# **IPS-CSC Forum**

17 August 2010

# "Enhancing Public Service Through Policy Automation"

Ballroom 3, Orchard Hotel



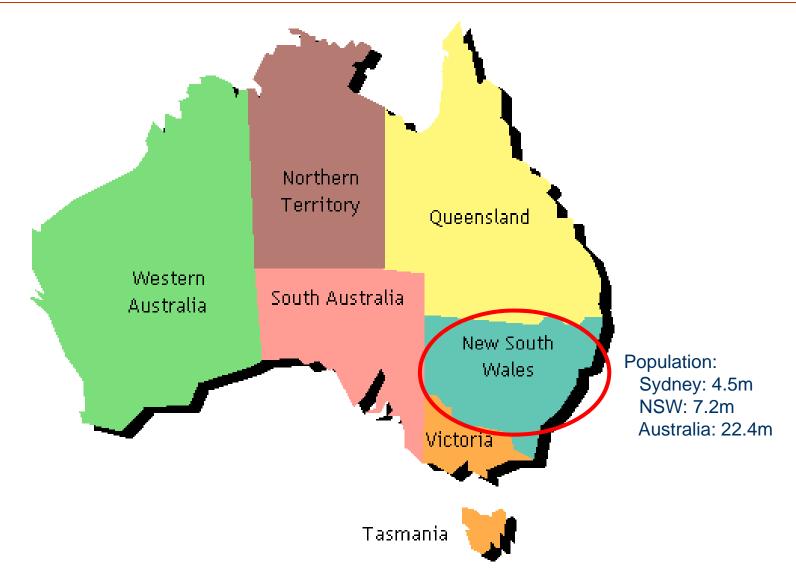




# Policy Automation Supporting the Protection of Children in NSW

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### **New South Wales**





## **NSW Child Protection Landscape**

- Child Protection Reports: 309,676
- Children involved: 134,803
- Rate of reporting: 83.5 per 1,000 children
- Suspicion of criminality: 3,436 (1.1% of reports)
- Children in Care: 16,524 (approx 1% of the child population)
- Early Intervention Program Participants: 8,989
- Key Policy Setting: Mandatory Reporting





### **Background**

- 2007: Several tragic deaths of vulnerable children raised significant concerns in the Community
- 2008: Justice James Wood conducts a Special Commission of Inquiry into Child Protection and hands down 111 recommendations in December
- 2009: The "Keep Them Safe" response published in March, supporting the vast majority of the recommendations
- Legislation introduced raising the threshold at which children should be reported to Community Services
  - Mandatory Reporting no longer enforced through penalties
  - Guidelines required to determine when a report is required
  - Child Wellbeing Units (CWUs) established in 6 other agencies



## **Mandatory Reporter Guidelines**

- Designed through an inter-agency and community consultation over six months through workshops and policy formulation
- Engaged the Children's Research Centre (CRC) from the USA to assist with the process development
- 18 Decision Trees and 108 pages of definitions resulting from this cross-jurisdictional engagement

### Challenge:

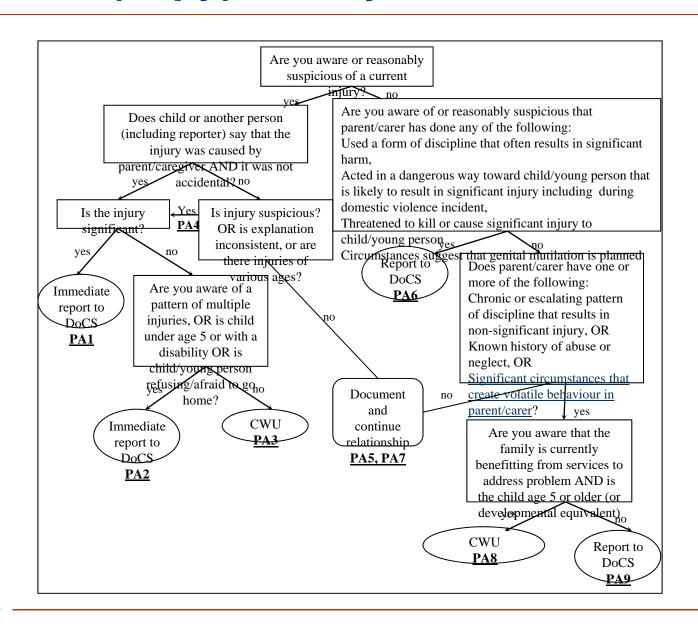
 How do we ensure the consistent interpretation of these guidelines by 500,000 reporters in order to determine the best course of action?

