

EVALUATION OF THE NSW INTERAGENCY GUIDELINES FOR CHILD PROTECTION INTERVENTION 2006

Final Report – Volume 1

**Report to the NSW Child Protection Senior Officers
Group**

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Abbreviations

ACWA	Association of Children's Welfare Agencies
AbSec	Aboriginal Child, Family and Community Care State Secretariat
AIS	Association of Independent Schools
CCCC	Community Child Care Cooperative
CEC	Catholic Education Commission
CPSOG	Child Protection Senior Officers Group
CSA	Child Sexual Assault
CSC	Community Services Centre
DADHC	Department of Ageing Disability and Home Care
DET	Department of Education and Training
DCS	Department of Corrective Services
DJJ	Department of Juvenile Justice
DoCS	Department of Community Services
Housing NSW	Housing NSW
DPC	Department of Premier and Cabinet
DSR	Department of Sport and Recreation
The <i>Guidelines</i>	<i>NSW Interagency Guidelines for Child Protection Intervention 2006</i>
HSJCEO Forum	Human Service and Justice Chief Executive Officers Forum
JIRT	Joint Investigative Response Teams
MCSA	Mobile Children's Services Association
NSW LG&SA	NSW Local Government and Shires Associations
NSW Health	Department of Health, and Area Health Services
ODPP	Office of the Director of Public Prosecutions
PANOC	NSW Health's Physical Abuse and Neglect of Children Services
Police	NSW Police Force
SDN	Sydney Day Nursery
YAPA	Youth Action and Policy Association

Executive summary

An independent evaluation of the *NSW Interagency Guidelines for Child Protection Intervention 2006* (the *Guidelines*) was conducted by ARTD Consultants between October 2007 and September 2008.

Two volumes describe the evaluation. This report, Volume 1 presents the summary findings, and Volume 2: *Methods and evidence sources*, details the methodology and discrete results of all data collection methods.

The evaluation

The evaluation aimed to assess the take-up and effectiveness of the 2006 edition of the *Guidelines* at the policy and practice level, across 13 NSW Government human service and justice agencies and by non-government organisation (NGO) service providers. In particular, it aimed to assess:

- the take-up of the *Guidelines* (2006 edition)
- the effectiveness of "core messages" developed to support communication and implementation of the *Guidelines*
- the effectiveness of the *Guidelines* in addressing child sexual assault in Aboriginal communities
- with regard to interagency cooperation, a) whether the exchange of information between agencies is operating more smoothly, including for children at high risk whose families move location, and b) how often, and with what success, "Best Endeavour" requests are made.

The evaluation used a mixed methods design to explore implementation at both the policy and practice level.

The findings in this report represent the experience of staff working across the human service and justice organisations, and range from those who deal with child protection as core business to those who rarely or seldom deal with a child protection matter. It is therefore important to acknowledge context as an important factor in interpreting the data.

Decision-makers can have a high level of confidence in using the findings because of acceptable responses to the survey and complementary findings from other data sources. Overall:

- 3,825 people completed an on-line or hard-copy survey – 1,863 staff designated by 12 human service and justice agencies as needing detailed knowledge of the *Guidelines* (response rate = 62%); 1,434 needing general knowledge (response rate = 49%); and 528 DoCS funded NGOs (response rate = 54%)
- 22 senior officers from 13 human service and justice agencies, and 11 senior managers from nine peak NGOs were interviewed
- six case studies were completed in three areas, involving interviews with 39 frontline staff from seven government agencies and nine NGOs/ private service providers
- 94 documents were reviewed (policy and procedures) from ten human service and justice agencies with operational staff.

Key findings

The key findings are linked to the aims of the evaluation.

Overall, the 2006 edition of the *Guidelines* has largely been taken up successfully by the NSW Government sector, with some doubt about the consistency of take-up at the policy and practice level by the NGO sector. The *Guidelines* have contributed to prioritising the issue of interagency collaboration on child protection matters.

Take-up of the *Guidelines*

At the policy level

Human service and justice government agencies have generally demonstrated a commitment to ensuring the *Guidelines* are supported by agency policies and procedures. In addition, most human service and justice agency staff members generally see no conflict between the *Guidelines* and how they deliver their services. Four out of five staff who need detailed knowledge were confident their own policies and procedures are sufficient to cover all the issues that arise when they are dealing with a child protection matter. The exceptions are staff who need detailed knowledge of the *Guidelines* from DADHC and Housing NSW, where around one-third of staff thought there were deficiencies in their own agencies' policies' coverage of child protection matters.

Most human service and justice government agencies have, or are currently revising, relevant policies and procedures to be congruent with the *Guidelines*. DoCS and DET, two of the frontline agencies most likely to deal with child protection matters, have made the most progress in revising and updating policies to include all new practice commitments¹. However, other agencies, in particular the NSW Police Force and NSW Health are yet to revise all relevant documents or cover all new practice commitments. The NSW Police Force has drafted a revised child protection standard operating procedures manual and also a quick reference guide for general duties police, which is to be finalised once the recommendations of the Special Commission of Inquiry into Child Protection Services in NSW are known. NSW Health is seeking advice on whether to wait until the Commissioner's report is available prior to updating and finalising new child protection policies and procedures, or proceed in the interim.

Of concern is the apparent dissonance between the way some NGOs operate and the interagency processes articulated in the *Guidelines*. The survey found that three-quarters of DoCS funded NGO survey respondents perceive that 'the *Guidelines* conflict with how their agency operates'. Although the perceived conflict needs further exploring, the case studies give some clues about the nature of the conflict. Some NGOs are focused on supporting the whole family rather than only on the child's welfare, which leads to differences in opinion about how cases should be managed, particularly when a child has been removed from the parent/s' care by DoCS. In addition, maintaining a relationship with a family when a staff member has reported a child to DoCS is complex. NGOs sought to assist them to juggle the issues and relationships.

At the practice level

The *Guidelines* fulfil the important functions of being a valued reference resource and an advocacy tool to motivate local partners to cooperate and meet their practice commitments when dealing with child protection matters.

¹ See section 1.3 for list of new practice commitments.

Although most staff referred infrequently to the *Guidelines*, they did so when they needed to and in certain situations. Staff especially used the *Guidelines* to clarify other agencies' roles, for example in case meetings or to get guidance about sharing information; or when a doubt was raised about certain actions being taken. Nevertheless, when in doubt, staff generally consulted their manager or contacted a DoCS office directly.

The take-up of the *Guidelines* appears to be highest amongst DoCS workers, perhaps because child protection is central to their role, and there is more opportunity to use the *Guidelines*. The more often a person is involved with child protection matters, the more frequently they refer to the *Guidelines*.

Agencies where further effort is needed to promote take-up of the *Guidelines* are the NSW Police Force, DJJ and Housing NSW. Even so, staff who are unaware of the *Guidelines* or who have not used them or are less confident about core messages are a minority in these agencies.

In keeping with their function as a reference document, the *Guidelines* are particularly valued as a training tool for staff about child protection matters, as well as aiding in formulating agency specific policies and procedures.

Effectiveness of the core messages developed to support communication and implementation of the *Guidelines*

The communication strategy – using core messages to notify staff about the 2006 edition of the *Guidelines*, training and briefing sessions, and distributing copies – has been very effective. The 2006 edition of the *Guidelines* has a high profile across the government and NGO sector, with most staff who need to know key facts about child protection indicators and processes of managing a child protection case being relatively well informed. More than three-quarters of staff who need detailed knowledge of the *Guidelines* have read relevant sections and/or used them, compared with 58% of other staff.

The majority of staff who need detailed knowledge are also confident their understanding is either excellent or good about the circumstances when a child at risk should be reported to DoCS (95%); the indicators of child abuse or neglect (92%); the circumstances where you can and must share information with other agencies (83%); and the roles and responsibilities of NSW Government agencies in child protection (70%).

Nevertheless, there remain gaps in knowledge and staff groups where reach of the core messages has been less effective, even amongst those expected to have a detailed knowledge of the *Guidelines*. Topics where these staff members' knowledge is not as strong are: DoCS intake and investigation processes (62% agree knowledge is excellent or strong); processes for best endeavour requests (51% agree knowledge is excellent or strong); and who in their agency is responsible for reporting a child at risk (42% answered incorrectly). Qualitative feedback also indicated that some staff remain uncertain about privacy issues when exchanging information, and for some in the NGO sector, are uncertain about roles and responsibilities of service providers.

Around one in five staff expected to have detailed knowledge of the *Guidelines* from the NSW Police Force, NSW Health, Housing NSW and Juvenile Justice had never seen a copy of the *Guidelines*, compared with one in ten of all staff. The case studies also revealed that private service providers and some NGO service staff were unfamiliar with the *Guidelines*.

The findings highlight the need for continuing organisational commitment by NSW human service and justice agencies to informing and educating staff about the *Guidelines*.

Effectiveness of the *Guidelines* in addressing child sexual assault in Aboriginal communities

This issue was explored through a specific question in the survey. Although most survey respondents (83%) agree that 'provisions for addressing child sexual assault' can be applied effectively to Aboriginal children and young people, twice as many Aboriginal workers disagree (31%) as other staff (16%) with the statement.

Whether the exchange of information between agencies is operating more smoothly, including for children at high risk whose families move location

The evidence indicates that, with some notable exceptions, staff members from different agencies are cooperating on child protection cases and in a manner consistent with the *Guidelines*, and that staff commonly perceive that interagency cooperation has improved in the last two to three years, a time period that coincides with the publication of the 2006 edition of the *Guidelines*.

In particular, information exchange is occurring smoothly - mandatory reporters seeking feedback are receiving it, and case meetings are being held to ensure that children and young people can access services.

Although the majority of staff who need detailed knowledge (84%) agree that '*the Guidelines assist me understand how to exchange information about families that move location with other agencies*', the case studies showed that better understanding may be insufficient to overcome administrative hurdles. For example, one participant in the case studies stated that DoCS may take up to three months to transfer case files, which caused delays in exchanging information. Another participant in the case studies also said they faced continuing problems obtaining information from other agencies about families who move.

Best endeavour requests - how often and with what success

The evaluation did not collect systematic data about how often, and with what success, best endeavour requests are made.

Findings from the survey of staff needing detailed knowledge show that only about half were confident about their knowledge of how to make a best endeavour request. In the case studies, just two best endeavour requests were made. DoCS asked DET to place a child in a school for specific purposes and the request was met. The other was from DoCS to Housing NSW requesting priority housing status for a family. In this case, the client had outstanding arrears and was ineligible for public housing under Housing NSW's policies. However, the client was able to obtain housing through a community housing provider (funded through Housing NSW), following a referral from the local Housing NSW office.

Suitability of the format of the 2006 edition of the *Guidelines*

The format of the *Guidelines* is a successful one, being easy to access and use and covering important topics. Staff who are familiar with the *Guidelines* and need detailed knowledge of them because their roles mean that they may deal with child protection matters, find them concise and also comprehensive.

For those who do not use the *Guidelines* regularly, the length of the document means that finding information can be difficult.

The evaluation found two other main areas where the current format does not meet the needs of staff. Firstly, NGO service providers' uncertainty about their roles and limits of action in maintaining support services for both the child and the family after a risk of harm report has been made and a child has been removed from the parent/s' care. The second area is in providing practical guidance about how to deal with child protection matters for Aboriginal children and families in a culturally appropriate way.

Contribution of the *Guidelines* to enhanced interagency cooperation on child protection matters

The extent to which the *Guidelines* have contributed to enhancing interagency cooperation on child protection matters is difficult to measure. Interagency collaborative practice is being driven by legislation and human service and justice government agencies through a range of initiatives – new policy and procedures, new high level structural arrangements, formal understanding between agencies about specific service delivery, agency-based initiatives and more staff following an injection of funds to DoCS during that time. The *Guidelines* are both a by-product of these activities and an instrument to influence frontline staff practices through improving their understanding of ways agencies can work together, and clarifying roles and responsibilities and how to share information.

Case study participants attributed successful interagency cooperation to positive local level relationships and regular communication between agencies, and not to the *Guidelines* per se.

