The Quality Assurance Framework

Uniting’s response to the NSW Statutory Out-of-Home Care: Quality Assurance Framework
UNITING’S FEEDBACK ON THE NSW STATUTORY OUT-OF-HOME CARE QUALITY ASSURANCE FRAMEWORK

This submission provides Uniting’s feedback on the *NSW Statutory Out-of-home care Quality Assurance Framework (QAF)*, which was released by the NSW Department of Family and Community Services (FACS) for public consultation in November 2015.

**EXECUTIVE SUMMARY**

Uniting supports the concept of outcome measures for children in out-of-home care (OOHC), and considers them crucial to improving practice.

However, we question why FACS has commissioned a complex new report/evidence base on outcomes that is not aligned with existing regulatory standards and frameworks. The imposition of multiple overlapping regulations, reforms and compliance processes is diverting our caseworkers from actual casework, weakening practice and undermining relationships with carers and children.

There is an urgent need to finalise existing reforms and resolve problems with the transfer of OOHC to the NGO sector before an outcomes framework is implemented. NGOs cannot be held accountable for the safety, permanency and wellbeing of children while also being denied the full child protection history of clients and background information on carers.

The Parenting Research Centre’s (PRC) QAF contains some critical concerns. It includes outcome measures based on inconclusive evidence and which are likely to lead to perverse incentives and contravene the best interests of a child. Moreover, the lengthy framework is written in complex, academic language; and will be therefore be inaccessible to large numbers of caseworkers, carers and children.

Uniting proposes that outcome measures be simpler, evidence based and aligned with existing accreditation standards. Thirteen recommendations on the content and implementation of outcome measures are included at the end of this document.
**STRUCTURE OF THIS SUBMISSION**

This submission includes the following sections:

- An overview of what Uniting does.
- Uniting’s general comments on the QAF and its role in the sector.
- Uniting’s specific comments on each of the QAF outcome domains.
- Uniting’s recommendations to ensure outcome measures are effective.

**AN OVERVIEW OF WHAT UNITING DOES**

Uniting provides a range of services, across the continuum of care, to children, young people and families in disadvantaged communities in NSW.

Our programs offer short and long term care options for children and young people, including foster care, residential care, intensive foster care, supported family group homes and aftercare support.

Uniting provides OOHC across NSW, with programs in the Mid North Coast, Orana Far West and Western Sydney.

**UNITING’S GENERAL COMMENTS ON THE QAF**

Uniting supports the concept of measuring outcomes for children in OOHC. Outcome measures promote social justice because they provide the information needed to improve the quality of services for vulnerable children and families.

However, we question why FACS has commissioned a complex new framework with outcomes that do not align with existing regulatory standards and frameworks. The sector is already struggling with excessive paperwork and regulatory requirements. Burdening caseworkers with a complex new framework will divert their attention away from their core duties of working directly with carers, children and birth parents. Uniting recommends FACS carefully considers the time and resources required to implement a QAF properly; and what must be done beforehand to ensure the sector is ready for a new outcomes framework.

*Why isn’t the QAF aligned with accreditation?*

At present, OOHC providers are working hard to comply with the Children’s Guardian’s NSW Child Safe Standards for Permanent Care. These standards provide clear indicators on how providers are to ensure children live in positive, safe environments; and improve health and education standards. Common sense would suggest that outcomes should be aligned with these standards, as the sector has spent considerable time familiarising themselves with the NSW Child Safe Standards. Imposing a new, complex
framework with distinct terminology and outcome measures on the sector would be counterproductive.

**Does this QAF replace, or sit alongside the OOHC National Standards?**

In 2009, the Council of Australian Governments introduced the National Standards for OOHC. Has FACS considered the relationship between the National Standards and the Quality Assurance Framework? These standards also set out clear outcome measures for children in care. The Quality Assurance Framework could build on these standards, rather than reinventing the wheel.

