

The NSW Human Services Outcomes Framework & Research Communities and Justice

Research Priorities Forum 16 July 2019

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The NSW Department of Communities and Justice (formerly FACS)



We work with vulnerable children, adults, families and communities to improve lives and help people realise their potential.

We directly support people across NSW through our own services and through funding non-government organisations to deliver specialist support services.

The work we do aims to ensure:

					
Children and young people are protected from abuse and neglect, and have the best possible lives	People with disability are supported to realise their potential	Social housing assistance is used to break disadvantage	People are assisted to participate in social and economic life	People are risk of, and experience, domestic and family violence are safer	Aboriginal people, families and communities have better outcomes

FACSIAR – Insights, Analysis and Research

Better insights. Better decisions. Better outcomes.

Our vision is to achieve the best outcomes for children, families and communities through evidence-based decision making.

FACSIAR is a centre of excellence in human services insights, analysis and research. We enable informed decisions about policies and services that improve people's lives.

We provide data and evidence to answer questions like:

- Who do we need to help?
- What do their lives look like?
- How can we deliver real and lasting outcomes for as many people as possible?
- Which areas should be prioritise?
- Are we being as effective and efficient as possible?

Our guiding principles:

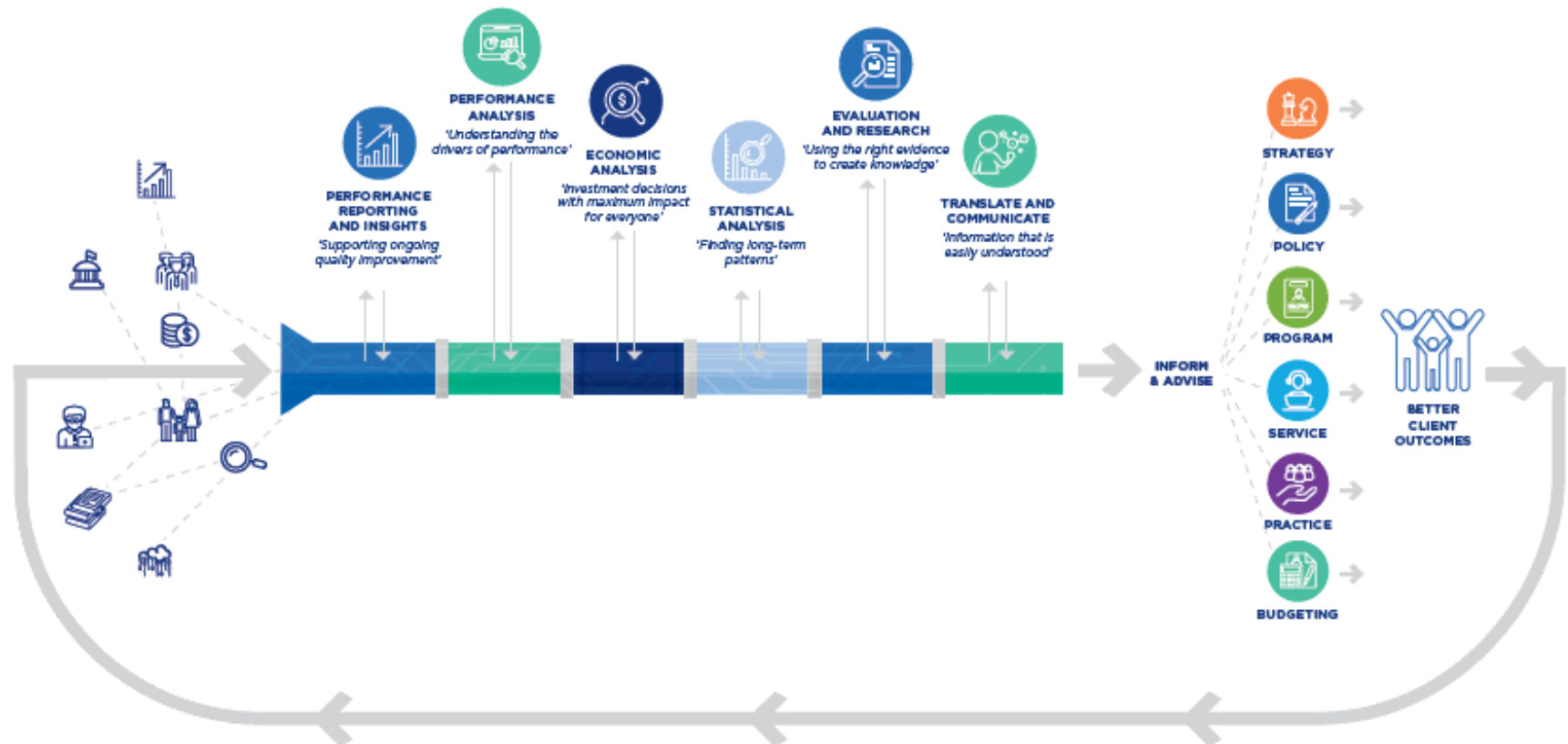
Client voice

Excellence

Easy to understand insights & analysis

Innovation and Creativity

FACSIAR draws on high-quality data and information, from various sources, to create a robust pipeline of evidence and insights that we use to inform and drive better client outcomes.



FACSIAR provides a range of services, including:



Performance Analysis

- Analyse the drivers of performance



Statistical Analysis

- Undertake statistical analysis, modelling and forecasting
- Coordinate and undertake data linkage activities



Performance Reporting and Insights

- Provide a consistent source of truth
- Support ongoing quality improvement
- Develop and maintain dashboards



Economic Analysis

- Conduct economic evaluation, unit costing, resource allocation and investment modelling



Evaluation and Research

- Collate and generate evidence to inform program design and delivery
- Coordinate FACS research investment
- Provide advice on and coordinate evaluations



Knowledge Translation

- Translate research findings to inform policy and program design and delivery
- Embed evidence-based practices in decision-making

The NSW Human Services Outcomes Framework keeps us focused on what's most important – the wellbeing of the people we serve.

