Keep Them Safe: Evaluation framework

Final report

Report for:
The NSW Department of Premier and Cabinet

Australian Institute of Family Studies
Social Policy Research Centre, University of New South Wales

August 2010
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Acknowledgements

We are grateful to the Evaluation Framework Reference Group and to all those who participated in the consultation process and provided feedback on earlier drafts. Thanks also to BJ Newton at SPRC and Michael Alexander and Lan Wang at AIFS.
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Executive summary


The framework is designed to establish consistent reporting requirements from key components of the action plan to assess the extent to which the plan has met its objectives of improving the safety, welfare and wellbeing of children in NSW, why aspects of the reform have been successful or not, and processes for using the evaluation outcomes to adjust future approaches based on progressive evaluation findings.

This framework describes an approach to evaluating the overall impact and implementation of Keep Them Safe (KTS). It does not describe methodologies for local evaluations, which will be undertaken independently of the evaluation components described in Sections 5–9 of this report. These initiatives will undertake their own independent evaluations.

A key challenge in developing an evaluation framework for KTS is the breadth and complexity of the initiative. The overall objective is an improvement in the wellbeing and safety of all children in the child welfare system, but improvements are anticipated in service integration and delivery in the primary, secondary and tertiary service systems, so that families receive better, and better-targeted, services when they need them.

This evaluation framework includes the following components:

KTS meta-evaluation (Section 2)

To evaluate the overall impact and implementation of KTS, a meta-evaluation will synthesise findings from the various evaluation components proposed in this framework, along with the local evaluations conducted of specific KTS initiatives.

The meta-evaluation will describe the findings from the different evaluation studies of individual KTS projects and provide a comprehensive account of the interaction between different Keep Them Safe actions. To ensure that the local evaluations articulate with the overall KTS evaluation, this framework includes evaluation questions and data collection and reporting time lines to guide the design of local evaluations where possible.

As local evaluators will be accountable to individual agencies, and not to the overall evaluators, there are likely to be challenges in maintaining consistency of methods and findings between the local evaluations. For this reason it is important that the overall evaluation is managed centrally by the Department of Premier and Cabinet and governed by a committee with representation from each of the individual agencies responsible for the local evaluations.

The optimal arrangement for governance of the local evaluations is a small team constituted by members of the evaluation consortium and DPC officials. Where possible, this team will have overall responsibility for the research design and methodologies of local evaluations. If this is not possible it should take the role of monitoring and supporting local evaluations, as well as managing the collection of indicator, cost and other data from agencies.
Evaluation questions and methodologies (Section 3)

Twelve evaluation questions have been developed to guide each of the evaluation components and can also be used to guide local evaluations of specific KTS actions and initiatives. Data sources for each of the questions are also identified.

Results logic (Section 4)

The results logic illustrates how the strategies that make up KTS are intended to work to enhance the wellbeing of children in NSW and summarises the links between KTS policy interventions and policy outcomes. The framework includes an overarching results logic, as well as separate results logic for each of the five reform areas:

1. Universal services, secondary services, and intake and referral
2. Out-of-home care: Placement prevention, restoration and quality of care
3. Improving processes for the resolution of child protection dispute cases
4. Greater participation and better services to Aboriginal children and young people
5. Workforce and cultural change

Outcomes evaluation (Section 5)

The primary components of the outcomes evaluation are:

- an indicators framework of service system and child and family indicators;
- a cross-sectional study of at-risk families; and
- a cross-sectional study of children in out-of-home care.

These components are discussed in detail in the following sections.

Section 5 of the framework draws the connection between the evaluation questions (in Section 3) and the major components of the reforms in the results logic and details existing and new indicators and data sources.

Primary data collection on the wellbeing of at-risk children and families is necessary. There are three options for primary data collection. The first is the adaptation of an existing survey (i.e. the addition of a small number of questions with no changes to sampling). The second option is the development of a new study. A third option is the incorporation of a new survey instrument and sampling technique into the existing NSW Child Health Survey and/or the adult component of the NSW Population Health Survey, also conducted by NSW Health. In each case this would involve the development and testing of a suite of questions designed to assess risk factors for: child abuse and neglect, family functioning, and service access and receipt for vulnerable and at-risk families; and a subsequent migration of these questions into the existing survey instruments. Changes to the sampling and timing of the Child Health and Population Health Survey may be possible.

We recommend option two or option three as they circumvent the disadvantages of the NSW Child Health Survey and will be designed to answer the KTS evaluation questions rather than obtain information on health status and access to health services.

It is recommended that two cross-sectional surveys of at-risk families be conducted over a four-year period to fill this considerable gap in the knowledge base.
Pathways of Care, the longitudinal study of children and young people in out-of-home care, could provide baseline data or early-implementation data including perspectives of foster carers. A subsequent cross-sectional study should be considered three years after the initial baseline, as the experiences of children entering out-of-home care are likely to be quite different in the initial stages of implementation of Keep Them Safe compared to an out-of-home care system that has fully implemented the reforms. Again, making full use of administrative data including data linkage with NAPLAN is recommended.

**Indicators framework (Section 6)**

Although the indicators will be a major component of the evaluation of KTS, they cannot on their own provide the data to explain the effectiveness of KTS. Many of the KTS key indicators measure levels of service use, and although this is very important information, it is particularly subject to misinterpretation. For example, an increase in re-substantiations is generally held to be a sign of a poorly performing system, but under certain circumstances it could signify an improved system.

These indicators need to be supplemented with more detailed examinations of actual wellbeing of children and families and these can only be collected by surveys.

Administrative data is much easier to collect, is cheaper and can be tracked over long periods of time, while surveys are relatively expensive, usually funded only for short periods and are subject to sampling bias of various sorts. Nevertheless only a combination of these two approaches will provide a reasonable picture of KTS progress.

This section includes a list of key indicators. Relevant data sources are included in Appendix A.

**Cross-cutting studies (Section 7)**

We recommend that the evaluation includes a series of themed studies to supplement the outcomes evaluation. The outcomes evaluation and indicators framework are designed to deliver outcomes data for all children and families in NSW, and for key groups including families at risk and children in out-of-home care. It will not deliver rich, fine-grained analysis of changes to different elements of the service system, or describe the interactions between services and families, or provide robust data on the effectiveness of individual services. We recommend that the evaluation includes a series of themed studies to supplement the outcomes evaluation. We recommend five studies, which study significant areas of effective child and family service delivery, and which were identified as key areas of concern during the consultation process:

- Aboriginal families.
- Working with families “near the threshold”.
- Older children and young people.
- Provision of services by the NGO sector.
- Outcome studies for secondary, tertiary and statutory services.
Process evaluation (Section 8)

The process evaluation will focus on changes to the service system and the implementation of KTS. The process evaluation will also have a formative dimension, in that its findings will be used to refine and improve the delivery of KTS.

We propose three distinct methodologies to answer the evaluation questions: service mapping, regional case studies and workforce survey.

We also propose that an 18-month review of KTS be conducted as a stand-alone study, to make a comprehensive, rapid assessment of key changes to practice.

Economic evaluation (Section 9)

The overall aims of the economic evaluation of KTS will be to: investigate the costs and benefits of different levels of service provision to children and families; assess the medium- and long-term costs and benefits of key components of KTS; and bring together information from evaluations of specific KTS programs and other sources to inform decisions about the future development and costing of KTS and its sub-components.

Evaluation timetable to allow for timely feedback on overall and individual components of KTS

Volume 2 of this report contains: the key principles used to select indicators and methodologies; a review of select literature and documents that informed the design of the evaluation framework, primarily with respect to the methodology and results logic; list of available indicators from existing data sources; and a glossary of key terms, including those with ambiguous or multivalent meanings that will require a single or consensus meaning to be finalised in the course of the evaluation.

Time frame

Time lines for components of the evaluation are proposed in Section 11. Research design should begin as soon as possible, in order that data can be collected for the Families at Risk study and process evaluation in early 2011. Data development for the indicators framework, which will include consultation with agencies and local evaluators, should begin as soon as possible, in order that data can be cleaned and analysed from early 2011. Pre- and post-measures are proposed for each of the evaluation components described in this document, with the exception of the 18-month review. Data should be collected every three years for the Families at Risk study, and annually for the process evaluation and indicators framework. The 18-month review should be conducted between June and September 2011.

An integrated evaluation framework

The framework is comprehensive and has been designed as an integrated evaluation. For example:

- The meta-evaluation will assess the impact of KTS as a systemic change, and is dependent on outcome studies, the process evaluation and local evaluations.
- The indicators framework is dependent on outcomes for at-risk families being collected either by changes to the NSW Child Health Survey or a new study, and on the process evaluation.
We would therefore suggest that the meta-evaluation, outcomes study and process evaluation are interdependent and each of them need to be carried out to answer the evaluation questions. The outcomes study and process evaluation are also necessary for the indicators framework and economic evaluation.

The cross-cutting studies, while also important to the evaluation questions, are less contingent on other evaluation components. These could be conducted as stand-alone studies; for example, by individual government agencies, NGOs or research organisations.
1 Introduction

1.1 Overview of KTS reforms

Keep Them Safe was developed in response to Justice Wood’s (2008) report at the conclusion of the Special Commission Inquiry into Child Protection in NSW. It is the government response to Justice Wood’s inquiry, which reported some critical issues for reforming the child protection system. Wood’s report was underpinned by the principle that child protection was a whole-of-government responsibility and should be addressed through a public health model of services, providing universal entry points and multiple pathways for referral. These proposed reforms intend to improve child protection support by intervening early with children and families rather than having statutory intervention as the first point of contact (Wood, 2008).

The Inquiry undertaken by Justice Wood was very broad, touching on all aspects of state responsibility for protecting children (statutory and non-statutory). Some of the areas in which Justice Wood recommended reform included:

- the system for reporting child abuse and neglect, including mandatory reporting and reporting thresholds;
- roles and responsibilities of mandatory reporters, Community Services (CS), the courts and oversight agencies;
- efficiency and intake of managing reports, including referrals for services, the monitoring of and supervision of families, and the recording of essential information to collate and utilise data about the child protection system;
- the adequacy of arrangements for inter-agency cooperation in child protection cases and in out-of-home care;
- the adequacy of resources in the child protection system;
- Children’s courts; and
- responding to Aboriginal children and their families.

It is intended that by providing alternate pathways for at-risk children, that the child protection system will be better equipped to respond appropriately to those children and families experiencing abuse/neglect or at very high risk of abuse/neglect.

The plan, Keep Them Safe, will result in significant changes to the child protection system in NSW. In summary, Keep Them Safe aims to increase system capacity by making child protection the collective responsibility of the whole of government and of the community. The outcomes, elements of the action plan and key changes are listed below, as outlined in Keep Them Safe: A Shared Approach To Child Well-being (Department of Premier and Cabinet [DPC], 2009).

Outcomes

- Children have a safe and healthy start to life.
- Children develop well and are ready for school.
- Children and young people meet development and educational milestones at school.
Children and young people live in families where their physical, emotional and social needs are met.

Children and young people are safe from harm and injury.

Children, young people and their families have access to appropriate and responsive services if needed.

Efforts to achieve these outcomes are supported by immediate, short-term and long-term actions, which are linked to the seven elements of the action plan, listed below.

**Elements of the action plan**

- A universal service system.
- Strengthening early intervention and community-based services.
- Better protection for children at risk.
- Changing practice and systems.
- Supporting Aboriginal children and families.
- Strengthening partnership across the community services sector.
- Delivering the Plan and measuring our success.

**Key changes**

The key changes being implemented through the Keep Them Safe reforms include a mix of statutory and service-level reforms, with intentions of increasing support and accessibility to children and family services. These changes include but are not limited to:

- New model for intake and referral of child protection concerns (Child Wellbeing Units).
- Family Referral Services to improve access to services for children and families who cannot be assisted by a government agency. In regions where there is no FRS, Child Wellbeing Units may take up a case referral role, where there is capacity.
- Mandatory reporting threshold changed to “risk of significant harm”.
- Legislative amendments to the *Children and Young Persons (Care and Protection) Act 1998* to permit exchange of information between human service and justice agencies.
- Common Assessment Framework developed.
- Changes to NSW Ombudsman’s role.
- Review the role of the children’s guardian.
- Increasing the role of non-government organisations in delivering services.
- Providing better services to Aboriginal children and young people, with the aim of reducing their over-representation in the child protection system.
- Enhanced service provision focusing on early intervention and prevention.

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1 Within this document, the term Aboriginal includes Torres Strait Islander people.
1.2 Purpose and overview of this document


The framework is designed to establish consistent reporting requirements from key components of the action plan to assess the extent to which the plan has met its objectives of improving the safety, welfare and wellbeing of children in NSW, why aspects of the reform have been successful or not, and processes for using the evaluation outcomes to adjust future approaches based on progressive evaluation findings.

Several sources of data were used to develop the framework:

- Reports of the *Special Commission of Inquiry into Child Protection Services in NSW* (Wood, 2008a, 2008b, 2008c, 2008d) and the Keep Them Safe action plan (DPC, 2009).
- Individual consultations with government and non-government organisations. Each of the government agencies with direct involvement in KTS changes (Community Services, Education and Training, Health, Human Services), the Office of the Ombudsman and Treasury participated in consultations. Key NGOs, peak bodies and advisory groups also participated. Consultations took place in February and March 2010. Interviews were conducted by Ilan Katz, Marilyn McHugh and Kylie Valentine. Consultation participants are listed in Volume 2, Section 7 of this report.
- Feedback and comments on draft versions of the framework from government, non-government organisations and members of the public.

A key challenge in developing an evaluation framework for KTS is the breadth and complexity of the initiative. The overall objective is an improvement in the wellbeing and safety of all children in the child welfare system, but improvements are anticipated in service integration and delivery in the primary, secondary and tertiary service systems, so that families receive better, and better-targeted, services when they need them. In order to assess these system improvements, the following components will be part of the evaluation:

- Short- and long-term system outcomes in statutory and early intervention services (child abuse and neglect notifications and substantiations; out-of-home care placements and trajectories; services delivered).
- Short- and long-term outcomes for children and families in and outside the statutory child welfare system (health, education, crime and family functioning).
- Implementation indicators and measures.
- Cost-effectiveness analyses.
2 KTS meta-evaluation

This section describes the relationship of the evaluations of individual KTS initiatives such as Child Wellbeing Units and Family Referral Services (hereafter “local evaluations”) to the overarching KTS evaluation. In order for KTS to be comprehensively evaluated, findings from the local evaluations, and the components of the evaluation described in this document, should be subject to integrated analysis. This synthetic analysis is known as a meta-evaluation.

