Keep Them Safe (KTS) Outcomes Evaluation

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Will cover

• Keep Them Safe
• Evaluation questions
• Evaluation methods
• Challenges
• Findings
• Lessons
Keep Them Safe
What is KTS?

- NSW Government response to the Wood Special Commission which reported in 2008.
- Wood made around 120 recommendations and KTS implements almost all of these.
- Basic philosophy of Wood was to reduce numbers of children in the CPS and improve services by:
  - Raising the threshold for mandatory reporting to Risk of Significant Harm (ROSH) to reduce reporting rate
  - Ensuring that children below the threshold are provided with services and support to ensure they avoid coming into the CPS
  - Improved services to children in the CPS
  - Improving collaboration between agencies and supporting information sharing between sectors.
KTS

- Five year action plan: $750,000,000
- New programs (eg Whole of Family Teams)
- Expansion of existing programs
- New processes (eg Structured Decision Making, Child Wellbeing Units and Family Referral Services)
- Transfer of OOHC to the NGO sector
- Governed by Senior Officers Group (SOG) chaired by Dept of Premier and Cabinet (DPC)
Keep Them Safe

Wood
• 111 recommendations

KTS Action Plan
• 8 principles
• 8 key changes
• 7 components

Implementation
• 7 interim reviews
• 47 reviews and evaluations
Evaluation

- Evaluation framework and logic model
- Interim evaluations of various components plus interim review
- Evaluations of around 60 funded components
- Outcomes evaluation.

- Managed by multi agency Evaluation Steering Committee including NGO sector.
Evaluation questions

1. Impact of universal service system on outcomes.
2. Impact of prevention and early intervention on improving outcomes and keeping children out of statutory CP system.
3. Impact of communication and collaboration.
4. Impact of the new reporting (ROSH) threshold on support for vulnerable children, keeping them out of the CP system and safety of children.
5. Impact of child protection case management and the Children’s Court on child safety and wellbeing.
6. Impact of out-of-home care standards, support positions and investment in services on safety and wellbeing of children in OOHC.
7. To what extent are services working better with Aboriginal communities.
Haynes, Laura, Goldacre, Ben and Torgerson, David (2012), Test, learn, adapt: developing public policy with randomised controlled trials, Cabinet Office-Behavioural Insights Team, London.
**Keep Them Safe logic model. From the Keep Them Safe evaluation framework (AIFS and SPRC, 2010)**

<table>
<thead>
<tr>
<th>All families are better supported to provide a safe &amp; nurturing environment for children</th>
<th>Vulnerable/ at risk families are better supported to care for their children without statutory involvement</th>
<th>Children at risk of significant harm are better protected</th>
<th>More children grow up safe and well in their families of origin resulting in a decrease in the number of children entering OOHIC</th>
<th>Children in OOHIC are safe, well and meeting developmental milestones</th>
<th>Young people leaving OOHIC have better opportunities to succeed</th>
<th>Legal matters including care, contact and responsibility are settled in a more timely and less adversarial way</th>
<th>Aboriginal children are safer &amp; their needs are better met in their families of origin &amp; Aboriginal children and their families are safer in their communities</th>
<th>Aboriginal children involved with CP and OOHIC services are safe, their needs are better met &amp; they are connected to their culture</th>
<th>A more skilled workforce for the child and family welfare sector (government and non-government) that executes their responsibilities and collaborates with other professionals to achieve the best outcomes for children and families</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNIVERSAL</strong></td>
<td><strong>SECONDARY</strong></td>
<td><strong>INTAKE &amp; REFERRAL</strong></td>
<td><strong>PLACEMENT &amp; PREVENTION</strong></td>
<td><strong>OUT-OF-HOME CARE</strong></td>
<td><strong>LEAVING CARE</strong></td>
<td><strong>COURTS</strong></td>
<td><strong>RELEVANT TO ALL REFORMS</strong></td>
<td></td>
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</tbody>
</table>

