

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

Introduction

Worldwide, 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 (ROSH). It responded to system challenges documented by the Special Commission of Inquiry into Child Protection Services in NSW in 2008.¹



This **FACSAR Snapshot** outlines some key findings from the evaluation of *Practice First*. The full evaluation report is available at <https://dcj.nsw.gov.au/documents/about-us/facsar/facsar-publications-and-resources/Full-report-Practice-First-Evaluation-Final-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 client 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 82 FACS CSCs across NSW. The evaluation looks at the 24 CSCs involved in the first two phases of *Practice First* implementation.

Overall, the evaluation has found that *Practice First* has facilitated a shift in organisational culture within FACS towards a focus on child centred practice and increased engagement with children, carers and other agencies

Practice First Evaluation Report p.9

What did the evaluation find?

The evaluation of *Practice First* in 24 sites in NSW found:

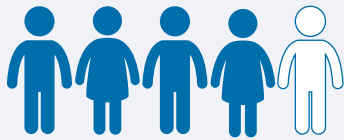
- *Practice First* was successful in shifting organisational culture and practice and improving job satisfaction, and it produced some improvements in the capacity and efficiency of service delivery.
- The administrative data analysis did not find significant differences between *Practice First* sites and non-*Practice First* sites on a range of system-level outcomes for children (for example, subsequent ROSH reports, placement in OOHC).
- Practitioners reported that administrative and systems barriers remain a key challenge and these have impacted on the effectiveness of *Practice First*.
- Successful implementation is facilitated by strong leadership. Where leaders were committed to the model and proactive in implementing it, *Practice First* was better implemented and existing challenges better addressed.
- While it is difficult to separate out the effects of *Practice First* from other reforms, in combination these different initiatives seem to be complimentary and reinforce good practice.

The impact of *Practice First* on organisational culture and practice

For many staff, the shift to *Practice First* made a substantial difference to their work in terms of organisational culture, job satisfaction and casework practice:

- Over a third of workforce survey respondents who had ever worked in a *Practice First* site felt *Practice First* had improved the culture of their CSC ‘to a great extent’ and almost three-quarters indicated *Practice First* had improved their job satisfaction ‘to a great extent’ or ‘to some extent’.
- Caseworkers reported spending more time with children and families and this assisted assessment, decision making, client engagement and relationships, changes in family behaviour and professional satisfaction.
- Staff reported that *Practice First* led to some improvements in the capacity and efficiency of child protection service delivery, including child placement and referral, assessment, clinical supervision and shared responsibility for decision making.
- Group supervision was widely endorsed by staff. Still, some staff considered it was not always a substitute for individual clinical supervision. The shift in individual responsibility to shared decision making and the shared management of risk through the group supervision process was highly valued. Supervision quality was found to be variable and was dependent on the level of training and skills of the supervisor.

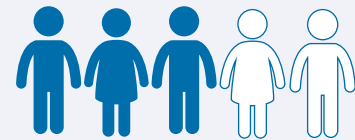
The impact of *Practice First* on practice and culture



4 in 5 staff reported improvements in workplace culture



3 in 4 staff reported improvements in job satisfaction



3 in 5 staff reported being able to spend more time face-to-face with clients

Source: Workforce Survey, *Practice First* Evaluation.

The impact of *Practice First* on partner agency and family involvement in decision-making

There was evidence other agencies were more involved in various aspects of work in *Practice First* sites, including during group supervision and in contributing to thorough family assessments. Sharing the workload of supporting families across agencies, and improved support options for families, were seen as benefits of increased collaboration with other agencies. However, trends towards improved collaboration were evident across the state, including in non-*Practice First* CSCs.

Feedback from caregivers surveyed about *Practice First* was overwhelmingly positive, although there was room to increase the involvement of families in decision-making as part of the *Practice First* model. Up to a quarter of families felt that they had not been involved as much as they wanted in decisions about their child.

