NSW statutory out-of-home care: Quality Assurance Framework
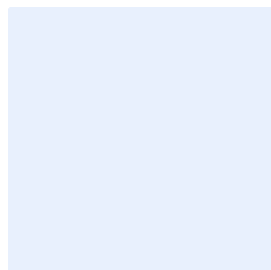
Executive summary

Parenting Research Centre
and
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THE UNIVERSITY OF MELBOURNE

Parenting Research Centre
raising children well

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Disclaimer

The NSW statutory out-of-home care: Quality Assurance Framework report was commissioned by the New South Wales Department of Family and Community Services (FACS).

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1.   Executive summary

1.1   Background

Nationally and internationally, child welfare systems including statutory out-of-home care (OOHC) services, are continually working to improve how they assess their agencies' success in caring for the children and young people they serve. There is general consensus that our protection systems need to move away from a reliance on either anecdotal information or uneven, output-focused data, towards the use of regular and reliable data sources that help them evaluate agency performance, improve decision-making, and provide an accurate picture of how children and young people are doing.

More and more, OOHC funders and provider agencies are developing systems that move beyond accreditation and compliance monitoring. These systems attempt to gather and assess a range of information on quality, and they work to implement needed improvements on an ongoing basis. As a way of differentiating these efforts from traditional compliance monitoring, the new approaches are often called continuous quality improvement (CQI) systems or quality assurance (QA) systems. These systems are typically underpinned by Quality Assurance Frameworks (QAF), which guide their development.

In a child protection context, a QAF is an organising framework that sets out what outcomes should be attended to for children and young people in OOHC across three overarching goals – safety, permanency and wellbeing. A QAF does not describe the 'how' – the specific way this will be achieved (Métis Commission, 2011). Instead, a QAF enables each individual provider to map its own pathway to achieving these outcomes; one that responds to the particular needs of the children and young people they care for. A QAF allows agencies to look at their strengths and weaknesses and continually improve the quality of their service – a CQI system.

As part of its transition of OOHC services to the non-government organisation (NGO) sector, the New South Wales (NSW) Department of Family and Community Services (FACS) is committed to developing outcomes-focused, QA processes for the provision of OOHC services. To this end, FACS commissioned the Parenting Research Centre (PRC), in partnership the University of Melbourne, to develop a NSW-specific QAF for OOHC services.

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

The goal here was to develop an outcomes-focused, child and young person-centered QAF that would include the safety and permanency of care for kids, and would also extend beyond these to focus on child wellbeing. In doing so, the goals were to build on existing data collection strategies currently in use by NGOs, FACS and relevant agencies in NSW and to complement and build on the work of the NSW OCG OOHC accreditation standards.

1.2   Our approach

The QAF was developed based on findings from three main sources of information:

- Consultations with key stakeholders from the NSW OCG, FACS, peak organisations and NGO service providers.

- A narrative review of the national and international literature on existing OOHC frameworks in child welfare systems.

- The project teams' extensive content expertise and contextual knowledge of the NSW child welfare system; including policies, procedures and current reform efforts.

Findings from the consultations and narrative review are briefly described below.

1.3   Findings

Stakeholder consultations: Common themes

A number of consultations were conducted with key stakeholders from the NSW OCG, FACS, peak organisations and NGO service providers between July 2014 and March 2015.

Common themes from these consultations included:

- There was, overall, strong support for the development of a QAF for OOHC services.

- That the QAF fit within the existing regulatory environment in NSW and complements, not duplicates, the *NSW Standards for Statutory Out-of-home Care*.

- There was agreement that the QAF ensures a focus on safety and permanency of children in care but, in addition to this, that it extend to attending to the overall wellbeing of children and young people (for example, intellectual development, mental health and physical development). It was noted on several occasions that agencies are familiar with collection and monitoring of the safety and permanency of children in their care. However, procedures for systematically monitoring the wellbeing of children were less common and would be a new area for most providers.

- Attention be given to some reform of current infrastructure and systems including governance and oversight, reportable conduct, IT and data systems, and contracting arrangements in order to support the implementation of the QAF and any continuous QA processes that will be used alongside it.

- Respondents were in support of the use of reliable and valid assessment measures to monitor children's wellbeing and support case planning. This means using tools that consistently and accurately measure what they are designed to measure, and have been shown to do this in rigorous research studies.

- Common issues raised were concerns about processes and procedures for reporting against outcomes in a QAF, and challenges with potential increased administrative burden.