This framework describes an approach to evaluating the overall impact and implementation of KTS. It does not describe methodologies for local evaluations, which will be undertaken independently of the evaluation components described in Sections 5–9 of this report. These initiatives will undertake their own independent evaluations.

The meta-evaluation will describe the findings from the different evaluation studies of individual KTS projects and provide a comprehensive account of the interaction between different Keep Them Safe actions. The meta-evaluation will also evaluate the methodological rigour of these evaluations (Stufflebeam & Shinkfield, 2007). Meta-evaluation assesses whether the individual evaluations have been well done according to professional standards of evaluation in a structured fashion, and also the quality of the information gathered. Where local evaluations include a process component, the meta-evaluation will synthesise findings from the process components of local evaluations to produce an overarching analysis of the implementation of KTS. To ensure that the local evaluations articulate with the overall KTS evaluation, this framework includes evaluation questions and data collection and reporting time lines to guide the design of local evaluations where possible.

- Evaluation questions: The local evaluations should be designed to answer one or more of the KTS Evaluation Questions (Section 3 of this report) by reference to the KTS Results Logic (Section 4). The Indicators Framework (Section 6) includes indicators for which no data is currently available but should be collected by local evaluations; for example, on service referrals.

- Time frames: The KTS Evaluation Time lines (Section 11) recommend data collection and reporting periods for local evaluations and the evaluation components described in this report.

In some cases local evaluations may be supplemented or extended. For example, the cross-cutting outcomes study proposes experimental designs (including use of comparison groups) to test whether positive changes can be attributed with confidence to KTS interventions. It may also be possible to include findings from evaluations of KTS-related initiatives in the meta-evaluation, such as the evaluation of the CS/ADHC MOU, which assessed the effectiveness of the MOU for agency collaboration.

As local evaluators will be accountable to individual agencies, and not to the overall evaluators, there are likely to be challenges in maintaining consistency of methods and findings between the local evaluations. For this reason, it is important that the overall evaluation is managed centrally by the Department of Premier and Cabinet and governed by a committee with representation from each of the individual agencies responsible for the local evaluations.

The optimal arrangement for governance of the local evaluations is a small team constituted by members of the evaluation consortium and DPC officials. Where possible, this team will
have overall responsibility for the research design and methodologies of local evaluations. If this is not possible, it should take the role of monitoring and supporting local evaluations, as well as managing the collection of indicator, cost and other data from agencies. The primary consideration would be to ensure as far as possible that information from different sources is consistent and as complete as possible, and also that data from evaluations and quality assurance processes is meaningfully analysed.

KTS evaluators should be responsible for designing and implementing a communication strategy to ensure findings are communicated at key points throughout the evaluation to local evaluators, agencies and practitioners. In addition to communicating findings, the communication strategy should also include mechanisms for facilitating data development and consistency of terms between agencies. The evaluation should support the provision of area-level outcome data to individual agencies, including NGOs, to inform practice and service delivery. An early task will be completion of the data dictionary (Volume 2, Section 6).
## 3 Evaluation questions and methodologies

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<thead>
<tr>
<th>Evaluation question</th>
<th>Evaluation component</th>
<th>Data sources</th>
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</thead>
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<tr>
<td>1. Are families better supported to provide a safe and nurturing environment for children?</td>
<td>Outcome, Process</td>
<td>Indicators framework</td>
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<td></td>
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<td>Service mapping</td>
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<td>Workforce survey</td>
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<td>18-month review</td>
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<td>FRS evaluation&lt;sup&gt;b&lt;/sup&gt;</td>
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<td></td>
<td></td>
<td>CWU evaluation&lt;sup&gt;b&lt;/sup&gt;</td>
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<tr>
<td>2. Are families with children better protected from becoming at risk?</td>
<td>Outcome</td>
<td>Indicators framework</td>
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<td>Families at Risk study</td>
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<td>Sustained home-visiting evaluation</td>
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<td></td>
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<td>Cross-cutting study (older children and young people)&lt;sup&gt;a&lt;/sup&gt;</td>
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<tr>
<td>3. Are at-risk families better supported, without statutory involvement, and do children and young people in these families have better outcomes as a result? 3a. What is the impact of KTS on children aged nine and older who are at risk of harm and their families?</td>
<td>Outcome</td>
<td>Indicators framework</td>
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<td>FRS evaluation&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>CWU evaluation&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>Families at Risk study</td>
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<td>Cross-cutting study (families “near the threshold”)&lt;sup&gt;a&lt;/sup&gt;</td>
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<td>Cross-cutting study (older children and young people)&lt;sup&gt;a&lt;/sup&gt;</td>
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<td>4. Are children and young people at risk of significant harm better protected?</td>
<td>Outcome</td>
<td>Indicators framework</td>
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<td>FCM evaluation&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>Cross-cutting study (outcome studies)&lt;sup&gt;a&lt;/sup&gt;</td>
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<td>children have been restored?</td>
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<td>6. Are children in out-of-home care safe and well? Are they receiving the support they need? Has the quality of out-of-home care improved?</td>
<td>Outcome, Process</td>
<td>Indicators framework Longitudinal Study of OOHC Cross-cutting study (NGOs)*</td>
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<td>7. Are processes improved for resolving care and protection cases, prior to and during court proceedings?</td>
<td>Outcome</td>
<td>Indicators framework ADR evaluation</td>
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<tr>
<td>8. Has Keep Them Safe increased access to culturally appropriate services for Aboriginal children and their families? Has this reduced representation of Aboriginal children in the child protection system? 8a. What is the impact of KTS on Aboriginal children and families in NSW? 8b. How and to what extent has KTS resulted in improved responses for Aboriginal children, families and communities?</td>
<td>Outcome, Process</td>
<td>Indicators framework Regional case studies Service mapping Cross-cutting study (Aboriginal families)*</td>
</tr>
<tr>
<td>9. To what extent are agencies and professionals working with families working more collaboratively? 9a. How and to what extent are at-risk families being supported? What are the characteristics of effective support systems for at-risk families? 9b. How and to what extent has KTS resulted in improved responses for children at risk of significant harm?</td>
<td>Outcome, Process</td>
<td>Indicators framework Families at Risk study Regional case studies Workforce survey Service mapping Cross-cutting study (NGOs)* CWU evaluation FRS evaluation FCM evaluation</td>
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<td>Evaluation question</td>
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<td>9c. Are early intervention services being targeted appropriately to families who need them? 9d. What mechanisms have been effective in supporting the workforce in implementing KTS? 9e. What are effective models of service referral and delivery? 9f. What is the impact of the increased role of NGOs in planning and delivering services?</td>
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<td>10. Have the reforms had any unintended consequences—positive or negative?</td>
<td>Outcome, Process</td>
<td>Regional case studies  Workforce survey  18-month review  CWU evaluation  FRS evaluation  FCM evaluation</td>
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<tr>
<td>11. Is the KTS action plan being implemented as intended? 11a. What are the factors both at the central and regional levels that support or impede the implementation of KTS? 11b. How can the delivery of KTS reforms be refined and improved?</td>
<td>Process</td>
<td>Regional case studies  Workforce survey  Service mapping  18-month review</td>
</tr>
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<td>12. What are the expected short-, medium- and long-term economic costs and benefits of the key reforms initiated under KTS? 12a. How do these costs and benefits compare with other states? 12b. How do they differ for particular groups of children at risk?</td>
<td>Economic</td>
<td>Unit cost data provided by agencies  Indicators Framework  Families at Risk study  Data from AIHW and other states  Local evaluations of FRS, CWU, etc.</td>
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12c. What are the particular costs and benefits of providing specific cross-cutting components of the child welfare system?

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<tr>
<td>12c. What are the particular costs and benefits of providing specific cross-cutting components of the child welfare system?</td>
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</tbody>
</table>

a. Data sources and methodologies for the cross-cutting studies will be determined by the final research design of each study.
b. Individual KTS initiative evaluation/local evaluation methods will be determined by evaluators.
4 Results logic

How will Keep Them Safe work to enhance the wellbeing of children?

Keep Them Safe is a broad reform agenda comprising over 100 different strategies and actions, which will be implemented by all of the key government and non-government service providers and coordinated by the NSW Department of Premier and Cabinet.

The impact of each of the strategies in the Keep Them Safe action plan, and their interdependencies, will be carefully monitored and the outcomes for children measured.

Effectively measuring the outcomes of Keep Them Safe required the development of a rigorous evaluation framework and “results logic” for how the strategies that make up Keep Them Safe are intended to work to enhance the wellbeing of children in NSW.

What is “results logic”?

Results logic, also referred to as “program logic” is a systematic, visual representation of the underlying assumptions of a planned program. A results logic illustrates why and how a program is presumed to work. Results logic diagrams are read from the bottom up. They start at the bottom with the “inputs” or what as being done and follow the pathway and steps that will need to occur for Keep Them Safe to enhance the wellbeing of children in NSW.

Keep Them Safe: results logic

Figure 1 (overleaf) is the overarching results logic for Keep Them Safe. The bottom row of boxes represents the key inputs/strategies (or key activities) of Keep Them Safe, according to the five reform areas. The row above the key inputs/strategies are the aims for each of the five reform areas. The top three rows are the high-level aims of the entire Keep Them Safe reform agenda.

After Figure 1, the logic of each reform area is described in more detail. These five reform areas are:

- universal services, secondary services, and intake and referral;
- out-of-home care: placement prevention, restoration and quality of care;
- improving processes for the resolution of child protection dispute cases;
- greater participation and better services to Aboriginal children and young people; and
- workforce and cultural change.
**Figure 1 Overarching results logic for Keep Them Safe**

<table>
<thead>
<tr>
<th>Improved outcomes for all children in NSW**</th>
<th>NSW families receive the support they need and they have better outcomes*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children, young people and their families have access to appropriate and responsive services when needed</td>
<td></td>
</tr>
</tbody>
</table>

All families are better supported to provide a safe & nurturing environment for children

| Vulnerable at risk families are better supported to care for their children without statutory involvement |
| Children at risk of significant harm are better protected |
| More children grow up safe and well in their families of origin resulting in a decrease in the number of children entering OOHIC |
| Children in OOHIC are safe, well and meeting developmental milestones |
| Young people leaving OOHIC have better opportunities to succeed |
| Improving processes for the resolution of child protection dispute cases |
| Aboriginal children are safer & their needs are better met in their families of origin & Aboriginal children and their families are safer in their communities |
| Aboriginal children involved with CP and OOHIC services are safer, their needs are better met & they remain connected to their culture |
| 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 |

**UNIVERSAL** | **SECONDARY** | **INTAKE & REFERRAL** | **PLACEMENT PREVENTION** | **OUT-OF-HOME CARE** | **LEAVING CARE** | **COURTS** | **RELEVANT TO ALL REFORMS**

**KEY INPUTS/STRATEGIES**

**REFORM AREA 1a, b, c: Universal services, Secondary services & Intake and Referral**
- Child Wellbeing Units
- Sustained health home visiting
- Introduction of new or expansion of existing universal & secondary services
- Legislative change (sharing information)
- Workforce & cultural change (working collaboratively)
- Mandatory Reporter Guide
- Legislative change (threshold)
- Structured Decision Making Tools
- NSW Preschool Investment & Reform plan

**REFORM AREA 2: Out of home care: Placement 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: Improving processes for the resolution of child protection dispute cases**
- Increased availability of ADR
- Training & education for CS staff & Children’s Registrars
- Streamlining court procedures
- Transfer of Children’s Court Clinic to Justice Health
- Specialist Children’s Magistrates & Registrars in rural & regional areas

**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

* 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
4.1 Universal services, secondary services and intake and referral to the statutory system

One of the most significant areas of reform for Keep Them Safe is the suite of changes to early intervention (i.e. universal and secondary services) and intake and referral.

This reform area is separated into three separate parts to reflect the public health model, which consists of three different levels of intervention (Jordan & Sketchley, 2009):

a) Universal—a whole-of-population platform for preventing neglect and abuse

b) Secondary—addressing specific risk factors that compromise parenting in vulnerable families

c) Tertiary—intake and referral for statutory child protection services).

These three levels of intervention work together to bring about better outcomes for children and families in NSW. Universal services provide a platform for preventing neglect and abuse in the whole population. This is expected to reduce the number of families entering the secondary service system because it reduces the risk of families becoming vulnerable. For those families that are vulnerable or at risk, secondary services provide them with a means for better supporting those families to support their children without escalation into the statutory system. Finally, universal and secondary services work together to decrease the number of children and families entering the statutory system. This frees up Community Services to focus on those children who are at risk of significant harm.

Each level, as it applied to Keep Them Safe, is described below.

Reform area 1a: Universal services

*Keep Them Safe: A Shared Approach to Child Wellbeing* is the government’s action plan to promote and improve child wellbeing and build a stronger, more effective child protection system within NSW. To achieve change within the system, KTS provides a program of specific interventions and initiatives, and an agenda for systems and practice change. At the heart of the KTS action plan is the acknowledgement that all children have the right to be safe and healthy—and to receive responsive care and support when needed. KTS acknowledges that children’s wellbeing is the responsibility of multiple stakeholders—of parents and carers, the community and government, and workers from the universal, secondary and tertiary service systems that provide varying levels of assistance to families and communities.

Key changes for universal services include: additional investment into universal services, the establishment of Child Wellbeing Units and Referral Services, and legislative changes regarding information sharing, workforce and cultural change.

These reforms are designed to give families and professionals options for accessing universal services. As a result, we expect to see more children and their families accessing and receiving universal services rather than being eventually referred to secondary services or the Department of Community Services. Universal services will be delivered in a flexible, responsive way to meet the needs of a diverse population (e.g., Aboriginal families, families from CALD communities and geographically isolated families). Ultimately we expect this will lead to better support for all families to provide a safe and nurturing environment for children.

The availability and provision of universal services underpins all the other reform areas, as it is the foundation for keeping children safe.
Reform area 1b: Secondary services

The main changes for secondary services include: additional investment into secondary services, the establishment of Child Wellbeing Units and Referral Services, and legislative changes regarding information sharing, workforce and cultural change.

The purpose of these reforms is to give at-risk families and professionals who are working with at-risk families options for accessing secondary services. Consequently, it is expected that more children and their families will be accessing and receiving secondary services before their problems escalate to the point where statutory intervention (i.e. Department of Community Services) is required.

Reform area 1c: Intake and referral to the statutory system

The most significant changes for intake and referral into the statutory system include: legislative changes regarding information sharing, workforce and cultural change, the establishment of Child Wellbeing Units and Referral Services, legislative changes regarding threshold, and Structured Decision Making tools.