### KEY INPUTS/STRATEGIES

**REFORM AREA 1a, 1b, 1c: Universal services, Secondary services & Intake and Referral**
- Child Wellbeing Units
- Introduction of new and expansion of existing universal and secondary services (e.g. Sustained health home visiting, Low SES School Communities National Partnership Implementation Plan)
- Legislative change (sharing information)
- Workforce and cultural change
- Mandatory Reporter Guide
- Legislative change (threshold)
- Structured Decision Making Tools

**REFORM AREA 2: Out of home care: Prevention, restoration & quality of care**
- Placement prevention: Family preservation, Intensive case management, Intensive Family Based Services
- Family restoration
- Transfer of most OOHIC responsibilities to NGOs
- Monitor voluntary OOHIC placements
- OOHIC co-ordinators in Health and Education
- Training package to assist carers
- Carer training, recruitment and authorisation
- Training package to carers on children leaving care
- Detailed information to care leavers

**REFORM AREA 3: Simplifying & streamlining Children's Court processes**
- Opportunities for matters to be settled by agreement rather than court order
- Training & education for staff to implement new processes
- Rural & regional circuits of Children's Court magistrates

**REFORM AREA 4: Greater participation and better services to Aboriginal children and young people**
- Introduce and extend universal and secondary services for Aboriginal families
- Aboriginal impact statement
- Accurate identification of children's Aboriginality
- Strengthening capacity for Aboriginal families to undertake foster and kinship caring roles

**REFORM AREA 5: Workforce & cultural change**
- Work in partnership with peak NGO agencies to develop a series of training packages to help people understand the new system and their responsibilities
- NGO Capacity Building and Workforce Development (5-year plan) to develop the capacity of NGOs to take on a new or expanded role in service delivery

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* I.e. if families have better outcomes children and young people are more likely to have their physical, emotional & social needs met within their families

** I.e. children have a safe and healthy start to life, children develop well and are ready for school, children and young people meet developmental and educational milestones at school, children and young people are safe from harm and injury
**Reform Area 1**: Universal Services and Inclusion

- Training packages to assist carers on children leaving care
- Full implementation of Early Identification and Inclusion Plan
- Legislative change to streamline pathways to customers and carers
- Consultation with disability advocacy groups
- Supports for children with disability

**Reform Area 2**: Ongoing Care and Wellbeing

- Training package to assist carers on children leaving care
- Legislative change to streamline pathways to customers and carers
- Consultation with disability advocacy groups
- Supports for children with disability

**Reform Area 3**: Participation and Better Outcomes

- Training package to assist carers on children leaving care
- Legislative change to streamline pathways to customers and carers
- Consultation with disability advocacy groups
- Supports for children with disability

**Reform Area 4**: Greater Cultural Understanding and Wellbeing

- Training package to assist carers on children leaving care
- Legislative change to streamline pathways to customers and carers
- Consultation with disability advocacy groups
- Supports for children with disability

**Reform Area 5**: Workforce and Cultural Change

- Training package to assist carers on children leaving care
- Legislative change to streamline pathways to customers and carers
- Consultation with disability advocacy groups
- Supports for children with disability

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**NSW families receive the support they need and they have better outcomes**

Children, young people and their families have access to appropriate and responsive services when needed.
Key Evaluation challenges