### Solution:

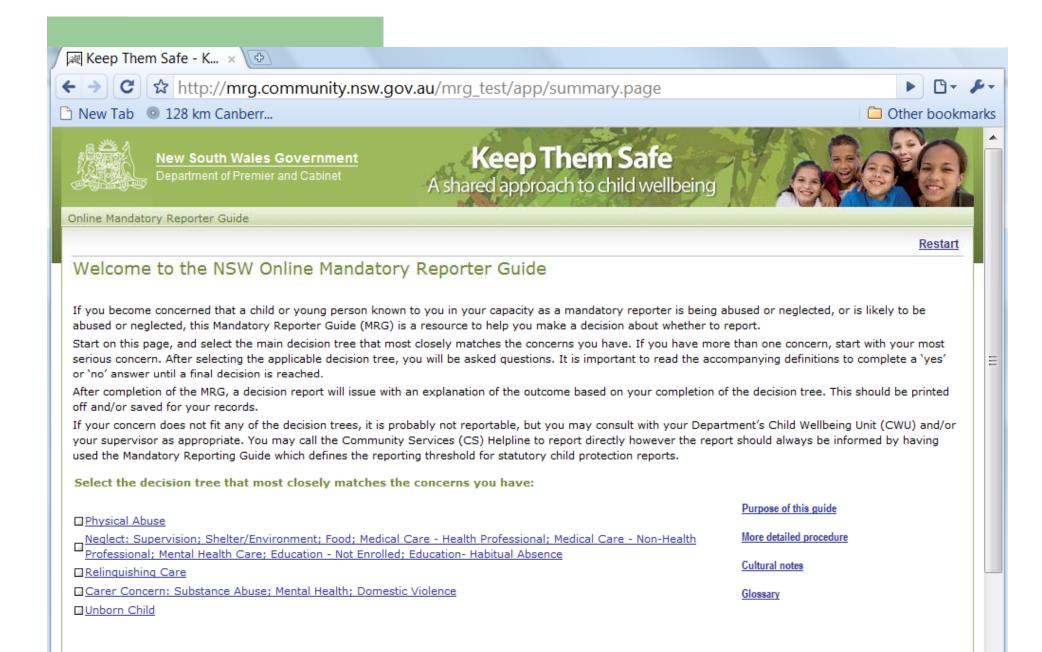
 Used Policy Automation Software to guide reporters through the decision making process