These reforms are designed to enable Community Services to more effectively respond to the needs of children at risk of significant harm in a more timely manner. As a result, it is expected that there will be a decrease in the number of children living in situations where they are at risk of significant harm and, ultimately, children at risk of significant harm will be better protected.

As a consequence of increased utilisation of universal and secondary services, we expect to see decreased referrals to Community Services and, as a result, we would expect that Community Services will be better able to respond to the needs of children at risk of significant harm.

We would also expect to see the different parts of the service system sharing information and working collaboratively to achieve the best outcomes for children and their families.

See Figures 2–4 (below) for diagrams reflecting the results logic for universal services, secondary services, and intake and referral.
Figure 2: Results logic for universal services

Reform area 1a: Universal services

All families are better supported to provide a safe & nurturing environment for children

Increased number of families who receive an appropriate Universal service

Increased appropriate referrals from mandatory reporters** to Universal services
Increased availability of Universal services
Increased responsiveness of Universal services to children and families' needs

Service providers have the capacity to provide support and/or deliver a mix of Universal services in a flexible responsive way

Families know about available Universal services
Mandatory reporters** know about available Universal services

Government & agencies have robust data on service needs & gaps
Collaborating & sharing relevant information about children & families (between agencies)

Introduction of new and expansion of existing Universal services (e.g. Triple P, Low SES School Communities National Partnership Implementation Plan)*
Child Wellbeing Units & Family Referral Services*
Legislative change regarding information sharing, workforce & cultural change*

Reform area 4: Greater participation & better services to Aboriginal children and young people

Reform area 5: Workforce and cultural change: sharing information, working in collaboration & partnership, developing trust, mutual commitment to address the needs of children and families

*Activities may not always have a linear relationship to outcomes (i.e. one activity may have multiple outcomes across a reform area). The activities are lined up against those outcomes they are most likely to influence

**Mandatory reporters are people who, in the course of their professional work or other paid employment deliver health care, welfare, education, children’s services, residential services or law enforcement wholly or partly to children
**Figure 3: Results logic for secondary services**

Reform area 1b: Secondary services

- Vulnerable & at risk families are better supported to care for their children without statutory involvement.

Increased number of vulnerable & at risk families who receive a response that is right for them sooner

Increased appropriate referrals from mandatory reporters** to Secondary services

Increased availability of Secondary services

Increased responsiveness of secondary services to children and families' needs

Service providers have the capacity to provide support and/or deliver a mix of Secondary services in a flexible responsive way

Families know about available Secondary services

Mandatory reporters** know about available Secondary services

Government & agencies have robust data on service needs & gaps

Collaborating & sharing relevant information about children & families (between agencies)

- Introduction of new and expansion of existing Secondary services (e.g. Sustained health home visiting, Family Case Management, Brighter Futures*)

- Child Wellbeing Units & Family Referral Services*

- Legislative change regarding Information sharing, workforce & cultural change*

Reform area 1a: Universal services

Reform area 4: Greater participation & better services to Aboriginal children and young people

Reform area 5: Workforce and cultural change: Sharing Information, working in collaboration & partnership, developing trust, mutual commitment to address the needs of children and families.

*Activities may not always have a linear relationship to outcomes (i.e. one activity may have multiple outcomes across a reform area). The activities are lined up against those outcomes they are most likely to influence.

**Mandatory reporters are people who, in the course of their professional work or other paid employment delivers health care, welfare, education, children’s services, residential services or law enforcement wholly or partly to children.
Figure 4: Results logic for intake and referral to the statutory system

Reform area 1c: Intake and referral to the statutory system

- Children at risk of significant harm are better protected
  - Decrease in number of children living in situations where they are at risk of significant harm
  - CS better able to respond to the needs of children at risk of significant harm sooner

- Decreased number of reports to CS helpline***
  - Collaborating & sharing relevant information about children & families (between agencies)
  - Mandatory reporters** know when to report to CS
  - Mandatory reporters** legally obliged to report significant harm only
  - Decisions regarding reports made by Helpline are consistent and appropriate
  - Legislative change regarding information sharing, workforce & cultural change*
  - Child Wellbeing Units & Mandatory reporter Guide*
  - Legislative change regarding threshold*
  - Structured Decision Making Tools*

*Activities may not always have a linear relationship to outcomes (i.e. one activity may have multiple outcomes across a reform area). The activities are lined up against those outcomes they are most likely to influence.

**Mandatory reporters are people who, in the course of their professional work or other paid employment delivers health care, welfare, education, children's services, residential services or law enforcement wholly or partly to children.

***This is likely to be a medium to long term outcome. In the short term calls may not decrease.
4.2 Out-of-home care: placement prevention, restoration and quality of care

The investment into placement prevention and family restoration services is expected to assist families to overcome crisis and to increase the capacity of parents to care for their children, which will in turn reduce the risk to children, increasing the number of children able to live safe and well with their families of origin. The high-level outcome in relation to placement prevention and restoration is that more children in NSW will grow up safe and well in their families of origin. Through a range of reforms designed to enhance the quality of care provided to children removed from their families, we expect to see: better support for carers, enabling them to better care for children; a decrease in physical, developmental and emotional health problems for children in out-of-home care, which is expected will contribute to an increase in school participation and performance; and with the ultimate aim of more children in out-of-home care—including those with physical and intellectual disabilities—being safe, well and meeting their developmental milestones. High-quality care, combined with reforms, is designed to give care leavers the best opportunities to succeed in life by providing children in care with better information and support to enable their transition to independent living.

See Figure 5 (below) for a diagram reflecting the results logic for out-of-home care: placement prevention, restoration and quality of care.
Figure 5: Results logic for out-of-home care: placement prevention, restoration and quality of care

Reform area 2: Out of home care: Placement prevention, restoration & quality of care

More children grow up safe and well in their families of origin, resulting in a decrease in number of children entering OOHC

Increase in number of children able to live with their families of origin and be safe and well

Risk of harm to children living in families in crisis is reduced

Parents of children in families in crisis have the capacity to care for their children

Families in crisis receive immediate, intensive intervention

Specialised, targeted, effective interventions for families in crisis

Placement prevention: Family Preservation, Intensive case management, Intensive Family Based Services*

Family Reconciliation*

Children previously in care are able to return to their family of origin

Children in OOHC are supported in their learning needs

Children in OOHC are supported in their learning needs

Children in OOHC are supported in their learning needs

Children in OOHC (both statutory and voluntarily) get better access to support they need

Increased participation, performance & retention in school of children in OOHC

Increased social, emotional and psychological well-being by children in OOHC

Decrease in physical, developmental and emotional health problems for children in OOHC

Carers needs are supported & carers are better able to meet the needs of children in their care

ODHC co-ordinators in Health and Education*

ODHC co-ordinators in Health and Education*

Young people leaving out of home care have better opportunities to succeed

Young people leaving care have access to information and support to enable transition

Training package for carers & young people leaving care*

Training package for carers & young people leaving care*

Detailed Information to young people leaving care*

Reform area 4: Greater participation & better services to Aboriginal children and young people

Reform area 5: Workforce and cultural change: sharing information, working in collaboration & partnership, developing trust, mutual commitment to address the needs of children and families

* Activities may not always have a linear relationship to outcomes (i.e. one activity may have multiple outcomes across a reform area). The activities are lined up against those outcomes they are most likely to influence.

** The date of transfer has not yet been determined. Complex OOHC cases will remain with Community Services.
4.3 Improving processes for the resolution of child protection dispute cases

Keep Them Safe comprises several reforms designed to improve processes for the resolution of child protection dispute cases. Key examples include: increasing the availability of alternative dispute resolution models and/or programs; specialist Children’s Magistrates and Registrars in regional and rural areas; training and education for Community Services staff and Children’s Registrars; streamlining court procedures; and the transfer of Children’s Court Clinic to Justice Health. The intention of these reforms is for children and families to be included in decision-making processes, more effective use of resources and higher-quality decision-making in rural and regional care matters. Ultimately, the changes to the Children’s Court are designed to improve the processes for resolving care and protection cases, prior to and during court proceedings.

See Figure 6 (below) for a diagram reflecting the results logic for resolving child protection cases.
Figure 6: Results logic for improving processes for resolution of child protection dispute cases

Reform area 3: Improving processes for the resolution of child protection dispute cases

- Improved resolution of care and protection cases, prior to and during court proceedings

- Inclusive, empowering decision making processes for children & families
- Effective use of resources
- High quality decision making in rural and regional care matters

Reform area 4: Greater participation & better services to Aboriginal children and young people

- Increased availability of ADR**
- Training & education for CS staff and Children's Registrars*
- Streamlining court procedures*
- Transfer of Children's Court Clinic to Justice Health***
- Specialist Children's Magistrates & Registrars in rural and regional areas*

Reform area 5: Workforce and cultural change: sharing information, working in collaboration & partnership, developing trust, mutual commitment to address the needs of children and families

* Activities may not always have a linear relationship to outcomes (i.e. one activity may have multiple outcomes across a reform area). The activities are lined up against those outcomes they are most likely to influence.

** A number of different Alternative Dispute Resolutions model will be trialled

*** Transfer will take place after December 2010. A date for a feasibility study into the expansion of the Clinic to provide the services of the kind currently offered by Justice Health in the criminal jurisdiction has not been set
4.4 Greater participation and better services to Aboriginal children and young people

Aboriginal children are currently over-represented on all indicators of child protection involvement. Keep Them Safe will provide increased investment for universal and secondary services for Aboriginal children and their families, with the aim of better protecting all Aboriginal children and their families from becoming vulnerable; and for Aboriginal children who are vulnerable or at risk to receive the appropriate response to prevent their involvement with child protection services. Support to increase the capacity for Aboriginal people to undertake foster and kinship caring roles is designed to better empower Aboriginal communities to work in partnership with other services to protect Aboriginal children. Better data systems for collecting and recording appropriate information on children’s Aboriginality are designed to ensure all Aboriginal children receive a culturally appropriate response, and that their families and communities then have the opportunity to participate in decisions affecting them.

In addition to specialised Aboriginal services, Aboriginal Impact Statements are designed to ensure that all aspects of Keep Them Safe (mainstream and Aboriginal-specific) are designed and implemented with care and attention to the specific needs of Aboriginal children, their families and/or their carers. The intended outcomes of the Keep Them Safe reforms to better support Aboriginal children and young people, their families and/or their carers and their communities are to increase the number of Aboriginal children able to live safe and well in their families and communities of origin; and for Aboriginal children involved with child protection or in out-of-home care to be safe and well and have their cultural and developmental needs met.

See Figure 7 (below) for a diagram reflecting the results logic for greater participation and better services to Aboriginal children and young people, their families and/or carers and their communities.
Figure 7: Results logic for better supporting Aboriginal children and young people, their families and/or their carers and their communities

Reform area 4: Greater participation & better services to Aboriginal children and young people

Aboriginal children are safer and their needs are better met in their families of origin and Aboriginal children and their families are safer in their communities.

Aboriginal children in OODC and child protection are safer; their needs are better met & they are connected to their culture.

Decreased number of Aboriginal children receiving statutory intervention and entering care.

Universal services for all Aboriginal families and children.

Vulnerable and at-risk Aboriginal families & children receive a response sooner.

Aboriginal and Torres Strait Islander Child Placement Principle.

Increased participation of Aboriginal communities (including Aboriginal children and families at risk) in protection of Aboriginal children.

Aboriginal communities are empowered to protect Aboriginal children.

Involvements made regarding protection of Aboriginal children are representative of Aboriginal communities and have the confidence of Aboriginal communities.

Reform area 1a: Universal services

Mainstream services are more relevant & secure

Identify where Aboriginal specific policy, program & practices are required

The impact on Aboriginal children, their families & their care is assessed, practice & programs under KTS are identified.

Introduce and extend universal and secondary services for Aboriginal families (e.g. family-based services in four Aboriginal communities, Aboriginal maternal and infant health strategy, extend non-territory, strengthening the Interagency Plan to tackle child sexual assault in Aboriginal communities)*

Aboriginal Impact statement incorporates consultations with Aboriginal communities and Aboriginal organisations)*

Better data systems to collect and record appropriate information on children's Aboriginality.

Strengthening capacity of Aboriginal families to undertake foster and kinship caring roles*.

Reform area 5: Workforce and cultural change: sharing information, working in collaboration & partnership, developing trust, mutual commitment to address the needs of children and families

* Activities may not always have a linear relationship to outcomes (i.e. one activity may have multiple outcomes across a reform area). The activities are listed with those outcomes they are most likely to influence.
4.5 Workforce and cultural change

In addition to the specific reforms (i.e. universal, secondary services and intake and referral; placement prevention, restoration and out-of-home care services; and the Children’s Court), achieving the high-level outcomes relies upon the successful implementation of the cross-cutting reform area: workforce and cultural change. The Keep Them Safe reforms, to work in partnership with peak bodies and NGOs in workforce development and capacity building, are intended to create a more skilled workforce for the child and family welfare sector (government and non-government) that executes their responsibilities and works collaboratively with other professionals to achieve the best outcomes for children and their families.
5 Outcomes evaluation

5.1 Introduction
The primary components of the outcomes evaluation are:

- an indicators framework of service system and child and family indicators;
- a cross-sectional study of at-risk families; and
- a cross-sectional study of children in out-of-home care.

The methodology is designed to provide robust, comprehensive data on the impact of KTS on children and families, and to maximise the use of existing sources of data. Addressing data gaps in some cases will require significant resources and time.

5.2 Evaluation questions and the results logic
The objectives of KTS outlined above need to be translated into specific questions that can be evaluated. The proposed evaluation questions were developed directly from these high-level objectives and the results logic. This section outlines the evaluation questions and connects each question to the major components of the reforms.

1. Are families better supported to provide a safe and nurturing environment for children?
KTS applies a public health model to children’s wellbeing and protection. Fundamental to this approach is acknowledgement of the importance of the universal service system, which provides essential services, such as education and healthcare, to all families in NSW. Universal services help to prevent problems arising within families, and provide a platform for secondary service provision by enabling identification of vulnerable families and offering them multiple entry points and pathways for referral into more intensive services. In this way, universal services aim to provide a preventive approach to child protection.

There are several ongoing initiatives that are measuring child wellbeing at a population level within NSW, including national initiatives. Relevant indicators from existing frameworks are listed in Volume 2 of this report. The KTS indicators framework aligns with these universal strategies that aim to better support families and enhance child wellbeing.

The universal service system is the basis of a number of initiatives that will be strengthened by KTS, including:

- Universal health home visiting.
- Mental health screening for all mothers in NSW (SAFE START).
- Aboriginal Maternal and Infant Health services will be available statewide.