- No easy comparison or control
- Multiple other policies and programs being rolled out.
- KTS rolled out over full 5 years
- No good baseline
- Lack of data on prevention and early intervention
- Multiple datasets in various government departments
- Many indicators very proximal to construct being measured.
- Poor quality evaluations of specific funded components
<table>
<thead>
<tr>
<th>Component</th>
<th>Report location</th>
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</thead>
<tbody>
<tr>
<td>Exec summary, consolidated findings, conclusions</td>
<td>Main Report</td>
</tr>
<tr>
<td>KTS Indicators analysis</td>
<td>Annex A</td>
</tr>
<tr>
<td><strong>Unit record analysis of child protection data</strong></td>
<td>Annex B</td>
</tr>
<tr>
<td>Economic Evaluation</td>
<td>Annex C</td>
</tr>
<tr>
<td>Workforce survey</td>
<td>Annex D</td>
</tr>
<tr>
<td>KTS spending over time and in different locations</td>
<td>Annex E</td>
</tr>
<tr>
<td>Stakeholder consultations</td>
<td>Main report</td>
</tr>
<tr>
<td>Case studies in three KTS locations</td>
<td>Main report</td>
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<tr>
<td>Consultations with Aboriginal community organisations</td>
<td>Main report</td>
</tr>
<tr>
<td><strong>Synthesis of KTS funded project evaluations</strong></td>
<td>Annex F</td>
</tr>
<tr>
<td>Audit of other initiatives in NSW</td>
<td>Annex I</td>
</tr>
<tr>
<td>Literature review</td>
<td>Annex J</td>
</tr>
</tbody>
</table>
Population outcome indicators

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

- Align with:
  1. KTS outcomes
  2. NSW 2021 outcomes
  3. KTS actions
  4. Inter-jurisdictional and international trends

- 16 outcome areas
- 58 indicators
Geographic variations - Change in ROSH reports per 1,000 2010/11 - 2012/13

Legend:
-30 - -5 (21)
-4 - 0 (33)
1 - 5 (53)
6 - 10 (24)
11 - 58 (21)
Insufficient data
Appraisal of 35 Evaluation reports

• Different sorts of projects with different outcomes:
  • Direct changes to the wellbeing of children/families
    – Eg: Reduction in children at ROSH, reduction in need for OOHC, improved family functioning, improved school attendance
  • Improved systems operation
    – Eg: better assessment; more effective triage or diverting clients to the right service; greater efficiency of court processes
• Other objectives
  – Eg: advice to practitioners, training, monitoring, governance
## Appraisal Domains and scoring

<table>
<thead>
<tr>
<th>Domain</th>
<th>Very weak</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very strong</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) Clarity and relevance of evaluation aims</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>ii) Identification and relevance of outcomes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>iii) Strength of methodology</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>iv) Strength of results</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Unit record analysis - Child Protection

Method:
• Construct longitudinal dataset linking reports and OOHC data
• Construct ‘prior history’ variable
• Univariate
  – Age
  – Aboriginal Status
  – Prior History
• Event History Analysis - Multivariate
  – Time to new CWU referral
  – Time to ROSH report
Unit record analysis - Child Protection

FIRST KNOWN INTERACTION WITH CHILD PROTECTION SYSTEM

INCLUDED

Pre-KTS
- Less than 24 hours
- Less than 72 hours
- Less than 10 days
- 10 days or more

During KTS
- Less than 24 hours
- Less than 72 hours
- Less than 10 days
- 10 days or more
- CWU

NOT INCLUDED

Less Serious

More Serious

Threshold

Change
Unit record analysis - Child Protection

Purpose:
• Describe change in demographic characteristics
• Describe change in system response
  – Face to face visit
  – Entry to OOHC
• Recurrence of ROSH
• Subsequent placement in OOHC

Method:
• Univariate
  – Age
  – Aboriginal Status
  – Prior History
• Event History Analysis - Multivariate
  – Time to new ROSH
  – Time to new Face to Face
  – Time to new placement in OOHC
Some findings
Reports to the Helpline

- No response
- Forwarded
- ROSH*
Children reported at ROSH after exiting Brighter Futures

![Graph showing the probability and numbers reported of children reported at ROSH after exiting Brighter Futures between 2008/09 and 2011/12. The graph shows a decrease in probability and an increase in numbers reported over the years.]
Subsequent proxy ROSH following initial investigation between children who did and did not receive a F2F as part of their initial investigation prior to and during KTS