Even though knowing about the *Guidelines* was not a prerequisite to working successfully with others, those who were dissatisfied with the collaborative process and uncertain about their own or others' roles and responsibilities were often unfamiliar with the *Guidelines*.

Barriers to interagency cooperation on child protection matters

Breakdown in interagency collaboration tended to occur when agencies had differing values and opinions about how a child should be treated in relation to their parents. In particular, breakdown in interagency cooperation occurred when:

- a case was considered for transfer from a DoCS Early Intervention Team to a Child Protection Team as concerns escalated
- a final decision was being made about a child's placement
- when the matter was before the Children's Court, or after a child had been removed from the parent/s' care.

Breakdown also occurred when an agency failed to fulfil an obligation, such as communicating regularly with other service providers and/or failing to pass on requested information, or when misunderstandings about roles and responsibilities occurred.

Respondents to the survey and in case studies also raised issues about conflicts between the requirements of the *Guidelines* and the practical ability of core agencies, particularly DoCS, to ensure timely handling of all cases, providing feedback and fulfilling other responsibilities.

Contribution to service quality and positive outcomes for children and young people

Ultimately, the *Guidelines* are intended to contribute to improving child protection practice and the quality of services.

There is no direct evidence about whether or how much the *Guidelines* have impacted on children's safety and wellbeing. Where they are being implemented and there are good local relationships between agencies then there is a strong foundation for believing that children are receiving good quality services and positive outcomes might occur. Certainly, three quarters of staff needing detailed knowledge believed that the *Guidelines* have improved outcomes for children and service quality, although fewer staff from NSW Health and DJJ survey respondents agreed.

Recommendations

1. The current format of the *Guidelines* is retained.

Actions to improve the usefulness and take-up of the *Guidelines*:

2. CPSOG agencies develop communication materials to:
 - a. address the lack of awareness of NGOs about the respective roles of government agencies and NGO service providers for working with children when removed from home or placed in out-of-home care
 - b. support infrequent users of the *Guidelines*, e.g. a fact sheet containing key messages and practice commitments from the *Guidelines*. The resource should be widely disseminated
3. The material in the *Guidelines* relating to working with Aboriginal clients is reviewed with a view to better supporting work with Aboriginal clients
4. CPSOG agencies develop strategies to inform new staff and refresh existing staff knowledge about the *Guidelines*. In particular:
 - a. NSW Police Force, Housing NSW, NSW Health and DJJ renew efforts to ensure that relevant staff are familiar with the content of the *Guidelines*
 - b. training and other communication activities describe the responsibility of individuals to report children at risk; DoCS intake and investigation processes; and the processes for 'best endeavour' requests
5. The CPSOG:
 - a. liaises with non-government peak organisations about staff access to, and participation in training on the *Guidelines*
 - b. develops strategies to address a perceived incongruence of non-government policies and procedures with the *Guidelines*
6. CPSOG agencies continue efforts to revise relevant organisational policies and procedures covering the eight new practice commitments in the *Guidelines*. In particular, DADHC and Housing NSW review current policies and procedures in light of perceived gaps in information about how to work with child protection interventions
7. CPSOG agencies promote and support opportunities for building and maintaining local interagency networks
8. CPSOG develops strategies to reduce administrative barriers to exchanging information where families move between areas or regions
9. CPSOG develops strategies to address relatively poor staff understanding about 'best endeavours'.

1 NSW Interagency Guidelines for Child Protection Intervention 2006 (the Guidelines)

This section briefly describes the *Guidelines*, including the new commitments to practice made by DoCS and other agencies.

1.1 Background

The *Guidelines* were developed on the premise that child protection in NSW requires the commitment of all levels of government, NGOs, and the wider community. While the Department of Community Services (DoCS) has lead responsibility, the NSW child and family service system relies on the response of many individual agencies and professionals working in collaboration.

'Individual agencies have different responsibilities relating to strengthening families and preventing child abuse, but the best results will occur when agencies are working in a complementary way; to deliver the often complex range of responses required ...'²

1.2 Purpose of the Guidelines

The purpose of the *Guidelines* is to assist professionals and agencies in their work with children, young people and their families. They are a whole sector resource and provide practical guidance on interagency cooperation in child protection.

The *Guidelines* and associated training strategies are intended to support changes in the behaviour of individual professionals, and of agencies, towards greater collaboration on relevant cases, leading to improved child protection outcomes.

Interagency collaboration should occur at three levels: agency policy, programs, and direct service delivery/ case management.

Professionals are also expected to:

- be familiar with their own organisation's child protection policies and procedures
- understand that the *Guidelines* illustrate good practice and build on agency policies and procedures and professional judgement
- refer to legislation and other relevant information sources.³

1.3 New practice commitments in the 2006 edition

The 2006 edition of the *Guidelines* resulted from a comprehensive review in 2005, during which the reviewers consulted extensively with interagency partners.

The existing *Guidelines* were revised to ensure they contained up-to-date and useful information; were easy to follow; included major new government commitments to prevention and early intervention; reflected achievable and sustainable practice commitments for all partner agencies; and reinforced the importance of all partners in contributing to child protection intervention.⁴

² NSW Interagency Guidelines for Child Protection Intervention 2006, page 7.

³ NSW Interagency Guidelines for Child Protection Intervention 2006, page 7.

⁴ Core Messages for Information/ Briefing Package (October 2006), DoCS.

As a result of the review, eight new practice commitments were included in the *Guidelines*. These are:

- Feedback from DoCS to reporters in response to a risk of harm report.** At a minimum, DoCS' Community Service Centres (CSC) are to provide feedback to mandated reporters who request it and who have an ongoing role with the child, young person or family, and the feedback will enable that work to continue. Contact might be via letter or email. The Helpline will continue to inform mandated reporters (except for the NSW Police Force) in writing, either that the report has been closed at the Helpline or transferred to a particular CSC or JIRT. The NSW Police Force will still receive an automatic receipt of their report.
 - Involvement of partner agencies and NGOs in case planning meetings so that an interagency response can be coordinated.** At a minimum, DoCS, as case manager, will convene a case meeting or teleconference with key interagency partners, e.g. NSW Health's Physical Abuse and Neglect of Children Services (PANOC)⁵, when it has been determined that a child or young person is in need of care and protection following a Secondary Assessment Stage 2 (SAS 2). DoCS will appoint a case manager where a matter has been allocated for a SAS 2. Key interagency partners are those who: are, or will be, involved in legal proceedings to protect a child or young person, and/or will provide services that are critical to achieving the outcomes of the case plan.

The use of 'case meeting' replaces previous multiple terms, such as 'case planning meeting', 'case conference', 'case review meeting', 'interagency case meeting', or 'protection planning meeting'.
 - Clarification about the point at which DoCS appoints a case manager.** DoCS will appoint a case manager where a matter has been allocated for a Secondary Assessment Stage 2 (SAS 2).
 - Communication with partner agencies where DoCS intends to close a case.** DoCS will consult with the family and with all interagency parties who have a role in implementing the case plan, prior to a decision to close an allocated case. Optimally this will occur through a case meeting. Sometimes, however, this will not be possible and the case closure decision may be conveyed to an interagency partner by phone, fax, email or letter.
 - Supporting partner agencies after case closure.** Agencies that continue to provide a service to the family are able to seek general consultative input related to case management or casework with the family from the Manager Casework in the CSC. Consultation advice in these circumstances will be for a time-limited period after closing the case, usually no more than a few weeks, to facilitate the transfer/ referral process but will not encompass case-specific guidance or casework supervision.
 - DoCS making greater use of referrals and best endeavours requests, when it is unable to provide a casework response.** Referrals: DoCS practice will change, e.g. feedback to reporters and supporting partner agencies. No changes in relation to best endeavours requests. Updated content in *Guidelines* regarding referral practices.

⁵ NSW Health's PANOC will be renamed Child Protection Counselling Services following the issue of the relevant policy and procedures.

- 7. Support that DoCS may be able to offer to partner agencies willing to coordinate support services to a child or family where there are risk of harm concerns but where DoCS is not directly involved due to competing priorities.** Where DoCS is unable to allocate a case, agencies providing services to the child, young person or family can seek general consultative advice from Managers Casework in Client Service Centres to assist them.
- 8. Involving children and young people in case meetings.** The *Guidelines* incorporate enhanced content on the participation of children and young people in decision-making about their safety, welfare and wellbeing, and engaging them in the process.

2 The Evaluation

In October 2007, the CPSOG contracted ARTD Consultants to evaluate the *Guidelines*.

The evaluation covered the period October 2007 to September 2008, with data being collected between January 2008 and August 2008.

An evaluation working group comprising CPSOG members from DoCS, DET, NSW Health and the NSW Police Force provided oversight for the evaluation. Progress reports were provided to all members of the CPSOG throughout each phase, with member agencies having opportunities to comment.

2.1 Aims

The evaluation aimed to assess, at the policy and practice level:

- the take-up of the *Guidelines* (2006 edition)
- the effectiveness of "core messages" developed to support communication and implementation of the *Guidelines*
- the effectiveness of the *Guidelines* in addressing child sexual assault in Aboriginal communities
- with regard to interagency cooperation, a) whether the exchange of information between agencies is operating more smoothly, including for children at high risk whose families move location, and b) how often, and with what success, "Best Endeavour" requests are made.

2.2 Scope

The evaluation covered professionals and agencies with a child protection role on a State-wide basis, segmented as:

- 13 NSW Government agencies who are members of the CPSOG and covered by the *Guidelines*, including: Department of Community Services (DoCS), Department of Education and Training (DET), NSW Health, NSW Police Force, NSW Police Ministry, Department of Corrective Services (DCS), Department of Sport and Recreation (DSR), Department of Ageing, Disability and Home Care (DADHC), Department of Aboriginal Affairs (DAA), Housing NSW, Department of Juvenile Justice (DJJ), NSW Attorney General's Department (AGD), Department of Premier and Cabinet (DPC)
- Office of the Department of the Public Prosecution (ODPP), which was on the CPSOG when the evaluation commenced, but is no longer
- key peak non-government organisations
- DoCS funded services.

2.3 Evaluation framework

DoCS developed an evaluation framework for the *Guidelines*, in part reflecting a recommendation of the NSW Ombudsman's 2004 *Report of Reviewable Deaths* to focus on agency take-up and overall effectiveness of the *Guidelines*. The framework is represented by an initial results hierarchy (Figure 2.1) that reflects the underlying strategy.

This hierarchy is based on the following assumptions:

- the *Guidelines* need to be appropriately designed if they are to have the intended effectiveness for clients. Agencies and professionals will only take

up, and continue to use, the 2006 edition of the *Guidelines* effectively if they are designed to facilitate this. The *Guidelines* were re-developed in 2006 based on the findings from a consultative review of the 2005 *Guidelines*

- the communications strategy for the 2006 edition of the *Guidelines* needs to be effective if they are to be utilised ('taken up'). This is critical, as a professional within an agency cannot use the *Guidelines* if they are unaware of them
- if the 2006 *Guidelines* are implemented effectively, there will be improved interagency collaboration and cooperation:
 - interagency practice will be more comprehensively recognised in child protection policy and practice
 - improved collaboration on child protection policy and practice will lead to better outcomes for the safety, welfare and wellbeing of children and young people. However, identifying such improved outcomes may be too long-term to be determined by a study with only a 12-18 month lead time.

The results hierarchy (Figure 2.1) represents the assumed logic in simple terms as:



2.4 Key evaluation focus areas

The evaluation was framed by the evaluation framework and outcomes logic. The focus areas were:

- **effective development:** whether the *Guidelines* are in as an effective form as they can be (comprehensibility, ease and practicality of use, relevance to improving collaboration)
- **effective communication** (communication strategies, awareness raising, stakeholder confidence, inclusion in business planning, training programs)
- **effective implementation or ‘take-up’**
 - development/ revision of policies, procedures, training programs and tools relating to child protection interagency practice
 - analysis of how, where, when, and to what extent the *Guidelines* are being used
- **enhanced collaboration and cooperation** between service providers – agencies and professionals: Establishment of improved local networks and communications, shared case planning, increase in cross-agency referrals, development of formal protocols, shared training, and commitment to interagency relationships. The evaluation assessed **the extent** of collaboration and cooperation, as well as the **quality** of the interaction between interagency partners.