Indicators for the effectiveness of universal services cut across the domains of child wellbeing, health, school achievement, and behaviour and may include measures such as: results in the National Assessment Program Literacy and Numeracy (NAPLAN); infant mortality and immunisation rates; and rates of participation in quality early childhood services. Such measures aim to build a picture of the effectiveness of the universal service
system in meeting the needs of children and families in NSW, as is evident throughout this document.

The primary focus for KTS indicators is on identifying indicators for measuring the performance of the secondary and tertiary service systems, and the capacity of universal, secondary and tertiary services to work collaboratively across both government and non-government sectors. This focus has been determined because existing measures are already in place to measure the effectiveness of universal services. Most of the key changes being implemented through KTS reforms are targeted to address the needs of at-risk children and their families.

2. Are families with children better protected from becoming at risk?
The results logic highlights a number of different groups of children, young people and their families that will be affected by the funding of new and expansion of existing universal and secondary support services, including early intervention and prevention services such as sustained health home visiting.

At the highest level, all NSW children, young people and their families should benefit from the changes to universal service system; however, it would be very difficult to attribute changes in outcomes of children, young people and their families to Keep Them Safe, given there are so many other initiatives at the state and federal level that could also have an influence.

Of particular relevance to Keep Them Safe is whether there is a shift in the number of families where children are at risk of abuse or neglect. It is difficult, however, to measure changes in the number of at-risk families since there is very little robust data on the prevalence of child maltreatment. The evaluation will therefore focus on families with those problems that are most commonly associated with the occurrence of child abuse and neglect. These risk factors are: domestic violence, parental substance abuse, and parental mental health problems (Bromfield, Lamont & Horsfall, in preparation; Cleaver, Nicholson, Tarr, & Cleaver, 2007; Scott, 2009).

3. Are at-risk families better supported without statutory involvement, and do children and young people in these families have better outcomes as a result?

Several new services are being introduced—and existing services expanded—for families at risk, such as Brighter Futures, Family Case Management, and intensive services for families with drug and alcohol and mental health problems. Better referral pathways that flow from Family Referral Services, which provide information about the availability of local services to agency mandatory reporters, should mean that at-risk families get access to services that meet their needs sooner. Question 3 addresses access to these services and the effectiveness of these services to make a difference to children, young people and their families.

4. Are children and young people at risk of significant harm better protected?

The changes in the mandatory reporting thresholds—and associated training in educating professionals who make the majority of mandatory reports, such as police, teachers and health workers—should see a reduction in the number of child protection reports. In addition, Child Wellbeing Units are available to police, education, health and employees of NSW Housing, Ageing, Disability and Homecare, Juvenile Justice and Aboriginal Affairs to discuss concerns about children’s welfare and provide guidance about when it is appropriate
to call the Child Protection Helpline. A structured decision-making tool to assess risk has also been implemented by the Child Protection Helpline to better screen and prioritise responses to child protection reports that have been received. These changes to the way child protection reports are made should mean fewer child protection reports, better risk assessment and more resources available to make investigations so that children and young people at risk of significant harm are better protected.

5. Is the number of children entering out-of-home care reduced by secondary prevention for at-risk families and restoration services for children in out-of-home care?

The improvement in the secondary service system and the introduction of intensive family preservation for families in crisis should mean that fewer children enter out-of-home care. In addition, an improvement in the quality of out-of-home care should mean that more children have restoration plans and can be reunified with their families.

6. Are children in out-of-home care safe and well? Are they receiving the support they need? Has the quality of out-of-home care improved?

There are several changes designed to improve the quality of out-of-home care. There are improvements in the training and recruitment of foster carers, along with the introduction of out-of-home care Health and Education coordinators who are responsible for monitoring, providing access to services and assistance in health and education. The provision of out-of-home care services by the non-government sector is also intended to increase the availability of support services for children and young people. The provision of additional training to foster carers to assist them to prepare young people for care leaving, and information for young people about leaving care, is another element of the changes to the out-of-home care system.

7. Are processes improved for resolving care and protection cases, prior to and during court proceedings?

Keep Them Safe comprises several reforms designed to improve processes for the resolution of child protection cases prior to and during court proceedings. Key examples include: increasing the availability of alternative dispute resolution models and/or programs; training and education for Community Services staff and Children’s Registrars; streamlining course procedures; the transfer of Children’s Court Clinic to Justice Health; and Specialist Children’s Magistrates and Registrars in regional and rural areas. The intention of these reforms is for children and families to be included in decision-making processes, more effective use of resources and higher-quality decision-making in rural and regional care matters. Ultimately, the changes to the Children’s Court are designed to improve the processes for resolving care and protection cases prior to and during court proceedings.

8. Has Keep Them Safe increased access to culturally appropriate services for Aboriginal children and their families? Has this reduced representation of Aboriginal children in the child protection system?

Several reforms attempt to better respond to the needs of Aboriginal children and families. An Aboriginal Impact Statement details how the needs and interests of Aboriginal children, young people, families and communities should be elicited and incorporated into implementation of each reform. As a result, all of the reforms around the provision of
universal and secondary services, the Child Wellbeing units, Family Case Management, intensive family preservation and Family Referral Services should be responsive to the needs of Aboriginal children and families. Another focus is strengthening the capacity for Aboriginal families to undertake foster and kinship caring roles as well as Aboriginal non-government organisations to provide services to children in out-of-home care. More generally, KTS should align with other Government policies such as the Aboriginal Child Placement Principle and the NSW Aboriginal Affairs plan Two Ways Together, also should mean that the Keep Them Safe plan will better respond to Aboriginal children and their families’ needs.

9. To what extent are agencies and professionals working with families working collaboratively?

The legislative reforms increase the ability to share relevant information, and the introduction of Child Wellbeing Units is intended to increase coordination, collaboration and information sharing between different government agencies. Child Wellbeing Units advise staff from Government agencies to consult with Family Referral Services, who will refer to services provided by government agencies as well as services provided by NGOs. The new Chapter 16A in the Children and Young Persons (Care and Protection) Act 1998 allows freer exchange of information between government agencies and non-government organisations relating to a child’s or young person’s safety, welfare or wellbeing. Also, coordination and collaboration between the community service sector and government agencies in the delivery of services has been a focus. To this end, there needs to be a focus on working collaboratively, and while this question is most appropriate in the process evaluation, it is still important that some indicators be considered for shared outcomes.

10. Have the reforms had any unintended consequences—positive or negative?

With any large-scale reform package there is the possibility of unintended consequences; these could be positive or negative in nature. It is important to identify these as part of any overall evaluation so that policies can be improved.

5.3 Possible data sources

We have examined several possible sources of indicators including: the New South Wales State Plan, Two Ways Together, the NSW Aboriginal Affairs Plan 2003–2012, the National Child Protection Framework, the Productivity Commission’s Report on Government Service Provision, Headline Indicators for children’s health, development and wellbeing (AIHW), the Australian Institute of Health and Welfare’s key national indicators of children’s health, development and wellbeing, the Productivity Commission’s report on the Contribution of the Not-for-Profit Sector, and the Council of Australian Government’s National Partnership agreement on homelessness. NSW government departments have also been consulted about data that they routinely collect that could be used as an indicator. From these sources, we developed an initial list of indicators (Volume 2, Section 1 of this report) from which the final list of indicators was drawn.

Table 6.1 details existing indicators and sources for the outcome evaluation for the evaluation questions. Many of these indicators have been sourced from the indicators outlined in the sources above. Table 6.1 also proposes new indicators and possible data sources, including components of the KTS evaluation described in this document.
5.4 Filling the gaps: the role of primary data collection

Many of the indicators of service access, family risk factors and child outcomes detailed in Table 6.1 cannot be collected from administrative sources. In these instances, processes need to be put in place to collect these new data. Local evaluations will provide data for several of these. However, primary data collection on the wellbeing of at-risk children and families is necessary.

There are three options for primary data collection: adaptation of an existing survey (i.e. the addition of a small number of questions with no changes to sampling); conducting a specific KTS survey; and developing a KTS-specific survey that is then added to the NSW Health Survey. The most appropriate survey for adaptation is the NSW Child Health Survey, which is conducted as part of the continuous population health survey program, and reports for two-year rolling periods. There are advantages and risks for both options.

The advantages of augmenting the NSW Child Health Survey include minimising additional costs in conducting a new study and maximising data integrity in tracking any changes to child outcomes and family risk factors in the general population. Many of the questions asked in previous years would be relevant. The disadvantages to this option are that substantial changes would be required in order to make the survey relevant to tracking the impact of KTS. The existing survey could not be used to detect changes to family functioning and risk factors for abuse and neglect as a result of KTS. These include changes to the time periods in which data are collected and reported, and changes to sampling, to ensure that sufficient at-risk families are identified. Several of the indicators relate to service receipt and family functioning for families in high-risk categories for abuse and neglect, which are remote from the current focus of the survey. The key risk factors for child abuse and neglect need to be measured: parents with substance-abuse problems or mental health problems, and domestic violence in the household (Bromfield, Lamont & Horsfall, in preparation; Cleaver, et al., 2007; Scott, 2009). Other key risk factors are inappropriate parenting and poor family functioning, and other environmental and contextual factors. There are insufficient numbers of at-risk families from a population level survey of the size of the NSW Child Health Survey (n = 7,600 over two years) to conduct sub-sample analyses. A number of new questions would need to be added to the survey to identify risk factors for child abuse and neglect, parenting styles, and service needs and receipt. Although the augmentation of an existing instrument has fewer resource implications than the development of a new survey, significant resources would be required to ensure data quality, accessibility and consistency.

Families at Risk survey

The second option is the development of a new study. A third option is the incorporation of a new survey instrument and sampling technique into the existing NSW Child Health Survey and/or the adult component of the NSW Population Health Survey, also conducted by NSW Health. In each case this would involve: the development and testing of a suite of questions designed to assess risk factors for child abuse and neglect, family functioning, and service access and receipt for vulnerable and at-risk families; and a subsequent migration of these questions into the existing survey instruments. Changes to the sampling and timing of the Child Health and Population Health Survey may be possible, including the addition of screening questions (as discussed in Section 10.3).
We recommend option two or option three, as they circumvent the disadvantages of the NSW Child Health Survey and will be designed to answer the KTS evaluation questions rather than obtain information on health status and access to health services.

It is recommended that two cross-sectional surveys of at-risk families be conducted over a four-year period to fill this considerable gap in the knowledge base.

The first baseline survey of at-risk families should be conducted as soon as is possible. A follow up cross-sectional survey of at-risk families should then be conducted in another in three years time.

The survey should have sufficient sample size in regions to test for regional differences in outcomes. An approach such as that adopted in the NSW Population Health Survey of sampling by area health service may be appropriate in this instance.

It may also be possible to ask parental permission to link children’s National Assessment Program – Literacy and Numeracy (NAPLAN) scores in the survey of at-risk families. This has been trialled with the Longitudinal Study of Australian Children and 95% of families have agreed to have their child’s data linked to the confidentialised unit record file. The feasibility of this option should be explored, and a consideration of the ethical issues involved with data linkage would be part of this process. The Australian Early Development Index is not a viable option for data linkage for the at-risk population. There are no family demographic or risk factors, and the data is only available at the community level. To obtain information about literacy and numeracy in the first year of school, it may be possible to obtain permission from parents to link their child’s literacy and numeracy scores from Best Start.

A number of questions in the survey should duplicate those in the NSW Child Health Survey, to allow for comparison with the broader population.

Another important element of the survey of at-risk families would be that it would need to ensure that Aboriginal children and their families are a strong focus, given that Aboriginal children are over-represented in the child protection system. Whether this would be best achieved through a separate stand-alone survey that articulates with the main survey of at-risk families or as a part of the mainstream survey would need to be established. The advantage with a stand-alone survey is the opportunity for consultation about the process of data collection and refinement of measures so that they were culturally appropriate. The risk would be that the measures arrived at would not be directly comparable to the major survey of at-risk families. Where possible, measures developed for use in the Longitudinal Study of Indigenous Children (FaHCSIA, 2009) and the WA Aboriginal Child Health Survey (Zubrick et al., 2005) should be considered, as a consultation process was undertaken for both these surveys. Ideally, data collected on Aboriginal families should be comparable with the main

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2 It is important to note that if additional information about the postcode of residence is collected, then it is possible to use information from statistical concordances to fit data to both area health service or Community Services region.

3 Although children at independent and Catholic schools do not participate in Best Start, approximately 70% of children attend these schools (ABS, 2008).
survey. Close consultations with Aboriginal communities will be necessary to develop appropriate recruitment and sampling methods.

A sampling frame is required to identify at-risk families. One way of constructing this would be to use existing administrative data to target at-risk groups and be representative of the at-risk population of NSW.

A longitudinal study is not recommended as the most appropriate methodology for the evaluation. Although a longitudinal study of at-risk families would be able to chart their experiences, such a study would only capture the experiences of the service system for families entering the service system at one point in time. It is important to capture outcomes for children, young people and their families entering a system environment a few years after the implementation of Keep Them Safe, hence the focus on cross-sectional surveys of different families and not longitudinal data collection.

**Children in out-of-home care**

Pathways of Care, the longitudinal study of children and young people in out-of-home care, could provide baseline data or early implementation data including perspectives of foster carers, as one of the aims of the study is to inform Keep Them Safe (Walsh, Wulczyn, Paxman, Tully, Butler & Taplin, 2009). There is also potential for administrative data to be linked to the numeracy and literacy data collected from NAPLAN to provide a complete picture of the literacy and numeracy of children in out-of-home care prior to the Keep Them Safe reforms.

A subsequent cross-sectional study should be considered three years after the initial baseline, as the experiences of children entering out-of-home care are likely to be quite different in the initial stages of implementation of Keep Them Safe compared to an out-of-home care system that has fully implemented the reforms. Again, making full use of administrative data such as data linkage with NAPLAN is recommended.

**Additional uses of secondary or administrative data sources**

Secondary or administrative data sources will be particularly important as service system indicators and to a lesser degree, access to services. As many of the administrative data sources of new Keep Them Safe initiatives are being developed, it is unknown whether other sources of administrative data on service access, family risk factors and child outcomes could be used. Even if they are used, it is important to use other sources of data such as survey data from the population or population of at-risk families to triangulate results.

There is an opportunity for agencies and programs to develop uniform reporting systems that can be used for both routine monitoring and overall evaluation purposes, as the implementation of KTS has required the development of new ICT systems. For example, WellNet, the database developed for Child Wellbeing Units, is a shared platform. System indicators could be developed from WellNet on type and number of calls, service needs, service referrals, waiting lists and cumulative risk for individual agencies and for CWUs as a whole. This will require the engagement of the CWUs and central support.