The NSW Human Services Outcomes Framework (Outcomes Framework) helps NSW Government agencies and non-government organisations:

- **Adopt an outcomes-focused approach** in human services design, delivery and evaluation
- **Have a shared understanding** of the outcomes which are priorities across their work
- **Work together** to deliver benefits for the community

The Outcomes Framework focuses on outcomes in seven key domains that are important across agencies:

SOCIAL & COMMUNITY



All people in NSW are able to participate & feel culturally and socially connected

EMPOWERMENT



All people and communities in NSW are able to contribute to decision making that affects them and live fulfilling lives

SAFETY



All people in NSW are able to feel safe

HOME



All people in NSW are able to have a safe and affordable place to live

EDUCATION & SKILLS



All people in NSW are able to learn, contribute and achieve

ECONOMIC

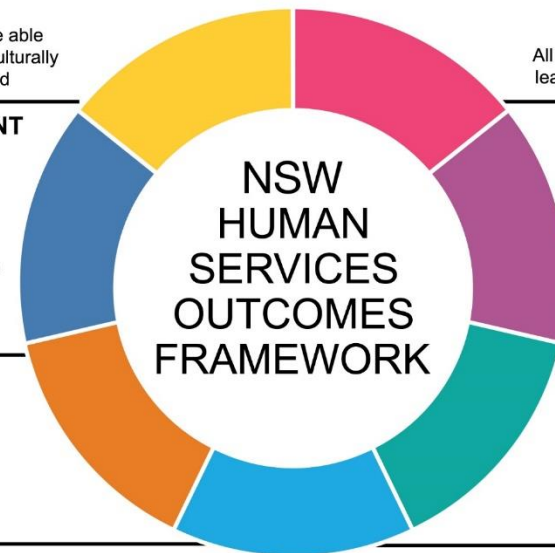


All people in NSW are able to contribute to, and benefit from, our economy

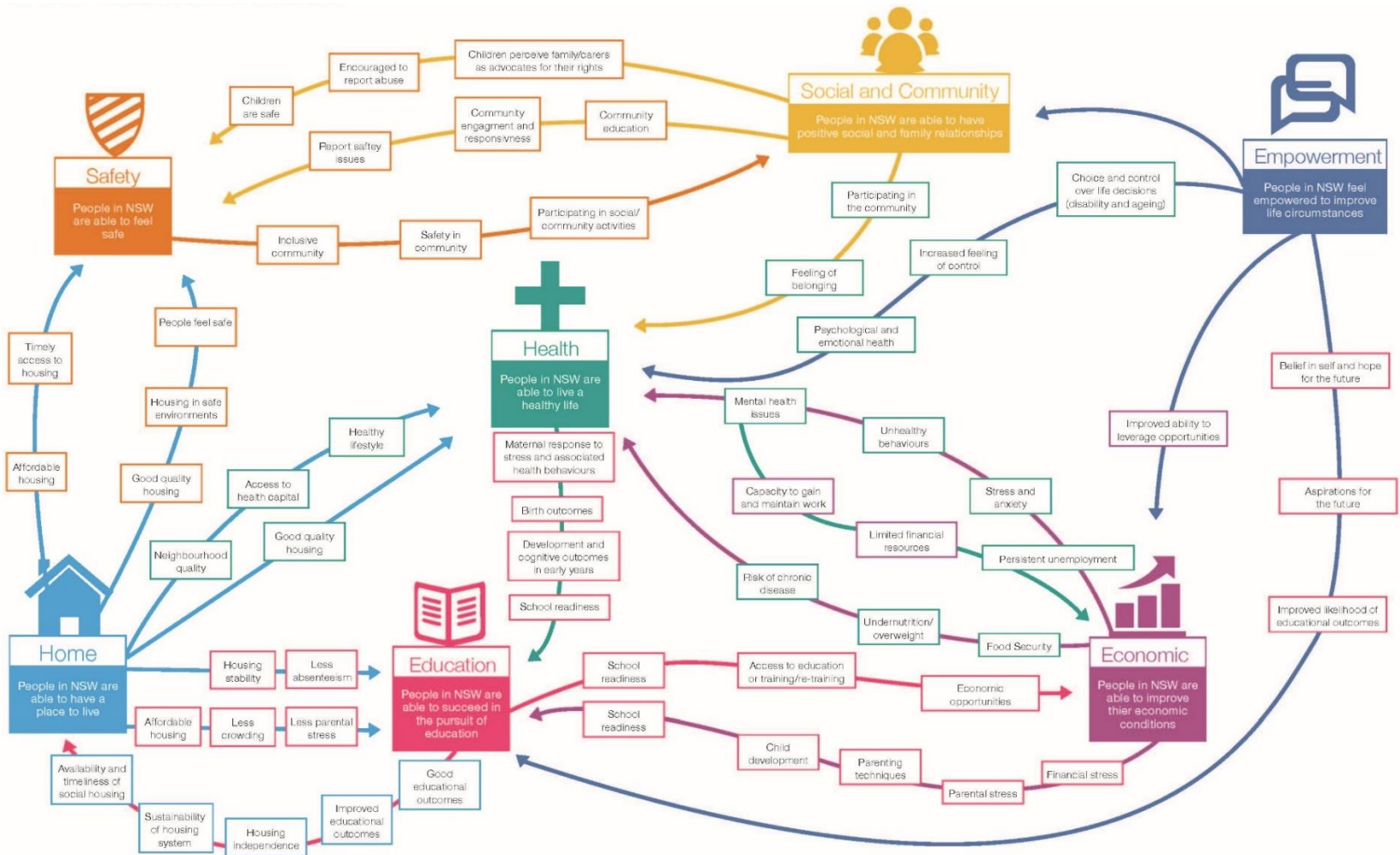
HEALTH



All people in NSW are able to live a healthy life



We looked at evidence about what matters across the life course to develop the NSW Human Services Outcomes Framework



Impact pathways show the links between the domains of the NSW Human Services Outcomes Framework



EXAMPLE

Impact pathway	Parent-child relationship	Child securely attached to carer	Safe and loving home
Core client outcome	Parents, carers, and grandparents have the skills and capacity to keep children and young people safe at home	Children and young people grow up in families and communities that are stable and supportive with strong relationships	People are safe from abuse and neglect
Core client outcome Indicator	Proportion (%) of parents engaged in positive parenting techniques	Proportion (%) of children and young people who report high levels of emotional and social support	Proportion (%) of people who report feeling safe at home Proportion (%) of children and young people reported at Risk of Significant Harm (ROSH)
Supporting evidence	The quality of the parent-child relationship determines how secure the child feels in the relationship. When a child is securely attached to their primary carer, the home is like to be safe and loving.	Maternal sensitivity, defined as the ability to respond appropriately and promptly to the signals of the infant, is important for the development of attachment security (Wolff & Ijzendoorn, 1997). When a mother has the ability to accurately interpret and respond to the mental state of her child, the child is more likely to be securely attached (Meins, Fernyhough, Fradley, & Tuckey, 2001). Poor parent-child relationships and attachment are considered to be a critical risk factor for child abuse and neglect (Valentino, 2017).	

The Outcomes Framework facilitates a collaborative approach to achieving a lasting, positive difference in the lives of NSW people.

Human services respond to the complex, multi-faceted challenges that people face. The best solutions to these challenges are also multi-faceted.

The complex challenges that human services must respond to makes the sector open to a collaborative approach.