The evaluation did not directly investigate whether there have been improvements to the safety, welfare and wellbeing of children in NSW, although the results hierarchy (Figure 2.1) suggests that if implemented effectively, then the *Guidelines* would be expected to contribute to this outcome. In practice, assessing such improvements is likely to be related to and complicated by various factors unrelated to the *Guidelines*.

2.5 Overview of evaluation approach methodology

The evaluation used a mixed methods approach to address the aims of the evaluation and collect information about the focus areas. Data was collected from operational and policy staff of 13 human service and justice agencies⁶, as well as the NGO sector involved in providing services for children and families.

Overall, 3,825 people completed a survey, 73 people were interviewed in-depth, and 94 policies and procedures were reviewed (Table 2-1).

Three groups of staff were surveyed:

1. staff needing detailed knowledge of the *Guidelines* - defined broadly as those staff who might be expected to deal with child protection matters as part of their normal role. For the most part, these staff positions were those involved in direct service delivery
2. staff needing general knowledge of the *Guidelines* – defined as staff whose position meant that they are unlikely to be involved in child protection matters and generally, included staff not involved in direct service delivery
3. staff from DoCS funded NGOs.

⁶ All CPSOG agencies at the time that the evaluation commenced, except DAA which declined to participate since it does not have a service delivery function.

Each agency identified relevant staff positions to be included in this survey. All groups answered a core set of common questions (x 51), with staff needing detailed knowledge answering an additional 23 questions covering the impact of the *Guidelines* on their practice.

The evaluation analysed the survey data by agency, staff category and by NSW Regional Management Coordination Groups (RMCG, also known as Premier and Cabinet Regions). Each agency was provided with consolidated tables showing results by staff category.

The methodology for the evaluation, and reports on the findings of each data collection method are described in detail in *Volume 2: Evaluation of the NSW Interagency Guidelines for Child Protection Intervention 2006: Methods and evidence sources*. Volume 2 includes reports on the survey of detailed knowledge staff, general knowledge staff and NGO staff, case studies and the desk top review.

Volume 2 also includes a report on the regional analysis of the survey data, which is likely to be useful for individual regions when considering take-up in their own area.

The methods are summarised in Table 2-1, below.

Table 2-1 Summary of methods

Method	Study group	Sample	Evaluation focus area
On-line survey	Staff from 12 ⁷ NSW Government human service and justice agencies who needed general knowledge of the <i>Guidelines</i>	1,434 respondents Response rate = 49%	Effective development, communication and take-up
On-line survey	Staff from 12 ⁸ NSW Government human and justice service agencies who needed detailed knowledge of the <i>Guidelines</i>	1,863 respondents Response rate=62%	Effective development, communication and take-up Enhanced collaboration and cooperation
Hard-copy survey	DoCS funded non-government organisations	528 respondents Response rate=54%	Effective development, communication and take-up
Semi-structured interviews	Senior officers of 13 NSW Government human service and justice agencies	16 interviews (22 participants)	Effective development, communication and take-up at the policy level
Semi-structured interviews	11 peak NGO informants ⁹	11 staff from 9 NGOs interviewed ¹⁰	Effective development, communication and take-up at the policy level

⁷ All agencies represented on the CPSOG except DAA and DPC since they do not have a service delivery function.

⁸ All agencies represented on the CPSOG except DAA and DPC since they do not have a service delivery function.

⁹AbSec, ACWA, AIS, CEC, CREATE; NSW Family Services Inc; NSW LG&SA, MCSA, SDN, CCCC , YAPA.

¹⁰ NSW LG&SA and YAPA declined to be interviewed considering scope not relevant to their organisations' activities.

Method	Study group	Sample	Evaluation focus area
Desk-top review of human service and justice agency policies and procedures	Ten NSW Government human service & justice agencies with operational staff ¹¹ : DoCS; DET; DADHC; NSW Police Force; Health; DCS; Housing NSW; DSR; DJJ; ODPP	94 documents	Effective take-up at policy level
Case studies, in two metropolitan locations (4 cases) and one rural location (2 cases)	Staff from seven government agencies – DoCS; DET; DADHC; Health; NSW Police Force; DCS; Housing NSW; 9 NGO service providers; 1 independent health provider	39 interviews	Effective take-up at operational level and enhanced collaboration and cooperation

2.6 Limitations of the evaluation methodology

The findings in this report represent the experiences of staff working across the human service and justice organisations, and range from those who deal with child protection as core business to those who rarely or never deal with a child protection matter. It is therefore important to acknowledge context as an important factor in interpreting the data.

There are no substantial limitations to the evaluation methodology except that resources and the methods used allowed only limited evidence to be collected about whether the *Guidelines* are effective in addressing child sexual assault in Aboriginal communities (Q51 in the detailed survey). Nevertheless, decision-makers can have a high level of confidence in using the findings because of acceptable responses to the survey and complementary findings from other data sources.

However, the case study results are not generalisable or necessarily representative, being chosen using a purposive sampling approach to elucidate key survey findings. The nature of the case study methodology using in-depth qualitative data means that it is not intended to be representative.

The cases were selected by DoCS, in consultation with other relevant agencies, to illustrate examples where interagency processes have been successful and examples where problems have occurred. Other factors that limit the generalisability of the case study results are that:

- recollections of respondents may vary where cases have gone on over a long time period
- in some cases, respondents have conflicting views or recollections of what took place
- the analysis of the case studies is based solely on the information provided by respondents. The views of respondents were not checked or confirmed by any analysis of files, due to privacy concerns.

¹¹ Inclusion criteria: All policies/ procedures/ guidelines covering the child protection practices of operational staff when risk of harm reports are made, and during subsequent child protection interventions.

2.7 Ethics

The evaluation was conducted under the Australasian Evaluation Society Guidelines for the Ethical Conduct of Evaluations and within the constraints of the *NSW Privacy and Personal Information Protection Act 1998*.

All methods were approved by the Evaluation Working Group comprising CPSOG members.

Evaluation Solutions, the web-survey provider, made a copy of its security policy and protocols available, which met the requirements of the NSW Police Force IT. These protocols ensured that the survey data was kept secure, and confidentiality of respondents maintained.

The survey was given approval by the Sydney South West Area Health Service NSW Health Ethics Committee (RPAH Zone).

Strategies in place to ensure the evaluation was conducted ethically include:

- informed consent processes used. All participants were provided with written information about the evaluation. Participation in the evaluation was voluntary, and survey and interview respondents were informed that they had the right to refuse to participate or withdraw at any time without consequences
- survey data was provided to ARTD by Evaluation Solutions in de-identified form
- all email lists of staff have been deleted by ARTD and Evaluation Solutions
- Evaluation Solutions has deleted all survey responses
- hard-copy surveys are stored securely
- ARTD was not informed about the names of persons in case studies and given only broad information about characteristics of cases. Only service providers were interviewed, and the case study interviews focused on interagency collaborative processes and the *Guidelines*, not on the details of the case
- all identities of persons interviewed are protected. No views connected to individual persons are identified in the report, nor were they made available to agency staff.

3 Suitability of the format of the *Guidelines*

This section assesses whether the *Guidelines* are presented in a suitable format, that is, the comprehensiveness, ease and practicality of use, and perceived application of information for Aboriginal families and children.

3.1 Perceived ease of use

As a result of the 2005 review, the *Guidelines* were revised to improve their ease of use. The evaluation confirms that these efforts were largely successful. Staff who responded to the survey mostly regard the *Guidelines* as being easy to use, importantly agreeing that they are concise and that they provide practical advice on interagency cooperation in child protection (Table 3-1).

Human service and justice agency senior officers regard the *Guidelines* as being comprehensive and well organised, with the flow charts being a valuable tool. Further, they agreed that the 2006 edition more clearly articulates roles and responsibilities of agencies and that these are realistic and can be achieved.

Staff needing detailed knowledge familiar with the *Guidelines* reported that the information was well written and indexed, provided a framework for discussion, covered mandatory reporting responsibilities and interagency meetings, and was a useful reference tool.

However, a significant minority of staff (30%) report finding it difficult to locate information in the *Guidelines*, when needed. They include staff members who are unlikely to deal with child protection matters in their role, and some NGOs (Table 3-1.) For example, amongst NGOs who believed that the *Guidelines* were difficult to use were organisations funded under the Better Futures Program (mean ease of use score = 2.9 out of 4), Aboriginal Child, Youth and Family Strategy (mean score = 2.9), and DoCS Alcohol and Other Drugs Program (mean score = 2.5).

Complaints regarding editorial matters mainly focused on how long and 'cumbersome' the *Guidelines* are, and/or a lack of clarity and organisation to help find information when necessary. Peak NGO senior staff suggested a summary version covering only the roles and responsibilities of agencies, procedures for requesting feedback, and managing disputes. They said such a short version would be useful for those who only deal with child protection matters occasionally, and would make it easy to locate information on the rare occasions it is needed.

Table 3-1 Summary of survey respondents' perceptions about ease of use of the *Guidelines*

Type of staff	% agree	% agree	% agree	% agree	Average mean ease of use score (out of 4)
	<i>Guidelines</i> are concise	It is difficult to locate information in the <i>Guidelines</i> when needed	<i>Guidelines</i> provide practical advice on interagency cooperation in child protection	The <i>Guidelines</i> conflict with my own agency's policies and procedures	
Staff who need detailed knowledge	81%	30%	98%	5%	3.4
Staff who need general knowledge	79%	37%	98%	8%	3.3
DoCS funded NGOs	87%	39%	94%	17%	3.2

3.2 Access

The *Guidelines* are available in hard-copy, CD-ROM and on-line searchable formats on agency Intranet sites or via a URL link to the DoCS Internet site.

A total of 6,327 hard copies and 28 CD-ROMs were distributed to 14 NSW Government human service and justice agencies and all DoCS funded organisations (including to all child care services), by November 2006¹². In addition, over 1,500 hard copies and extra CD-ROMS were also made available free of charge from the DoCS Distribution Centre to anyone who requested one, with the stock now depleted. As a result, most staff can access the *Guidelines* in one or more formats (Table 3-2). Of interest is the relatively low percent of NGOs who reported they are able to access copies via electronic means, possibly because of lesser IT capacity in the sector.

Table 3-2 Respondents' capacity to access the *Guidelines**

Type of staff	In hard copy	Internet/ Intranet	CD-ROM	No access
Detailed knowledge	50%	72%	1%	0%
General knowledge	32%	67%	1%	2%
NGO	50%	44%	3%	3%

*Participants could select more than one access method.

3.3 Perceived relevance/ effectiveness of the *Guidelines* for working with Aboriginal families and children and addressing child sexual assault

The relevance of the *Guidelines* for working with Aboriginal families and children was commented on by survey respondents, 5% of whom or 73 individuals were Aboriginal.

Although the evidence shows the *Guidelines* are generally relevant for workers in cases involving Aboriginal people, there is also a case for either expanding the content of the *Guidelines* to address cultural and practical issues or providing information and support to workers by other means, especially as fewer Aboriginal workers agree that the *Guidelines* are suitable for working with Aboriginal families or addressing child sexual assault than non-Aboriginal staff (Table 3-3).

The survey results show that although the majority of staff (83%) agrees that the *Guidelines* are 'just as useful in matters involving Aboriginal people as non-Aboriginal people' (Table 3.3), Aboriginal staff were less likely to agree. Almost one in three Aboriginal respondents (30%) disagreed that the *Guidelines* are just as useful for Aboriginal people.

Likewise, the majority of non-Aboriginal agency staff (84%) felt that 'for matters relating to Aboriginal children and young people the provisions in the *Guidelines* for feedback to mandatory reports can be applied effectively'. Again, Aboriginal workers are less likely to agree (76%).

One of the aims of the evaluation was to assess if the *Guidelines* are effective in addressing sexual assault in Aboriginal communities. The survey results show that most survey respondents agree that 'the provisions in the *Guidelines* for addressing

¹² HSJCEO Forum, Summary of CPSOG Communication Strategy, June 2007.

sexual assault can be applied effectively to Aboriginal children and young people'. Nevertheless, almost one in three Aboriginal staff disagreed that the provisions in the *Guidelines* for addressing sexual assault can be effectively applied to Aboriginal children and young people.