# The Hard(copy) Reality

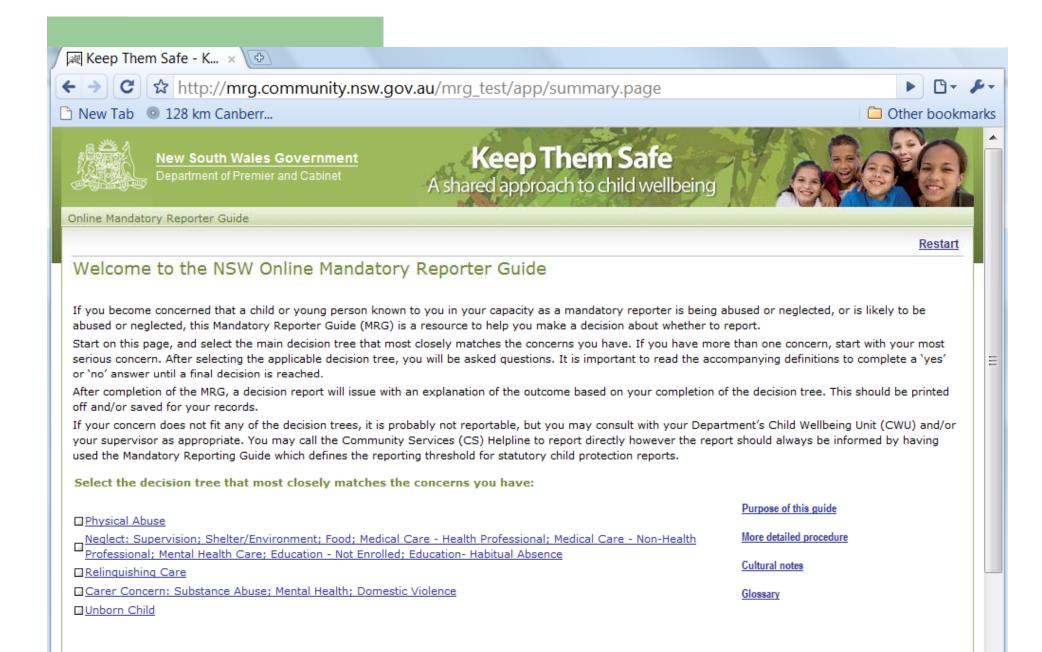






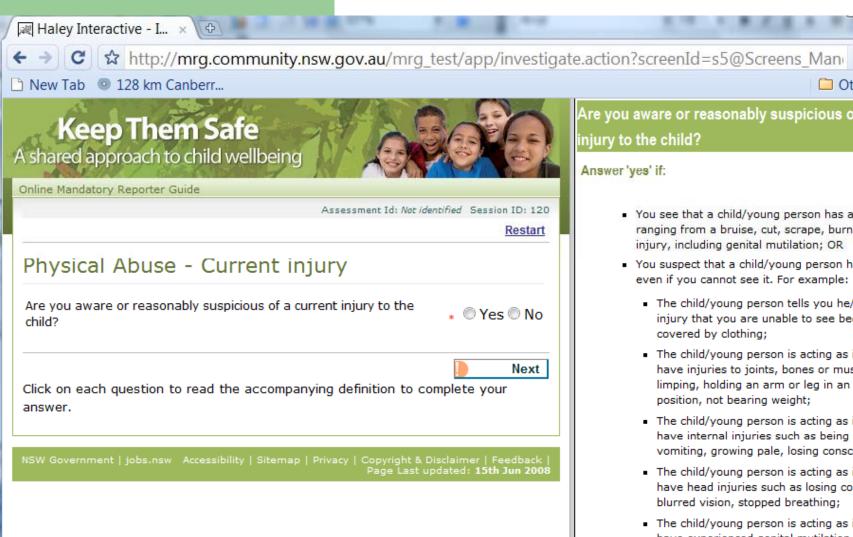
Release 3 - Build 1.0 - This build includes new decision trees as listed below:

- Medical Care health professional
   Medical Care non health professional



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### Are you aware or reasonably suspicious of a current injury to the child?

#### Answer 'yes' if:

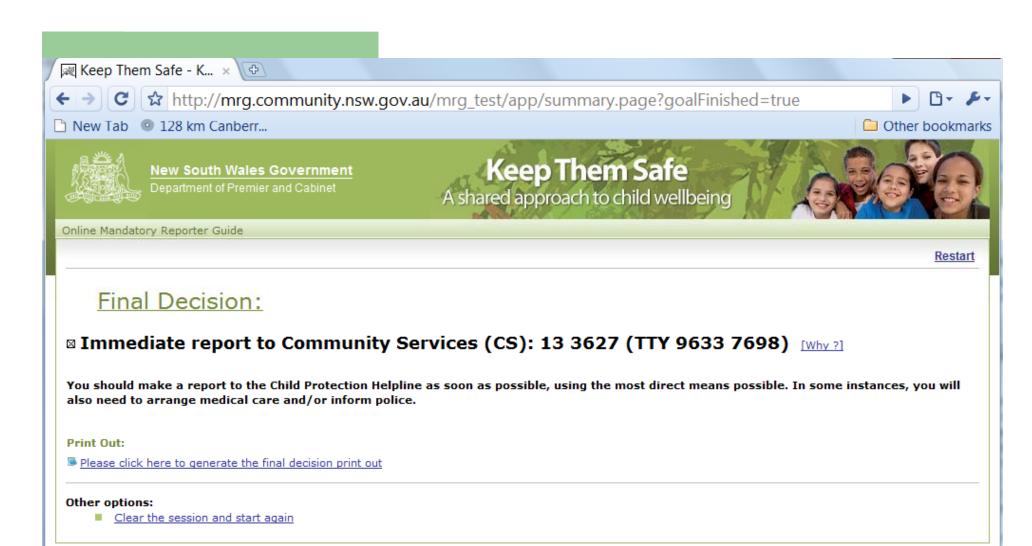
 You see that a child/young person has an injury ranging from a bruise, cut, scrape, burn, to a severe injury, including genital mutilation; OR

