

NSW Statutory Out-Of-Home Care Quality Assurance Framework

December 2015

About NCOSS

The NSW Council of Social Service (NCOSS) works with and for people experiencing poverty and disadvantage to see positive change in our communities.

When rates of poverty and inequality are low, everyone in NSW benefits. With 80 years of knowledge and experience informing our vision, NCOSS is uniquely placed to bring together civil society to work with government and business to ensure communities in NSW are strong for everyone.

As the peak body for health and community services in NSW we support the sector to deliver innovative services that grow and evolve as needs and circumstances evolve.

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Introduction

NCOSS welcomes the opportunity to provide comment on the proposed *NSW Statutory OOHC Quality Assurance Framework*. We support a greater focus on measuring outcomes for children and young people in care as a critical step in improving practice and policy and thereby improving these outcomes.

The *Quality Assurance Framework* has the potential to support a service system more firmly centred on the needs of children and young people in out-of-home care. The documentation provided, however, doesn't provide sufficient information about how the Framework will be used. Rather than focus on the proposed outcomes, this submission highlights potential issues with the implementation of the Quality Assurance Framework. In particular, we comment on:

- The need to acknowledge where responsibility for achieving outcomes is shared by multiple stakeholders, to appropriately apportion accountability, and to ensure the Framework is linked in with mechanisms that support better ways of working across the broader service system.
- The need to ensure systems level coordination with other reforms, standards and regulatory processes.
- The need to support implementation of the QAF including through:
 - Ensuring it is accessible to all stakeholders;
 - Resourcing capacity building.

We also provide comment on both the permanency and well-being domain elements as they pertain to Aboriginal children and young people.

Summary of Recommendations

1. Areas of shared accountability should be identified and articulated, and mechanisms developed to ensure all relevant stakeholders are held to account.
2. Systems should be put in place to ensure the Framework and the data it generates informs practice and guides policy development across the service system more broadly
3. FACS should produce more detailed 'mapping' of the relationship between standards and compliance regimes in the OOHC sector.
4. Efforts should be made to streamline reporting and data collection requirements.
5. The QAF should be simplified and written in plain English.
6. FACS should ensure implementation of the QAF is properly resourced, with organisations supported to develop the necessary systems and ensure workers receive appropriate training.
7. FACS should develop a clear timeframe for implementation and ensure there is clear communication about stakeholder roles and responsibilities.
8. The QAF should reflect the concerns of Aboriginal stakeholders in relation to permanency.

9. Any child well-being outcomes measurement tool included in the Framework should be further tested to ensure its relevance and applicability to Aboriginal and Torres Strait Islander children.
10. FACS should ensure the QAF does not create perverse incentives that potentially work against the best interests of a child.

Shared accountability

As the report states, outcomes data can be used in numerous ways, including guiding practice and improving resource allocation (Section 3, page 6). The data can also be used to create greater accountability. Although the documentation that accompanies the proposed Quality Assurance Framework does not state who will be held accountable for what, it is our understanding that the Framework will apply to all government and non-government OOHC providers.

Many of the proposed outcomes, however, cannot be achieved by OOHC providers alone. Instead, they rely on successful interactions between many parts of the services system. For example, the way in which the school system supports or does not support the needs of children in out of home care is critical to improving school engagement and attachment.

OOHC providers should not be the only part of the system held to account for outcomes when key factors are beyond their control. This is particularly important at a time when the future of many of the measures designed to make the universal service system work more effectively for children and young people in OOHC is unclear. This is not to say that these outcomes should not be measured, but rather, other agencies who share responsibility for achieving these outcomes should be identified and articulated. Mechanisms – aligned with the Framework – should then be developed to ensure these agencies are similarly held to account. In addition, systems should be put in place to ensure the Framework and the data it generates, informs practice and guides policy development across the service system more broadly.

Recommendation 1

Areas of shared accountability should be identified and articulated, and mechanisms developed to ensure all relevant stakeholders are held to account.