By contrast, the majority of respondents, particularly Aboriginal people agreed that more detail on engaging with Aboriginal people is required, with one-third saying that 'a separate set of *Guidelines* would be required for engaging with Aboriginal people and responding to child protection reports in relation to child abuse and neglect' (Table 3-3). The Joint Investigative Response Teams (JIRT) Aboriginal Community and Culture Project, is currently addressing the need for resources by client service providers about appropriate ways of engaging Aboriginal families, and has prepared Aboriginal Community Engagement Guidelines, which are being trialled and implemented across NSW.

These different perspectives were confirmed in feedback on the issue. Respondents who opposed separate *Guidelines* for working with Aboriginal people believed in non-differential treatment of Aboriginal children and equality under law. Other respondents made specific mention of the adequacy of the *Guidelines* in both Aboriginal and non-Aboriginal populations.

On the other hand, some respondents felt the current *Guidelines* do not provide enough information about working with Aboriginal people. DoCS workers, in particular, mentioned there was insufficient detail about how to engage with Aboriginal people and communities. Although one person suggested that detailed local protocols would be helpful in supplementing the *Guidelines*, no one mentioned using the 'Guide to developing a protocol between local Aboriginal organisations and government/ NGO partners', which is Appendix 4 of the *Guidelines*. There was a common view across agencies that workers need to consult more with communities and be aware of cultural differences, especially about parenting and living arrangements. One of the case studies involving an Aboriginal family highlights difficulties arising from cultural differences, where the removal of a child from her mother and grandmother's care because of domestic violence had 'caused uproar in the community'.

Of interest are comments from 31 respondents who mentioned problematical practice in child protection matters for Aboriginal children and young people. Some talked about it being difficult to follow the *Guidelines* when working with Aboriginal families, with understaffing and complicated procedures as contributing factors. Other respondents appeared to lack confidence about working with Aboriginal people, citing a fear of appearing racist or insensitive and mentioning memories of the stolen generations to show how government has failed in the past. Others referred to Aboriginal families mistrusting government officials, which inhibits agencies from cooperating with Aboriginal groups. Indeed, in case study 1, a police worker stated that local mistrust of DoCS by the Aboriginal community made it difficult for DoCS workers to engage the family.

Table 3-3 Detailed knowledge respondents' perceptions about the applicability of the *Guidelines* to Aboriginal children and young people*

Statement	% respondents overall agree		
	Non- aboriginal	Aboriginal	All
Q49 The <i>Guidelines</i> are just as useful in matters involving Aboriginal people as non-Aboriginal people	84%	70%	83%
Q50 For matters relating to Aboriginal children and young people, the provisions in the <i>Guidelines</i> for feedback to mandatory reports can be applied effectively	86%	76%	85%
Q51 The provisions in the <i>Guidelines</i> for addressing child sexual assault can be applied effectively to Aboriginal children and young people	84%	69%	83%
Q52 More detail in the <i>Guidelines</i> on engaging with Aboriginal people is required	66%	86%	67%
Q53 A separate set of <i>Guidelines</i> are required for engaging with Aboriginal people and responding to child protection reports in relation to child abuse and neglect	34%	63%	35%

* Questions not asked of general knowledge or NGO respondents.

Q49: n=988 non-Aboriginal people; n=73 Aboriginal people. Q50: n=846 non-Aboriginal people; n=67 Aboriginal people. Q51: n=907 non-Aboriginal people; n=67 Aboriginal people. Q52: n=910 non-Aboriginal people; n=71 Aboriginal people. Q53: n=980 non-Aboriginal people; n=70 Aboriginal people.

3.4 Perceived gaps in information

In general, the evidence indicates that the *Guidelines* are comprehensive. Both human service and justice agency senior officers and survey respondents concurred that the 2006 version covers all important topics for interagency collaboration (Table 3-4).

An emerging gap in the *Guidelines* is about relative roles and limits of action of NGOs who provide support services to the child or the family. The *Guidelines* do reference the roles of support services in case management (section 3.9 of the *Guidelines*), but the case studies show that after a child has been reported to DoCS and once a child had been placed in care, some of the NGO service providers were uncertain about how to maintain support services for both the child and the family. This finding is supported by feedback from peak NGO informants, who felt that, while the *Guidelines* refer to engaging families, there is no reference to any support that may be available to mandatory reporters who may have to work with families after they have reported a suspicion of child abuse or neglect. While the *Guidelines* (3.7.5) refer to Managers Casework at a CSC being available to provide support for a limited time after case closure, this does not cover the broader situation referred to here. Perhaps the support at case closure could be enhanced to cover the scenario here.

Table 3-4 % respondents who agree with statements about the *Guidelines*' coverage of interagency collaboration

Statement	% staff agree with statement		
	Detailed knowledge	General knowledge	NGO
The <i>Guidelines</i> cover all the important topics for interagency collaboration in child protection	89%	80%	91%
There are important topics relating to interagency collaboration in child protection missing from the <i>Guidelines</i>	28%	40%	29%

Many of the responses from agency staff about gaps in information appear to reflect the respondent's lack of experience in a specific practice area and/or a lack of familiarity with the *Guidelines*. Many of the supposed gaps in information are covered to some extent in the *Guidelines*, and the perceived gap is more a detail about the practice of a particular agency or the topic. Our view is that the *Guidelines* cannot cover normal practice of all agencies and stay concise, readable and meaningful.

A related perspective, articulated by informants from the practice and policy level, is that information is not missing from the *Guidelines* – rather, that the processes are sometimes not followed, mostly because of large caseloads, competing priorities and resource limitations. Human service and justice agency senior officers from both within and outside DoCS, were concerned about whether some responsibilities, such as providing feedback, were sustainable due to competing priorities and resource limitations. These concerns are not supported by the case study evidence, where mandatory reporters all received feedback when requested (see section 7.2).

DET also commented that the requirement to report child protection matters to the Ombudsman when the allegations involve staff members is beyond the areas covered in the *Guidelines*, and that staff from other agencies do not understand these responsibilities.

3.5 Conclusion – suitability of the format of the *Guidelines*

The format of the *Guidelines* is a successful one, being easy to access and use and covering important topics. Staff members who are familiar with the *Guidelines* and likely to deal with child protection matters find them concise and also comprehensive.

For those who do not use the *Guidelines* regularly, the length of the document means that finding information can be difficult.

The evaluation found two areas where the current format does not meet the needs of staff. Firstly, practical guidance about how to deal with child protection matters for Aboriginal children and families in a culturally appropriate way; and secondly, NGOs' uncertainty about their roles and limits of action in maintaining support services for both the child and the family after a risk of harm report has been made, and when a child is placed in out-of-home care.

The difference in the views of Aboriginal workers and other staff about the suitability of the *Guidelines* for Aboriginal families and children could be further explored and new materials be developed in consultation with Aboriginal workers and key peaks.

We have very limited evidence about whether the *Guidelines* are effective in addressing sexual assault in Aboriginal communities, except that although most survey respondents agree that the provisions can be applied, twice as many Aboriginal workers disagree (31%) as other staff (16%).

The current format of the *Guidelines* should be retained, and CPSOG should develop other strategies to address the gaps in frontline staff needs, for example local protocols about working with Aboriginal families and additional cultural competence training,¹³ and local protocols for NGO service providers covering different services' roles when a child is placed in care.

¹³ NSW Health's Education Centre Against Violence currently facilitates training workshops called, 'Working Towards Cultural Competence' and 'Competent responses to Aboriginal sexual and family violence', which could be accessed.

CPSOG could also consider a short pamphlet, which contains key messages from the *Guidelines* and references the complete version of the *Guidelines*. This may be especially useful for NGOs and adult focused services, where there is less likelihood of being involved in child protection matters or where children's issues are less visible. The resource could be widely disseminated to adult human service providers in hard copy, and be made available to the general community.

4 Knowledge and awareness of the Guidelines

This section describes the communication strategy used to disseminate the *Guidelines*, and assesses its effectiveness by documenting agency and NGO staff awareness and knowledge of the *Guidelines*.

4.1 Communication strategy

The 2006 edition of the *Guidelines* was developed by DoCS in consultation with human service and justice agencies. Senior officers from across these agencies and NGOs reported that this process worked very well.

Once the *Guidelines* were finalised, the CPSOG coordinated a communication strategy to inform staff about the new edition and key practice changes.

The keystone of this strategy was for each agency to actively disseminate the *Guidelines* to their own staff using similar but tailored strategies for specific agencies and the NGO sector. Thus, the success of the communication strategy depended to a large extent on the commitment of each agency. The common communication strategies were:

- notifying all staff about the publication of the 2006 edition of the *Guidelines* and about core messages via agency-wide electronic message, agency newsletters, and interagency publications (DoCS only)
- targeted dissemination of core messages to managers and operational staff at regular staff meetings, via email messages, and internal forums and conferences
- internal training for operational staff
- incorporating the *Guidelines* into long-term training and policies and procedures (see section 3)
- distributing copies of the *Guidelines* through placement on agency websites or URL link to DoCS website, and as hard copies, e.g. all DoCS funded services including child care centres were sent hard copies of the *Guidelines* (section 3.2.). In addition, hard copies and CD ROMs were available free of charge from the DoCS Distribution Centre, accessible through the DoCS website.

Agency efforts were supported in the form of a Briefing Information Package developed by the CPSOG and train the trainer facilitator briefing sessions provided by DoCS for approximately 100 interagency participants. The Information Package was for use by facilitators of agency training sessions or at other information forums, such as interagency meetings. NGOs are able to access training material in the child protection and Briefing Information Package on the DoCS website. Interviews with senior officers revealed that agencies appreciated the facilitator training and found it a useful way of supporting their own activities.

All senior officers interviewed applauded the approach taken to get the *Guidelines* known to staff members. However, it was routinely reported that there was little or no follow-up about the *Guidelines* after their initial implementation. This was reported as being particularly problematic for organisations with a high staff turnover.

4.2 Awareness of the Guidelines

The communication strategy appears to have been largely successful, with a high level of awareness of the *Guidelines* amongst survey respondents (95%) (Table

4-1). These results are supported by case study findings, where 35 out of 39 staff interviewed knew about the *Guidelines*.

Awareness of the *Guidelines* was particularly strong for staff members who might be expected to deal with child protection matters in their role. Around three-quarters of both the staff expected to have detailed knowledge of the *Guidelines* and the staff from DoCS funded NGOs had read relevant sections and/or used the *Guidelines*, compared with 59% of other agency staff. Staff from DoCS funded non-government organisations who responded to the survey were most likely to be aware of the *Guidelines* and also have seen a copy.

On the other hand, a relatively large minority of staff from four agencies that would be expected to know about the *Guidelines*¹⁴ had not seen a copy: NSW Police Force (21% aware but not seen), DJJ (18% aware but not seen), NSW Health (16% aware but not seen) and Housing NSW (15% aware but not seen). Child care workers involved in the case studies were also unfamiliar with the *Guidelines*.

The reasons for differing levels of awareness are not clear, but could relate to the intensity of promotional efforts by organisations; the level of organisational commitment to continued training opportunities about the *Guidelines* or educating service delivery staff; and to staff turnover, with new staff missing educational opportunities. For example, Housing NSW had not completed all the face-to-face training of staff at the time of the survey. Some NGOs said they rely on DoCS to provide ongoing training about the *Guidelines*, or wanted training to be financially supported by DoCS at a regional level.

Of the staff members who had seen the *Guidelines*, only 3% found them irrelevant to their practice. Approximately one-third of staff had read the relevant sections of the *Guidelines*, and another third reported both reading relevant sections and using them in their practice. The case studies also highlighted that awareness of the *Guidelines* does not necessarily translate into knowledge or use of the *Guidelines*.