**Solve existing problems before creating new ones**

The NGO sector is currently addressing significant problems arising from the transfer of OOHC from FACS. There is an urgent need to rectify these problems before a new framework is implemented.

If NGOs are to be held accountable for the safety, permanency and wellbeing of children in their care, we require access to their full child protection history and carer background information. This will enable us to properly assess risk and develop well-informed care plans that take into account previous trauma.

However, we and other NGOs have been informed that, we are unable to access the full case files of children who have been transferred to us from FACS for ‘legal reasons’. Further, carer assessment information is often incomplete, and Child Assessment Tool scores on children are routinely inaccurate. When information is requested from FACS under Chapter 16A, it can take months for it to be delivered.

These poor information sharing practices are putting children at risk and undermining outcomes. They need to be addressed before the QAF – or any other – outcome measures are implemented.

**How can the sector cope with the multitude of reforms and regulations?**

The sector is clearly overburdened with reforms.

In addition to the NSW Child Safety Standards and the National OOHC Standards, the sector also has to cope with:

- monthly FACS compliance monitoring
- The Safe Home for Life reforms
- The 2014 Senate’s Out-of-home care Inquiry recommendations
- Royal Commission recommendations
- NSW Ombudsman recommendations
The Longitudinal Survey Of Children In Care and,
• The transition of Out-Of-Home Care to the NGO sector.

During FACS’ stakeholder consultations on the QAF, there was strong emphasis on the importance of the QAF fitting in with existing regulatory measures. Stakeholders urged FACS to complement rather than duplicate existing reforms, recommendations and standards.

The existing measures laid out in the QAF do not complement any particular existing reform. Rather, caseworkers are expected to learn new and unfamiliar concepts and language.

Having multiple frameworks and reforms adds to paperwork burdens. As caseloads at Uniting have tripled over the last two years, caseworkers need increased capacity to engage with carers and children and to spend less time responding to the already inordinate demands of paperwork. Uniting practitioners have observed that some caseworkers now spend a substantial amount of their time on paperwork. This reduces the amount of time they can spend on quality engagement and support for children and their carers.

FACS needs to ensure current reforms are properly implemented prior to introducing further reforms.

**Outcome frameworks should be in Plain English**

An outcomes framework should be simple and written in plain English so it can be understood by caseworkers, foster parents and some children in care.

Uniting applied the online Flesch-Kincaid Reading Ease Tool to all four papers prepared by the PRC. A score of between 60 and 70 indicates plain English and widespread readability. The Executive Summary paper received the lowest score of 18.1 (readability at university graduate level) and the narrative review received the highest score of 39.5 (readability remained at university graduate level). The average score across the four papers was 30.65, which means that the papers cater to university graduates rather than many of those in the sector and in carer families.

**Outcomes should be evidence based and consider the best interests of the child**

It is also important for all outcome measures to be evidence based, and to consider the best interests of the child. There are some outcome measures specified by PRC that are not supported by clear evidence, and real dangers that such measures will create perverse incentives (see section on the QAF Permanency outcome measures below).
Proper implementation and funding for a QAF is crucial

For a successful roll out of the QAF, FACS needs to commit to a rigorous approach to implementation. This will require:

- FACS training all FACS caseworkers on the operation of Chapter 16A, and on the need to work cooperatively with NGO caseworkers.
- FACS providing comprehensive NGO caseworker training on outcome measures, with emphasis on teaching caseworkers to recognise where certain outcome measures may conflict with the best interests of a child.
- FACS providing training to NGO caseworkers on carrying out the Child Assessment Tool.

As mentioned earlier, Uniting recommends FACS commits to properly implementing a major suite of OOHC reforms well before introducing further reforms. In order for the QAF to be rolled out successfully, FACS could reflect on problems with the implementation of the transfer of OOHC responsibilities to the NGO sector.

Need to improve data access to allow for outcome measures

Before implementing an outcomes framework, OOHC caseworkers need improved access to health and education background data of children in OOHC. It will be very difficult to measure outcomes while caseworkers are still struggling to obtain basic data.