This is because:

- different agencies or NGOs often have different levers that could be pulled to address these challenges
- the outcomes one agency or organisation are able to effect might be dependent on the outcomes of another.

The Outcomes Framework encourages agencies and NGOs to work towards the same goal. If we all recognise the direct and indirect impact of our activities, we may discover more opportunities to support each other in achieving our goals.



Enablers and barriers to adopting an outcomes-focused approach

Enablers

- Cross-agency collaboration
- Client-centered approach
- Outcomes Framework champions
- Evidence-based program logics
- Data on what services people provide and their outcomes
- Data on client experience and wellbeing

Barriers

- Workplace culture
- Inadequate data
- Insufficient or weak evidence of effective interventions
- Issues of attribution and accountability
 - It can be difficult to determine exactly which factors contributed to change for a client and its even hard to attribute a proportional contribution.

Communities and Justice use the Outcomes Framework to better respond to vulnerability and disadvantage in NSW.

The Outcomes Framework supports us to:



Focus on the outcomes that matter most to clients' long-term wellbeing.



Build and use evidence about how to improve client wellbeing, so we can do more of what works and less of what doesn't.



Measure how successful we are in making long-term, positive differences to people's lives.



Collaborate with other Government agencies and partners to deliver more sustainable and meaningful impact.

We embed the Outcomes Framework across the design, implementation and evaluation of all our programs and interventions. This is so we can deliver quality services that meet the long-term needs and goals of clients.



Building the evidence base

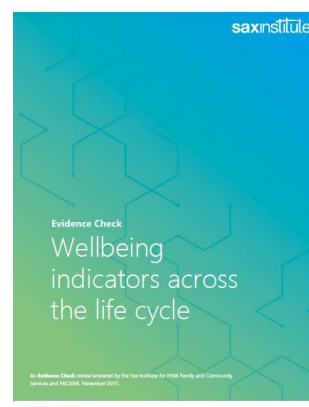
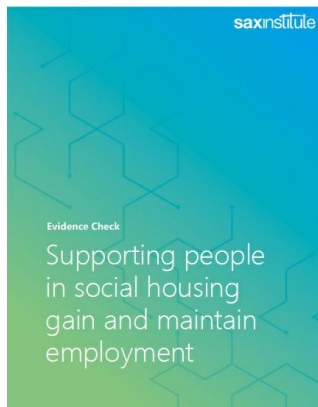
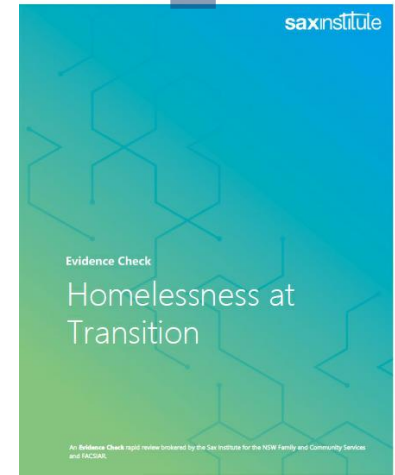


Evidence and Gap Map Analysis (Homelessness)

Classification
■ Primary Study
■ Systematic Review

*The larger the bubble the more papers

	Human Services Outcome Framework						
	Economic	Education and Skills	Health	Home	Safety	Social and Community	Total
Hospital			1 (Primary Study)				1 (Primary Study)
Juvenile Detention/Justice			1 (Systematic Review)	1 (Systematic Review)	1 (Systematic Review)		3 (Systematic Review)
Mental Health Facilities			1 (Systematic Review)	2 (Primary Study)	1 (Systematic Review)		4 (Primary Study, Systematic Review)
OOHC	1 (Systematic Review)	2 (Primary Study)	2 (Primary Study)	2 (Primary Study)	2 (Primary Study)	2 (Primary Study)	11 (Primary Study, Systematic Review)
Prison							
Social Housing	1 (Primary Study)			1 (Primary Study)			2 (Primary Study)
Total	1 (Systematic Review)	2 (Primary Study)	4 (Primary Study, Systematic Review)	4 (Primary Study)	4 (Primary Study)	2 (Primary Study)	17 (Primary Study, Systematic Review)



The Communities and Justice Research Strategy

Communities and Justice has developed a Research Strategy to focus the creation of new knowledge to inform policy and practice.

Vision: Research supports Communities and Justice to deliver evidence-based policy and practice that improves client outcomes



The Communities and Justice Research Strategy aims to improve client outcomes by:

- Creating and using evidence to close evidence practice gaps
- Transforming Communities and Justice into an evidence-driven organisation, where research informs decision making
- Implementing a base-practice model to commission and conduct research that targets Communities and Justice priorities

The Communities and Justice Research Strategy will enable us to commission, undertake, support and translate research



Commission



External research

Funded grants aligned to FACS' research priorities

Understanding populations and problems

Innovation development

Flagship randomised controlled trials

Implementation research



Undertake



Internal research

Conducted by FACS&J research experts and aligned to FACS&J research priorities

Primary research, e.g. Pathways of Care Longitudinal Study

Secondary research e.g. Systematic literature reviews and search

Early-mid career research internships



Support



Collaborative research

Aligned to FACS&J research priorities and led externally. Supported by FACS financially or in-kind through provision of data or access to staff

Partnership grants/centres

Research asset development

Research capacity building



Translate



Effective communication and translation

Research is routinely used to inform policy development, practice innovation and service delivery

Knowledge translation activities

Evidence into action notes

Knowledge Hub/FACS Library

Communities and Justice will invest in the following types of research:

Research area	Description and Benefits
Understanding problems and populations	<p>Descriptive qualitative and quantitative research using existing FACS data and other sources</p> <ul style="list-style-type: none">• to help FACS identify and quantify at risk client populations as well as current and emerging issues and hotspots
Innovation development	<p>High-quality small-scale tests of efficacy, feasibility and acceptability of novel innovations in service delivery</p> <ul style="list-style-type: none">• to build the evidence base for new programs and services
Flagship randomised controlled trials (RCTs)	<p>High quality RCTs within priority FACS service delivery programs</p> <ul style="list-style-type: none">• to provide robust evidence of the effectiveness of those programs
Implementation research	<p>Studies that examine methods of successfully scaling up programs and of the barriers to scaling them</p> <ul style="list-style-type: none">• to support implementation of FACS service delivery programs.

Research will inform key FACS reforms and strategies

NSW Carers Strategy

- Aims to ensure carers are respected and valued, have the time and energy to care for themselves, have the same rights, choices and opportunities as other members of the community.

Permanency Support Program

- Aims to provide every child and young person with a loving home for life, whether that be with parents, extended family or kin, or through open adoption or guardianship.