Table 4-1 Respondents' awareness of the *Guidelines*

Type of staff	Not aware	Aware but not seen	Seen but not read	Looked, not relevant	Read relevant sections	Read sections and use	Total
Detailed knowledge	4%	11%	7%	2%	35%	41%	100%
NGO program staff	4%	8%	5%	3%	38%	42%	100%
General knowledge	8%	22%	7%	5%	32%	27%	100%
All	5%	15%	7%	3%	34%	36%	100%

4.3 Knowledge about child protection

Overall, respondents were fairly confident that they understand the key child protection indicators and processes outlined in the *Guidelines* and this confidence appears to be well placed, particularly amongst detailed knowledge respondents. The confidence appears to be less well founded amongst NGO respondents.

The results confirm that those who would be expected to know about child protection indicators and core messages in the *Guidelines* do so (Table 4-2 and

¹⁴ Detailed knowledge respondents.

Table 4-3). Mean knowledge scores ranged from 7.6 out of 10 (general knowledge and NGO respondents), to 8 (detailed knowledge respondents). Further, there was a marked difference in self-reported knowledge between detailed knowledge respondents and those less likely to deal with child protection in their roles (general knowledge respondents). As a group, DoCS funded NGOs were more confident about their level of knowledge of child protection practice than general knowledge respondents from NSW Government agencies, but on average their actual knowledge score was the same (Table 4-3). Nevertheless, all knowledge scores were relatively high.

All respondents reported being well informed about two key facts: knowledge of the circumstances for reporting a child to DoCS, and the indicators of child abuse or neglect (Table 4-2). However, less than half the respondents correctly identified individuals rather than agencies or a combination of both as responsible for making child protection reports (Table 4-3). The lower percentage of correct answers for this question may be attributed to larger numbers of DET and NGO school respondents choosing the answer that reflects the centralised reporting process in schools, rather than the correct answer.

A high proportion of detailed knowledge respondents were also confident that they understand the circumstances where you can and must share information with other agencies regarding child protection. General knowledge and NGO respondents were less confident about their understanding of these processes, specifically privacy considerations. As the knowledge test shows, there remains a substantial minority of all staff (27%) from government agencies and NGOs who are unaware that it is permissible to verbally exchange information relating to the safety and wellbeing of a child when there are established local arrangements.¹⁵

The case studies confirm these findings. Across all cases, staff needing detailed knowledge generally displayed a good knowledge about what and how information can be exchanged, however some uncertainty about privacy considerations remains. For example, agency staff commonly described getting parental consent for exchanging information as outlined in the *Guidelines*, even though the *Guidelines* specify that information can be exchanged without the consent of an individual where there is a risk of harm to a child or young person. On the other hand, there was also a small group of individuals, based in NGOs or private practice, who appeared not to know key facts about how child protection matters are managed by DoCS or the roles and responsibilities of agencies dealing with a matter. Perhaps as a result, these respondents were unsatisfied with case management processes and with DoCS. For example, child care centre staff in the case studies did not seem to understand their mandatory reporting role and were in conflict with the DoCS CSC.

However, for most individuals in the case studies from NGOs or private practice, and for all but one of those who were unsatisfied with their relations with DoCS, knowledge of any policies, procedures or the *Guidelines* appeared to be lacking.

Other topics covered by the *Guidelines* where there appears to be a lack of clarity are DoCS intake and investigation process, and also the processes for best endeavour requests. The issue was highlighted in one of the case studies where a health service that is rarely involved in child protection matters did not understand the way DoCS assesses cases. As a result, the service providers were frustrated with DoCS' actions, and also a client was given inappropriate advice about the chances of caring for their child.

¹⁵ Question 26 in Table 4.3.

More than half of all respondents rated their knowledge of the process for best endeavour requests as poor or fair only. Several detailed knowledge respondents, mainly from DADHC and DET, mentioned the need for information regarding the process a report goes through once it is received by DoCS, as well as better clarity in regards to DoCS' requirement to provide feedback in relation to a risk of harm report.

Table 4-2 Survey respondents who rate their knowledge of child protection processes and indicators as either good or excellent

Type of staff	% rate knowledge as good or excellent					
	Processes required for 'best endeavour' requests	DoCS child protection intake investigation and assessment process	Roles/ responsibilities of NSW Government agencies involved in child protection	Circumstances when you can/ must share information with other agencies regarding child protection	Circumstances when child/ young person should be reported to DoCS	Indicators of child abuse/ neglect
Detailed Knowledge	51%	62%	70%	83%	95%	92%
NGOs	35%	50%	69%	79%	92%	80%
General knowledge	23%	31%	49%	61%	83%	74%

Table 4-3 Survey respondents' knowledge of messages re child protection from the *Guidelines* by type of staff (% answered correctly) and average knowledge score

Question	Detailed Knowledge % correct	NGO % correct	General Knowledge % correct	All % correct
Q24. Once a report is made the mandatory reporter must not have any further involvement with the person they report	97%	96%	88%	93%
Q21. DoCS maintain statutory responsibility for child protection matters	92%	95%	89%	91%
Q23. You can provide information to the NSW Police Force for law enforcement purposes about a child protection matter without the consent of the child, their parent or carer	91%	88%	91%	91%
Q25. CSC will provide feedback to mandatory reporters who request it, have an ongoing role with the child and when it will enable that work to continue	88%	84%	81%	85%
Q27. DoCS has the power to direct agencies to provide information about the safety, welfare and wellbeing of a child or young person at any stage in a child protection intervention	87%	89%	89%	88%
Q20. Which of the following are steps in the model for resolving interagency differences. <i>series of options</i>	86%	86%	84%	85%
Q26. When there are established local arrangements, DoCS officers and officers from other agencies can verbally exchange information relating to the safety, welfare and wellbeing of a child or young person or a class of children and young people	76%	77%	68%	73%
Q22. The role of the DoCS Helpline is to refer all telephone calls to the CSCs	68%	56%	59%	63%
Q.19 Which of the following provide independent oversight and support on child protection matters... <i>series of options</i>	68%	58%	59%	63%
Q18. Who is responsible within your agency for making a risk of harm report... <i>series of options*</i>	47%	35%	40%	42%
Average knowledge score (out of 10)	8.0	7.6	7.5	

*The true score for this question may be higher as some departments make senior staff *responsible* for making a report, even though the original member is *accountable* for that report.

4.4 Conclusion – knowledge and awareness of the *Guidelines*

The *Guidelines* have a high profile and those staff members who need to know key facts about child protection indicators and processes of managing a child protection case are relatively well informed.

Nevertheless, the findings highlight the need for continuing organisational commitment by NSW Government human service and justice agencies and NGO peaks and NGO service providers to informing and educating staff about the *Guidelines*.

In particular, the NSW Police Force, Housing NSW, NSW Health and DJJ should renew efforts to ensure that staff who need to, become familiar with the content of the *Guidelines*. Topic areas that training or other communication activities could focus on because they are not broadly understood are: that it is the responsibility of individuals to report children at risk; DoCS intake and investigation process; and the processes for best endeavour requests.

The evaluation also shows that CPSOG could consider developing new strategies to reach and inform NGOs about the *Guidelines*.

5 Take-up of the *Guidelines* – at the policy level

This section discusses the take-up of the *Guidelines* at the policy level, that is the extent to which NSW Government agencies and NGOs have developed or revised policies and procedures relating to interagency child protection intervention practice.

5.1 Revision of human service and justice agencies' policies and procedures since 2006 edition of the *Guidelines*

Take-up of the *Guidelines* at the policy level is vital to ensure it is an effective instrument for promoting interagency cooperation on child protection matters. The *Guidelines* provide a framework for, and a way of prioritising collaborative practice to deal with child protection matters. However, the *Guidelines* must have the commitment of agencies and professionals to be successful.

CPSOG recognised that the *Guidelines* practice commitments and philosophy of shared responsibility for child protection must be congruent with agencies' policies and procedures. On a day-to-day level, professional practice is guided by organisational policy and procedures, and the *Guidelines* are designed to supplement, not replace these. Details of how agencies work at the local level are appropriately left to be 'worked out' by local networks and documented in local protocols, guided by agency policies.

All NSW Government human service and justice agencies have or are currently revising relevant policies and procedures to reflect the practice commitments in the 2006 edition of the *Guidelines*. Senior officers indicated that the *Guidelines* are integrated into their policies, procedures and initiatives via training, information on the agency website and in updated documents. Furthermore, they view the roles and responsibilities articulated in the *Guidelines* as being both sustainable and achievable.

Our review shows that human service and justice agencies have updated at least half of the policies and procedures related to child protection matters since September 2006, when the latest edition of the *Guidelines* was published.¹⁶

Three agencies, DCS, Housing NSW and DoCS have revised all or most relevant policies and procedures. DADHC and ODPP have updated fewer than one in three documents. NSW Health has updated just over half of all relevant policies and procedures. ODPP was updating its Child Sexual Assault Prosecution Manual in April 2008, when the documents were being reviewed. The NSW Police Force, Child Protection and Sexual Assault Squad has drafted a new version of the *Child Protection – Standard Operating Procedures* manual, which will be finalised when the recommendations of the Wood Commission are known.¹⁷ The Department of Sport and Recreation has scheduled reviews¹⁸ of three key documents including Child Protection Intervention Policy Procedures (for Sport and Recreation Industry).

The *Guidelines* have also been used to inform and clarify the memorandum of understanding between DoCS and DADHC around child protection cases where a child has a disability.

¹⁶ See Volume 2: Evidence sources for the Evaluation of the NSW Interagency Guidelines for Child Protection Intervention, for details of the document review.

¹⁷ Email from Manager Strategic Support, Child Protection and Sex Crimes Squad, 1 August 2008.

¹⁸ Email from Manager, Child Protection and Employment Screening Unit, 11 August 2008.

5.2 Uptake of new practice commitments in human service and justice agencies' policies and procedures

The 2006 edition of the *Guidelines* features eight new practice commitments (section 1.3 and Figure 5-1), which should be covered in relevant revised agency policies and procedures. Agencies take-up of these commitments in policies and procedures has been uneven and focused on mandatory reporting processes and requests for feedback; involvement of agencies in case planning; and using referrals and best endeavour requests.

Most agencies (90%) covered the commitment, '*Involvement of partner agencies and NGOs in case planning meetings so that an interagency response can be coordinated*', in at least one policy. Two other commitments were covered by at least half the agencies, '*Feedback from DoCS to reporters in response to a risk of harm report*' (60%) and '*DoCS making greater use of referrals and best endeavours requests, when it is unable to provide a casework response*' (50%). Only a minority of agencies covered the remaining commitments (Figure 5-1).

Just two frontline agencies, the Department of Community Services and the Department of Education and Training made reference to all the revised commitments in the policy and procedures provided. These agencies would be expected to have staff most directly involved with children and their families as part of normal business. The NSW Police Force and the Office of the Director of Public Prosecutions only referenced the commitment, '*Involvement of partner agencies and NGOs in case planning*'.

Figure 5-1 Agency coverage of the new practice commitments from the 2006 edition of the *Guidelines* in policies and procedures related to child protection

Commitment	Agency refers to commitment in at least one policy or procedure									
	DADHC	DCS ¹⁹	DET	DJJ	DoCS	Housing NSW	DSR	NSW Health	NSW Police	ODPP
<i>Involvement of agencies in case planning</i>	✓		✓	✓	✓	✓	✓	✓	✓	✓
<i>Feedback from DoCS to reporters</i>	✓		✓		✓	✓	✓	✓		
<i>DoCS using referrals and best endeavour requests</i>	✓		✓		✓	✓				
<i>Clarification of appt of case manager</i>	✓		✓		✓					
<i>Communication re case closure</i>			✓		✓	✓				
<i>Supporting agencies after case closure</i>	✓		✓		✓					
<i>Children and young people in case meetings</i>			✓	✓	✓					
<i>Supporting agencies when competing priorities</i>			✓		✓					

¹⁹ DCS advised that, 'several practice commitments are covered in the department's child protection training program and that two custodial and community-based policy manuals contain hyperlinks to the Guidelines. In September 2008, DCS is reviewing its policies with a view to including relevant practice commitments.'