Narrative review

A review of the national and international literature on existing OOHC frameworks in child welfare systems was conducted. Major academic databases and grey literature were searched. In total, more than 1000 titles, abstracts, papers and web-based documents were screened for inclusion in the review. Four frameworks and a large volume of supporting documents were located.

The key points from the review included:

- Critical to quality improvement is a shift away from compliance with minimum standards to outcome-focused service provision with an emphasis to include both children and families' wellbeing.

- Standardised terminology and shared mission, vision and goals are imperative to the success of CQI endeavours.

- Strong leadership is a key component to a successful shift to a QA-focused organisational culture. This entails leadership behaviour, allocation of resources as well as empowering and strength-based communication that engages all stakeholders.

- Acknowledging the complexity of the system, including the importance of cultural and spiritual identity, is crucial for the success of CQI initiatives. Essential for effective QA and accurate measurement of outcome domains is a collaborative approach that involves all stakeholders from the beginning. It also needs to take into consideration all relevant influences on the child's outcomes and wellbeing – for example, community, peers, family relations and child development.

- Quality improvement is a dynamic and continuous process. As such, QA techniques, treatments, service provision and outcome measures need to change over time to capture these effects. Results from data analysis, evidence from research, and other relevant information need to be translated into usable formats that help stakeholders continuously assess and adapt the system, identify areas for development, and deliver the best services and outcomes for clients.

- Agencies need to balance the diverse interests of internal and external stakeholders (families, children, funding entities and employees). They also need to balance the requirements for thorough, context-related monitoring and evaluation with stakeholder interests and resource restrictions.

A Quality Assurance Framework for OOHC services

The QAF described here has been adapted from a child wellbeing framework introduced in the US as part of a major federal reform of child welfare services introduced by the Obama Administration (DHHS, 2012) and the associated Framework for Well-Being for Older Youth in Foster Care (Hanson, Langford & Badeau, 2013). The adaptation of these core frameworks was informed by the consultations and literature review mentioned above, the project team's child protection content expertise and contextual knowledge of the NSW child welfare system, and in-depth collaboration with key personal within FACS.

The development of the QAF was guided by a number of overarching principles. These included:

- The overarching goal of a child welfare service system is to ensure the safety, permanency and wellbeing of children and young people.

- The child's stage of development should be considered when achieving these goals.

- The relationship between a child and their primary caregivers is fundamental to understanding and promoting healthy development and wellbeing (Mennen & O'Keefe, 2005).

- A child's environment (including parents, family, family networks, living space, peers and community) profoundly influences a child's development.

- Culture is a lifelong influence on development and wellbeing. Although this is true for all children, the historical treatment of Aboriginal people in Australia and their current over-representation in OOHC make an explicit focus on culture especially important for Aboriginal children.

- The use of reliable and valid assessment measures for specified outcomes are essential for CQI efforts.

- Measurement of individual outcomes should use longitudinal approaches that account for context. That is, it is insufficient to simply benchmark progress without also accounting for systems-level, individual, demographic and case-level characteristics. A viable framework should have numerous dimensions that reflect the complexity of children's lives and development, all of which need to be considered when evaluating individual, agency, and systemic progress.

The QAF itself, set in Table 1, encompasses the three overarching goals of a child welfare system (child safety, permanency and wellbeing). Within these goals there are seven domains: safety, permanency, cognitive functioning, physical health and development, mental health, social functioning; cultural and spiritual identity. The safety and permanency domains are both overarching goals and stand-alone domains, while the wellbeing section is multi-dimensional.

Each domain is further stratified by developmental stage (infancy; early childhood, middle childhood; adolescence) to reflect, in broad terms, necessary changes in the focus of the outcomes according to the age of the child.

The domains are defined as follows:

Safety

Children and young people have the opportunity and support needed to ensure that they are physically and psychologically safe and free from maltreatment.

Permanency

Children and young people have permanency and stability in their living situations, and the continuity of family relationships and connections is preserved.

Cognitive functioning

Children and young people have the opportunity and support needed to maximise their intellectual ability and functioning and to achieve educational success to their fullest potential.

Physical health and development

Children and young people have the opportunity and support needed to maximise their physical health, strength, and functioning.

Mental health

Children and young people have the opportunity and support needed to manage their mental health and wellness.

Social functioning

Children and young people have the opportunity and support needed to cultivate a strong and resilient self-identity, to develop supportive and nurturing relationships, and to feel hopeful about life and the future.

Cultural and spiritual identity

Children and young people have the opportunity, encouragement and support needed to engage with, and develop, their own cultural, ethnic, and spiritual identity.