Currently, information relating to health and education outcomes for children in OOHC is difficult to obtain due to poor data systems and information exchange practices. Caseworkers and carers often experience difficulties when attempting to obtain data directly from schools and government agencies. In this respect, OOHC education coordinators, funded as part of the Wood Commission reforms, have played an important role in connecting NGOs with schools and enabling OOHC caseworkers to access information.

However, OOHC education coordinators are spread thinly across the state. Sufficient funding for OOHC education coordinators to be placed in every district will help NGOs obtain comprehensive data for all children in their care.

SAFETY

This section provides comments on the QAF’s safety domain elements and outcome measures.

Uniting considers that the safety domain elements provide reasonably straightforward and sensible outcome measures.
However, proper data collection mechanisms and effective caseworker training will be crucial to the successful implementation of these measures. While the absence of reportable conduct may be seen as a positive outcome, recent increases in reportable conduct incidents across NSW may be attributed to improved practices and procedures for detecting incidents and encouraging disclosures.

It is important to ensure that an outcome measure on reportable conduct does not become an incentive to deliberately overlook or downplay serious incidents. There is a need to measure both the robustness of monitoring and reporting systems for children in care as well as instances of reportable conduct.

Communication between FACS and non-government agencies in the sector needs to be improved to ensure caseworkers obtain holistic background information on children in their care. Often background information from FACS is withheld and as a result, trauma-related behavioural or psychological issues are left unaddressed and contribute to increased critical incidents being reported. This must be addressed before NGOs are subject to safety outcome measures.
PERMANENCY

This section provides Uniting’s position on elements laid out in the permanency domain of the QAF.

Uniting considers the proposed permanency domain elements highly problematic, as some outcome measures are likely to lead to perverse incentives for agencies in the sector. Some outcome measures may also encourage practice which is inconsistent with the best interests of the child.

For instance, the least restrictive living environment outcome element specifies a placement hierarchy favouring kinship care above foster care, group care and residential care (PRC, 2015, p. 12). The PRC cites a 1963 publication to justify this hierarchy.

This element should be removed for two reasons. Firstly, existing evidence is inconclusive regarding which placement provides better outcomes for children in OOHC. Secondly, adhering to the hierarchy contradicts best practice which is to determine placement based on the best interests of the child.

There is no clear evidence to suggest kinship care provides better outcomes for children than foster care or residential care (Smyth & Eardley, 2008¹). Few studies have focused on outcomes for children in kinship care (Geen, 2004; Spence, 2004; McHugh, 2005; Dunne & Kettler, 2006).

Research has also highlighted the need to replace existing approaches to placement and permanency with a more focused approach which is centred on the individual child’s needs (Anglin, 2004). Some children’s backgrounds and experiences make them more suited to kinship care, others to foster care or residential care. Placements should be informed by comprehensive background case file data (i.e. family history, education, health and mental health), and supported by an in-depth examination of the child’s unmet needs.

Kinship placements have been found to be just as likely to breakdown as non-kin placements (Geen, 2004²). While children living in kinship care generally experience fewer placements, they are less likely to be restored to their birth family. Children in kinship placements are at risk of experiencing family dysfunction, substance abuse, child abuse and violence (Dunne & Kettler, 2008).

Further research is required on kinship care outcomes in Australia before we establish a hierarchy which preferences family and relative care ahead of other forms of care.

Another outcome measure which requires revision is the element *maintenance of family relationships while in OOHC*, measured by number of visits with birth parents and family (PRC, 2015, p. 12).

A higher number of visits with birth family is not necessarily indicative of better outcomes for the child. Although it is often important to establish healthy and stable attachments with the child’s birth family, it is not always in the best interests of the child. Depending on the circumstances, contact with a child’s birth family may be beneficial or harmful to their development. It is therefore important that the most suitable number of visits with birth family should be determined with reference to the best interests and needs of the individual child.
WELLBEING

This section provides Uniting’s position on the outcomes measures within the Wellbeing domain of the QAF.