5.3 Human service and justice agencies' staff perceptions about congruence of the *Guidelines* with policy and procedures

The evidence shows that staff needing detailed knowledge from NSW Government human service and justice agencies generally see the *Guidelines* as being congruent with their own policies and procedures, albeit the majority are confident their own policies and procedures are sufficient to cover all the issues they deal with when they have a child protection case (Table 5-1 and case studies, Volume 2). For example, in the case studies we observed instances where staff had clearly referred to their own procedures to guide their actions in the child protection case. DoCS staff referred to the *Children and Young Persons Care and Protection Act 1998* and policies regarding client confidentiality.

When their own agency policies and procedures are insufficient, three out of four survey respondents said they would refer to the *Guidelines*. The case studies show that this might be an optimistic response, although a few staff interviewed did check the *Guidelines* when they were uncertain about their roles or responsibilities. In the case studies, agency staff most often sought their manager's opinion when they were uncertain about interagency processes, or contacted the local DoCS office before referring to either their own policies or procedures or the *Guidelines* (see case studies, Volume 2).

Most survey respondents reported that their supervisors support them using the *Guidelines*, a finding confirmed by the case studies and senior officer interviews. Supervisors indicated that 78% of the staff who report to them used the *Guidelines* (detailed knowledge respondents). Reflective of supervisory support for the *Guidelines*, detailed knowledge respondents indicated that they would be comfortable applying something from the *Guidelines* without written approval from their supervisor (84%).

Table 5-1 Congruence with agency practice, policy and procedures

	% Overall agree		
	Detailed knowledge	General Knowledge	NGOs
My supervisor(s) supports me using the <i>Guidelines</i>	94%	91%	96%
My own agency policies and procedures cover all child protection issues I deal with	80%	82%	81%
Those staff who report to me use the <i>Guidelines</i> *	78%	68%	3%
If I cannot respond to a child protection issue using my own agency policies and procedures, I seek the answers in the <i>Guidelines</i>	74%	81%	88%
I would not apply something from the <i>Guidelines</i> unless I had received written approval from my supervisor(s)	16%	35%	17%
The <i>Guidelines</i> conflict with how my agency operates	5%	14%	74%

* Staff without a supervisory role (n=702) were excluded from the analysis of this question.

There appears to be some remaining issues around how child protection matters are dealt with that are not covered by current policy or procedures or the *Guidelines*. Around one in five agency respondents indicated that their agency's procedures are insufficient to cover all child protection issues they deal with (Table 5-1). Amongst staff expected to have detailed knowledge of the *Guidelines*, the ratio increases to around one in three staff from DADHC (33%), and Housing NSW

(28%). The issue was exemplified in one of the case studies, where DoCS and DADHC did not agree over who was responsible for purchasing medical equipment for a disabled child at risk. In another case study, NSW Health staff felt their agency procedures did not cover the issue of dispute resolution with DoCS.

5.4 DoCS funded NGOs take-up of the *Guidelines*

Our limited evidence indicates that there has been low or mixed take-up of the *Guidelines* at the policy level by NGOs. This might be partly explained by the diversity of organisations in the sector, some large with central policy functions and others being smaller local NGOs without specific capacity to develop policy.

Senior managers from peak NGOs were unsure if policy documents related to child protection had been updated since the 2006 edition of the *Guidelines*. However, these organisations are not generally service providers. Only some NGO providers involved in the case studies stated that their policies and procedures were congruent with the *Guidelines*.

One consequence of the low uptake of the *Guidelines* at the policy level is potential for conflict between the *Guidelines* and how organisations operate. In fact, the survey found that a high proportion of DoCS funded NGO respondents (75%) perceive that the *Guidelines* conflict with how their agency operates (Table 5-1). Just 3% said that staff who report to them use the *Guidelines*.

Although the perceived conflict between the *Guidelines* and the way NGOs operate needs further exploring, the case studies give some clues about the nature of the conflict. A difference in organisational values was observed between some NGO service providers and DoCS, based around how a child should be treated in relation to the family. The differences were particularly strong when a service provider was working with the whole family before a child was removed.

Nevertheless, the NGO peaks claim that, in general, their members' culture of working cooperatively aligns with the *Guidelines*, and findings from the survey give weight to these claims. Most NGO survey respondents agreed that supervisors are supportive of their staff using the *Guidelines*, and that they are likely to use the *Guidelines* as a reference if the issue is not covered in their own policies and procedures.

5.5 Conclusion – take-up of the *Guidelines* at the policy level

Human service and justice agencies have generally demonstrated that they are committed to ensuring that interagency practice commitments for dealing with child protection matters made in the *Guidelines* are supported by agency policies and procedures. In addition, the commitment is recognised by their staff who largely see no conflict between the *Guidelines* and how they operate. The *Guidelines* have been a useful tool for prioritising the issue of interagency collaboration.

DoCS and DET, two of the agencies most likely to deal with child protection matters, have made the most progress in revising and updating policies. However, two other frontline agencies, the NSW Police Force and NSW Health are yet to revise all relevant documents or cover all new practice commitments, as are other CPSOG agencies. We acknowledge that the NSW Police Force has drafted a revised child protection operating procedures manual that it is planning to finalise once the recommendations of the Wood Commission are known. NSW Health is seeking advice on whether to wait until the Commissioner's report is available prior to updating and finalising new child protection policies and procedures, or proceed in the interim. Nevertheless, it is apparent that agencies should renew or continue

efforts to ensure that relevant policies and procedures cover all new practice commitment in the *Guidelines*.

Associated procedural documents could be developed in consultation with staff and/or local staff working directly with clients so that the documents meet the needs of local level staff and their local interagency colleagues. In addition, DADHC and Housing NSW should review current policies and procedures in light of perceived gaps in information about how to deal with child protection intervention.

Of concern is the apparent dissonance between the way some NGOs operate and the processes and content of the *Guidelines*. The CPSOG could consult with the sector about how they might assist NGOs to develop child protection related policies and procedures in line with the *Guidelines*, and could also explore further what lies behind the perception of conflict between the *Guidelines* and how these organisations operate.

6 Take-up of the *Guidelines* – at the practice level

This section discusses the take-up of the *Guidelines* at the practice level, that is how, where, when, and to what extent the *Guidelines* are being used.

6.1 How and when used

The *Guidelines* are generally used in certain situations and have three main functions.

- 1. A reference document which sets the parameters for interagency cooperation on child protection matters and delineates roles.** Staff members use the *Guidelines* to help them understand what to expect from other agencies or how they should act. The most common situations where the *Guidelines* might be used are to clarify other agencies' roles and responsibilities in child protection matters (59% agree), for example in case planning or around exchange of information (50% agree) (Table 6-1). Survey respondents said they found the formalised procedures regarding actions to take in response to suspicions and reports useful, in that these have assisted decision-making and helped them ensure that other agencies are aware of their responsibilities and reporting requirements in relation to children at risk.

Staff members said they might refer to the *Guidelines* if they were really frustrated with the case management process and wanted to verify a claim or misconception or to help plan interagency case meetings. Other situations where the *Guidelines* are referred to include to clarify how to do coordinated casework, such as joint home visits; 'JIRT meetings' and referrals; and meetings about cross-agency programs, for example a pilot program to address anti-social behaviour.

Staff also described specific situations, mostly relating to their own agency's work, in which they might refer to the *Guidelines* to clarify specific information such as 'best endeavour referrals'; legal procedures involving prosecution of crimes (criminal proceedings) on children; legal protection such as AVOs; and how to deal with abuse and neglect issues suspected during home visits.

- 2. An advocacy tool** to motivate and encourage good practice, particularly around interagency collaboration and meeting practice commitments. In the case studies, some participants talked about the *Guidelines* giving them more confidence about 'pushing the envelope' to ensure collaboration occurred as intended, whereas in the past they may have just 'jumped up and down'. For example, making sure an interagency case planning meeting is held.
- 3. A training tool and aid for policy/ procedures formulation.** The *Guidelines* are particularly valued as a training tool for staff about child protection matters, as well as aiding in formulating agency specific policies and procedures.

Table 6-1 Likelihood of survey respondents using the *Guidelines* in certain situations

Situation	Likely/ somewhat likely to use the <i>Guidelines</i>				NOT RELEVANT – Either already aware of information or don't deal with this issue*			
	Detailed knowledge	General knowledge	NGOs	All	Detailed knowledge	General knowledge	NGOs	All
For clarification of other agencies' roles	60%	59%	67%	59%	21%	19%	18%	22%
For guidance on exchanging information with other agencies	48%	52%	62%	50%	33%	27%	20%	31%
For guidance on indicators of abuse and neglect	26%	41%	55%	34%	53%	41%	30%	48%
For guidance on my roles/ responsibilities when reporting to DoCS	23%	39%	49%	31%	55%	44%	31%	51%
For guidance on when to report to DoCS	20%	37%	51%	29%	56%	44%	35%	52%

* Majority of respondents already aware of information.

6.2 Extent used

Most people refer to the *Guidelines* irregularly, although those who deal frequently with child protection matters refer to the *Guidelines* more often²⁰, particularly staff from DoCS and NSW Police Force (Table 6-2). Around one in ten staff from these two agencies said they refer to the *Guidelines* on a daily basis.

On the other hand, a substantial minority of staff (who would be expected to have detailed knowledge of the *Guidelines*) from four frontline agencies indicated they never refer to the *Guidelines*. These agencies are: NSW Health (41%); NSW Police Force (41%); and DJJ (38%). The data gives some clues to explain these findings. On the one hand, a substantial minority (average of 40%) of respondents believe they already know the information in the *Guidelines*, and others might be involved in child protection matters relatively infrequently and on perhaps on reflection, should have been asked to complete the general rather than detailed knowledge survey. The case studies also show that a common reaction when people are uncertain about what action to take is to first approach their manager or contact the local DoCS office, rather than refer to the *Guidelines* or their own policies or procedures. This reflects a positive response and may indirectly relate to having the *Guidelines* as the background framework.

²⁰ As frequency of dealing with child protection matters increases, so does frequency of referring to the *Guidelines* – correlation coefficient 0.475, p<0.001.

Table 6-2 Frequency of reference to the *Guidelines*

Type of staff	How often do you refer to/ use information from the <i>Guidelines</i> ?					
	Never	<1/month	1 to 3x per month	4 to 6x per month	7 to 9x per month	Daily
Detailed knowledge	33%	34%	14%	6%	6%	7%
General knowledge	52%	33%	9%	3%	1%	3%
NGOs	26%	57%	11%	4%	4%	4%
All	40%	37%	11%	4%	4%	4%

6.3 Where used

Staff members²¹ who were familiar with the *Guidelines* generally had positive attitudes about where and how useful the *Guidelines* are for their work, although there is a significant minority who indicated that the *Guidelines* have adversely affected their ability to do their job.

Most respondents agreed that the *Guidelines* have helped them to understand: other agencies' roles (89%), and child protection processes (85%); and resolve differences in approaches to child protection with interagency partners (78%).

Nevertheless, there were some differences between the attitudes of all respondents and those from the Department of Health and the NSW Police Force, where fewer respondents than average agreed that the *Guidelines* have allowed them to make better decisions about when to make a child protection report (NSW Health, 71%; Police, 65%), and helped resolve differences in approaches to child protection matters (NSW Health, 66%; Police, 68%; DJJ, 62%). One of the issues highlighted in the case studies was that there are instances where agencies approach cases differently, which led to disputes between workers. In the case studies, we observed disputes between DoCS and DADHC, and NSW Health and DoCS, about roles and responsibilities in casework and decisions about clients. The *Guidelines* were not referred to during these disputes; rather the issues were discussed between the participants and/or with relevant managers.

Most staff also rejected the proposition that the *Guidelines* are adversely impacting on their ability to deal with child protection matters. Nevertheless, around one in five respondents in Housing NSW, the NSW Police Force and DJJ feel that the *Guidelines* have either reduced their job autonomy or allowed them less flexibility when dealing with child protection matters.²²

²¹ Staff expected to have detailed knowledge of the *Guidelines* because in their role they might deal with child protection matters.

²² Respondents agreed the *Guidelines* have reduced autonomy – NSW Health (21%); NSW Police Force (20%). Agreed, allowed less flexibility –DJJ (30%); NSW Police Force (30%); NSW Health (28%).

