Practice First Evaluation Report
EXECUTIVE SUMMARY

Prepared for NSW Department of Family and Community Services

July 2016
1. Executive summary

The NSW Government has invested heavily in reforms to the child protection system in response to the rising number of children entering out of home care (OOHC) and high re-reporting rates for children known to child protective services, as highlighted by the ‘Wood Inquiry’ in 2008.

As part of these reforms, Practice First was introduced into 17 Community Services Centres (CSCs) in 2012 and a further seven CSCs in 2013. Practice First is a child protection service delivery model that aims to improve systems, practices and culture relating to the assessment, decision making and support for children and young people identified as at risk of significant harm (ROSH). The model incorporates strategies to strengthen caseworker skills and capability and reduce administrative burden so caseworkers can spend more time on direct client contact, increasing family and partner agencies’ participation in decision making and improving caseworker satisfaction and retention. Developed by the Office of the Senior Practitioner (OSP) within NSW Department of Family and Community Services (FACS), the design of Practice First has a strong emphasis on principles aligned with strengths-based and solution-focussed work.

This report describes the evaluation of the implementation and service system outcomes of Practice First across 24 CSCs in NSW. The evaluation used four methodologies, with findings from each triangulated to strengthen conclusions.

Key Findings

The evaluation has found that for many staff, the shift to Practice First has made a significant difference to their work. Caseworkers report spending more time with families, which was perceived to improve caseworkers’ understanding of and engagement with families, making assessments more accurate and comprehensive, and providing more information with which to make decisions. Improved family-caseworker relationships were also seen as beneficial in helping families to make changes, and even when children had to be removed, caseworkers felt more confident and were better able to maintain family engagement over that challenging time. Working in this way was more professionally satisfying for staff, and perceived to ultimately lead to better outcomes for children.

Group supervision was widely endorsed by staff. The shift in individual responsibility to shared decision making and the shared management of risk through the group supervision process was highly valued. Group supervision was perceived to be working best where supervisor skills were strongest.

There was evidence that some of the principles behind Practice First have started to influence practice in non-Practice First sites.

It is important to note that Practice First is not the only reform initiative occurring in NSW at this time. While it is difficult to separate out the effects of Practice First independently within this context of reform, it is apparent that in combination these different initiatives seem to be complimentary and reinforce good practice.
Implementation of Practice First

*Practice First* has generally been implemented as intended. Overall, the group supervision is working well, caseworkers are spending more time with families, casework practice has improved and organisational culture has changed considerably.

Most staff felt well supported in the early stages of implementation of *Practice First*, including support received from the Office of the Senior Practitioner, mentors and managers.

Despite positive views of the implementation of *Practice First*, there has been little reduction in the administrative burden on caseworkers in *Practice First* sites and many stakeholders have reported that this has compromised the implementation of *Practice First*.

The analysis of administrative data showed no differences between *Practice First* and non-*Practice First* sites with respect to either the duration of secondary assessments or the timing of court applications – two proxy indicators of time spent in direct client contact. In the absence of administrative data regarding time spent with families or the quality or content of the work done with children and families, these proxies were used as indicators of a core component of the *Practice First* model - reducing administrative burden so caseworkers can spend more time on direct client contact.

While *Practice First* does not appear to have had an impact on the administrative burden of staff, many of the factors driving administrative time are beyond the purview of *Practice First*, and include staff vacancies, the structure of the KiDS database and directives from managers. In addition, continuing risk aversion in child protection practice and the paradoxical effect that more client visits require more recording, inhibit the easing of administrative burden. Nevertheless, there are pockets of more effective and efficient recording practices across *Practice First* sites, which may be extended upon in future implementation of the model.