Other bookmarks

- · You suspect that a child/young person has an injury even if you cannot see it. For example:
  - The child/voung person tells you he/she has an injury that you are unable to see because it is covered by clothing;
  - The child/voung person is acting as if he/she may have injuries to joints, bones or muscles such as limping, holding an arm or leg in an awkward position, not bearing weight;
  - The child/young person is acting as if he/she may have internal injuries such as being in pain, vomiting, growing pale, losing consciousness;
  - The child/young person is acting as if he/she may have head injuries such as losing consciousness, blurred vision, stopped breathing;
  - The child/young person is acting as if he/she may have experienced genital mutilation such as being reluctant to be involved in sports/activities he/she previously enjoyed, difficulty toileting or with menstruation.

#### And

• The injury is current. Include injuries that are present at this time, including any bruises regardless



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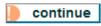
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The reasoning applied in reaching this conclusion is set out in hierarchical form below. Answers you have provided to questions during the interview are presented as active links. To review or change the answers to these questions, click the links provided.

Use the expand  $\oplus$  and contract  $\oplus$  icons to show or hide additional detail in the report.

#### This conclusion is justified on the following grounds:

- ☐ There are grounds for a Physical Abuse report to DoCs via immediate phone call.
  - □ You are aware or reasonably suspicious of a current injury to the child.
  - ☐ The child or another person says the injury was caused by a parent or caregiver and that it was not accidental.
  - □ The injury is significant.



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## **Key Benefits and Outcomes**

### Solution:

- Minimises the need for detailed user training
- Subsequent policy changes can be implemented quickly
- Natural language rather than scripted solutions
- Familiarity building amongst large user base

### **Business:**

- Helpline calls reduced by approximately 30%
- Consistent interpretation of policy settings by reporters
- Internal Helpline staff more confident of decisions
- Culture of shared responsibility developing