Table 6-3 Detailed knowledge respondents' perceptions of the utility of the Guidelines to their work²³

Using the <i>Guidelines</i> has ...	% agree/ tend to agree
<i>Positive statements</i>	
Given me more satisfaction with my work (n=966)	57%
Helped me understand child protection processes (n=1221)	84%
Helped me make better decisions about when to make a child protection report (n=1100)	75%
Helped me understand other agency roles (n=1317)	89%
Helped me resolve differences in approach to child protection with interagency partners (n=1139)	78%
Assisted me to recognise child sexual assault (n=1027)	56%
<i>Negative statement</i>	
Reduced my job autonomy (n=1119)	11%
Allowed me less flexibility when dealing with child protection matters (n=1176)	19%

6.4 Barriers to use

There is some evidence that the *Guidelines* are not always being followed consistently by DoCS caseworkers, largely because of practical resource constraints. Survey respondents argued that understaffing and high caseloads carried by DoCS caseworkers are barriers to implementing the *Guidelines*. Others commented that the *Guidelines* are too cumbersome to read and that they require too much administrative work that can take up the employees' time, which could be spent on supporting clients, for example s248 requests to police can be slow. Many such comments came from DoCS employees, while NSW Health, Housing NSW and DJJ were also well represented.

Staff in the case studies described instances where they had difficulties achieving the timely handling of cases and providing information to partner agencies or organising/ attending case conferences. In one case, the sheer number of agencies involved (12 agencies) in supporting the family meant it was impractical to meet as a group. In another case, the DoCS worker faced competing priorities and found it difficult to allocate time to provide requested information.

Both staff and senior managers indicated that, at times, agencies lack the capacity to fulfil their responsibilities for ensuring timely handling of all cases, providing feedback and fulfilling other responsibilities outlined in the *Guidelines*.

From DoCS' perspective, there are phases in case management where it is difficult to share information and maintain relationships between agencies – when a case is before court, when DoCS is making its final decision and when child placements are changed.

The impact of the *Guidelines* on interagency child protection practice is discussed in more detail in section 7.

²³ These questions not included in surveys for staff who need general knowledge and DoCS funded NGOs.

6.5 Conclusion – take-up of the *Guidelines* at the practice level

The *Guidelines* fulfil the important functions of being a valued reference resource and an advocacy tool to motivate local partners to cooperate and meet their practice commitments when dealing with child protection matters. Although staff referred infrequently to the *Guidelines*, they did so when they needed to and in certain situations.

The take-up of the *Guidelines* appears to be highest amongst DoCS workers, perhaps because child protection is central to their role and there is more opportunity to use the *Guidelines*. Agencies where further effort is needed to promote the functions and use of the *Guidelines* are the NSW Police Force, DJJ, Housing NSW and NSW Health.

Of concern is the perception amongst staff within and outside DoCS that caseworkers are insufficiently resourced to consistently implement the *Guidelines*.

7 Interagency collaborative practices and service quality

This section explores whether observed interagency practice around child protection matters is consistent with the *Guidelines*, and the relative contribution of the *Guidelines* to enhancing collaborative practice and quality of services.

The *Guidelines* were developed because the NSW Government recognised that achieving effective cooperation between service delivery agencies is vital to ensure that children at risk are safe from harm. Research shows there are many constraints and barriers to agencies cooperating, such as service priorities, funding constraints, inflexible organisational structures, conflicting professional approaches and ideologies, and poor understanding about capacity to share information and roles and responsibilities²⁴. The *Guidelines* are one tool amongst many others to help overcome these barriers.

7.1 Making a child protection report and requests for feedback

The 2006 edition of the *Guidelines* outlines who should make child protection reports and how reports should be made, including a new practice commitment by DoCS to provide feedback to mandatory reporters on request (Figure 7-1).

For the most part, there is clear evidence that staff needing detailed knowledge know when and how to make mandatory reports, and that DoCS workers understand their obligations about responding to these. Around two-thirds of staff needing detailed knowledge indicated that they have made a mandatory report at some time (Table 7-1 and section 4.3). Even so, a high proportion of survey respondents²⁵ (77%) said the *Guidelines* have assisted them to make better decisions about when to make child protection reports.

Evidence from the case studies shows that agencies are making risk of harm reports, which are consistent with legislated obligations and the *Guidelines*. However, a number of NGOs involved in the case studies appeared to have a poor understanding of their mandatory reporting role and how to work with a child after a risk of harm report has been made. These participants were child care workers and employees of an NGO who were unfamiliar with the *Guidelines*.

For the most part, the case studies illustrate that DoCS responded to risk of harm reports appropriately. Nevertheless, in one case, health service participants perceived that the DoCS' response was too slow and that repeated reports were made by service providers before any action was taken. In this case, which involved an unborn baby, there appears to have been limited communication between the health service and DoCS about the reasons for DoCS' actions.

The case studies also indicated that DoCS is providing feedback as per the new practice commitment made in the *Guidelines*. Amongst the few staff involved in case studies who had made the mandatory report about the child, all had received

Figure 7-1 New practice commitment re feedback from DoCS to reporters in response to a risk of harm report

At a minimum, DoCS' Community Services Centre (CSC) will provide feedback to mandated reporters who request it and who have an ongoing role with the child, young person or family and the feedback will enable that work to continue. Contact might be via letter or email. The Helpline will continue to inform mandated reporters (except Police) in writing, either that the report has been closed at the Helpline or transferred to a particular CSC or JIRT. NSW Police will still receive an automatic receipt of their report.

²⁴ NSW DoCS, April 2008. Interagency Co-operation – Submission to the Special Commission of Inquiry.

²⁵ Staff needing detailed knowledge of the *Guidelines*.

feedback when they requested it. In addition, participants reported that in other cases feedback has been provided when requested. The format of feedback varied between DoCS CSCs. Some offices provide a standard letter and others a checklist of what was occurring, which participants found more useful. By contrast, senior managers within and outside DoCS expressed doubt about whether DoCS can sustain the commitment because of competing priorities and resource limitations.

7.2 Exchange of information

Research shows that to protect children from harm, agencies and members of the public must actively share information²⁶. The *Guidelines* set out the legal framework for agencies to exchange information; processes for information sharing in service delivery, case management and court proceedings; the information seeking powers of DoCS, and circumstances where DoCS can provide information to prescribed agencies.

Information exchange between agencies is occurring, and generally in a manner consistent with the *Guidelines*. For example, staff involved in the case studies either obtained permission from the parents/ carers to exchange information or from DoCS, when DoCS had parental responsibility of the child. Agencies shared information related to the case, including medical histories, probation and parole histories and criminal activity histories. Sixty-nine percent of survey respondents had exchanged information with other staff needing detailed knowledge in a child protection matter (Table 7-1).

Staff routinely exchanged information about cases when required without any problems. The process was generally informal and based on trust and open communication between agencies who had shared goals about achieving the best outcome for the child. Staff from DoCS and service providers maintained regular phone and email contact, as well as conducting face-to-face meetings, all of which assisted the exchange of information. Staff in the case studies only used s248s²⁷ on a few occasions when relations were either strained or on a more formal footing. These occasions generally involved cases where a risk of harm report had been made about a child with a disability and information was being exchanged between DoCS and DADHC.

There were some occasions in the case studies where the information exchange process broke down or did not occur in a timely way. These tended to be when DoCS had not yet decided on whether a matter should stay with Early Intervention or move to Child Protection; when DoCS was seeking the removal of children or final orders at Court; or when a child's out-of-home placement had changed. At these times there appears to have been a breakdown in communication between the agencies, rather than a difference in opinion about the appropriateness of sharing information. Partner agencies expressed frustration about being unable to get information, and felt this impeded the delivery of services to the child or family. For example, some teachers or child care workers were dissatisfied because they sometimes had difficulties obtaining key information on the status of the child's home life to inform their daily management of the child.

Feedback from survey respondents showed that some staff needing detailed knowledge, particularly from NSW Health and the NSW Police Force, are still uncertain about privacy considerations and are confused about which legislation is pertinent to exchanging information. For the most part, privacy was not an impediment to exchanging information in the cases investigated. In the two of the

²⁶ NSW Interagency Guidelines for Child Protection Intervention 2006, Chapter 4, page 1.

²⁷ Section 248 of the *Children and Young Persons (Care and Protection) Act 1998* enables DoCS to direct agencies to provide information about the safety, welfare and wellbeing of a child or young person, or a group of children and young people at any stage in a child protection intervention.

three instances where privacy issues were raised, all of which involved the exchange of information between NSW Health and DoCS about a carer's health status, the issues were resolved after discussion. In the remaining instance, DoCS did not pursue the request because circumstances changed quickly, however it is apparent the NSW Health staff member misinterpreted their legislative responsibilities.

7.2.1 Families who move to other areas

One area where information exchange is known to be more difficult is for families who move to new locations, because of different organisational structures and approaches to forwarding case information.

The *Guidelines* specifically address this situation, and most (84%) survey respondents agreed that 'The *Guidelines* assist me to understand how to exchange information about families that move location with other agencies'. However, fewer NSW Police Force (75%) and DJJ (75%) respondents agreed with the proposition.

The case studies did not reveal any evidence that increased understanding about the process was sufficient to overcome organisational hurdles. Only a very small number of respondents were involved with cases where families moved locations. When the information they required was from their own department, there were no difficulties reported in obtaining information. However, when the information was required from another agency it appeared to be quite difficult to obtain. A health worker commented that this was a continuing problem for them. One private health practitioner respondent in another case mentioned that DoCS commonly take three months to transfer files from one office to another. A DoCS caseworker commented that when cases move location or are reassigned to another case worker, a case summary of relevant and current key information could be written, rather than the file simply being transferred.

7.3 Coordination of interagency responses through case meetings

A key element in achieving outcomes for children and young people is that they receive the right services. To achieve this, agencies need to discuss and resolve problems about access to services together at a case management level (Figure 7-2).

Case planning meetings are being held in line with the *Guidelines*. Just over three out of four staff needing detailed knowledge surveyed said they attended case planning meetings on child protection issues (Table 7-1).

The case studies show that case meetings are generally held between DoCS and individual service providers, with family members attending only occasionally. Children were never involved in any of the meetings, as they were seen to be too young or they declined to participate. As per the *Guidelines*, meetings were held via teleconferences or in person. Larger meetings with multiple service providers attending tended to be organised when DoCS felt that a situation was reaching crisis stage, or at the behest of other agency partners. Staff sometimes referred to the *Guidelines* to clarify roles in these meetings.

Figure 7-2 New practice commitment: case meetings

At a minimum, DoCS as case manager, will convene a case meeting or teleconference with key interagency partners, e.g. Physical Abuse and Neglect of Children Services (PANOC), when it has been determined that a child or young person is in need of care and protection following a secondary assessment stage 2 (SAS 2). DoCS will appoint a case manager where a matter has been allocated for a SAS 2. Key interagency partners are those who: are, or will be, involved in legal proceedings to protect a child or young person and/or will provide services that are critical to achieving the outcomes of the case plan.

Clarification about the point at which DoCS appoints a case manager. DoCS will appoint a case manager where a matter has been allocated for a Secondary Assessment Stage 2 (SAS 2).

Staff involved in the cases studies commonly found the meetings 'invaluable' in addressing risk factors and family support needs. Staff members were generally able to express their opinions and felt these were valued by DoCS workers.

However, the case studies did reveal some instances where the case meeting process was less effective or when case meetings did not eventuate. Workers sometimes disagreed about how cases should be handled and the disagreement may or may not have been resolved at the meeting. The situations seemed to occur when service providers had prior involvement in the family and there was a clash of values, with NGOs or mental health service providers having a family focus. There was also an element stemming from the way the meetings were handled, so that agency partners perceived that DoCS had already decided on the course of action before the meeting. In one case, an NGO provider was frustrated that a promised meeting had been delayed indefinitely, while in another, the NGO referred the DoCS worker to the *Guidelines* and successfully arranged a meeting.

7.4 Best endeavour requests

In the 2006 edition of the *Guidelines*, DoCS committed to making greater use of referrals and best endeavour requests, when an office is unable to provide a caseworker response.