The authors make extensive recommendations to support the regular use of reliable and valid data as a way to benchmark, monitor and report using the QAF. If individual outcomes are measured and documented well, the data can be used to guide individual practice, optimize resource allocation at agencies, improve government oversight and accountability efforts, and inform policy development.

Table 1: Quality Assurance Framework for out-of-home care

Developmental Phase	Intermediate Outcome Domains			Well-Being Outcome Domains			
	Safety	Permanency	Cognitive Functioning	Physical Health and Development	Mental Health	Social Functioning	Cultural and spiritual Identity
Prenatal infancy (birth to age 2)	Maltreatment occurrence in OOHC, maltreatment recurrence post restoration, accidental injury.	Timely and lasting legal permanence (restoration, guardianship, adoption), residential stability, least restrictive living environment, maintenance of family and other key relationships (birth parents, siblings, extended kin)	Language development	Normative standards for growth and development, gross motor and fine motor skills, overall health, BMI	Self-control, emotional management and expression, internalizing and externalizing behaviors, trauma symptoms	Social competencies, attachment and caregiver relationships, adaptive behavior	To be developed with approapriate stakeholders with expertise in this domain
Early childhood (3-5)	Maltreatment occurrence in OOHC, maltreatment recurrence post restoration, accidental injury, feelings of personal safety and security, presence of relationships that facilitate disclosure of risk and/or harm	Timely and lasting legal permanence (restoration, guardianship, adoption), residential stability, least restrictive living environment, maintenance of family and other key relationships (birth parents, siblings, extended kin)	Language development, pre-academic skills (e.g., numeracy), approaches to learning, problem-solving skills	Normative standards for growth and development, gross motor and fine motor skills, overall health, BMI	Self-control, self-esteem, emotional management and expression, internalizing and externalizing behaviors, trauma symptoms	Social competencies, attachment and caregiver relationships, adaptive behavior	To be developed with approapriate stakeholders with expertise in this domain
Middle Childhood (6-12)	Maltreatment occurrence in OOHC, maltreatment recurrence post restoration, accidental injury, feelings of personal safety and security, presence of relationships that facilitate disclosure of risk and/or harm, risk-taking behaviour	Timely and lasting legal permanence (restoration, guardianship, adoption), residential stability, least restrictive living environment, maintenance of family and other key relationships (birth parents, siblings, extended kin)	Academic achievement, school engagement, school attachment, problem-solving skills, decision-making	Normative standards for growth and development, overall health, BMI, risk-avoidance behavior related to health	Emotional intelligence, self-efficacy, motivation, self-control, prosocial behavior, positive outlook, coping, internalizing and externalizing behaviors, trauma symptoms	Social competencies, social connections and relationships, social skills, adaptive behavior	To be developed with approapriate stakeholders with expertise in this domain
Adolescence (13-18)	Maltreatment occurrence in OOHC, maltreatment recurrence post restoration, accidental injury, feelings of personal safety and security, presence of relationships that facilitate disclosure of risk and/or harm, risk-taking behaviour	Timely and lasting legal permanence (restoration, guardianship, adoption), residential stability, least restrictive living environment, maintenance of family and other key relationships (birth parents, siblings, extended kin), planning for transition to adulthood	Academic achievement, school engagement, school attachment, problem solving skills, decision-making	Overall health, BMI, risk-avoidance behavior related to health	Emotional intelligence, self-efficacy, motivation, self-control, prosocial behavior, positive outlook, coping, internalizing and externalizing behaviors, trauma symptoms	Social competence, social connections and relationships, social skills, adaptive behavior	To be developed with approapriate stakeholders with expertise in this domain

1.4   Summary of Recommendations

Changing the way OOHC services are provided is challenging, and the key to success is to implement these changes well. The authors provide recommendations and a proposed plan for an initial implementation phase to be collaboratively conducted with FACS and 2-4 "early adaptor" or pilot OOHC service sites. The aim is to conduct early planning and testing of the QAF to ensure that adaptations are made that fit well with current service delivery and reporting arrangements, and that OOHC agencies receive the support they need to effectively implement the QAF and develop rigorous, sustainable CQI systems.

The recommendations focus on three core elements. These include:
1. Using implementation teams to actively lead implementation efforts;
2. Using data and feedback loops to drive decision-making and promote continuous improvement; and
3. Developing a sustainable implementation infrastructure that includes general capacity (the infrastructure, within FACS and OOHC agencies, that is required to support implementation) and QAF-specific capacity (the knowledge, skills and support needed by the work force to achieve effective implementation of the QAF).

This work will include the development of training curricula and needs-assessment tools, data management support, and integrating CQI principles into planning, reporting, and funding documents.

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