Statutory OOHC Quality Assurance Framework - QAF

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Presentation covers

• The case for QAF in NSW
• What is the QAF?
• How was it developed?
• Key features for children in OOHC
• Initial implementation
Where are we now?

- No systemic collection, reporting and use of individual outcome data for all children in statutory OOHC
- Collect significant data centrally on safety and permanency
- Reliant on anecdotal or output-based information about how children are faring
- Wellbeing information is either inconsistently collected, limited or proxy data is used
- No synergies (program, compliance, funding) that give us holistic, child-centered view
- Reform pathway
Where do we want to be?

- Consistent, comprehensive and integrated data is collected for each child
- Data made available in a useable format at required intervals
- Collection and dissemination is systemic and streamlined (i.e. automated)
- Frontline staff embed use of the data in practice to drive individual improvements
- Application is used to drive required service and policy changes
- Access and use by relevant stakeholders (Minister, OOHC agencies, FACS, oversight agencies)
What is it?

• A framework to continuously assess, assure and improve the quality of the services provided and the results achieved by NSW OOHC providers NSW

• An organising framework setting out the outcomes to attend to across 3 overarching goals: safety, permanency, wellbeing

• Describes the ‘what’ not the ‘how’

• Characteristics
  – Outcome focused
  – Built from the ground up
  – Built from the top down
The QAF for NSW

Adapted from:

- US child wellbeing framework developed by the Obama Administration (DHHS, 2012)

- Framework of Wellbeing of Older Youth in Foster Care (Hanson, Langford & Badeau, 2013)

Adaptation informed by the consultation, literature review, project team expertise and FACS key stakeholders
Principles for QAF

• Goal = ensure child/young person’s safety, permanency AND wellbeing
• Contextualise the child’s development
• Centrality of caregiver attachments
• A child’s environment influences development
• Culture is a life long influence on development and wellbeing
• Reliable and valid assessments
• NSW context
What is the QAF?

- Cultural and Spiritual identify
- Mental health
- Cognitive functioning
- Wellbeing
- Physical Health & development
- Social functioning
- Cognitive functioning

NSW Family & Community Services
Parenting Research Centre
raising children well
<table>
<thead>
<tr>
<th>OUTCOME INDICATORS FOR ADOLESCENCE 13-18</th>
<th>SAFETY</th>
<th>PERMANENCY</th>
<th>WELLBEING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maltreatment occurrence in OOHC, Maltreatment recurrence post restoration, Accidental Injury, Feelings of personal safety and security, Presence of relationships that facilitate disclosure of risk and/or harm, risk-taking behaviour</td>
<td>Timely and lasting legal permanence (restoration, guardianship, adoption), Residential Stability. Least restrictive living environment Maintenance of family and other key relationships (birth parents, siblings, extended kin), Planning for transition to adulthood</td>
<td>Academic achievement, School engagement, School attachment, Problem solving skills, Decision-making</td>
<td>Overall health, BMI Risk-avoidance behavior related to health</td>
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<td>Emotional intelligence, Self-efficacy, Motivation, Self-control, Pro-social behaviour, Positive outlook, Coping, Internalising and externalising behaviours, Trauma symptoms</td>
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<td>Social competence, Social connections &amp; relationships, Social skills, Adaptive behavior</td>
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<td>To be developed with appropriate stakeholders with expertise in this domain</td>
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What have we done so far?

• Partnered with Parenting Research Centre, University of Melbourne and Social Policy Research Centre, UNSW
• Consultation
• Narrative Review
  – Existing frameworks
  – Academic databases and grey literature
• Expert advice
• PRC, University of Melbourne Report released
• Consults with young people
Implementation Stages

**Exploration**
- Assess needs
- ID & assess evidence
- Examine fit and feasibility
- Make decision

**Installation**
- Plan and prepare what needs to be in place
- Develop implementation supports
- Make necessary structural and instrumental changes

**Initial Implementation**
- Service delivery initiated
- Data used to drive decision-making and continuous improvement
- Rapid cycle problem solving

**Full Implementation**
- Skillful implementation
- System and organisational changes institutionalised
- Child and family outcomes measureable

2-4 Years
Active implementation framework

Usable intervention criteria

Stages of implementation

Improvement cycles

Implementations teams

Implementation drivers

(Metz et al 2014)
Initial implementation

• Established implementation infrastructure
• Site readiness principles
• Process for selection of trial sites
• Commence trial late 2016
• Trial site ‘protocol’ & logic model
Thank You

More information on the QAF is available

SafeHomeForLifeReform@facs.nsw.gov.au
Acknowledgements

QAF development
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University of Melbourne: Aron Shlonsky
References

QAF Teaming Structure

- FACS Board
- Programs and Service Design (PSD) Executive
- QAF Central Implementation Team (CIT)
- QAF Project Team
- Data & Reporting Task Team
- Change Management & Communications Task Team
- Privacy, Confidentiality & Ethics Task Team
- Practice & Research Task Team
- Cultural & Spiritual Identity Task Team

Local Implementation Teams (LIT)
- Team 1: NGO TBA
- Team 2: NGO TBA
- Team 3: FACS TBA

Child Protection System Senior Officers Group and Child Protection System Taskforce