<table>
<thead>
<tr>
<th></th>
<th>Pre-KTS</th>
<th>KTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Subsequent proxy ROSH</td>
<td>All children</td>
</tr>
<tr>
<td>First investigation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No F2F</td>
<td>32476</td>
<td>98949</td>
</tr>
<tr>
<td>F2F</td>
<td>4345</td>
<td>11072</td>
</tr>
<tr>
<td>Total</td>
<td>36821</td>
<td>110021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Pre-KTS</th>
<th>KTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No F2F</td>
<td>32.8%</td>
<td></td>
</tr>
<tr>
<td>F2F</td>
<td>39.2%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>33.5%</td>
<td></td>
</tr>
</tbody>
</table>

Source: KiDS
Notes: Row total will not add to 100% as a child can experience more than one of these points after their first investigation. Excludes children who entered OOHC during their first investigation. Children in the pre-KTS group were not observed (censored) following KTS commencement. Refer to reports analysis methods for criteria for inclusion.
Cox Proportional Hazards regression results: Time to subsequent ROSH / proxy ROSH

<table>
<thead>
<tr>
<th>Factor</th>
<th>Estimate</th>
<th>SE</th>
<th>Chi-Square</th>
<th>p-value</th>
<th>Hazard Ratio</th>
<th>95% HR Confidence Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>KTS</td>
<td>-0.21</td>
<td>0.01</td>
<td>313.89</td>
<td>&lt;.001</td>
<td>0.81</td>
<td>0.80 - 0.83</td>
</tr>
<tr>
<td>F2F</td>
<td>0.20</td>
<td>0.02</td>
<td>132.17</td>
<td>&lt;.001</td>
<td>1.23</td>
<td>1.18 - 1.27</td>
</tr>
<tr>
<td>Age at first report</td>
<td>-0.05</td>
<td>0.00</td>
<td>1702.70</td>
<td>&lt;.001</td>
<td>0.95</td>
<td>0.95 - 0.95</td>
</tr>
<tr>
<td>Aboriginal</td>
<td>0.54</td>
<td>0.01</td>
<td>1579.66</td>
<td>&lt;.001</td>
<td>1.72</td>
<td>1.67 - 1.76</td>
</tr>
<tr>
<td>Physical</td>
<td>0.04</td>
<td>0.01</td>
<td>13.23</td>
<td>&lt;.001</td>
<td>1.04</td>
<td>1.02 - 1.06</td>
</tr>
<tr>
<td>Sexual</td>
<td>-0.16</td>
<td>0.02</td>
<td>76.92</td>
<td>&lt;.001</td>
<td>0.85</td>
<td>0.82 - 0.88</td>
</tr>
<tr>
<td>Psychological</td>
<td>0.11</td>
<td>0.01</td>
<td>88.00</td>
<td>&lt;.001</td>
<td>1.12</td>
<td>1.09 - 1.14</td>
</tr>
<tr>
<td>Neglect</td>
<td>0.13</td>
<td>0.01</td>
<td>107.10</td>
<td>&lt;.001</td>
<td>1.13</td>
<td>1.11 - 1.16</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>0.05</td>
<td>0.01</td>
<td>17.40</td>
<td>&lt;.001</td>
<td>1.05</td>
<td>1.03 - 1.07</td>
</tr>
<tr>
<td>KTS * F2F</td>
<td>-0.17</td>
<td>0.03</td>
<td>30.31</td>
<td>&lt;.001</td>
<td>0.84</td>
<td>0.79 - 0.90</td>
</tr>
</tbody>
</table>

Source: KiDS

Refer to reports analysis methods for criteria for inclusion.
Early intervention

• Capacity and workforce issues in addressing complex support needs - DV, AOD and COPMI.
• FRS; good service and effective with families it serves, but lower referrals than expected.
  – Possibly because of recent roll out.
  – Most referrals from police, but police now referring directly to agencies.
• Lack of data makes it difficult to know how many families are diverted before problems escalate.
CWU, FRS and Helpline referral pathways
Services for children at ROSH