It is also suggested that any changes in improvement in data administrative systems in the Children’s Court of New South Wales take account of the needs of the Keep Them Safe evaluation. Of course, there may be situations where it is too time consuming for information
to be routinely collected, in which case court file review may be an appropriate option (see Kaspiew, Gray, Weston, Moloney, Hand, Qu and the Family Law Evaluation Team, 2009).

The non-government sector also collects information through their case-management databases, such as Looking After Children. The Looking After Children materials include a series of schedules known as Assessment and Action Records (Parker, Ward, Jackson, Aldgate, & Wedge, 1991). These records were also originally designed as research instruments to gain more consistency in the evaluation of child outcomes, and to identify where service improvements can be made and how to better allocate resources. A research project has been implemented in Victoria, Australia (Wise, 2009), and demonstrates that such practice data that are collected in a systematic fashion could be useful data for evaluation and monitoring purposes.

5.5 Regional variation in service delivery and implementation of the reforms as an opportunity to investigate the combined effect of Keep Them Safe reforms

Many of the Keep Them Safe reforms are being implemented in a staged manner, in particular area health or Community Services regions. In some instances, initiatives are being trialled in several regions before being implemented across the whole of NSW, such as Family Referral Services and Family Case Management. As a result, there will be variations in the mixture of initiatives in particular areas. Although this variation is unlikely to be random in many instances, it does offer an opportunity to explore the effect of a particular combination of Keep Them Safe initiatives on shared outcomes in comparison to another set of Keep Them Safe initiatives. Moreover, there is also the potential to explore how different initiatives interact with one another as a result of geographic variation in service delivery. It may be that particular initiatives only work in the presence of other initiatives; for example, Family Referral Services may only be effective in delivering outcomes to children and families if the universal and secondary service system has the capacity to deal with the new increase in demand for services.

A key challenge with using regional variation in service delivery and implementation of Keep Them Safe to learn more about the effects of Keep Them Safe is that different government departments collect information using different definitions of geography. For an accurate understanding of the combined and interactive effects of Keep Them Safe initiatives using regional variation to be ascertained, the data that are to be collected need to be able to be “scaled” to a consistent geographic level. The most straightforward way to do this is for information that is collected on service users and services to be geocoded to the actual address. If confidentiality concerns or data collection processes make this unfeasible, then the smallest level of statistical geography (such as an Australian Bureau of Statistics Collection District or postcode) would be preferred. Larger areas can be accommodated assuming that there are concordances between the two different geographies that can be linked.
6 Indicators framework

Although the indicators will be a major component of the evaluation of KTS, they cannot on their own provide the data to explain the effectiveness of KTS. As their name suggests, indicators can only provide indications of changes. Most indicators provide a proxy of factors that are hard to measure directly but which are of most policy significance. They generally provide data on service use or on specific issues such as school achievement. For example, hospital separations and GP visits are proxies for physical health; referrals to community services and children in OOHC are proxies for child abuse; and proportion of mothers receiving sustained home visiting is a proxy for vulnerability of families in the community. None of these indicators is a direct measure of the underlying factor, and all proxies are subject to misinterpretation. Increases in hospital visits or referrals to the helpline, for example, could be due to increases in child abuse in the community. However, they could equally result from other factors, such as increased media attention to child abuse, increased surveillance from professionals or changes in other areas of service provision. Many of the KTS key indicators measure levels of service use, and although this is very important information, it is particularly subject to misinterpretation. Even such robust indicators as the number of re-substantiations, which is a universally accepted indicator of the effectiveness of the child protection system, is open to a number of interpretations. An increase in re-substantiations is generally held to be a sign of a poorly performing system, but under certain circumstances it could signify an improved system; for example, it could show that new assessment techniques are more sensitive to picking up abuse than previously used assessment methods.

These indicators need to be supplemented with more detailed examinations of actual wellbeing of children and families. These can only be collected by surveys. Similarly, numbers of referrals between agencies are not direct measures of inter-agency collaboration and need to be understood by examination of the quality of the collaboration and its effectiveness. Again, this requires direct surveys of the workforce.

Of course, administrative data is much easier to collect. It is also cheaper and, in addition, can be tracked over long periods so that trends can be established. Surveys are relatively expensive, usually funded only for short periods and are subject to sampling bias of various sorts. Nevertheless, only a combination of these two approaches will provide a reasonable picture of KTS progress to its goals.

Table 6.1 lists the key KTS indicators for each of the evaluation questions. Data sources, rationale for inclusion and relationship to the results logic are included in Appendix A. Indicators 16, 17, 19 and 20 are currently collected and could be included in the state plan as KTS measures.
### Table 6.1: Key indicators

<table>
<thead>
<tr>
<th>Evaluation question</th>
<th>Indicators</th>
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| 1. Are families better supported to provide a safe and nurturing environment for children?                                                                                                                        | (1) Number of referrals to universal services from new KTS services (CWU, FRS)                                                                 |}
|                                                                                                                                                                                                                   | (2) Number of referrals to KTS services from universal services                                                                                                                                         |
|                                                                                                                                                                                                                   | (3) Proportion of families referred to KTS services who received services                                                                                                                               |
|                                                                                                                                                                                                                   | (4) Proportion of communities with improved health and development measures                                                                                                                               |
| 2. Are families with children better protected from becoming at risk?                                                                                                                                             | (5) Proportion of identified parents with mental health problems receiving appropriate service/treatment                                                                                                 |
|                                                                                                                                                                                                                   | (6) Proportion of families that have experienced family violence receiving appropriate service/treatment                                                                                                 |
|                                                                                                                                                                                                                   | (7) Proportion of parents with substance use receiving appropriate service/treatment                                                                                                                   |
|                                                                                                                                                                                                                   | (8) Proportion of at-risk families with positive parenting behaviours and perceptions                                                                                                                  |
|                                                                                                                                                                                                                   | (9) Proportion of vulnerable mothers, who meet criteria for sustained health home visiting, with newborns who receive sustained health home visiting |
| 3. Are at-risk families better supported, without statutory involvement, and do children and young people in these families have better outcomes as a result?                                                 | (10) Rate per 1000 children in families and unaccompanied children accessing assistance through homelessness services                                                                                     |
|                                                                                                                                                                                                                   | (11) Proportion of families agreeing to participate in Brighter Futures who have been streamed for entry from helpline and community pathway                                                                 |
|                                                                                                                                                                                                                   | (12) Proportion of parents in identified at-risk families in receipt of a service from Family Referral Services                                                                                          |
|                                                                                                                                                                                                                   | (13) Proportion of identified at-risk families who are referred to a service from CWU, and number of at-risk families referred to services who received services |
|                                                                                                                                                                                                                   | (14) Proportion of at-risk children under five who attend prior-to-school education and care                                                                                                           |
|                                                                                                                                                                                                                   | (15) Year 12 or equivalent completion rates for at-risk children; proportion of all at-risk school children at or above the national minimum standards for numeracy and literacy |
| 4. Are children and young people at risk of significant harm better protected?                                                                                                                                       | (16) Number of reports assessed as risk of significant harm by the Child Protection Helpline *                                                                                                           |
|                                                                                                                                                                                                                   | (17) Re-substantiation rates *                                                                                                                                                                           |
|                                                                                                                                                                                                                   | (18) Number of frequently encountered families identified by FCM services at risk of significant harm                                                                                                  |
|                                                                                                                                                                                                                   | (19) Hospital separation rates for (a) acute respiratory infection, (b) gastroenteritis, (c) skin infection and (d) assault*                                                                             |
| 5. Is the number of children entering out-of-home care reduced by secondary prevention for at-risk families and restoration for children in out-of-home care?                                                   | (20) Rate of children in out-of-home care *                                                                                                                                                              |
|                                                                                                                                                                                                                   | (21) Number and proportion of children in out-of-home care, with a case plan goal of restoration, who are restored                                                                                      |
|                                                                                                                                                                                                                   | (22) Number and proportion of birth families whose children are in out-of-home care that receive support and services                                                                              |
|                                                                                                                                                                                                                   | (23) Proportion of children entering OOHC whose families have received secondary or intensive KTS service in the previous 12 months                                                                   |
6. Are children in out-of-home care developing well? Are they receiving the support they need?
   - (24) Proportion of children entering out-of-home care with completed health and developmental assessments and education plans within x months
   - (25) Proportion of children in out-of-home care who have carers with positive relationships with children in their care and positive parenting behaviours and perceptions
   - (26) Proportion of children in out-of-home care who are placed with extended family
   - (27) Year 12 or equivalent rates for children in out-of-home care; proportion of out-of-home care children at or above the national minimum standards for literacy and numeracy

7. Are processes improved for resolving care and protection cases, prior to and during court proceedings?
   - (28) Proportion of matters dealt with by Alternative Dispute Resolution prior to court (e.g., family group conferencing) and during court process (e.g., dispute resolution conference)

8. Has Keep Them Safe increased access to culturally appropriate services for Aboriginal children and their families? Has this reduced representation of Aboriginal children in the child protection system?
   - (29) Rate of Aboriginal out-of-home care placement through mainstream or Aboriginal services
   - (30) Proportion of Aboriginal children in out-of-home care placed in accordance with the Aboriginal Child Placement Principle
   - (31) Proportion of Aboriginal Impact Statements completed for Keep Them Safe initiatives

*Currently collected
7 Cross-cutting studies

The outcomes evaluation and indicators framework is designed to deliver outcomes data for all children and families in NSW, and for key groups including families at risk and children in out-of-home care. It will not deliver rich, fine-grained analysis of changes to different elements of the service system, or describe the interactions between services and families, or provide robust data on the effectiveness of individual services. We recommend that the evaluation includes a series of themed studies to supplement the outcomes evaluation. Typically, these sorts of studies use a range of qualitative and quantitative methodologies to gather and analyse detailed data on service delivery and effectiveness.

We recommend the following themed studies, which study significant areas of effective child and family service delivery, and which were identified as key areas of concern during the consultation process.

7.1 Aboriginal families

KTS aims to deliver greater participation and better services to Aboriginal children and young people. Assessing the extent to which this goal is reached, and successful strategies for reaching it, requires specific study with appropriate research methodologies. This themed study is necessary to answer Evaluation Question 8: Has Keep Them Safe increased access to culturally appropriate services for Aboriginal children and their families? Specifically, this study will:

- Examine the overall impact of the KTS initiative on Aboriginal children and families in NSW, and on particular subgroups within this population.
- Describe the effectiveness of the Aboriginal Impact Statement, and the processes by which organisations not required to use the AIS consult with Aboriginal communities and services.
- Identify effective methods of service delivery of universal and secondary services to Aboriginal communities.
- Identify effective practices in building capacity in the Aboriginal NGO workforce and strengthening the Aboriginal workforce in government agencies.
- Examine the effectiveness of building capacity with non-government Aboriginal OOHC providers prior to transitioning service provision for Aboriginal children and young people in Aboriginal families and communities.
- Describe effective practices in supporting Aboriginal foster carers and kinship carers.
- Identify specific combinations of interventions which successfully address the issues faced by Aboriginal children and families.

7.2 Working with families “near the threshold”

A number of new services will be delivered to improve families above or near the new standard of “significant harm”. This themed study is necessary to answer Evaluation Question 3: Are at-risk families better supported, without statutory involvement, and do children and young people in these families have better outcomes as a result? and Evaluation Question 5: Is the number of children entering out-of-home care reduced by secondary prevention for at-risk families and restoration for children in out-of-home care? Specifically, it should identify:
- effective practices with at-risk families (post investigation, prior to removal);
- effective practices with families whose children have been restored; and
- service collaboration and integrated service delivery for at-risk families.

### 7.3 Older children and young people

The capacities, needs and risks of older children differ significantly from younger children. A number of KTS initiatives are designed to intervene early in the lifecourse (i.e., families with young children), as well as early in the course of problems to prevent them escalating. Brighter Futures, Triple P, sustained health home visiting and the Aboriginal Maternal and Infant Health Strategy focus on the first years of a child’s life. However, around 50 per cent of children in out-of-home care are aged 9 and older, and children in contact with the criminal justice system, children in out-of-home care, and children with intellectual disabilities are at significant risk of not thriving. This themed study is necessary to strengthen the evaluation’s answers to **Evaluation Question 3**: Are at-risk families better supported, without statutory involvement, and do children and young people in these families have better outcomes as a result? Specifically, it will identify:

- The impact of KTS as a whole for children aged 10 and older who are at risk of significant harm, and for their families
- The impact of specific KTS initiatives—including the Bail Assistance Hotline, intensive family preservation interventions, increased night patrols and additional Home School Liaison Officers—for children aged 10 and older
- Effective practices and effective strategies for service collaboration when working with older children and their families

### 7.4 Provision of services by NGO sector

One of the key recommendations of the Wood Royal Commission, and consequently a primary objective of KTS, is for the NGO sector to play a more significant role within child and family services. This aspect of the evaluation would focus on the role of the NGO sector in planning and delivering services. The study would include examination of the relative costs and benefits of the provision of Keep Them Safe services by the New South Wales Government compared with non-government agencies. We propose that this study covers three groups of clients:

- Aboriginal families;
- “Hard to reach” families; and
- Children in foster or kinship care.

It will focus on questions such as workforce issues, the costs of contracting out services and whether there are costs incurred by NGOs that are not fully reimbursed in contracts. In addition, the study will focus on the implications for government agencies of the transition. This is an important aspect of assessing the longer-term sustainability of Keep Them Safe. This themed study is necessary to answer **Evaluation Question 6**: Are children in out-of-home care safe and well? and **Evaluation Question 9**: To what extent are agencies and professionals working with families working more collaboratively?
7.5 Outcome studies for secondary, tertiary and statutory services

KTS requires large, intersecting changes to the entire child and family service system. It is therefore not possible to evaluate KTS at a systemic level using RCTs or other experimental methods. This makes attribution of changes to KTS difficult, as the changes could have been brought about by other causes. However, some individual initiatives can be subject to effectiveness studies because they are being rolled out in stages. These experimental methods of evaluation are especially important to test the effectiveness of new service models. This themed study is necessary to identify effective practices and services, and the impact of changes to out-of-home care, to answer Evaluation Question 5: Is the number of children entering out-of-home care reduced by secondary prevention for at-risk families and restoration for children in out-of-home care? Specifically, it should test the effectiveness of secondary and tertiary services:

- In what circumstances, and for which families, does increased access to early intervention and prevention services prevent the escalation of problems?
- In what circumstances, and for which families, does increased access to tertiary services prevent the escalation of problems and entry into out-of-home care?

This themed study may be implemented through supplementing or changing the methodologies of KTS local evaluations.
8 Process evaluation

The process evaluation will focus on changes to the service system and the implementation of KTS. The process evaluation will also have a formative dimension, in that its findings will be used to refine and improve the delivery of KTS.