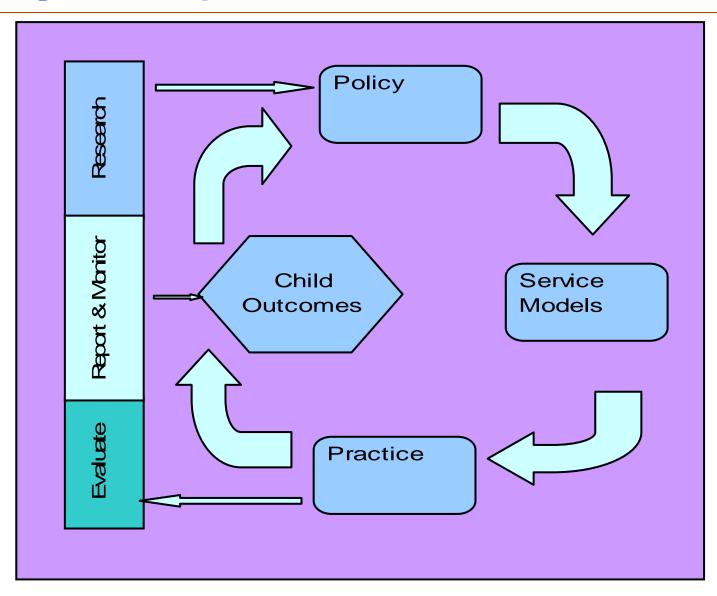


# **Additional Policy Automation Projects**

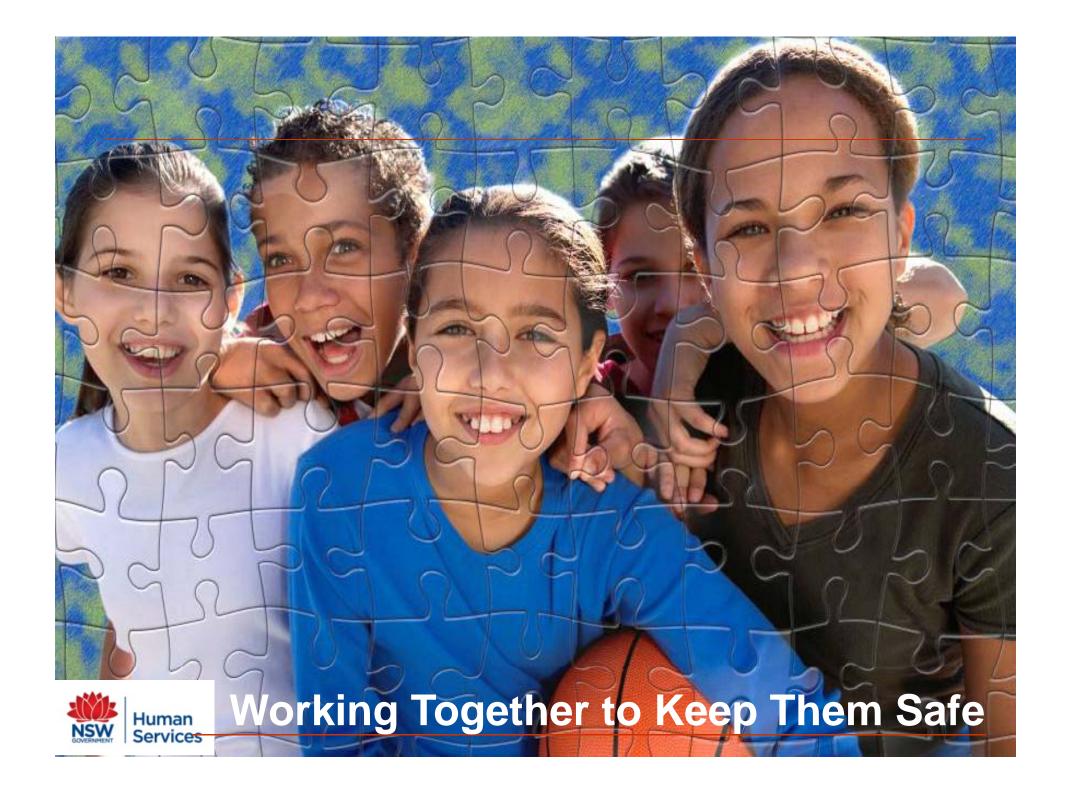
- Eight Structured Decision Making Tools in total
- Mandatory Reporter Guidelines soon to be reviewed
- Internal Helpline Intake and Prioritisation in place
- Safety and Risk Assessment piloting this month
- Conversion of existing hard-coded assessments (FSNA)
- Integration with Client Management System early 2011
- Moving into other areas:
  - Public Housing eligibility
  - Disability Support Services determination



## Closing the Loop - Linking Evidence, Policy and Practice







# **Brighter Futures Program in NSW**

- Issue: Rapid escalation of children and young people entering the statutory CP system.
- What Research told us:
  - Early support to families during prenatal and early years (before aged 3 years) has lasting impact on improving the child's wellbeing and can prevent child abuse and neglect.
  - Based on early years brain development research
  - Longitudinal study demonstrates improved outcomes to C/YP: improved school participation and achievements; better health; better employment in later years; increased economic wellbeing; less likely to be involved in criminal justice system.
  - Long term savings to government.
- What we did about this:
  - Designed a early intervention and prevention policy and program.
  - Policy specifies target group and service models: informed by research on what works best and why.
  - Examples: Home Visiting; Early Childhood Programs; Parenting Programs.
  - Includes a Research to Practice component including regular 'practice solutions' with field staff.
- Closing the Loop Has this early intervention approach improved child Wellbeing and reduced reports to the statutory child protection system?
  - We set up rigorous program evaluation to measure the impact and success of Brighter Futures.
  - Corporate reporting using Data Warehouse to monitor and report on processes and outcomes
  - Results being tabulated for presentation in October



## The Challenge

- Maintain the strategic vision of a "single-view" of child interactions
- Leverage existing capabilities because time is short (9 months)
- Agree the project governance model, led from a central agency
- Design common operating practices across six Agencies
- Develop a solution that meets the shared need of all Agencies
- Tackle the problem of integration with existing Agency platforms
- Establish Agency Child Wellbeing Units, recruit and train staff
- Reschedule existing commitments to deliver the solution
- Provide consistent guidance to over 500,000 mandatory reporters
- Develop a culture of shared responsibility and collaboration