The fidelity of implementation of *Practice First* appears to be highly dependent on leadership in each site. That is, where managers are committed to the model and are proactive in implementing it, *Practice First* appears to be better implemented and existing challenges are better addressed. In contrast, where local managers are reported to be resistant or sceptical, this tends to affect the culture across the site. Despite general endorsement of *Practice First*, staff identified several barriers to effective implementation, including: caseworkers’ administrative burdens; insufficient resources; poor group supervision facilitation in some sites; inadequate training; uncertainty with respect to *Practice First* model fidelity; the timing of *Practice First* implementation; and the KiDS system. It may be that organisational pressures have limited some caseworkers fully embracing the *Practice First* model, raising concerns about the fidelity of implementation.

The impact of Practice First on broad, system-level outcomes

The administrative analysis did not find any significant differences between *Practice First* sites and non-*Practice First* sites on a range of high-level outcomes. This is almost certainly because the major drivers of child protection risk decisions (e.g., family circumstances; policy-driven risk thresholds) and their associated system-level outcomes (e.g., subsequent ROSH; placement in OOHC) are overwhelming the effects of service reforms introduced by *Practice First*. That is, both *Practice First* and non-*Practice First* sites are responding to the same set of risks and problems, and
both types of sites are receiving far more reports from the Helpline than they can respond to with a face-to-face visit.

Therefore, the large number of children reported to the system likely dictates a risk dependent, triage approach. Child age, Aboriginality, and prior history are still the major predictors of whether children come back into the system with a new ROSH report and/or an entry into OOHC. Given that the same client population is being selected for face-to-face assessment, which is dictated by the overall mission, policies and culture of the child protection service, it is not surprising that the major predictors of system-level outcomes are overwhelming any ‘treatment’ effect that may be present in Practice First sites.

Crude but powerful proxies for risk continue to predict systems-level outcomes. Specifically, young and very young children, Aboriginal children, children with a prior ROSH report, and children with a history of OOHC are all more likely to be seen in a face-to-face assessment and to be involved in court proceedings, have a subsequent ROSH report, and experience a placement in OOHC, irrespective of whether they are clients in a Practice First site or a non-Practice First site.

Consequently, there is no clear evidence that Practice First works better in terms of engagement, outcomes and safety for any particular group of children or families (e.g., Aboriginal children, different child age groups, children classified into different ROSH risk categories). Some staff reported that the model is particularly effective for Aboriginal children, but this is not a widely held view and the quantitative data analyses do not indicate additional benefits for any specific group of children.

Involving children, families and other agencies in decision making

Children and families

Practice First has made some improvements in increasing the involvement of children and families in decision making, although in the absence of formal mechanisms to foster increased family involvement, this finding was limited to a small number of caseworkers and managers who strongly believed that children and families were more involved. The level of involvement of families is still for the most part at the discretion of caseworkers. Thus, there is still some way to go in relation to the routine and mutually beneficial involvement of families in decision-making as part of the Practice First model.

Other agencies

With regard to other agencies there is evidence that they are more involved in various aspects of the work, including during group supervision and in contributing to thorough family assessments. FACS staff reported that Practice First was associated with greater understanding by other agencies of the shared responsibility for decision making about families. Sharing the workload of supporting families across agencies, and better post-FACS support options for families upon case closure were also seen as benefits of increased collaboration with other agencies. However, any trends toward more involvement by other agencies is not limited to Practice First sites and is evident in many CSCs across the state, so this cannot be attributed solely to Practice First.

The capacity and efficiency of the system

Practice First has led to some improvements in the capacity and efficiency of service delivery across child protection in NSW. Caseworkers report improvements in their capacity to make decisions
about child placement and referral, resulting from the more comprehensive assessments and clinical supervision found in Practice First. Staff felt that the group supervision approach had increased efficiency by sharing decision making. Staff report that Practice First has allowed them to work more effectively with clients, and Practice First staff reported higher levels of satisfaction with opportunities to make a difference to families and with the quality of services delivered, compared with staff at non-Practice First sites.