- ROSH reports dropped 30% at threshold change and have remained steady since then
  - Flat for non-Aboriginal, slight rise for Aboriginal
  - NSW is a very high activity system
- Children at ROSH receiving FTF visit - rate increased by 43% but still below 30%
  - Children receiving face-to-face visit more likely to be re-reported
- Some indication that new initiatives for children at ROSH are showing good outcomes
  - JIRT/JRU seen as valuable - and good example of collaboration
  - e.g. WFT, IFS/IFP, FCM and Practice First (minimal KTS funding)
- Many local initiatives to improve collaboration but ROSH still viewed as CS responsibility
System change

- Perceived non-responsiveness of CS has repercussions for early intervention
  - PEI taking more responsibility for cases
  - However many PEI services struggle with complex families, especially DV and AOD issues
  - Some MRs make multiple reports to try and get a ROSH response

- NGO sector much more engaged in all aspects of provision and more positive about KTS than government sector

- Strategic governance perceived to be about coordination and implementation not leading change
Positive changes

• Child population health improving, especially for early years
• More sharing of information and responsibility for PEI and child protection, including between Community Services and NGOs
• More families participating in early intervention programs
• Significant improvements in responses to statutory child protection reports
Positive changes

- Mandatory Reporter Guide is well regarded
- Child Wellbeing Units are valued
- Programs established to meet the needs of Aboriginal children are highly valued
- The court systems are more efficient and alternative dispute resolution is working well
- Indications that children in OOHC are doing better
- NGO sector much more engaged in all aspects of provision and more positive about KTS than government sector
Challenges

• The response to children who meet the statutory threshold is still inadequate
• Some secondary services are not working at full capacity
• Challenges due to KTS governance structures
• KTS programs have not targeted significant causes of risk such as housing and DV
Challenges

• The system is still very focused on referral and assessment rather than intervention, with many workers still calling the Helpline instead of responding to the needs of children.
• Statutory reporting rates have not declined as anticipated
• Information sharing is still cumbersome
• Community Services is still considered to be responsible for children at the statutory threshold of risk.
• Lack of post-KTS policy has caused problems for a number of agencies.
Conclusion

- KTS has been successful in achieving many of its aims. In a relatively short time-frame KTS has provided a solid platform for improvements in the quality of services, collaborative practice, a strategic approach to early intervention, engagement with Aboriginal communities and the identification and protection of children at ROSH.

- However, the five years of KTS have not been long enough to fully realise all its aims. The five year time frame is the first stage in a longer journey towards a truly effective system.
Implications
Implications for evaluations

• Try to establish baseline and study changes prospectively
  – However not always possible to predict what will be important
• Fewer but more informative KPIs
• Very clear data on spending; amount, timing, geography and purpose
• Buy in from key stakeholders is essential
• Evaluations need to link to broader policy agenda
Conclusions

• Evaluating complex policy innovations is becoming increasingly challenging.
  – Multiple outcomes for different populations, complex funding and roll out, interactions between different components.
• May have different effects at the project and system levels
• Requires innovative methods to try and identify effects and outcomes for different groups or different areas.
• Data availability and acquisition are significant challenges; ideally linked datasets would be used for certain outcomes.
Outcomes Evaluation

Keep Them Safe was introduced in 2009 in response to recommendations from the *Special Commission of Inquiry into Child Protection Services in NSW*. Keep Them Safe included a commitment to evaluate.

The Department of Premier and Cabinet (DPC) commissioned independent evaluators [a consortium led by the Social Policy Research Centre (SPRC) of the University of NSW] to undertake the Outcomes Evaluation.

The final reports are available below:

- [Keep Them Safe Outcomes Evaluation Final Report](#)
- [Keep Them Safe Annex A: KTS Indicators Final Report](#)
- [Keep Them Safe Annex B: Unit Record Analysis Final Report](#)
- [Keep Them Safe Annex D: Professional Perspectives Final Report](#)

Keep Them Safe Annex I: Other strategies and policies is available upon request. Please contact Peter Ryan, Department of Premier and Cabinet, on (02) 9228 4778.
Thank You