The process evaluation will investigate the extent to which the KTS action plan is being implemented as intended—a goal that recognises the dynamic nature of social program implementation, as well as the impact of KTS on practitioners, organisations, service networks and planning mechanisms. It will also facilitate assessment of the early effect of KTS, any unintended consequences, and the structural, cultural and administrative barriers to implementation.

Evaluation Questions 9 and 10 relate to the outcomes and process components of the evaluation. The process evaluation will also be useful in explaining findings from the outcomes evaluation by providing contextual information on implementation and regional characteristics. In addition, the process evaluation will answer specific questions about the impact of KTS on agencies and the interactions of different elements of KTS and the service system, and identify effective strategies and promising practices.

We propose three distinct methodologies to answer the evaluation questions: service mapping, regional case studies, and workforce survey. We also propose that an 18-month review of KTS be conducted as a stand-alone study, to make a comprehensive, rapid assessment of key changes to practice.

8.1 Evaluation questions

Changes to the service system

KTS and the NSW state plan emphasise the importance of coordination between multiple government agencies that have an increasing child protection responsibility, and between the government and non-government sectors. This involves changed work practices for government agencies and NGOs, as well as for key KTS staff. Examples include new referral systems and entry pathways into specific interventions, and the expanded roles of government agencies such as housing, education and police within the area of child protection. Also central to changes in work practices is a stronger partnership between government agencies and NGOs, which may drive workforce and cultural change throughout the community services sector. The process evaluation will identify early indicators of changed work practices that should lead to better outcomes for children and families—and good models of practice in supporting at-risk families—to inform the refinement of KTS service models.

New information systems have been established as part of KTS, and new legislation facilitates easier information sharing across government agencies and NGOs about the safety, welfare or wellbeing of a child. The process evaluation will explore the extent to which these new developments facilitate improved information management and sharing.

KTS also recognises the importance of workforce development, including implications of the expanded role of NGOs in providing services for children and families. The process evaluation will examine the capacity of service providers to meet service needs, and will identify labour demand and supply gaps that threaten effective implementation of KTS.
In order to assess changes to the service system brought about by KTS, this component of the evaluation will answer the following evaluation question.

**Evaluation Question 9:** To what extent are agencies and professionals working with families working more collaboratively?

This question has a number of components related to the results logic and anticipated outcomes of KTS:

- 9a: How and to what extent are at-risk families being supported? What are the characteristics of effective support systems for at-risk families?
- 9b: How and to what extent has KTS resulted in improved responses for children at risk of significant harm?
- 9c: Are early intervention services being targeted appropriately to families who need them?
- 9d: What mechanisms have been effective in supporting the workforce in implementing KTS?
- 9e: What are effective models of service referral and delivery?

**Implementation**

The process evaluation will examine variations in policy and program delivery that may derive from differences in local communities and their service systems. Some variation may be desirable, such as adaptations of service models to meet local conditions; however, other variations may reflect gaps between intended and implemented programs.

In order to assess the characteristics of the implementation of KTS, this component of the evaluation will answer the following evaluation questions.

**Evaluation Question 10:** Have the reforms had any unintended consequences—positive or negative?

**Evaluation Question 11:** Is the KTS action plan being implemented as intended?

- 11a: What are the factors both at the central and regional levels that support or impede the implementation of KTS?
- 11b: How can the delivery of KTS reforms be refined and improved?

**8.2 Process evaluation methodologies**

We propose three distinct methodologies to answer the evaluation questions: service mapping, regional case studies, and workforce survey.

**8.3 KTS Service mapping**

Improved information on service needs, delivery and gaps is crucial to the success of KTS. Accurate information on service referrals, needs and gaps is often difficult for evaluations to gather. Waiting lists are often poorly monitored and inconsistently used between service types. The ACOSS Australian Community Sector Survey is useful for assessing service gaps from the perspectives of agencies, but includes only the non-government sector.
The process evaluation should therefore undertake a service mapping of the rolling out of KTS initiatives and programs throughout the state. Service mapping should be done annually to build upon the evolving picture of the statewide service system and site-specific services provided under KTS. It should draw on a variety of data sources including: planning documents; KTS and project staff; service directories; and information gathered from service providers, referrers and coordinators.

This component of the process evaluation could also articulate with performance monitoring, so that government and key stakeholders can observe whether the policy is being implemented as planned, or if some mid-course changes are required. These tasks are necessary to monitor and track the gradual expansion and improvement of services that are central to the KTS action plan.

8.4 Regional case studies

Quantitative data will be the primary type of data used by the outcomes evaluation, but implementation data is improved by the addition of qualitative, contextual information on relationships, interactions, practice wisdom and experiential accounts. There are a number of significant changes as a result of KTS that are not amenable to large-scale surveys and will require in-depth study, including:

- changes to informal collaboration and information sharing;
- cultural change at the level of individual workplaces;
- cultural change at the level of local and regional planning;
- changes to service referrals, service delivery and identification of service needs;
- support provided to at-risk families to improve access to support;
- children’s and parents’ experience of secondary and tertiary service systems; and
- foster and kinship carers’ experience of support and information.

Assessing these changes normally requires intensive study, including site visits, participant observation, information from multiple sources and information from people who have a stake in the intervention but do not typically participate in evaluations. Comprehensive statewide data on these questions is likely to be impractical.

Our recommended strategy is to conduct a series of intensive case studies in particular geographic regions. The regions will be selected on the basis of key characteristics, which can be examined and compared. These characteristics are likely to include:

- geography: metropolitan cf. regional cf. remote areas;
- relatively advantaged cf. relatively disadvantaged areas;
- service network: robust and active partnerships pre-dating KTS cf. fragmented or emergent networks;
- presence of other programs and initiatives;
- mix and timing of introduction of KTS initiatives; and
- concentration and characteristics of out-of-home care population (low numbers cf. high numbers of children in out-of-home care).
The case studies will assess the regional characteristics that facilitate and impede the implementation of KTS, and the impact and interactions of multiple KTS initiatives. The initiatives and strategies to be reviewed should depend on local priorities and the presence of specific programs in the region.

8.5 **Statewide survey of KTS workforce**

Findings from the regional case studies should be triangulated with large-scale surveys from the whole state. This will be most efficiently achieved by a statewide survey of government and NGO managers, coordinators, practitioners and workers implementing KTS reforms. This survey will enable a comprehensive examination of labour dynamics and workforce changes and challenges in relation to KTS. The survey should collect detailed information on: the characteristics of the KTS workforce, their level of engagement with KTS and their resourcing needs (including funding and staff), the coordination of sectors and services, the changes to work practices; and the extent to which demand for child and family services is not being filled by the current labour supply.

The survey should be designed to capture common data from a broad spectrum of sectors (e.g., health, housing, education, Community Services), services (e.g., FCM, CWU, Aboriginal night patrols), and levels (e.g., clinical professionals and unskilled workers), in addition to specific data from key agencies and sectors. Topics to be examined in the survey could include:

- characteristics of government and non-government workers implementing KTS (including level of employment, employment type, skill base, geographic location, sector);
- characteristics of the employing organisation;
- experiences in implementing KTS (e.g., engagement with plan, provision of supervision and training, job stress, job satisfaction, service delivery models, changes to work practices);
- coordination of worker/organisation with other KTS workers/services/strategies;
- funding and resourcing for KTS; and
- workforce capacity and development (e.g., recruitment and retention; training and other methods for improving workforce quality, employment and retention of Aboriginal staff).

Where feasible, the survey should be designed for comparability with nationally representative data sets; for example, the Household, Income and Labour Dynamics in Australia Survey (HILDA). The use of HILDA questions could provide a rigorous basis for comparison with other workers in NSW. Online surveys are increasingly used for workforce surveys of this type.

The workforce survey should be administered twice, approximately 18–24 months apart. This acknowledges that KTS will be implemented over a five-year period, and so there will be inevitable changes to processes and goals. It would then provide a snapshot of how KTS is being implemented by a wide range of workers, and will provide research evidence to inform recommendations for policy and/or practice changes.
8.6 18-month review

As noted in Section 1.1, the key changes to KTS include: new systems for intake and referral of child protection concerns, new systems to improve access to services, and changes to the mandatory reporting threshold. While the impact of these changes on children and families may be difficult to quantify in the short term, their impact on practitioners and service systems is likely to be felt very early. The process evaluation should therefore include an assessment of early changes to mandatory reporting, service referrals and child protection notifications, to identify any challenges in implementing KTS as planned and any areas of the service system that have insufficient capacity to respond adequately. This component of the evaluation will also review the utility of the evaluation framework, including indicators, time frame and methodologies, in order to ensure that unanticipated changes to practice or outcomes are captured in the evaluation.

The 18-month review is not an interim evaluation report and will not assess the efficacy of individual KTS initiatives or systemic changes.

Evaluations of individual KTS initiatives such as the FRS and CWU should identify as far as possible the impact of these initiatives on the service system as a whole. However, it may not be possible for these evaluations to focus on differences between NGO and government sectors.

The 18-month review will examine and provide interim findings on:

- the experience of mandatory reporters (those with and without a CWU) and changes to reporting practices;
- strategies adopted by individual non-government agencies in response to changes to referrals of child protection concerns and characteristics of successful strategies; and
- the identification of significant harm by agencies with and without CWU.

The 18-month review should be designed in such a way that it can be completed in a short period of time, and its completion should not be dependent on the stage of implementation of individual initiatives. Possible methods include: analysis of data from the KTS support line; and consultation with the Child Protection Advisory Group, CWU Directors, DPC regional co-ordinators and NGO forums and peaks.
9 Economic evaluation

This section describes a methodology for evaluating the cost-effectiveness of KTS, and for estimating the anticipated economic returns as a result of the key reforms being implemented. A cost-benefit analysis of KTS as a systemic change is not possible due to the size and complexity of the reforms. Equally, it will not be possible for the evaluators to identify individual elements of KTS that are not cost-effective due to the complex interrelationships between different elements. Notwithstanding the significant challenges that need to be addressed in order to conduct an economic evaluation of KTS, with allocation of sufficient resources, it will be possible to conduct a reasonably sophisticated and convincing economic evaluation.

9.1 Issues and challenges in conducting an economic evaluation of KTS

There are a number of challenges that need to be overcome in conducting an economic evaluation of a child wellbeing and child protection intervention such as KTS. Issues that need to be considered include:

- KTS consists of a number of elements, including: legislative change, funding for new services and additional funding for existing services, greater involvement of the NGO system, and greater coordination of policies and services between a number of government agencies.
- The ultimate outcomes of KTS are likely to be the result of the combined effect of all the policy changes and services being delivered as part of KTS and it is unlikely to be possible to disentangle the contribution of specific components to any outcomes identified. Furthermore, the target population will also be subject to other state and federal interventions and policy changes which may well impact on their outcomes.
- KTS is attempting to achieve a broad range of outcomes and the benefits of achieving many of these will accrue over medium- and long-term periods (5–10 years).
- Many of the intended outcomes of KTS are non-pecuniary in nature and difficult to assign a monetary value to (e.g., greater cooperation between agencies, improved data collection and sharing, better targeting of interventions, earlier identification of problems).
- KTS is being implemented by a number of different New South Wales government agencies.
- There is a lack of baseline (pre-reform) data on children in out-of-home care and children living in at-risk families, which makes estimating the full range of impacts of KTS on the wellbeing and future life chances of children in out-of-home care and children living in at-risk families virtually impossible.
- The economic evaluation will use data collected as part of the process and outcome components of the evaluation, in particular the proposed family survey and also the workers’ survey. Cost data will be provided by the various agencies and initiatives funded by KTS.

9.2 Components of the economic evaluation of KTS

The difficulty of estimating the full-range impacts of KTS means that conducting a full cost-benefit analysis or cost-effectiveness analysis is probably not feasible. The best approach appears to be to evaluate the savings (or additional expense) to the NSW government budget
of the KTS strategy focusing on some of the key outcome variables for which it is easier to assign a monetary value.

### 9.3 Evaluation questions

The overall aims of the economic evaluation of KTS will be to:

- investigate the costs and benefits of different levels of service provision to children and families;
- assess the medium and long term costs and benefits of key components of KTS; and
- bring together information from evaluations of specific KTS programs and other sources to inform decisions about the future development and costing of KTS and its sub-components.

It will be important to ensure that the economic evaluations of the key components of KTS are conducted in a similar way. This will enable the meta-evaluation to pull together the results of the separate evaluations and provide insights into the relative cost effectiveness of these components.

The high-level evaluation question for the economic evaluation is:

**Evaluation Question 12.** What are the expected short-, medium- and long-term economic costs and benefits of the key reforms initiated under KTS?

- How do these costs and benefits compare with other states?
- How do they differ for particular groups of children at risk?
- What are the particular costs and benefits of providing specific cross-cutting components of the child welfare system?

In order to address this overarching question, the economic evaluation will have a number of components. These include the following.

**Modelling economic returns in terms of saved services and other economic benefits in relation to particular outcomes**

This component will model the economic returns of the key reforms in terms of saved services, and other economic benefits in relation to the particular indicators and the combined effects of the indicators (based on relevant literature). The model will predict different returns in the short-, medium- and long-term, so future costs and benefits will be discounted at the appropriate discount rate. This type of approach fits within the “impacts on government budgets” approach described above. There are a range of outcome measures for which it is relatively easy to assign an economic value, and so it will be possible for these outcomes to estimate the costs saving associated with KTS. Indicators which could be monetised include:

- calls to the Child Protection Helpline;
- number of children in out-of-home care; and
- number of investigations (or repeat investigations) by child protection authorities.

Other possible indicators for which a monetary value can be assigned, with differing degrees of difficulty, include:
• homeless children and young people;
• hospitalisations for preventable injuries;
• young people completing school;
• young people in custody/in the juvenile justice system;
• young people not in education, employment or training; and
• children who are “school ready”.

Analysis of this type requires that the impacts of KTS on the outcomes being considered can be identified. As discussed in other parts of the evaluation framework, the challenge is determining what would have happened in the absence of KTS (the counterfactual). This type of approach provides an underestimate of the total cost saving since many of the impacts will not be monetised and, if successful, the positive impacts of KTS will continue for many years into the future.

**Comparing the changes of the relative costs in New South Wales to those in other states**

This approach involves estimating how the changes in the costs of services impacted by the KTS reforms in New South Wales compare to similar services in other states. This information could be combined with information on how the relative rates of service use change over time, in order to separate out changes in the total costs in New South Wales into two components:

• Changes due to changes in the average unit cost of key services.
• Changes in the numbers of children using the key services.