The improvements in capacity and efficiency reported by Practice First staff were not echoed in analyses of data collected about children reported to the NSW Child Protection Helpline. When characteristics of the children in Practice First and non-Practice First sites are taken into account, Practice First has not, overall, resulted in longer duration of cases, nor has it resulted in fewer reports. There are opportunities to improve measurement of capacity and efficiency within the NSW child protection system. Gaps in the availability of administrative data regarding time spent with families or the quality or content of the work done with children and families, limit the extent to which this data can be used to assess the efficiency and capacity of the service system.

Furthermore, in the context of broader service reform it can be difficult to attribute any changes to a particular action. Considering this, it can be concluded that in conjunction with other FACS reforms it appears that Practice First has resulted in improved collaboration, more comprehensive assessments and interventions, and more efficient service provision.

Staff satisfaction and retention

There is clear evidence that Practice First has resulted in greater work satisfaction and some indication that Practice First has improved staff retention. Four out of five staff surveyed reported Practice First had improved workplace culture, and over a third believed it had improved to a great extent. Almost three quarters of respondents believed Practice First had improved their job satisfaction. There was evidence that increased staff satisfaction could be attributed to staff being given ‘permission’ to work in a way that matched their view of appropriate and effective casework.

Staff mix and support processes

In general, the staff mix and support processes in place in Practice First sites are appropriate and the group supervision format is highly valued by most staff. Collaborative decision making through group supervision allows staff to feel confident that when a decision is made to remove a child, that the team had considered and exhausted all other options.

Nevertheless, a number of staff expressed the view that group supervision is not a substitute for individual supervision and should sit alongside it, but there are also potential pitfalls in reintroducing individual clinical supervision, in particular, undermining shared decision making which is a core component of Practice First. There is also a strong indication that the quality of the group supervisors is variable and that some of the group supervision sessions are not being conducted optimally. Where a manager’s supervision skills were strong and where there was enthusiasm for Practice First by leaders at the site, the Practice First model was viewed positively by staff.
Improveing the *Practice First* service delivery model

*Practice First* provides a solid platform for future improvements in the quality of service provision and practice in NSW’s child protection system. Table 1 outlines opportunities moving forward to improve the model and its implementation in order to better achieve the aims of *Practice First*. 
### Table 1. Recommendations for improvements in Practice First implementation.