Quality Assurance Framework

- Provides OOHC caseworkers with access to regular and reliable information about the safety, permanency and wellbeing of children in OOHC to support and inform their case planning.

Aboriginal Outcomes Strategy

- Aims to develop culturally capable and evidence-based policies, strategies, and opportunities to improve outcomes for the Aboriginal clients and families FACS works with.

Homelessness Strategy

- Focuses on identifying people who are vulnerable early, providing better support and services and making the system simpler, more integrate and person-centred

Future Directions

- Aims to reduce homelessness, provide more housing and support for those in need of social housing and provide more support to help people divert from or successfully transition out of the social housing system.

FACS invests in linked research datasets that provide insight about the needs of our key client cohorts

Study	Cohort	Linked data
Pathways of Care Longitudinal Study (FACSIAR)	Children who entered Out of Home Care in NSW for the first time between May 2010 and October 2011 (n=4,126)	Child protection, health, education and offending administrative data for children in care with first hand accounts from children, caregivers, caseworkers and teachers.
Seeding Success: identifying factors that contribute to positive early childhood health and development in Aboriginal children (UNSW Centre for Big Data Research in Health)	Children born in NSW who started school in 2009 (n=79,432) or 2012 (n=86,846)	AEDC data, NSW Perinatal Data Collection, NSW Register of Births, Deaths and Marriages, NSW Admitted Patient Data Collection, NSW Emergency Department Data Collection, KIDS, Child Protection Data, OOHC Data, Brighter Futures Program Data, NSW Department of Education Public School Enrolment Data.
NSW Child Development Study (UNSW)	Children who started school in NSW in 2009 (born ~2004) (n=93,118 children)	Records for children and parents. AEDC, Middle Childhood Survey, Births, deaths, education (BSKA, NAPLAN), health contacts, child protection, criminal justice
45 and Up Study (Sax Institute)	267,153 men and women aged 45 years and over in NSW who were recruited through the Medicare enrolment database in 2006-2009 Over 10% of people in this age group	Medical Benefits Schedule and Pharmaceutical Benefits Scheme; NSW Admitted Patients Data Collection; NSW Emergency Data Collection; NSW Deaths and National Deaths Index; NSW Central Cancer Registry; NSW Notifiable Diseases Data; NSW Ambulatory Mental Health Data Collection.
Pathways into Homelessness (FACSIAR)	People who accessed SHS during 2014/15-2015/16 (n=95,723)	NSW Homelessness data, child protection data, housing data,

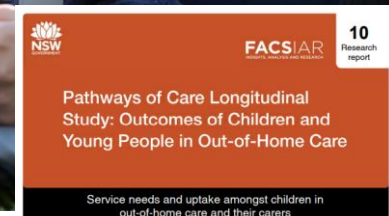
Pathways of Care Longitudinal Study (POCLS)

POCLS is the first, large-scale longitudinal study of children and young people in out of home care (OOHC) in Australia.

It examines the experiences of children in OOHC and explores their safety, physical health, socio-emotional wellbeing and cognitive/learning ability.

The study tracks the experiences and outcomes of 4,126 children who entered OOHC for the first time between May 2010 and October 2011.

POCLS is the first study to link child protection, health, education and offending administrative data for children in care with first hand accounts from children, caregivers, caseworkers and teachers.



Research priorities for POCLS have arisen out of extensive consultation with stakeholders

The service system

What can the POCLS tell us about the OOHC service system and factors that influence children's outcomes?

Permanency

What can the POCLS tell us about permanency options and children's outcomes?

Developmental Outcomes

What can the POCLS tell us about the experiences of children and young people who have entered OOHC and their developmental outcomes over time?

Carers

What can the POCLS tell us about carer characteristics and what can we do to better support carers?

Key cohorts

What can the POCLS tell us about the experiences and developmental outcomes for cohorts of interest?

Key Findings from POCLS: Children's Development Trajectories

Parental issues reported prior to entering OOHC

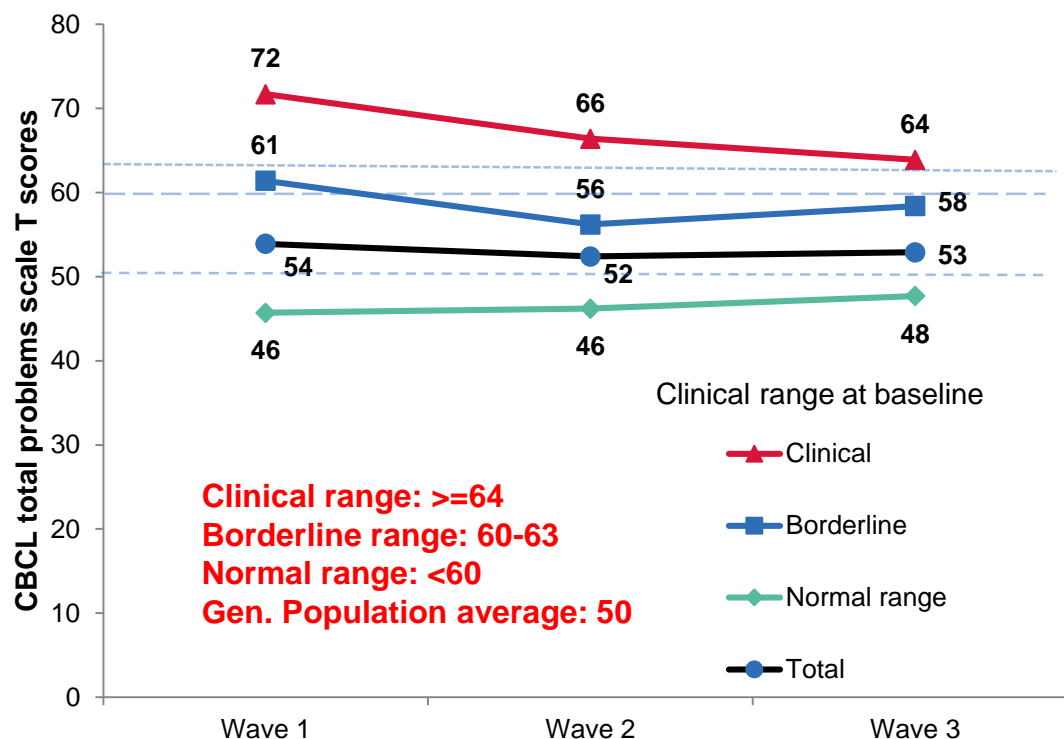
- 65% Drug/Alcohol, 57% Domestic Violence, 22% Mental Health

Physical Health of Children

- 98% of children were reported to be in 'good' or 'excellent' health
- 16% of children had an illness or disability

Socio-emotional Wellbeing:

