement the *NSW Standards for Statutory OOHC*.

The QAF is part of a landscape of major reform as a result of the Special Commission of Inquiry into Child Protection Services in NSW and the subsequent Keep Them Safe reforms. Central to this is the transition of OOHC to the non-government sector.

Consultations showed consensus among key stakeholders that agencies need to understand how individual children and young people in care are faring in the key domains of safety, permanency and wellbeing. There was also agreement that the proposed QAF could provide the framework for agencies to undertake QA with a focus on child outcomes. Stakeholders made it clear that the QAF needed to complement, not duplicate, the standards and accreditation process in NSW.

A number of agencies, including FACS, indicated interest in participating in a trial of the QAF as part of a phased-and-staged implementation process.

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Appendix A   Previous projects

FACS documents outlining previous projects relating to the development of QA in the NSW context of compliance in OOHC

- Draft Outcome Measures for Children/Young People using High/Complex Needs services, developed by Janet Clark-Duff in 2004. This appeared to be a Quality Assurance/Compliance Project. Wellbeing was identified as a domain, but the measures related to assessment and monitoring rather than child outcomes.

- DoCS Gap Analysis for Accreditation and Quality Improvement v 1.0, dated 1 October 2003 (this document was not located).

- DoCS Quality Assurance Checklist, undated. This appeared to be for DoCS residential care and did not address wellbeing.

- DoCS Intensive Support Services. Residential Unit Audit Checklist, dated August 2005. This document did not address wellbeing.

- DoCS[1] draft document titled *Service Monitoring*, undated. This draft was developed by the OOCH Directorate, listed eight outcomes for children in OOHC and mentioned a more detailed document to be produced (not received by the Project Team). This brief document was developed for the Intensive Support Service (ISS) and mentioned the development of a QA and monitoring framework for ISS funded services.

- FACS literature review of Therapeutic Services and Care by John McAloo, dated March 2014. This document outlined 25 practice points with Practice Point 13 recommending specific accreditation for Therapeutic Care Services. Other practice points mentioned the importance of using standardised tools and measures over time to track children's progress in therapeutic care services.

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[1] The Department of Family and Community Services was formerly the Department of Community Services (DoCS).

Appendix B   Roles and responsibilities of oversight bodies

Table from NSW Government. *Child Focussed OOHC QA Framework Background Paper*. Prepared by CS OOHC Reform 18 October 2013.

Office of the Children's Guardian (OCG)

The OCG promotes the best interests and rights of the children and young people in out-of-home care. The key functions of the OCG are as follows:

- accrediting, monitoring and auditing designated agencies that arrange statutory OOHC

- registering and monitoring agencies that provide voluntary OOHC

- authorising the employment of children

- accrediting non-government adoption services providers.

From June 2013 the office of the Children's Guardian also be responsible for the following:

- administering the Working With Children Check

- encouraging organisations to develop their capacity to be safe for children

- administering a voluntary accreditation scheme for those working with people who have committed sexual offences against children.

The OCG measures compliance of policy and practice against the OOHC *Standards* at a point in time and does not measure quality or outcomes for children and young people.

The Children's Court

The Children's Court deals with matters related to the care and protection of children and young people. This Court also hears criminal cases concerning children and young people.

The Children's Court has the authority to make a variety of orders about the care and protection of children or young people. These include supervision orders, orders allocating parental responsibility for a child or young person, contact orders and variation and rescission orders.

Community Services is responsible for presenting matters to the Children's Court but any important court-related decisions should be made in consultation with the NGO with case-management responsibility.

NSW Ombudsman

The Ombudsman has a range of Community Services oversight functions. These include the power to review the situation of a child in care or a group of children in care. The Ombudsman must review the systems of service providers, including designated agencies, for handling complaints relating to the provision of services and conduct by service providers, and may deal with complaints about service providers in relation to a particular person or group of persons.

The Ombudsman also has the function to review the deaths of children and young people who are in OOHC and has responsibility for coordinating community visitors. Official community

visitors aim to advocate for, and protect the interests of, children and young people, as well as people with disabilities living in full-time residential care.

Administrative Decisions Tribunal (ADT)

Some decisions that Community Services and other designated agencies make about OOHC can be reviewed by the ADT. These include decisions by the relevant decision-maker to authorise or not authorise, impose conditions, cancel or suspend a person's authorisation as a carer and a decision to grant to or remove from a carer, the responsibility for daily care and control of a child or young person.

NSW Commission for Children and Young People

The Commission works with others to promote and monitor children and young people's wellbeing in NSW, giving priority to the interests and needs of vulnerable children. They make recommendations about laws, policies and programs that affect children and young people, monitor the wellbeing of children and young people and undertake and publish research.