Uniting considers that the proposed Wellbeing domain is overly complicated and could be replaced with a simpler and more comprehensive wellbeing measurement tool. Uniting notes the PRC’s identification of multiple wellbeing outcome measurement tools. Measures included: the Brief Assessments Checklists for Children and Adolescents (BAC-C and BAC-A), Child and Adolescent Needs and Strengths, Mood and Feelings Questionnaire and the Strengths and Difficulties Questionnaire.

Uniting is concerned by the lack of normal population scores in the Brief Assessments Checklists for Children and Adolescents. These measures have only been used with an Australian OOHC population and only have a small representative sample of 347 participants.

For the sake of quality and simplicity, Uniting suggests replacing the child wellbeing measures with one single measure – the Child Behaviour Check List (CBCL). The CBCL is a reliable, sensitive and valid outcome measurement tool, and is already being used by the Pathways of Care Longitudinal Study (Paxman, Tully, Burke & Watson, 2014). This would mean the sector would have a NSW comparison group to measure the outcomes against the 1,800 participating in the study.

FACS should also consider creating data linkages to measure cognitive development in children living in OOHC. Linkages made via the Australian Early Development Census (AEDC), Best Start and National Assessment Program – Literacy and Numeracy (NAPLAN) are recommended.

Outcome measures for the broader service system and society

The PRC’s framework measures are aimed at holding NGOs accountable for the outcomes of children in care. Uniting believes the wellbeing of children in care is also a broader community responsibility.

There are many factors which impact on the quality of life of children in care that NGO providers have limited or no ability to influence. For example, the availability of external health and education services needed by children in care and the capacity and willingness of schools to meet the particular needs of students who are living in OOHC.

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FACS could consider measures which focus attention on the effectiveness of the wider service sector, including:

- whether a child is able to access a necessary health and/or education service during a given year;
- length of time spent waiting for an available service or course; and
- whether necessary information on a child is provided by another agency in a timely manner.

FACS could also consider including a measure which collects important data on children’s participation in social, recreational and informal learning opportunities. Research confirms that social and recreational engagement is critical to healthy development.
RECOMMENDATIONS

1. That full child protection and carer information be provided to NGOs regarding children in their care before an outcome framework is implemented.

2. That outcome measures be aligned to the Children’s Guardian’s NSW Child Safe Standards for Permanent Care.

3. That the NSW Government explain the relationship between the NSW Child Safe Standards for Permanent Care, the National OOHC Standards and the Quality Assurance Framework; These should be the priority for the sector.

4. That the NSW Government properly implements one reform/new regulatory process before introducing a further one.

5. That the PRC documentation should be translated to Plain English and a shorter, readable version provided to the sector so it can be distributed to caseworkers, carers and children and young people in care or using aftercare services.

6. That FACS provides training to all FACS caseworkers on the operation of Chapter 16A, with particular focus on the need to work cooperatively with NGO caseworkers.

7. That FACS provide comprehensive training to NGO caseworkers on outcome measures, with a particular focus on recognising where outcome measures may conflict with best interests of a child.

8. That FACS provide comprehensive training to NGO caseworkers on carrying out the Child Assessment Tool.

9. That PRC remove its permanency outcome measure specifying a hierarchy of preferred living environment, which is based on inconclusive evidence.

10. That PRC removes number of visits to birth parents as a permanency outcome measure. Higher number of visits to birth family is not necessarily indicative of better outcomes for the child.

11. That the NSW Government provides funding to ensure that there is an OOHC education coordinator in each district, so that caseworkers can be provided with information and data on children in care.
12. That the PRC replaces multiple child-wellbeing measures with a singular wellbeing measurement tool: the Child Behaviour Check List.

13. That the PRC include some additional measures aimed at the wider service sector.
REFERENCES