- measured using the Child Behaviour Checklist
- From Wave 1 to Wave 3, there was a significant decrease in the behavior problems of children in the clinical range at baseline

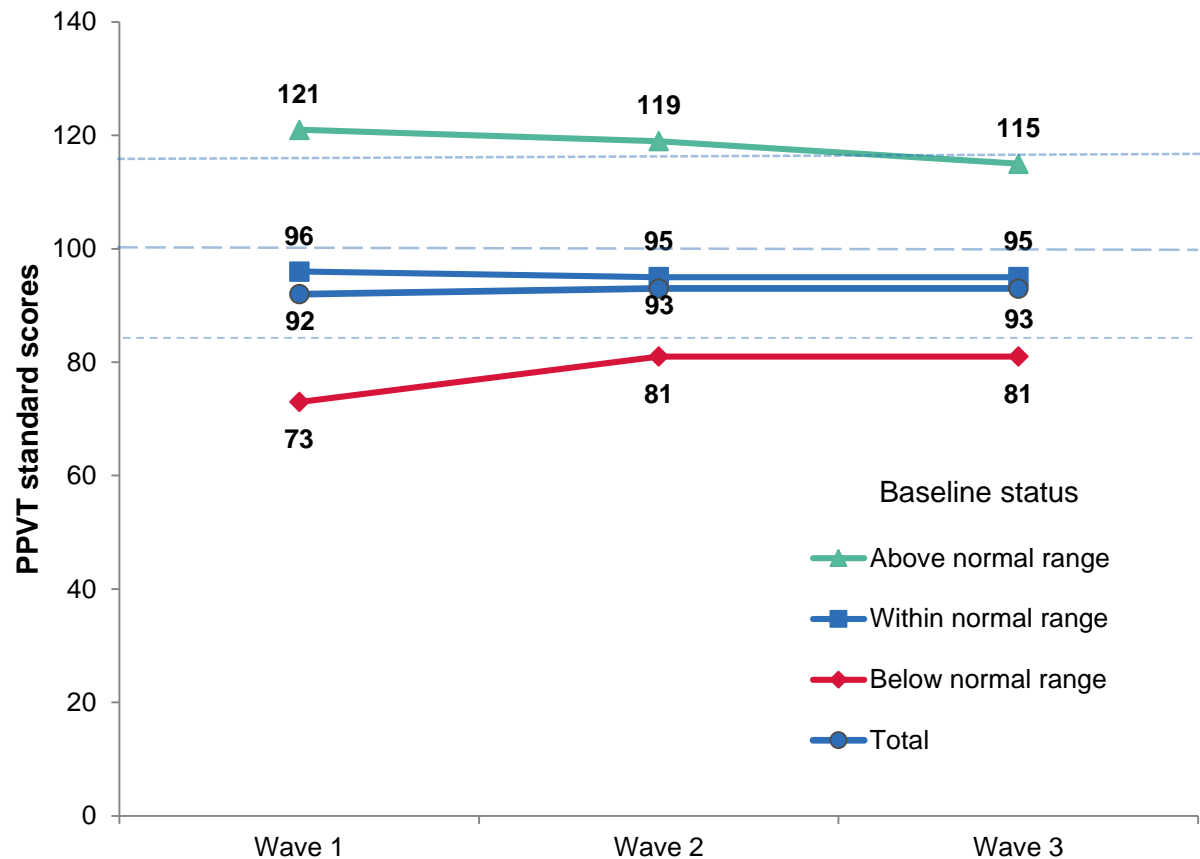


Key Findings from POCLS: Children's Development Trajectories

Cognitive Development: Verbal Ability

- Measured using the Peabody Picture Vocab. Test
- From Wave 1 to Wave 3, there was a significant improvement for children who were below normal at baseline

Above normal range: >13
Population average: 10
Below normal range: <7



45 and Up Study: Exploring the relationship between social care, primary and secondary health service use and adverse health outcomes



The 45 and Up Study is the largest ongoing study of healthy ageing in the Southern Hemisphere.

The 45 and Up Study is a longitudinal study of over 250,000 NSW residents over the age of 45 who are surveyed every 5 years. This survey data is then linked with their health, social services and other data.

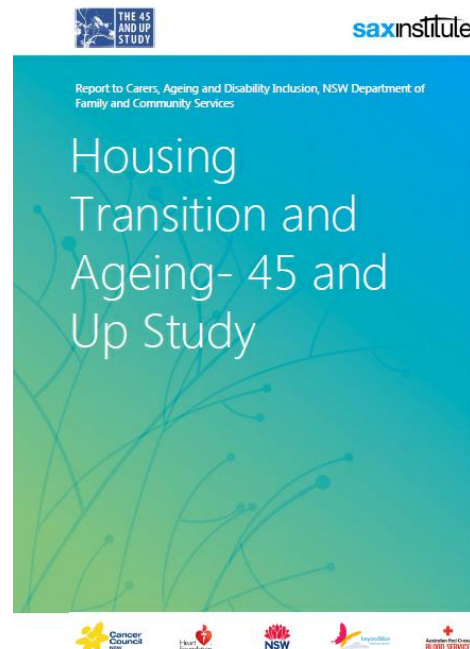
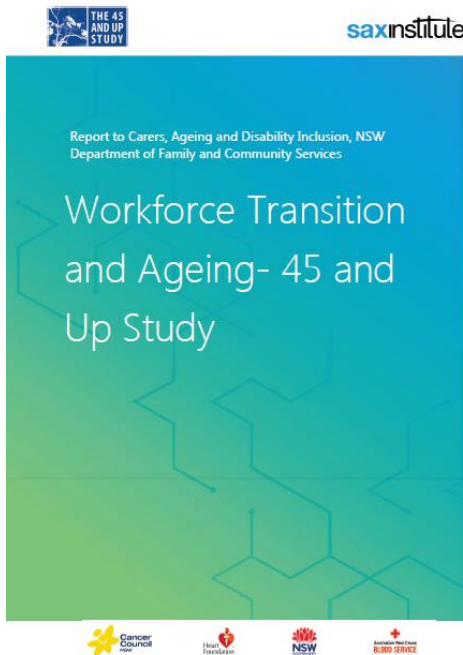
The Sax Institute, who maintain the study, are developing a world-class research resource that can be used to develop our understanding of how Australians are ageing.

FACS has supported the 45 and Up Study financially since 2007.

The 45 and Up data set includes a diverse set of variables, including:

- Gender
- Height and Weight
- Education level
- Indigeneity
- Smoking status
- Drinking habits
- Marital status
- Housing
- Physical activity
- Health conditions

The Sax Institute has undertaken targeted analysis for FACS, and FACS has sponsored the inclusion of additional questions in the study.