The impact of *Practice First* on system-level outcomes

On a range of system-level outcomes for children the administrative data analysis did not find significant differences between *Practice First* sites and non-*Practice First* sites. The evaluation notes that this is very likely because both *Practice First* and non-*Practice First* sites were responding to the same sets of risks and problems. The major drivers of child protection risk and risk decisions, such as family circumstances and policy decisions about risk thresholds, were more powerful in influencing outcomes than the effects of service reforms introduced by *Practice First*.

Young and very young children, Aboriginal children, children with a prior ROSH report, and children with a history of OOHC were all more likely to have a face-to-face visit by a caseworker and to be involved in court proceedings, have a subsequent ROSH report, and experience a placement in OOHC, irrespective of whether they were clients in a *Practice First* or non-*Practice First* site.

Key factors in effective implementation

The evaluation found that *Practice First* was generally implemented as intended. Some of the factors in successful implementation included:

- **Strong leadership.** Where managers and other leaders were committed to the model and proactive in implementing it, *Practice First* was better implemented and existing challenges better addressed. In contrast, where local leaders were reported to be resistant or not supportive, this tended to affect the culture across the site.

- **Administrative and systems barriers** remain a key challenge for caseworkers. While fidelity testing found *Practice First* was generally implemented as intended, there was little shift in system administrative tasks and this compromised the effectiveness of implementation. Many of the factors driving time spent on administration lie beyond *Practice First*, such as staff vacancies and the structure of administrative databases.

What are the limitations of the evaluation?

The evaluation recognised the difficulty of separating the influence of *Practice First* in relation to the outcomes for children and families from other sector reforms. These include Care and Protection legislative amendments, and the increased role of the non-government sector in delivering child protection and out-of-home care services. These reform initiatives make it difficult to associate changes with the implementation of *Practice First* alone.

As FACS administrative data systems are limited in their ability to capture relational casework, some key measures relating to the implementation of *Practice First* could not be measured from existing data (i.e. how much time workers spent with families). Consequently, the evaluation was limited in its ability to comprehensively assess the effectiveness of *Practice First*.

Where to from here?

The evaluation findings highlight the complexity of the child protection system and the interrelatedness of multiple reform initiatives.

FACS is partnering with the Centre for Evidence and Implementation to develop an amalgamated practice framework that will take the best of *Practice First* and align it with other reforms and initiatives. The framework will offer guidance, support and quality assurance mechanisms to improve consistency and quality of child protection service delivery, and offer a clear guide for future program and policy initiatives. Group supervision will be key to this framework.

Whilst there are significant challenges remaining to support more effective child protection service delivery, *Practice First* provides a strong foundation for evidence-informed reform of casework practice. The evaluation results are informing the next steps in implementation.

About the *Practice First* evaluation

The evaluation of *Practice First* was conducted over eight months, from November 2014 to June 2015, by a consortium led by the Parenting Research Centre and involving the University of Melbourne and the Social Policy Research Centre at the University of New South Wales. It assessed the implementation and service system outcomes of *Practice First* across 24 CSCs in NSW. Four methods were used in the evaluation with the findings from each compared to strengthen conclusions.

The evaluation methods included:

- administrative data analysis
- a survey of 38 caregivers of children receiving services from selected *Practice First* sites
- a workforce survey of Managers, Caseworkers, Specialists (such as psychologists and Aboriginal liaison workers) and administrative workers from every CSC in NSW
- interviews and focus groups with FACS staff at selected *Practice First* and non-*Practice First* CSCs.

More information

The full report of evaluation findings is available at <https://dcj.nsw.gov.au/documents/about-us/facsiar/facsiar-publications-and-resources/Full-report-Practice-First-Evaluation-Final-Report.pdf>

Information on *Practice First* can be found at <https://dcj.nsw.gov.au/service-providers/oohc-and-permanency-support-services/intensive-therapeutic-care-intermin-care-model/practice-first.html>

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Endnotes

¹Wood, J 2008, *Report of the Special Commission of Inquiry into Child Protection Services in NSW*, State of NSW through the Special Commission of Inquiry into Child Protection Services in NSW, November 2008, Sydney.