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<th>Finding</th>
<th>Recommendation we can confidently make</th>
<th>Next steps/forward agenda</th>
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<td><em>Practice First</em> has generally been implemented as intended. Group supervision is generally working well, and casework practice and organisational culture have improved. Caseworkers spend more time with families and report increased work satisfaction and intention to stay. It is unclear whether the changes identified above have resulted in improved capacity and efficiency across the system. Reports from staff indicate improvements, but this is not supported by the administrative data collected from the KiDS system which were sometimes incomplete, unreliable or invalid and therefore unhelpful in answering questions related to the frequency, duration and content of client contacts.</td>
<td>There is an opportunity to build on the positive findings associated with <em>Practice First</em> implementation, including areas of practice to strengthen and changes to install. The consequences of de-funding <em>Practice First</em> may be more harmful than moving ahead with it as a framework in which to embed best practice child protection service delivery.</td>
<td>➢ Consider the increased adoption and implementation of evidence-informed programs and practices that have been shown to improve practice and outcomes for families in the system. A current example of where efforts are being made now is the pilot implementation of SafeCare(^1) in two <em>Practice First</em> sites.</td>
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<td>There has been little reduction in the administrative burden on caseworkers in <em>Practice First</em> sites and this has likely</td>
<td>The major system level barriers to achieving effective implementation are external to <em>Practice First</em>. These include the administrative burden</td>
<td>➢ Improve the reliability, range and quality of the data collected. Balance this against the finding that the administrative burden on caseworkers is still too high. Support managers to address the tension between administrative requirements and face-to-face work with clients.</td>
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<td>There is some evidence for improvements in involving other agencies in decision making, but this may not be due to Practice First alone.</td>
<td>There is an opportunity to build upon developing examples of good practice in relation to the involvement of other agencies in decisions made about families in the system.</td>
<td>Incorporate formal mechanisms for involving other agencies. Build on examples of good practice in relation to this.</td>
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<td>The practitioner training associated with the implementation of Practice First is delivered in low doses, with little post-training coaching and consultation in the field. This does not adhere to best practice implementation in the human service sector.</td>
<td>Adopt strategies to enhance the competencies of staff through the provision of best-practice training and post-training support.</td>
<td>Enhance and extend training procedures that map on to the competencies required to deliver the practice model at a very high quality. Develop and follow protocols establishing minimum requirements for participation in training (e.g., that training is delivered as a standard induction procedure for all practitioners), enhanced in-field support such as coaching and supervision.</td>
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- Build on examples of more effective and efficient recording practices across Practice First sites, which may be extended upon in future implementation of the model.
- Develop and put in place a research-informed implementation plan that specifically addresses the identified barriers to effective and high quality implementation.
- Build and use implementation teams to actively drive improved implementation efforts. Implementation teams are groups of individuals who have the task of intentionally monitoring and supporting implementation. These teams are accountable for achieving the objectives of Practice First. Team members should have adequate knowledge and skill in a number of areas in order to support those who are doing the actual implementation of Practice First.
- Use data and feedback loops to drive decision-making and promote continuous quality improvement. This means the right data is continuously collected and used to systematically assess and feedback information related to planning for new Practice First sites, improving implementation at the site level and achieving the intended outcomes of Practice First.
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<th>Practice First Evaluation Report</th>
<th>Absence of clear program logic was a limitation to the current evaluation.</th>
<th>Provide structured post-training, in field, coaching to develop skills and take actions consistent with the <em>Practice First</em> approach, and to ensure these are sustained over time.</th>
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<td>Program logic needed to guide implementation and any future evaluation.</td>
<td>Develop a clear and realistic program logic and theory of change for <em>Practice First</em> which contextualises <em>Practice First</em> in relation to other policies and programs within FACS and NSW.</td>
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<td>The quality of supervision and training should be more consistent. This can be achieved by developing a documented implementation plan which includes enhanced strategies for workforce training and coaching.</td>
<td>Clearly articulate competencies required for delivery of supervision, training and coaching. Ensure those delivering supervision, training and coaching are delivering at these standards and provide additional training where that is not occurring. Routinely monitor quality against competencies and put implementation plans in place to overcome any issues with consistency or quality of delivery.</td>
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<td>Improve knowledge and understanding of the purpose and objectives of <em>Practice First</em> and accountability to support effective implementation at all levels of the system, particularly at a senior leadership level (practitioner, manager and senior leadership).</td>
<td>Attention to the leadership driver to be built into future implementation planning in order to ensure ongoing gains are maintained.</td>
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<td>Administrative data was sometimes incomplete, unreliable or invalid in relation to the frequency, duration and content of client contacts. Improve the routine and continuous use of more reliable and valid data to allow a continual quality improvement process to be introduced into <em>Practice First</em>.</td>
<td>Further enhance and improve the program logic of <em>Practice First</em> and include more reliable and valid measurement variables that are better able to monitor both implementation and progress against relevant child and family outcomes.</td>
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Conclusion

*Practice First* has been successful in changing organisational culture but could not be expected, in and of itself, to change child protection outcomes. That would require service reform in areas of FACS external to *Practice First*.

Overall, the evaluation has found that *Practice First* has facilitated a shift in organisational culture within FACS towards a focus on child-centred practice and increased engagement with children, carers and other agencies. *Practice First* is part of a range of reforms which are intended to transform child protection in NSW and it is working alongside other processes to improve the efficiency and effectiveness of the child protection service. The *Practice First* approach establishes a solid foundation for the types of continuing reforms needed to improve outcomes for children and families reported at risk of significant harm.