QUESTIONS ABOUT YOUR CHILDHOOD

78. What family circumstances did you live in before you were 18 years of age? (choose all that apply)

	For what period?	whole period	years
both natural parents	<input type="checkbox"/> OR	<input type="text"/>	<input type="text"/>
single parent family	<input type="checkbox"/> OR	<input type="text"/>	<input type="text"/>
natural parent and step parent	<input type="checkbox"/> OR	<input type="text"/>	<input type="text"/>
grandparents or other relatives as main carers	<input type="checkbox"/> OR	<input type="text"/>	<input type="text"/>
adoptive parents	<input type="checkbox"/> OR	<input type="text"/>	<input type="text"/>
foster family	<input type="checkbox"/> OR	<input type="text"/>	<input type="text"/>
welfare home or an institution (excluding boarding school)	<input type="checkbox"/> OR	<input type="text"/>	<input type="text"/>
other living arrangements (specify)	<input type="checkbox"/> OR	<input type="text"/>	<input type="text"/>

The 45 and Up data can be used to answer important health and quality-of-life questions and help manage and prevent illness

The study has produced almost 300 peer-reviewed publications. This research has the potential to inform FACS policy and practice. For example:

- ‘Pathways to Wellbeing in Later Life: Socioeconomic and health determinants across the life-course of Australian baby boomers’
- ‘What type of social interactions reduce the risk of psychological distress? Fixed effects longitudinal analysis of a cohort of 30,271 middle-to-older aged Australians’
- ‘Physical activity, healthy lifestyle behaviours, neighbourhood environment characteristics and social support among Australian Aboriginal and non-Aboriginal adults’
- ‘Exploring workforce participation patterns and chronic diseases among middle-aged Australian men and women over the life course’
- ‘The impact of childhood parental quality on mental health outcomes in older adults’
- ‘Carer characteristics and health, wellbeing and employment outcomes of older Australian Baby Boomers’

45 and Up Study helps unravel link between depression and heart disease

Latest news: 23 October 2017.

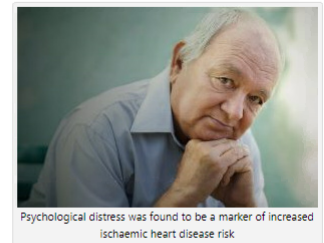
New research using the Sax Institute's [45 and Up Study](#) is helping to explain the link between depression and ischaemic heart disease (IHD), showing that psychological distress in middle-aged and older people may signal the early signs and symptoms the disease.

The researchers said it was known that people who experience psychological distress – which includes symptoms of depression and anxiety – had an increased risk of developing IHD, but it was unclear whether the distress caused IHD, or whether underlying but undiagnosed IHD resulted in symptoms of distress.

To analyse the association, they linked data on psychological distress from more than 150,000 participants in the 45 and Up Study without a history of diagnosed cardiovascular disease with hospital and mortality data.

The 45 and Up Study is Australia's largest cohort study, following the health of more than 250,000 NSW men and women aged over 45 years to enable researchers to answer questions about our ageing population.

The research findings, published recently in the *Journal of Epidemiology and Community Health*, showed that the risk of IHD was elevated among those with mild, moderate and high (compared to low) levels of distress.



Seeding Success: identifying factors that contribute to positive early childhood health and development in Aboriginal children

Seeding Success aims to:

Identify health factors that predict developmental vulnerability

Generate evidence about the characteristics of services and programs that work to improve Aboriginal and non-Aboriginal children

Investigate these health factors through an analysis of a large population-based administrative dataset



Cohort: Children born in NSW and started school in 2009 (n=79,432) or 2012 (n=86,846).



Births were identified from the NSW Register of Births, Deaths and Marriage and the NSW Perinatal Data Collection.

Birth dates ranged from 1 January 2002 – 31 December 2009.



School starters were identified from the 2009 and 2012 Australian Early Development Census (AEDC). The AEDC had a population coverage of 99.1% in 2009 and 97.3% in 2012 in NSW.

FACS has used the Seeding Success Study data to inform policy and program design

Seeding Success data has been used to:

- Investigate the relationships between **child development outcomes** and maternal age at childbirth, gestational age at birth, preschool attendance and school starting age (relative to NSW school enrolment policy), **in Aboriginal and non-Aboriginal children**.
- Examine **injury-related emergency department visits and hospitalisations during early childhood**, and child development at age 5 years, for children in contact with FACS NSW, including children whose families participated in **Brighter Futures**.
- Quantify the proportion of **children who had one or more of the following child protection contacts before their fifth birthday**: risk of significant harm (ROSH) report; substantiated ROSH report; and/or, OOHC placement. The work also included *early childhood development outcomes of children who entered the child protection system in NSW before their fifth birthday, in comparison with their same-age peers*. This work was conducted for **Their Futures Matter**.

Seeding Success data was also used to inform:

The 'Under 12 in Residential Care' Pilot, run by Their Futures Matter.
The Independent Review of Aboriginal Children and Young People in Out-of-Home-Care: Family is Culture (this work is ongoing).

The NSW Child Development Study (CDS)



- The NSW CDS aims to improve the mental health and wellbeing of all Australian children. CDS brings together inter-agency data for a large population cohort of children (n=87,028).

Administrative records for the child

- Vital statistics (birth, deaths)
- Education (e.g., BSKA, NAPLAN)
- Health contacts (e.g., perinatal, emergency, admission)
- Child protection (CMS-KiDS)

Administrative records for parents

- Vital statistics (e.g., births, deaths)
- Health records (e.g., emergency, admitted patients, mental health ambulatory)
- Criminal justice records

Record Linkage

Wave 1: Information about the early childhood years (from 0-5 years) for Children (N=87,028) who were assessed using the Australian Early Development Census as they started school in 2009 (aged 5-6 years)

Wave 2: Information about the same cohort of children from birth to 12-13 years of age (N=87,028), as well as children (N=27,792) who completed the Middle Childhood Survey in 2015 (aged 11-12 years)

FACS has used the CDS data to inform policy and program design

The NSW CDS data can be used to:

- assist FACS in the review of inter-agency referral services, to promote timely and efficient risk determination and resource allocation in child protection reporting processes
- identify risk indicators of critical importance for the determination of risk of harm among children reported to FACS before the age of 11 years, using multi-agency, and linked population-based data.

Wave 1 data was used to examine the associations between maltreatment and early development vulnerabilities in the NSW-CDS cohort.

Wave 2 data has been used to examine the effects of maltreatment and parental mental health disorder on early childhood social-emotional functioning.

Wave 2 data was used to determine the minimum set of cross agency risk factor indicators that could accurately predict OOHC placements before 13-14 years.

