

APPENDIX C

Scope of this audit

Objective

To determine whether DFFH's kinship care model is supporting timely, stable and quality placements for children.

Who we examined	Their key responsibilities
DFFH	Responsible for designing and delivering programs that aim to provide safe homes for children who cannot live with their family, including kinship care
<ul style="list-style-type: none">• Anglicare• Uniting	Provide kinship care services across Victoria
VACCA	Provides kinship care services across Victoria and provides Aboriginal and Torres Strait Islander kinship finding services statewide

What we examined

We assessed if the new kinship care model helps identify kinship networks for children at risk of OOHC early and provides stable and quality placements for children.

We did this audit during the COVID-19 pandemic. Mandatory government restrictions and lockdowns impacted many aspects of the kinship care system. For example, there were fewer case referrals to CSOs and DFFH had to prioritise key services over others. With DFFH, CSO and ACCO staff working from home, most of their contact with children and carers was online rather than through home visits. Consequently, many families were also unable or unwilling to engage in the available services.

How we assessed performance

To form our conclusion against our objective we used the used the following lines of inquiry and associated evaluation criteria:

Line of inquiry	Criteria
The kinship care model facilitates early identification of kinship networks for children at risk of OOHC.	<ol style="list-style-type: none"> 1. Kinship engagement practitioners help identify kinship networks for children who require OOHC in a timely way. 2. The Aboriginal Kinship Finding program has led to more timely kinship placements and cultural connections for more Aboriginal and Torres Strait Islander children since 2018.
The kinship care model provides stability for children in OOHC.	<ol style="list-style-type: none"> 1. DFFH completes thorough part A, B and C assessments of kinship care placements within benchmarked timeframes. 2. DFFH completes thorough referrals of eligible kinship care placements to CSOs and ACCOs for First Supports within benchmarked timeframes. 3. Kinship carers can access timely and customised support from DFFH, CSOs and ACCOs, including emotional support, help completing assessments and obtaining documentation, and access to financial brokerage. 4. DFFH monitors CSOs' and ACCOs' performance in providing support to kinship carers and works to understand and address performance variances. 5. DFFH measures if the kinship care model is providing stability for children, with less breakdowns in placements and increases in cases meeting permanency objectives since 2018.
The kinship care model provides quality placements for children in OOHC.	<ol style="list-style-type: none"> 1. DFFH measures and reports on if the kinship care model provides quality homes for children in OOHC. Specifically, if it provides: <ul style="list-style-type: none"> • access to health services, education services and social opportunities • no further substantiated reports of harm • reunification with family where appropriate. 2. Kinship carers report that DFFH's kinship care model helps them provide a quality home for children in their care.

Our methods

As part of the audit we:

- analysed DFFH's data, including:
 - CRIS data
 - Service Agreement Management System (SAMS2) service delivery tracking data
 - Oracle financial data
- reviewed case files
- reviewed published literature
- reviewed and analysed relevant legislative, regulatory, contractual, policy and procedural documentation
- interviewed staff at DFFH, Anglicare, Uniting and VACCA
- reviewed and analysed performance data
- held feedback sessions with 16 kinship carers, including Aboriginal and Torres Strait Islander kinship carers.

We conducted our audit in accordance with the *Audit Act 1994* and ASAE 3500 *Performance Engagements* to obtain reasonable assurance to provide a basis for our conclusion.

We complied with the independence and other relevant ethical requirements related to assurance engagements.

We also provided a copy of the report to the Department of Premier and Cabinet and the Department of Treasury and Finance.

CRIS data

CRIS is a critical system that is central to DFFH's service delivery. As a result, DFFH needs to rigorously maintain the quality and security of CRIS data to:

- fulfil its obligations to vulnerable members of the community, such as children in OOHC
- support evidence-based policies that will improve the safety, wellbeing and health of this vulnerable cohort.

However, we found that DFFH does not have a data dictionary to provide detailed information about the contents of its CRIS database, such as data definitions and attributes.

DFFH is also not compliant with requirements in the Victorian Government's *Data Quality Guideline*. The guideline requires departments to establish and maintain a quality standard for critical and shared datasets. The guideline assesses datasets against the following measures:

- Is the data accurate and valid, and to what level?
- How complete is the data? Are there known gaps?
- Is the dataset representative of the conditions or scenario to which it refers?
- Is the timeliness and age of the data appropriate for its purpose?
- What was the collection method and was it consistent?

These gaps reduced our confidence in CRIS data, especially as our analysis of it highlighted that the information may not always be up to date or accurate.

DFFH advised us that it is doing ongoing work to improve the quality of CRIS data and how it manages it. Going forward, DFFH plans to develop a data quality statement and data quality management plan.

We are currently doing an audit to assess if DFFH has adequate controls to ensure CRIS data is reliable. This is due to table in Parliament in 2022-23.

Cost and time

The full cost of the audit and preparation of this report was \$1,120,000. The duration of the audit was fifteen months from initiation to tabling.