Appendix C   Relevant and complementary projects

In the process of consulting with stakeholders the Project Team asked that they identify projects and documentation that could be of relevance to the QAF. The following were mentioned in the consultations or by FACS project managers.

Project	Purpose/relevance	Status	Org/Who
ITC - Safe Home for Life reform - Replacement of KIDS (ChildStory)	KIDS system outdated. Looking at new systems. Potential to incorporate QAF into new IT system.	Project establishment	FACS/Simone Walker, Lisa Alonso-Love, Greg Wells
KTS indicators			FACS/Marilyn Chilvers
Legislative reforms: Safe Home for Life	Streamlining children's pathways via better early intervention and permanency. Went live October 2014. QAF outcomes relevant to broader reforms. Coordinated system to support children in OOHC.	Implementation	FACS/Simone Walker
FACS Performance Measurement	Project looking at centralised FACS outcome indicators based on measuring the progress of the organisational strategy released in July 2014.	In development	FACS/Peter Reilly
OOHC, MDS amalgamation into RMS	Project intended to bring client information for children and young people with NGOs into the RMS.	Project direction changed. Now included as part of ChildStory	FACS
Pathways of Care	Large-scale representative longitudinal study that will follow children and young people aged 0-17 years entering OOHC on Children's Court orders for the first time. The aim of the study is to provide the knowledge needed to strengthen the OOHC service system in NSW in order to improve the outcomes for children and young people in OOHC. These outcomes include children's and young people's permanency, safety and wellbeing (including their physical health, socio-emotional and cognitive/learning	Wave 1 data currently being analysed. Research design published in 2014	FACS/Marina Paxman

Project	Purpose/relevance	Status	Org/Who
	development). The study collects baseline information about the children and young people on entry to OOHC, as well as ongoing information on their life experiences and the various factors that influence their overall development.		
Reportable Conduct allegation options paper	A risk has been identified that reportable conduct allegation tracking is not adequately covered in the OOHC transition.		FACS/Reportable Conduct allegation Unit
Carers Register	OCG developing a new restricted access online Carers Register that will support all OOHC agencies in their practice and decision-making when authorising carers. • The Carers Register will: Enable information sharing between agencies. Designated agencies will be required to record information and will be able to access information on the Carers Register relevant to a person's suitability to be an authorised carer. • Require designated agencies to demonstrate completion of minimum requirements, including probity checks for authorisation of carers. The development of the Carers Register has been a collaborative process with representatives from the non-government sector, peak agencies, the Ombudsman's office, the Privacy Commissioner's	TBA when the legislative amendments are complete (OCG website)	OCG/Kerryn Boland

Project	Purpose/relevance	Status	Org/Who
	office and Community Services.		
Review of *NSW Standards for OOHC*	Consultations and feedback gathered late 2014. Trialled with Barnardos.	Underway	OCG/Kerryn Boland
Development of a Framework for Therapeutic Care in NSW	Designed to improve the therapeutic care service offering. Initially the group focused on residential care but is meant to look at therapeutic care more broadly. The project aims to develop some principles, and the requirement that therapeutic care be evidence-based.	In development	FACS/Sandra Heriot and ACWA/Wendy Foote
Police involvement in OOHC.	This project was started by legal aid but had moved to the Ombudsman's office.	Underway	NSW Ombudsman/Steve Kinmond
Referral Management System RMS	See MDS above		
LAC & MyStory development	Looking After Children was developed by Barnardos and the University of NSW. It was Australia's first guided-practice case-management system to address the complex needs of children and young people in OOHC. In August 2014, Barnardos released MyStory, their next generation in guided case management, building on LAC and integrating new technology.	MyStory is being implemented across Barnardos	Barnardos

Appendix D   Organisations consulted

Oversight bodies

- NSW Office of the Children's Guardian
- NSW Ombudsman

Peak bodies

- Aboriginal Child, Family & Community Care State Secretariat NSW (AbSec)
- Association of Children's Welfare Agencies (ACWA)
- CREATE Foundation

Service providers

- Anglicare
- Challenge Children's Service
- Karitane
- Lifestyle Solutions
- Platform Youth Services
- Southern Youth and Family Services
- St Saviours (an Anglicare Australia Member)
- The Burdekin Association
- Samaritans
- UnitingCare Children, Young People and Families
- Key Assets
- Barnardos Australia
- CatholicCare Broken Bay
- Life Without Barriers
- Mallee Family Care
- MacKillop Family Services
- Wesley Mission