The analysis of Wave 1 and Wave 2 data has been used to inform Their Future's Matter cohort selection process for the 2019 TFM work program.

CDS findings have been workshopped with FACS staff and published through FACSIAR publications



The NSW Child Development Study

Family and Community Services Partnership

Workshop 1st September

Q3 – Effects of ROSH on AEDC vulnerability

AEDC scoring for each domain:

“Vulnerable” = child scored below 10th percentile;
 “At-risk” = child scored between 10th and 25th percentile;
 “On track” = child scored above 25th and above.

We examined effects of ROSH status on AEDC vulnerability on:

- a) any one;
 - b) any two, or;
 - c) any three or more AEDC domains;
- relative to children who were “on track” on all domains.

We also examined the effects of the **timing of the first ROSH report** and effect of **multiple maltreatment types** on AEDC vulnerability.

RESULTS:

- Any maltreatment had a small but significant effect on AEDC vulnerability (OR = 3.29 for 3 domains);
- Kids with **multiple types of maltreatment** (more than one type recorded in ROSH reports) were 5 times more likely to be developmentally vulnerable on 3+ AEDC domains (OR = 5.45 for 3+ domains);
- Children whose maltreatment was first reported between age 0-36 months was associated with greater vulnerability on any 2 domains, and 3+ AEDC domains.

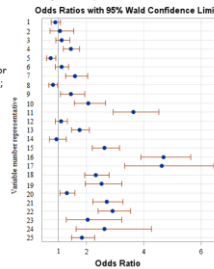


Q2 - Characteristics of kids in OOH

Factors associated with being in OOH, in order of importance, included:

- Parental history of mental disorders;
- Parental history of court charges;
- Home environment problems;
- Smoking during pregnancy;
- Low birth weight of child;
- Maternal emergency department presenter;
- Maternal age less than 25 years at child birth;
- Child psychopathology;
- Hospitalisations;
- Death;
- Special needs.

CS cases with linked parental out 40% (879) were placed into i-Care (OOHC) before 1009 (approx. age 5 years). This decision was used to determine association with being allocated to i-Care age 5, relative to other FACS relative to the general



Discussion points

2 – key questions (e.g.)

With substantiated ROSH reports (or in OOH) who show poor age 5 outcomes or ‘superior’ outcomes at age 11 years? Moderate the associations between competence at age 5 and age 10-11 resilience in these children?

IMRC Partnership Grant

EARLY those kids with propensity for poor outcomes?

- How can we identify “resilient” kids, and the factors that contribute to their positive adaptation following maltreatment?
- NOTE definition of resilience as “the capacity of a dynamic system to recover from significant threats to stability, viability or development” (Masten, 2011).
- NOTE our use of ‘Child competence’ model – based on observed behaviour rather than child’s own feelings of self-mastery / self-efficacy.
- Potential moderators of positive adaptation in linked records:
 - parent mental health issues or criminal justice contact;
 - child or parent physical health problems;
 - school and community supports;
 - cognitive capacity for self-regulation / personality features (limited data in MCS)



Child maltreatment in early childhood: developmental vulnerability on the AEDC

Snapshot

- Exposure to any form of childhood maltreatment is associated with an increased risk of developmental vulnerability at age five.
- Children exposed to multiple maltreatment types were more likely to be vulnerable on multiple developmental domains, relative to non-maltreated children.
- Other important contributors to early developmental vulnerabilities included being male, maternal smoking during pregnancy, young maternal age, socioeconomic disadvantage, and parental mental illness.
- Associations between child maltreatment and age 5 developmental vulnerability remained strong after controlling for the influence of other contributing factors.
- Early detection and effective intervention for maltreated children could improve development milestones and learning trajectories throughout childhood.

Introduction

In the first five years of life the brain develops rapidly, making it highly sensitive to stress. Exposure to maltreatment during this period may critically impair cognitive milestones and learning opportunities, as well as social development.

The NSW Child Development Study aims to identify vulnerability and protective factors for a variety of health, educational/vocational, social and wellbeing outcomes of children in NSW. This Evidence to Action Note outlines key findings related to age five outcomes, drawing on recently published data from Wave 1 of this study.



The FACSIAR Evidence to Action Model

- The FACSIAR Evidence to Action Model ensures that decision-making across FACS is informed by the best available evidence, and that our own analysis, research and evaluation is used to improve outcomes for clients.
- The Model aims to:
 - Bridge the research/evidence to action gap
 - Increase the use of evidence in decision making
 - Generate additional value for FACS from our investment in research and analysis
- The model is informed by what is known about supporting the use of evidence in policy and practice. Factors that are commonly considered to be important in increasing evidence use, include:



Evidence is relevant and easily understood

- Needs to be targeted to its intended audience, relate to their work, timely and findings easily understood

Trusting relationships between researchers and end-users

- Researchers need to understand users' needs and engage them as partners

Organisational culture of valuing research

- Leaders value research, promote a questioning culture and provide opportunities for training and skill development

Access to research and support resources and tools

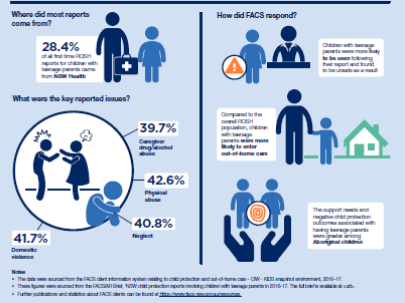
- Organisations need to provide access to research summaries, people who can interpret research and identify use of research

FACSIAR publishes a range of products to inform policy and practice



NSW child protection reports involving children with teenage parents in 2016-17

Key findings from an analysis of children who were reported to NSW Family and Community Services (FACS) in 2016-2017 as being at risk of significant harm (RCSH), and had at least one teenage parent at the time of the report.



Working together to support children and families: Key findings from the Practice First evaluation

Workforce, child protection systems face a range of challenges to quality service delivery. Practice First was introduced by the NSW Department of Family and Community Services (FACS) in 2012 to improve systems, practices and culture relating to assessment, decision-making and support of children reported at risk of significant harm (RCSH). It responded to system challenges documented by the Special Commission of Inquiry into Child Protection Services in NSW in 2005.



This FACSIAR Snapshot outlines some key findings from the evaluation of Practice First. The full evaluation report is available at www.facs.gov.au/_data/assets/pdf_file/0001/12602/Ful-report-Practice-First-Evaluation-First-Report.pdf

What is Practice First?
Practice First is a child protection service delivery model designed for the range of statutory child protection work from assessment through to out-of-home care (OOHC). Developed by FACS' Office of the Senior Practitioner, the Practice First model incorporates strategies to strengthen caseworker skills and capability, and reduce administrative burden so caseworkers can spend more time on direct contact increasing family and partner agencies' participation in decision-making and improving caseworker satisfaction and retention. A key component is group supervision, where staff meet each week to discuss families, reflect on decisions and practice, and share risk.