Recommendation 2

Systems should be put in place to ensure the Framework and the data it generates informs practice and guides policy development across the service system more broadly

Systems Level Coordination

NCOSS members report that the proposed outcome measures are not aligned with existing accreditation standards, such as the Children's Guardian's NSW Child Safe Standards for Permanent Care and the National Standards for Out-Of-Home Care. Although these standards are mentioned in the report, greater clarity about how the overlapping frameworks fit together would assist stakeholders in gaining a full picture of the regulatory

standards and frameworks in the OOHC sector. Similarly, the framework would benefit from a clearer articulation of how it will align with current reforms and the re-commissioning of OOHC services.

Further, efforts should be made to streamline reporting and data collection requirements. Red tape should be minimised in order to ensure caseworkers can spend as much time as possible on their core business of assisting and building relationships with their clients.

Recommendation 3

FACS should produce more detailed 'mapping' of the relationship between standards and compliance regimes in the OOHC sector.

Recommendation 4

Efforts should be made to streamline reporting and data collection requirements.

Implementation

A number of factors that will be critical to the successful implementation of the QAF have not been addressed in the available documentation.

Firstly, it is important that the final version of the QAF be accessible to caseworkers, carers and children. A 2014 report released by NCOSS "[Have Your Say But How](#)" highlighted the importance of ensuring relevant documentation can be understood by all stakeholders in order to allow for full and authentic participation.

NCOSS recommends that the QAF be written in plain English, with final documentation developed in conversation with those who will be involved in on-the-ground delivery (including children and young people in out of home care).

In addition, implementation of the QAF must be properly resourced to ensure its effectiveness. NCOSS members emphasise the importance of:

- Support for the sector – particularly smaller organisations – to develop and implement systems to capture and collate relevant data.
- Appropriate training on the QAF for caseworkers and other relevant workers.
- Developing a clear timeframe for implementation that allows for necessary capacity building measures.
- Clear communication about the outcome measures and stakeholder roles and responsibilities.

Recommendation 5

The QAF should be simplified and written in plain English.

Recommendation 6

FACS should ensure implementation of the QAF is properly resourced, with organisations supported to develop the necessary systems and ensure workers receive appropriate training.

Recommendation 7

FACS should develop a clear timeframe for implementation and ensure there is clear communication about stakeholder roles and responsibilities.

The QAF

Permanency

While the proposed elements in the permanency domain reflect the Permanent Placement Principles, FACS would be aware that concerns regarding the application of these principles in relation to Aboriginal children and young people in care have been raised. In particular, there is concern over legal permanent care orders administered by non-Aboriginal systems being imposed on Aboriginal children and families. Further, the absence of ongoing supports for children and young people in the care of guardians may place children and young people at risk. We support AbSec's policy position on *Guardianship for Aboriginal children and young people*, and recommend the permanency outcomes included in the QAF be revisited in order to ensure they reflect the concerns raised by AbSec and other Aboriginal stakeholders in relation to permanency.

Well-being

We support the use of a standardised outcomes measurement tool for child well-being. However, we note that whatever tool or tools are included in the final version of the QAF, further work will be needed to ensure their relevance and applicability to Aboriginal and Torres Strait Islander children.

Flexibility in application

There is risk that in particular circumstances, the QAF may create perverse incentives that work against the best interests of a child. For example, an organisation may hesitate to remove a child from an unsuitable placement in order to meet an outcome that emphasises the stability of placements. To minimise this risk, agencies and workers should be given sufficient flexibility to diverge from the proposed framework when this can be justified as in the best interests of a child.

Recommendation 8

The QAF should reflect the concerns of Aboriginal stakeholders in relation to permanency.

Recommendation 9

Any child well-being outcomes measurement tool included in the Framework should be further tested to ensure its relevance and applicability to Aboriginal and Torres Strait Islander children.

Recommendation 10

FACS should ensure the QAF does not create perverse incentives that potentially work against the best interests of a child.