This approach essentially involves using another state (or states) as the counterfactual, or comparison. This approach fits within the “impacts on government budgets” approach described above. We would recommend that comparisons with other states should be made for the key outcomes for KTS:

• Overall child wellbeing (possibly measured through the AEDI and NAPLAN or the proposed AIHW child wellbeing indicators).
• Referrals to Community Services—substantiations and re-substantiations.
• Children in OOHC.

Direct comparisons will be difficult, but with appropriate contextual data from other states it should still be possible to make some estimates of the relative benefits of KTS. In order to address the differences in definitions and counting rules in different states, it will be necessary to compare trends in NSW to other jurisdictions, rather than the actual numbers. The analysis will have to take into account major changes in legislation and/or program funding in other states.

**Examining the distribution of expenditure on different types of families**

Although agencies will be developing methods for measuring unit costs for services, it is equally important to find out what it costs to provide effective interventions for some of the main target groups for KTS, in particular families of children “at risk”. As the Wood report comments, many of these families use multiple resources, whilst others fail to access appropriate services.
Given that many families with complex needs will be accessing multiple services, it will be important for the evaluation to provide information on the distribution of expenditure on different types of families (as opposed to expenditure on different services or agencies). This analysis would produce information such as X% of expenditure occurs on Y% of families with the following characteristics. When combined with information on the outcomes for different types of families and their children, this will allow some assessment of the “cost-effectiveness” of KTS to be undertaken. The evaluation would be able to track whether this group of very high service use changes in number over time, and whether their levels of service use changes, or conversely, whether families who need services are better able to access them at the appropriate time because of the KTS reforms.

Obtaining this information will be difficult, given that a number of government agencies and non-government organisations will be providing services.

The proposed Families at Risk survey and the longitudinal study of children in out-of-home care could provide information on the types of services used by the families and children and the intensity of use. This will allow the costs of services provided to the family to be estimated (using the average costs of service delivery). It will be important to understand the extent to which different types of families receive services, and the extent to which there are very high-service use families who account for a disproportionate share of the budget. Linking of administrative data may also provide some information.

Although not a substitute for a large-scale quantitative approach, detailed case studies of the costs of providing services to, and dealing with very high-risk families and families where there is the most serious child maltreatment and abuse, would also provide valuable information.

**Economic evaluation of specific cross-components of KTS**

Another project within the economic evaluation would focus on the following cross-component aspects of KTS, and whether there are any opportunities for efficiencies and costs savings to be realised in:

- referral;
- assessment;
- investigation; and
- inter-agency co-operation and collaboration.

This aspect of the evaluation involves estimating the costs of each of these aspects of the child protection system across all of the components of KTS that are involved, and across all agencies involved. It would require agencies—and potentially NGOs—to provide estimates of the expenditure they make on each of the cross-component aspects of KTS being examined.
10 Resource requirements

This section approximates the resources (in terms of staff skill and time) required to conduct each of the evaluation components described in this report, with the exception of the cross-cutting studies, where the methodologies will be determined by the final research design in each case. It should be noted that the actual resources required will depend on the final design and methodologies selected in each case, and may vary from the requirements described here.

The skills required have been matched to university researcher position descriptions, but the evaluation tasks could be undertaken by staff of government departments or consultancies with equivalent skills. Extracts from the UNSW (Academic Staff) Enterprise Agreement 2006 are provided as a guide.

<table>
<thead>
<tr>
<th>Position</th>
<th>Qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Associate</td>
<td>Four years of tertiary study in the relevant discipline and/or have equivalent qualifications and/or professional experience. In many cases a position at this level will require an honours degree or higher qualifications, an extended professional degree, or a three-year degree with a postgraduate diploma.</td>
</tr>
<tr>
<td>Research Fellow</td>
<td>Doctoral or masters qualification or equivalent accreditation and standing.</td>
</tr>
<tr>
<td>Senior Research Fellow</td>
<td>Advanced qualifications and/or recognised significant experience in the relevant discipline area. A position at this level will normally require a doctoral qualification or equivalent accreditation and standing. In addition, a position at this level will normally require a record of demonstrable scholarly and professional achievement in the relevant discipline area.</td>
</tr>
<tr>
<td>Professor</td>
<td>Expected to exercise a special responsibility in providing leadership, and in fostering excellence in research, teaching, professional activities and policy development in the academic discipline within the department or other comparable organisational unit, within the institution and within the community, both scholarly and general.</td>
</tr>
</tbody>
</table>

10.1 Meta-evaluation

The primary tasks of the meta-evaluation will be: data cleaning and analysis, reporting, liaison with the local evaluators, and project management. The following table estimates staff days for one wave of analysis and reporting. It assumes that the meta-evaluation has access to data from each of the local evaluations listed in Section 11 and the outcomes and process evaluation described in this document.

10.2 Indicators framework

Many of the indicators in the framework are not currently available. In order for the indicators framework to be utilised, data development by specific agencies or local evaluations are necessary. The costs of this development are not provided here.

The main requirements for the indicators framework are: data access and cleaning; analysis; and reporting. The framework has been designed to be used on an ongoing annual or biennial basis. The following table estimates time required for one wave (not baseline). Additional time for consultation and data cleaning should be allowed for the first few waves. Data collection costs are not included.

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity to be undertaken</th>
<th>Skills Required</th>
<th>Time Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Consultation with data agencies (CS, Health, local evaluators)</td>
<td>Research Associate</td>
<td>10 days</td>
</tr>
<tr>
<td>2</td>
<td>Data cleaning</td>
<td>Research Associate</td>
<td>10 days</td>
</tr>
<tr>
<td>3</td>
<td>Data analysis</td>
<td>Research Associate</td>
<td>30 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Statistician/Senior Research Fellow</td>
<td>5 days</td>
</tr>
<tr>
<td>4</td>
<td>Reporting</td>
<td>Research Associate</td>
<td>15 days</td>
</tr>
</tbody>
</table>

10.3 Families at Risk study

It is recommended that two cross-sectional surveys of at-risk families be conducted over a four-year period to fill this considerable gap in the knowledge base.

The first baseline survey should be conducted as soon as possible. A follow up cross-sectional survey should then be conducted three years after that. The survey should also have sufficient sample size in regions to test for regional differences in outcomes.

The added advantage of the survey methodology is that there will be a large sample of families who are not “at risk”. These families are required to screen for families that are vulnerable, but additional questions could be asked about service utilisation and some other KTS outcomes that are relevant to the general population.

Sampling frame

Respondents will be led through a series of screening questions that will identify whether they are at risk or not. Identified at-risk families will then be administered a longer survey, whilst those that are identified as not at-risk will be administered a shorter questionnaire. Those who are not at-risk will also provide valuable information for the evaluation.

Fieldwork details

1. Survey will be CATI, using random digit dialling (RDD).
2. Survey length administered to at-risk families will be 30 minutes, whilst that administered to not at-risk families will be 10 minutes in length. The not at-risk family interview will comprise the screening questions to identify whether at risk or not, demographic questions and a small number of other questions that may be considered useful to collect.

3. Estimates from other sources suggest that at-risk families comprise 15% of the NSW population of families with at least one child aged 0–15 years (based on mental health problems only).

4. If we screen 30,000 in-scope families (i.e. families with at least one child aged 0–15 years), we should be able to achieve 4,500 30-minute at-risk family interviews and 25,500 10-minute not at-risk family interviews.

5. The cost of repeating the survey three years later will be similar.

6. An alternative, should this be higher than the available budget, is to scale the number of at-risk families back to 2,250. Based on the same assumptions, this would require screening 15,000 in-scope families, thus yielding 2,250 at-risk families (30-minute interviews) and 12,750 not at-risk families (10-minute interviews).

**Design, project management, analysis report-writing and fieldwork costs**

**Total costs and assumptions**

A research team would need to design and manage the fieldwork, analyse the data and write a report. The assumptions and total costs for the two options (Steps 4 and 6 above) are outlined in Table 10.1. These costs include research staff time and all fieldwork costs. Two options are provided and each cross-sectional survey is costed separately. The costs are provided exclusive of GST.

**Table 10.1 Summary of costs**

<table>
<thead>
<tr>
<th>Assumptions</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-scope families agreeing to participate (parent with at least one child aged 0–15 years)</td>
<td>30,000</td>
<td>15,000</td>
</tr>
<tr>
<td>After initial screening questions (5 minutes), 15% of families are identified as “vulnerable” (30-minute interviews)</td>
<td>4,500</td>
<td>2,250</td>
</tr>
<tr>
<td>After initial screening questions (5 minutes), 75% of families are identified as not “vulnerable” (10-minute interviews)</td>
<td>25,500</td>
<td>12,750</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Costs</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
</table>
| Total cost for cross-sectional survey time 1 ($1,149,000 (GST excl.) | $599,000 (GST excl.) Tags
| Total cost for cross-sectional survey time 2 ($1,245,000 (GST excl.) | $625,000 (GST excl.) Tags
10.4 Economic evaluation

The information below provides estimates of the time required to complete analysis of data for each of the evaluation questions for the economic evaluation, for one wave of analysis and reporting.

<table>
<thead>
<tr>
<th>Staff time</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Research Fellow</td>
<td>30</td>
</tr>
<tr>
<td>Professor</td>
<td>10</td>
</tr>
<tr>
<td>Research Associate</td>
<td>80</td>
</tr>
</tbody>
</table>

10.5 Process evaluation

Due to the descriptive nature of process evaluations, there will be a substantial cost involved in conducting a process evaluation (PE) of the Keep Them Safe action plan. The information provided below is indicative only, and will help to inform decisions about implementation of each component of the PE. This section does not provide a specific project budget, but instead provides a description of the types of evaluation activities to be undertaken and resources required for each component of the PE.

**KTS service mapping**

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity to be undertaken</th>
<th>Skills required</th>
<th>Time required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Consultation with DPC staff</td>
<td>Research Associate</td>
<td>5 days</td>
</tr>
<tr>
<td>2</td>
<td>Consultation with KTS and project staff, NGO service providers, referrers and coordinators within the service network.</td>
<td>Research Associate</td>
<td>15 days</td>
</tr>
<tr>
<td>3</td>
<td>Compilation of secondary data, e.g., planning documents, service directories, ACOSS survey, program waiting lists, etc.</td>
<td>Research Associate</td>
<td>20 days</td>
</tr>
<tr>
<td>4</td>
<td>Analysis of secondary data</td>
<td>Research Associate</td>
<td>20 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Research Fellow</td>
<td>5 days</td>
</tr>
<tr>
<td>5</td>
<td>Service mapping report</td>
<td>Research Associate</td>
<td>20 days</td>
</tr>
</tbody>
</table>

**Regional case studies**

As outlined in Section 8, the areas chosen for review will represent different geographical locations. To ensure a comprehensive coverage of NSW, we recommend at least three regional case studies. The information below provides estimates of the time required to complete one study.
<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Skills required</th>
<th>Time required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Consultation/liaison with agency staff, service providers and their clients to schedule fieldwork. Design semi-structured interview guides (for participant families, various program staff and service network personnel). Recruit interview participants.</td>
<td>Research Fellow</td>
<td>20 days</td>
</tr>
<tr>
<td>2</td>
<td>Fieldwork (including participant observation and conducting semi-structured interviews with a broad range of program stakeholders).</td>
<td>Research Fellow</td>
<td>20 days</td>
</tr>
<tr>
<td></td>
<td>Data analysis</td>
<td>Research Fellow</td>
<td>40 days</td>
</tr>
<tr>
<td></td>
<td>Reporting</td>
<td>Research Fellow</td>
<td>40 days</td>
</tr>
</tbody>
</table>

An additional allocation of funding is also required to cover project management; costs associated with fieldwork, such as travel, accommodation, food, transcription costs ($140 per audio hour); and administrative costs (teleconferences, photocopying, etc.).

**Statewide survey of KTS workforce**

The statewide survey requires the input of personnel with differing levels of skill and different types of expertise. The survey will require the input of a mid-level researcher for one month prior to implementation. The estimated cost for implementation of the online survey is approximately $20,000. Data cleaning, analysis and report-writing tasks following survey data collection will take approximately 43 days. Total estimated cost for online survey is $81,362.

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Skills required</th>
<th>Time required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Survey design</td>
<td>Research Associate</td>
<td>10 days</td>
</tr>
<tr>
<td>2</td>
<td>Compilation of sample frame, including liaison with government agencies and NGOs.</td>
<td>Research Associate</td>
<td>10 days</td>
</tr>
<tr>
<td>3</td>
<td>Survey pilot (soft launch)</td>
<td>Online survey consultancy/Project manager</td>
<td>1 day</td>
</tr>
<tr>
<td>4</td>
<td>Survey implementation (full launch)</td>
<td>Online survey consultancy/Project manager</td>
<td>15 days</td>
</tr>
<tr>
<td>5</td>
<td>Data cleaning</td>
<td>Statistician/Research Fellow</td>
<td>3 days</td>
</tr>
<tr>
<td>6</td>
<td>Data analysis</td>
<td>Statistician/Research Fellow</td>
<td>20 days</td>
</tr>
<tr>
<td>7</td>
<td>Report writing</td>
<td>Research Fellow</td>
<td>20 days</td>
</tr>
</tbody>
</table>
## 18-month review

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity</th>
<th>Skills required</th>
<th>Time required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Finalise research design</td>
<td>Research Fellow</td>
<td>10 days</td>
</tr>
<tr>
<td>2</td>
<td>Consultation/fieldwork, data analysis</td>
<td>Research Fellow</td>
<td>20 days</td>
</tr>
<tr>
<td></td>
<td>Reporting</td>
<td>Research Fellow</td>
<td>20 days</td>
</tr>
</tbody>
</table>
11 Key KTS dates and time lines

The following tables indicate implementation and evaluation milestones for 2010, and for 2011–14 for KTS and key KTS initiatives. The timing of the evaluation has been planned to ensure that data from interim reports for the outcomes evaluation, process and local evaluations are available at similar points in time, to be used for the meta-evaluation.