Practice First was introduced into 17 NSW Community Service Centres (CSCs) in 2012 (phase one) and a further seven CSCs in 2013 (phase two). As at the end of 2016, Practice First was operating in 38 of 62 FACS CSCs across NSW. The evaluation looks at the 24 CSCs involved in the first two phases of Practice First implementation.



Birth family contact for children and young people in out-of-home care

What does the Pathways of Care Longitudinal Study tell us?

- Snapshot**
- Contact between children and young people in out-of-home care (OOHC) and their birth family is important for children's wellbeing and identity.
 - In their first years in OOHC most children and young people were in contact with their birth mother (83%) and about half were in contact with their birth father (52%) and both siblings (49%).
 - Only 1% of children had no contact with birth family or other relatives.
 - Most contact with birth parents occurred less than monthly. However, the amount of contact varied with the age of the child and type of placement.
 - Children in foster care tended to have less frequent contact with their birth family than children in residential care, and their caregivers were less likely to report that children had a good relationship with their birth family.
 - While most children's needs were 'very well' or 'fairly well' met in maintaining family relationships (as reported by caregivers), older children and young people entering OOHC for the first time (12-17 years) were the most likely to have their needs 'not at all well met'.
 - Practitioners can make contact a positive experience for children, birth family and caregivers by supporting and preparing them for contact and involving them in decision-making.

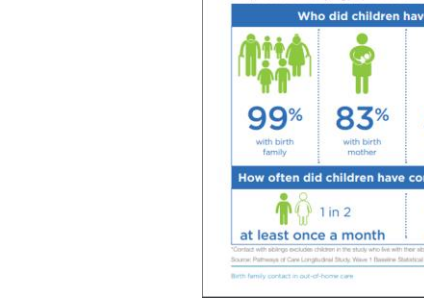
Introduction
Good quality contact between children and young people in OOHC and their birth families can promote positive outcomes. The Evidence to Action Note outlines key findings related to birth family contact for children and young people in the Pathways of Care Longitudinal Study (POCLS). Links to current best practice and resources are also included.

POCLS examines the developmental wellbeing of a group of children living in OOHC in NSW. Wave 1 data was collected during their first years in care. The children in the study do not represent all children in OOHC and so care should be taken in making comparisons.

The data discussed in this note is reported in detail in the POCLS Wave 1 Baseline Statistical Report Chapter Seven.

and their birth family is important for children's emotional and psychological wellbeing and their sense of identity. Positive outcomes of birth family contact highlighted in the research literature include the maintenance of identity, culture and long term attachments, improved psychological wellbeing of children, helping children to resolve issues of loss and trauma, and increasing the likelihood of restoration. Negative effects of birth family contact on children and young people can include distress, resentment, anger, fear and anxiety.¹

- What did the study find?**
- The POCLS Wave 1 baseline interviews were conducted on average 18 months after the child or young person entered OOHC for the first time. The study found:
- About half of children and young people were placed in foster care (51%) and just under half with relatives/in (47%).
 - The majority of children in the study were in contact with their birth mother (83%) and about half were in contact with their birth father (52%) and siblings (if they were not placed with them) (49%).
 - Over half of children and young people had contact with grandparents (57%) and aunts/uncles (53%), and just less than half with their cousins (44%).
 - Children and young people aged 12-17 years were less likely than younger age groups to have contact with their birth father but were more likely to have contact with their siblings.
 - Only 1% of children and young people had no contact with their birth family or other relatives.



The prevalence of intergenerational links in child protection and out-of-home care in NSW

This brief presents a summary of findings from an analysis of intergenerational child protection issues using currently available historical data from the NSW Department of Family and Community Services (FACS) client information systems.

- Key messages**
- Research studies show that while most children who experience child abuse and neglect do not go on to abuse their own children, they may be more likely to have children who experience abuse and neglect than parents who do not experience childhood abuse and neglect.
 - This analysis highlights the intergenerational links present in the child protection system in NSW.
 - The findings show the intergenerational links are stronger for those children and young people who were in out-of-home care (OOHC) and for Aboriginal children and young people.
 - Almost one-third of children and young people involved with the NSW statutory child protection system in 2014-15 had at least one parent who had either been reported or were in OOHC when they were a child. The intergenerational link was strongest for children and young people in OOHC with almost one-half having a parent who had either been reported or were in OOHC when they were a child.
 - A similar picture is evident when looking at the group of children and young people who were involved in the NSW child protection system during 1987-88 to 1989-90. Around 16% of children and young people who were reported during this time have a child who has since been reported to FACS or been in OOHC. For those who were in OOHC as children, almost 30% have a child who is known to FACS.
 - More work is needed to build an accurate understanding of the extent and causes of abuse and neglect, and to identify ways in which child protection agencies can intervene more effectively and achieve in young people and families.



Aboriginality and FACS district
The pattern was similar across most districts with notable differences in Northern Sydney, South Eastern Sydney, Sydney and Western Sydney districts not shown. In these districts, the proportion of Aboriginal children with an intergenerational link was at least three times that of non-Aboriginal children. For example, in Sydney district around 55% of Aboriginal children who were involved with the child protection system in 2014-15 had a parent who was known to the child protection system when they were a child. This compares to around 16% for non-Aboriginal children.

These same districts, along with South Western Sydney district, had a much greater proportion of Aboriginal children reported at RCSH only in 2014-15 who had a parent who was known to the child protection system as a child compared with non-Aboriginal children reported at RCSH only in 2014-15. For example, in Northern Sydney and Sydney districts the proportion of Aboriginal children reported at RCSH only in 2014-15 with an intergenerational link was around five times that of the non-Aboriginal children reported at RCSH only in 2014-15.

Children and young people involved with the child protection system between 1 July 1987 and 30 June 1990
Over the three year period from 1 July 1987 to 30 June 1990, there were almost 48,000 children and young people who were the subject of at least one concern report to FACS in report or were in an OOHC placement at some point during the period.
Of these, around 16% have children who were either the subject of a report or were in an OOHC placement (i.e. were known to FACS) at some point during the follow-up period (i.e. up until 30 June 2015). This means that around 8% of the cohort did not have a child who was known to FACS either because they have not had children or they have had children who have not been reported or entered OOHC.

The prevalence of intergenerational links in child protection and out-of-home care in NSW



The views of NSW children and young people in out-of-home care

NSW results from the National Out-of-Home Care and NSW Residential Care Surveys

ing people involved with the child protection system, Aboriginality and the child protection

July 2017



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INSIGHTS, ANALYSIS AND RESEARCH

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