We have very limited evidence about how often, and with what success, best endeavour requests are made²⁸. Only around half of the staff needing detailed knowledge who responded to the survey were confident about their knowledge of how to make a best endeavour request. In the case studies, just two best endeavour requests were made in situations where caseworkers found it difficult to find suitable services for either a family or child. In the first, DoCS asked DET to place a child in a school for specific purposes (the request was met less than one week after the interview). The other request was made by DoCS to Housing NSW requesting priority housing status for a family. In this case, the client had outstanding arrears and was ineligible for public housing under Housing NSW's policies. However, the client was able to obtain housing through a community housing provider (funded through Housing NSW), following a referral from the local Housing NSW office.

Figure 7-3 New practice commitment: DoCS making greater use of referrals and best endeavours requests, when it is unable to provide a casework response.

Referrals: DoCS practice will change, e.g. feedback to reporters and supporting partner agencies. No changes in relation to best endeavours requests. Updated content in *Guidelines* regarding referral practices.

7.5 Extent and quality of interactions between agency partners

The *Guidelines* are intended to enhance collaboration and cooperation between partner agencies. Cooperation between agencies thrives when good personal and organisational relationships exist at the local level and there is regular communication between agencies. An information resource such as the *Guidelines* is more likely to be successfully implemented when there are good relationships between the parties. Although it is unlikely to be a major driver of relationships in the absence of other organisational change initiatives, it does have potential to enhance the process. As one senior manager eloquently said,

'The *Guidelines* are like a rule book that prioritises the issue of cooperation, but whether the players actually follow the rules when there is no referee to enforce them, depends on the relationships between the players'.

²⁸ Survey did not include a question about number of best endeavour requests made.

The evidence shows that agencies are actively conferring about how best to protect children and/or address family problems or parental behaviour. Amongst survey respondents, 82% indicated that they personally communicate with other agencies on child protection matters (Table 7-1). Where collaboration worked well it was characterised as a process that brings 'different skills to the table' and allows monitoring of the family and shared objectives to be addressed. Other positive factors revolved around the concept of stability – either in appropriate placements for a child, continuity of caseworker, or of other service providers involved in the interagency collaboration – quicker meetings, clarity of roles, history is known, everyone is 'on the same page', and further meetings are easily scheduled.

Nevertheless, not all relationships between agencies were positive, with some interactions being difficult, particularly between DoCS and other service providers. In most but not all instances, negative interactions involved people in NGOs or persons in private practice. Characteristics of these relationships were poor communication, an agency not providing information or responding to requests and when one of the parties perceived that another agency did not trust their professional judgement. For example, in one case a private psychologist recommended that a family be mandated to attend counselling with their child to prevent the case moving from an early intervention to a child protection matter, yet such directives were made and the child was eventually removed from the family. This psychologist felt that the child was worse off because DoCS had not acted on their advice and that earlier action might have avoided removal.

The case studies showed that the quality of relationships may suffer when organisational values conflict and when expectations did not match. While some parts of DoCS are focused on early intervention and keeping the family unit together, other parts are primarily concerned with child protection. Service providers working with early intervention staff from DoCS often had a shared focus on the family. On the other, there sometimes appeared to be a cultural difference between DoCS' child protection focus on the welfare of the child, and the other agencies' focus on the family unit. In the case studies, some of these agencies (such as disability support providers, psychologists and counsellors) had a long history with the child and family and believed that certain actions were required to manage the child. When these values clashed, or when DoCS was not yet decided on whether a matter should stay with Early Intervention or move to Child Protection, the divergence in values tended to lead to a breakdown in communication.

Nevertheless, case study participants commonly believed that relations between frontline workers from the different agencies had improved over the last two to four years. They observed there is now more trust between staff at different agencies, and attitudes towards working collaboratively have changed for the better. Only one support provider thought collaboration had declined because DoCS workers are spending more time at court and in training. A few respondents had seen no change in the extent of collaboration, or had been in their field for too short a time to have a view. One participant with 12 years experience reasoned that collaboration had improved due to greater understanding of other agencies' roles, greater trust in confidentiality matters, and by agencies giving reasons for the information they were seeking or specific reasons as to why their recommendations need attention. In some cases, collaboration was seen to have suffered due to staff turnover or personality clashes; or, conversely, improved when new staff took up positions. One respondent mentioned that the termination of monthly interagency 'families at risk' meetings resulted in less collaboration.

Only one participant in the case studies directly linked successful interagency practice on child protection issues with the *Guidelines*. Even so, case study respondents commonly thought the case in question had been dealt with in a

manner consistent with the *Guidelines*. Where persons were dissatisfied with interagency processes, they invariably were not familiar with the *Guidelines*.

When prompted, survey respondents, particularly DoCS workers, were optimistic that the *Guidelines* have contributed to better interagency practice. Eighty-two percent agreed that the *Guidelines* have made it easier to work with other agencies on child protection issues (Table 7-2). A similarly high proportion of agency staff (88%) disagreed that the introduction of the *Guidelines* has made it more difficult to work with other agencies. They said the *Guidelines* have assisted in establishing good working relationships, enabling better cooperation in case management and information sharing and resolving differences in approaches. These benefits arise from clearer and more formalised roles and responsibilities contained in the *Guidelines*, and from joint interagency training about the *Guidelines*.

Nevertheless, there were some differences between the views of respondents from different agencies on the extent the *Guidelines* have influenced collaboration on child protection matters. Respondents from NSW Health (76%), the NSW Police Force (72%) and DJJ (67%) were slightly less likely to agree that the *Guidelines* make it easier to work with other agencies than average (82%). The main reason appears to be that respondents from these agencies with negative views commonly felt that DoCS is under-resourced and that caseworkers do not always follow the *Guidelines*²⁹ themselves.

Nineteen percent of Housing NSW respondents agreed that the *Guidelines* make it more difficult to work with other agencies, around double that of all respondents. About one in five respondents feel the *Guidelines* have adversely affected their ability to do their job, or allowed them less flexibility when dealing with child protection matters, or delayed important decision-making about children. These respondents were more likely to be from the NSW Police Force, NSW Health, Housing NSW or DJJ.

Table 7-1 Practices used by detailed knowledge respondents to collaborate with other agencies on child protection

Agency	Pers. comm.	Inter-agency forum	Joint training	Case meeting	Mand. reports	Exchange specific info	Protocol	None	Other
DADHC (n=175)	63%	33%	30%	70%	63%	55%	31%	14%	5%
DCS (n=7)	86%	29%	14%	29%	71%	86%	29%	14%	43%
DET (n=109)	84%	50%	28%	68%	72%	69%	39%	2%	2%
DJJ (n=200)	81%	41%	21%	75%	86%	61%	33%	2%	5%
DoCS (n=517)	88%	72%	58%	92%	56%	87%	57%	1%	7%
DSR (n=4)	75%	50%	50%	25%	25%	50%	50%	25%	0%
Housing NSW (n=59)	80%	64%	19%	80%	76%	58%	12%	5%	5%
NSW Health (n=299)	78%	42%	33%	72%	69%	58%	29%	11%	6%
ODPP (n=22)	95%	59%	41%	50%	64%	68%	41%	0%	14%
Police (n=232)	87%	52%	38%	59%	81%	65%	31%	1%	3%
Attorney General's (n=8)	63%	50%	0%	0%	25%	0%	13%	25%	25%
Total (n=1632)	82%	53%	39%	76%	68%	69%	39%	5%	6%

*Staff could select more than one collaboration practice.

²⁹ Qualitative feedback in comment box for Q44 and Q74, detailed knowledge survey.

Table 7-2 Detailed knowledge respondents' perceptions of the effectiveness of the *Guidelines* to promote interagency collaboration

The <i>Guidelines</i> ...	Overall disagree	Overall agree
Make it easier to work with other agencies on child protection issues (n=1247)	18%	82%
Help me to collaborate with other agencies (n=1253)	13%	87%
Make it more difficult for me to work with other agencies (n=1245)	90%	10%

7.6 Impact on outcomes for children

There is no direct evidence about whether, or how much the *Guidelines* have impacted on children's safety and wellbeing. Where they are being implemented and there are good local relationships between agencies, then it is fair to conjecture that children are receiving good quality services and positive outcomes are likely.

Using this logic, the majority of survey respondents (75%) believe that the *Guidelines* have improved outcomes for children (Table 7-3), and improved the quality of services (75%). Nevertheless, there were differences in beliefs across the agencies. Fewer NSW Health and DJJ survey respondents agreed that the *Guidelines* have improved child protection outcomes and the quality of services. On the other hand, DoCS respondents were particularly positive about the influence of the *Guidelines*.

Table 7-3 Detailed knowledge respondents' perceptions of the impact of the *Guidelines* on child protection practice

The <i>Guidelines</i> have ...	Disagree	Tend to disagree	Overall disagree	Tend to agree	Agree	Overall agree
Improved child protection outcomes overall (n=1129)	8%	16%	24%	55%	21%	76%
Improved the quality of services to children and young people (n=1142)	8%	17%	25%	53%	22%	75%
Delayed making important decisions about children/young people (n=1140)	32%	48%	80%	15%	5%	20%

7.7 Conclusions – interagency collaborative practices and service quality

Interagency collaborative practice is being driven by legislation and human service and justice agencies through a range of initiatives – new policy and procedures, new high level structural arrangements, formal understanding between agencies about specific service delivery and agency based initiatives. The *Guidelines* are both a by-product of these activities, and an instrument to influence management and staff practices through improving their understanding of ways agencies can work together and clarifying roles and responsibilities and how to share information. The *Guidelines* appear to be working within a positive feedback loop, where they are more likely to be implemented when there are good relationships at the local level, but may also contribute to these good relationships. The benefits of strengthened interagency relationships include better cooperation in case management and information sharing.

The extent to which the *Guidelines* have contributed to enhancing collaboration on their own is difficult to measure. In the case studies, the evaluation found that with some notable exceptions, staff from different agencies are cooperating on child protection cases in a manner consistent with the *Guidelines*. Information exchange is occurring smoothly, mandatory reporters seeking feedback are receiving it, and case meetings are being held to ensure that children and young people can access services. Although knowing about the *Guidelines* was not a prerequisite to working successfully with others, those staff in the case studies who were dissatisfied with the collaborative process and uncertain about their own or others' roles and responsibilities were invariably unfamiliar with the *Guidelines*.

Breakdown in interagency collaboration tended to occur when agencies had different values and opinions about how a child should be treated in relation to their parents, particularly when a final decision was being made about a child's placement or after a child had been removed from the parent/s' care. NGOs particularly took a family focus, which sometimes clashed with DoCS' focus on child welfare.

We found that the *Guidelines* fulfil an important role in setting out the rules of engagement, and acting as a reference and advocacy tool for making sure responsibilities are fulfilled. Although staff who deal with child protection matters most often refer to the *Guidelines*, the majority of staff refer to them infrequently and may not see a connection between the *Guidelines* and the quality of interactions between themselves and other staff when dealing with child protection matters. Success in interagency cooperation was seen to be related to positive local level relationships and regular communication between agencies, and not a function of the *Guidelines* per se. This echoes comments by the Commonwealth Management Advisory Centre (2004) that the single most important factor in interagency collaboration is not structures or rules, but culture.

In general, efforts to improve interagency communication and collaboration should be directed at fostering good working relationships between agencies and organisations. These relationships are important for officers at all levels of the agencies/ organisations concerned, but are particularly important 'on the ground' at the local level where much of the policy is implemented. A step in this direction may be achieved by regular local level workshops or interagency training on the *Guidelines* between partner agencies and funded organisations involved in interagency collaboration in matters of child protection, particularly NGO service providers. Another possible strategy is encouraging and supporting local networks to further enhance mutual understanding of the benefits of collaborating and understanding of roles. Networks could develop local protocols that provide practical guidance for implementing the *Guidelines* (for example, in relation to providing feedback and dispute resolution).

Specific areas where CPSOG could focus on interagency cooperation are:

- exchanging information for families who move to other areas. Although staff report that they better understand the process, administrative barriers such as a protracted time to transfer files remain, and work should go into removing these barriers
- NGO service providers, such as child care centres, may need additional support about how to work with a child after making a risk of harm report or when they have been removed or are in out-of-home care
- further exploring how much, and to what extent best endeavour requests are being made and succeed.