Table 11.1 KTS implementation and evaluation schedule 2010

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<tbody>
<tr>
<td>Brighter Futures evaluation</td>
<td>(2004)</td>
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<tr>
<td>KTS evaluation Framework design</td>
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<tr>
<td>Families at Risk study</td>
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<tr>
<td>Indicators framework</td>
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<tr>
<td>Longitudinal study OOHC</td>
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<tr>
<td>Service mapping</td>
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<tr>
<td>Workforce survey</td>
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<tr>
<td>CWU</td>
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<tr>
<td>Commence operation</td>
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<tr>
<td>Evaluation</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>FRS (trials)</td>
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<td></td>
<td></td>
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<tr>
<td>Commence operation</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
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<tr>
<td>FCM (Stage 1)</td>
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<tr>
<td>Commence operation</td>
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<tr>
<td>Evaluation</td>
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</tbody>
</table>

a. Data collection and reporting schedules have already been determined for the FRS and FCM evaluations
### Table 11.2 Evaluation schedule 2011–2014

<table>
<thead>
<tr>
<th>Evaluation Area</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families at Risk study</td>
<td></td>
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<tr>
<td>Indicators framework</td>
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<tr>
<td>Longitudinal Study OOHC</td>
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<tr>
<td>Process evaluation</td>
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<tr>
<td>Service mapping</td>
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<tr>
<td>Workforce survey</td>
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<tr>
<td>18-month review</td>
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<tr>
<td>Regional case studies</td>
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<tr>
<td>Local evaluations</td>
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<tr>
<td>FRS evaluation</td>
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<tr>
<td>CWU evaluation</td>
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<tr>
<td>FCM evaluation</td>
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<tr>
<td>Sustained health home visiting evaluation</td>
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<tr>
<td>Meta-evaluation</td>
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<tr>
<td>Data collection</td>
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<td></td>
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<tr>
<td>Interim report</td>
<td></td>
<td></td>
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<tr>
<td>Final report</td>
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</tbody>
</table>
12 References


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### Appendix A: Key indicators, data sources, rationale for inclusion and relationship to KTS results logic

<table>
<thead>
<tr>
<th>Evaluation question</th>
<th>Key indicators</th>
<th>Data source</th>
<th>Rationale</th>
<th>Relates to components in Figure 2: Results logic for universal services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are families better supported to provide a safe and nurturing environment for children?</td>
<td>(1) Number of referrals to universal services from new KTS services (CWU, FRS)</td>
<td>(1–3): No data source currently available. Proposed sources: Service mapping (process evaluation) Workforce survey (process evaluation) FRS evaluation CWU evaluation/WellNet 18-month review (process evaluation)</td>
<td>(1–3) KTS emphasises access to universal services. Referrals and take-up of services are more relevant to KTS than population outcomes</td>
<td>- Increased appropriate referrals from mandatory reporters to universal services - Increased availability of universal services - Increased responsiveness of universal services to children and families’ needs</td>
</tr>
<tr>
<td></td>
<td>(2) Number of referrals to KTS services from universal services</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>(3) Number of families referred to services who received services</td>
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<tr>
<td></td>
<td>(4) Proportion of communities with improved health and development measures</td>
<td>(4): Australian Early Development Index (AEDI) (subject to future national data collection)</td>
<td>(4) The AEDI is a population-level measure of health and wellbeing for children starting school. A reduction in the number of children who are developmentally vulnerable (scoring below the 10th percentile of the national AEDI population) may be a measure of improved access and quality of universal and secondary services <strong>NB:</strong> AEDI results do not disaggregate by Aboriginal status</td>
<td></td>
</tr>
</tbody>
</table>
## Evaluation question

2. Are families with children better protected from becoming at risk?

<table>
<thead>
<tr>
<th>Evaluation question</th>
<th>Key indicators</th>
<th>Data source</th>
<th>Rationale</th>
<th>Relates to components in <em>Figure 3: Results logic for secondary services</em></th>
</tr>
</thead>
</table>
|                     | (5) Proportion of parents with mental health problems receiving appropriate service/treatment | (5–8) No data source currently available. Proposed source: Families at Risk study | Parental mental health problems, substance misuse and family violence are the biggest risk factors for child abuse and neglect. Parenting style and warmth is critical to child wellbeing. Increased accessibility and quality of services to these families should reduce statutory intervention. NSW Child Health Survey collects data on Aboriginal status (but doesn’t report for individual items) | - Increased number of at-risk families who receive a response that is right for them sooner  
- Increased availability of secondary services  
- Increased responsiveness of secondary services |
|                     | (6) Proportion of families that have experienced family violence receiving appropriate service/treatment | Families at Risk study |                                                                                                                                                                                                           |                                                                           |
|                     | (7) Proportion of parents with substance use receiving appropriate service/treatment |                                                                                                                                                 |                                                                                                                                                                                                           |                                                                           |
|                     | (8) Proportion of at-risk families with positive parenting behaviours and perceptions |                                                                                                                                                 |                                                                                                                                                                                                           |                                                                           |
|                     | (9) Proportion of vulnerable mothers with newborns who receive sustained health home visiting | (9) No data source currently available. Proposed source: Sustained home visiting evaluation |                                                                                                                                                                                                           |                                                                           |
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<table>
<thead>
<tr>
<th>Evaluation question</th>
<th>Key indicators</th>
<th>Data source</th>
<th>Rationale</th>
<th>Relates to components in Figure 3: Results logic for secondary services</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Are at-risk families better supported without statutory involvement and do children and young people in these families have better outcomes as a result?</td>
<td>(10) Rate per 1,000 children in families and unaccompanied children accessing assistance through homelessness services</td>
<td>(10) SAAP</td>
<td>(10) Contextual factor and possible outcome indicator (poor outcome). Homelessness a key risk for children leaving out-of-home care. Data source disaggregates by Aboriginal status</td>
<td>- Vulnerable and at-risk families are supported to care for their children without statutory involvement</td>
</tr>
</tbody>
</table>
|                                                                                   | (11) Proportion of families, including AMIHS families, agreeing to participate in Brighter Futures who have been streamed for entry from helpline community and AMIHS pathway | (11) Community Services/KIDS or Brighter Futures | (11) Increased access to BF is a key anticipated service access outcome. Data source disaggregates by Aboriginal status | - Increased availability of secondary services  
- Increased responsiveness of secondary services to children’s and families’ needs  
- Increased number of vulnerable and at-risk families receive a service that is right for them sooner                                                                 |

---

5 (see vol 2. Section 2.1)
<table>
<thead>
<tr>
<th></th>
<th>(12) Proportion of identified at-risk children and their families in receipt of a service from Family Referral Services</th>
<th>(12) No data source currently available. Proposed sources: FRS evaluation</th>
<th>(12-13) Key service access indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(13) Proportion of identified at-risk children and their families who are referred to a service from CWU, and number of at-risk families referred to services who received services</td>
<td>(13) No data source currently available. Proposed source: CWU evaluation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(14) Proportion of at-risk children under 5 who attend prior-to-school education and care</td>
<td>(14) No data source currently available. Proposed source: Families at Risk study</td>
<td>(14) Outcome indicator (positive outcome). Increased access to ECEC can be beneficial in its own right, soft entry point for other services. NSW Child Health Survey collects data on Aboriginal status (but doesn’t report for individual items)</td>
</tr>
<tr>
<td></td>
<td>(15) Year 12 or equivalent completion rates for at-risk children; proportion of all at-risk school children at or above the national minimum standards for numeracy and literacy</td>
<td>(15) No data source currently available. Proposed sources: Families at Risk study, NAPLAN</td>
<td>(15) Child outcome indicator. NAPLAN disaggregates by Aboriginal status</td>
</tr>
<tr>
<td></td>
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<td>- Increased number of vulnerable and at-risk families receive a service that is right for them sooner</td>
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<td>- Vulnerable and at-risk families are supported to care for their children without statutory involvement</td>
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<tr>
<td>Evaluation question</td>
<td>Key indicators</td>
<td>Data source</td>
<td>Rationale</td>
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</tr>
<tr>
<td>4. Are children and young people at risk of significant harm better protected?</td>
<td>(16) Number of reports assessed as risk of significant harm by the Child Protection Helpline</td>
<td>(16) Community Services</td>
<td>CWUs and increased utilisation of universal and secondary services is anticipated to decrease referrals to Community Services and increase the proportion of reports to the helpline that are accepted and responded to appropriately</td>
</tr>
<tr>
<td></td>
<td>(17) Re-substantiation rates</td>
<td>(17) Community Services</td>
<td>A reduction in re-substantiation is anticipated as fewer children come to the attention of child protection authorities due to increased referrals and utilisation of universal and secondary services for at risk and frequently encountered families <strong>NB:</strong> PC ROGS re-substantiation results do not disaggregate by Aboriginal status</td>
</tr>
<tr>
<td></td>
<td>(18) Number of frequently encountered families at risk of significant harm</td>
<td>(18) <em>No data source currently available. Proposed source: Family Case Management evaluation</em></td>
<td>Reducing the number of frequently encountered families is a priority of FCM and expected to have a significant impact on the child protection system and other agencies</td>
</tr>
<tr>
<td>(19) Hospital separation rates for: (a) acute respiratory infection, (b) gastroenteritis, (c) skin infection, and (d) assault</td>
<td>(19) NSW Chief Health Officer Report</td>
<td>(a)–(c) These diseases are most likely to reflect unfavourable environmental conditions. (d) Child hospitalisation rates due to injury may be amenable to change through improved responses to family violence and abuse. These data are included in Two Ways Together reports</td>
<td>- CS better able to respond to the needs of children at risk of significant harm sooner</td>
</tr>
<tr>
<td>Evaluation question</td>
<td>Key indicators</td>
<td>Data source</td>
<td>Rationale</td>
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<tr>
<td>5. Is the number of children entering out-of-home care reduced by secondary prevention for at-risk families and restoration for children in out-of-home care?</td>
<td>(20) Rate of children in out-of-home care</td>
<td>(20–21) Community Services</td>
<td>Reduction in children in out-of-home care is a central, medium- to long-term goal of KTS</td>
</tr>
<tr>
<td></td>
<td>(21) Number and proportion of children in out-of-home care, with a case plan goal of restoration, who are restored</td>
<td></td>
<td>Permanency plans involving restoration in conjunction with support and services to families of children in OOHC are anticipated to increase the numbers of children restored to birth families</td>
</tr>
<tr>
<td></td>
<td>(22) Number and proportion of birth families whose children are in out-of-home care that receive support and services</td>
<td>(22–23) <em>No data source currently available. Proposed source:</em> Pathways of Care, (Longitudinal study of OOHC)</td>
<td>Changes to out-of-home care should involve a greater focus on restoration and family supervision arrangements, to enable children to return home safely</td>
</tr>
<tr>
<td></td>
<td>(23) Proportion of children entering OOHC whose families have received secondary or intensive KTS service in previous 12 months</td>
<td></td>
<td>Receipt of secondary services is expected to reduce the likelihood of children entering out-of-home care.</td>
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</tbody>
</table>
### AIFS and SPRC: KTS Evaluation Framework

<table>
<thead>
<tr>
<th>Evaluation question</th>
<th>Key indicators</th>
<th>Data source</th>
<th>Rationale</th>
<th>Relates to components in Figure 5: Results logic for out-of-home care: placement prevention, restoration and quality of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Are children in out-of-home care developing well? Are they receiving the support they need?</td>
<td>(24) Proportion of children entering out-of-home care with completed health and developmental assessments and education plans within x months</td>
<td>(24) No data source currently available. Proposed source: Community Services</td>
<td>(24) Health and developmental assessments and education plans acknowledge the high rates of physical, developmental and emotional health problems for children in OOHC. The aim of the assessments and education plans are to improve outcomes for this group.</td>
<td>- Children in out-of-home care are safer, their needs are better met and they are better meeting developmental milestones</td>
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<tr>
<td>(26) Proportion of children in out-of-home care that are placed with extended family</td>
<td>(26) Community Services</td>
<td>(26) Kinship or relative care is preferred when possible to stranger foster care because of anticipated benefits for children and their families. Data source disaggregates by Aboriginal status</td>
<td></td>
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</tr>
<tr>
<td>(27) Year 12 (or equivalent) completion rates for children in out-of-home care: proportion of out-of-home care children at or above the national minimum standards for literacy and numeracy</td>
<td>(27) No data source currently available. Proposed source: Pathways of Care, (Longitudinal study of OOHC), NAPLAN</td>
<td>(27) NAPLAN disaggregates by Aboriginal status</td>
<td>- Children in out-of-home care are safer, their needs are better met and they are better meeting developmental milestones - Young people leaving out-of-home care have better opportunities to succeed</td>
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</tbody>
</table>
### AIFS and SPRC: KTS Evaluation Framework

<table>
<thead>
<tr>
<th>Evaluation question</th>
<th>Key indicators</th>
<th>Data source</th>
<th>Rationale</th>
<th>Relates to components in Figure 6: Results logic for improving processes for resolution of child protection dispute cases</th>
</tr>
</thead>
</table>
| 7. Are processes improved for resolving care and protection cases, prior to and during court proceedings? | (28) Proportion of matters dealt with by Alternative Dispute Resolution prior to court (e.g., family group conferencing) and during court process (e.g., dispute resolution conference) | (28) No data source currently available. Proposed source: Community Services; ADR evaluation | (28) Increased use of ADR is expected to increase the participation of families in decisions that affect them, improve families’ experience and improve efficiency of resource use                                                                                                                                 | - Inclusive, empowering decision-making processes for children and families  
- Effective use of resources |
<table>
<thead>
<tr>
<th>Evaluation question</th>
<th>Key indicators</th>
<th>Data source</th>
<th>Rationale</th>
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<tbody>
<tr>
<td>8. Has Keep Them Safe increased access to culturally appropriate services for Aboriginal children and their families? Has this reduced representation of Aboriginal children in the child protection system?</td>
<td>(29) Rate of Aboriginal out-of-home care placement through mainstream or Aboriginal services</td>
<td>(29) No data source currently available. Proposed source: Community Services</td>
<td>(29–31) Indicators are additional, Aboriginal-specific out-of-home care and service system indicators. Analysis of sources for each of the previous research questions should disaggregate by Aboriginal status (except AEDI [4], re-substantiation [17])</td>
</tr>
<tr>
<td></td>
<td>(30) Proportion of Aboriginal children in out-of-home care placed in accordance with the Aboriginal Child Placement Principle</td>
<td>(30) No data source currently available. Proposed source: Community Services</td>
<td>- Decreased number of Aboriginal children receiving statutory intervention and entering care</td>
</tr>
<tr>
<td></td>
<td>(31) Proportion of Aboriginal Impact Statements completed for Keep Them Safe initiatives</td>
<td>(31) No data source currently available. Proposed source: Audit of Health, DET and DHS data on completed Aboriginal Impact Statements</td>
<td>- Aboriginal children in OOHC and child protection are safer, their needs are better met and they are connected to their culture - Increased participation of Aboriginal communities (including Aboriginal children and families at risk) in protection of Aboriginal children</td>
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<tr>
<td></td>
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<td></td>
<td>- Decisions made regarding Aboriginal children are representative of Aboriginal communities and have the confidence of Aboriginal communities - Increased participation of Aboriginal communities (including Aboriginal children and families at risk) in protection of Aboriginal children</td>
</tr>
</tbody>
</table>