

# Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care

## Caseworker Survey Statistical Report



Billy Black



# Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care in NSW

## **Research Report No. 3**

### Caseworker Survey Statistical Report

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#### About the information in this report

All the analyses presented in this report are based on the August 2017 version of the unweighted data collected in the on-line survey of caseworkers; and FACS administrative data.

#### Pathways of Care Longitudinal Study Clearinghouse

All study publications including research reports, technical reports and briefs can be found on the study webpage [www.facs.nsw.gov.au/resources/research/pathways-of-care](http://www.facs.nsw.gov.au/resources/research/pathways-of-care)

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# Preface

The Pathways of Care Longitudinal Study (POCLS) is funded and managed by the New South Wales Department of Family and Community Services (FACS). It is the first large-scale prospective longitudinal study of children and young people in out-of-home care (OOHC) in Australia. Information on safety, permanency and wellbeing is being collected from various sources. The child developmental domains of interest are physical health, socio-emotional wellbeing and cognitive/learning ability.

The overall aim of this study is to collect detailed information about the life course development of children who enter OOHC for the first time and the factors that influence their development. The POCLS objectives are to:

- describe the characteristics, child protection history, development and wellbeing of children and young people at the time they enter OOHC for the first time.
- describe the services, interventions and pathways for children and young people in OOHC, post restoration, post adoption and on leaving care at 18 years.
- describe children's and young people's experiences while growing up in OOHC, post restoration, post adoption and on leaving care at 18 years.
- understand the factors that influence the outcomes for children and young people who grow up in OOHC, are restored home, are adopted or leave care at 18 years.
- inform policy and practice to strengthen the OOHC service system in NSW to improve the outcomes for children and young people in OOHC.

The POCLS is the first study to link data on children's child protection backgrounds, OOHC placements, health, education and offending held by multiple government agencies; and match it to first hand accounts from children, caregivers, caseworkers and teachers. The POCLS database will allow researchers to track children's trajectories and experiences from birth.

The population cohort is a census of all children and young people who entered OOHC for the first time in NSW over the 18 month period between May 2010 and October 2011 (n=4,126). A subset of those children and young people who went on to receive final Children's Court care and protection orders by April 2013 (2,828) were eligible to participate in the study. For more information about the study please visit the study webpage [www.facs.nsw.gov.au/resources/research/pathways-of-care](http://www.facs.nsw.gov.au/resources/research/pathways-of-care).

The POCLS acknowledges and honours Aboriginal people as our First Peoples of NSW and is committed to working with the FACS Aboriginal Outcomes team to ensure that Aboriginal children, young people, families and communities are supported and empowered to improve their life outcomes. The POCLS data asset will be used to

improve how services and supports are designed and delivered in partnership with Aboriginal people and communities.

FACS recognises the importance of Indigenous Data Sovereignty (IDS) and Indigenous Data Governance (IDG) in the design, collection, analysis, dissemination and management of all data related to Aboriginal Australians. The POCLS is subject to ethics approval, including from the Aboriginal Health & Medical Research Council of NSW. FACS is currently in the process of scoping the development of IDS and IDG principles that will apply to future Aboriginal data creation, development, stewardship, analysis, dissemination and infrastructure. The POCLS will continue to collaborate with Aboriginal Peoples and will apply the FACS research governance principles once developed.

## Introduction

This statistical report provides a summary of the data collected in the caseworker survey conducted as part of the POCLS. The purpose of this report is to provide a useful reference point for policy officers, frontline workers and researchers. Further details of the study can be found in Paxman, Tully, Burke and Watson (2014).

A number of other documents are useful to help with the navigation and understanding of the POCLS data. These publications can be found on the POCLS webpage:

[www.facs.nsw.gov.au/resources/research/pathways-of-care](http://www.facs.nsw.gov.au/resources/research/pathways-of-care)

## Method

To date, four Waves of data collection have been undertaken at 18-24 month intervals. By the end of Wave 5 which commenced in April 2019, the POCLS will have 10 years of in-depth data on children's OOHC experiences. Wave 1 interviewing was conducted June 2011 - August 2013 with 1,285 children and carers participating. Wave 2 was conducted April 2013 – March 2015 with 1,200 participants. Wave 3 was conducted October 2014 – July 2016 with 1,033 participants. Wave 4 was conducted May 2017 – November 2018 with 961 participants.

The caseworker surveys were completed between October 2014 and June 2016 as a part of Wave 3 of the POCLS. The survey was conducted on-line and completed by the OOHC caseworker who was nominated to best know the child. This included caseworkers from both FACS and non-government organisations (NGOs), depending on where the child was placed. Caseworkers were asked to complete the survey even if the child had left care and they no longer had case management. Participation in the survey was voluntary and caseworkers did not have to answer all the questions.

The sample population for the caseworker survey was all children who entered OOHC for the first time between May 2010 and October 2011 and who received final care and protection orders by April 2013 (n=2,828). Caseworkers completed a survey on 1,652 of these children. Children who were deceased at the time of the interview or where the life status question was unanswered were excluded from the majority of questions. The questions asked in the survey were also reduced if the child had left care more than 12 months ago or the caseworker did not know the child well. Therefore, the majority of the questions in the survey were completed for 1,342 children.

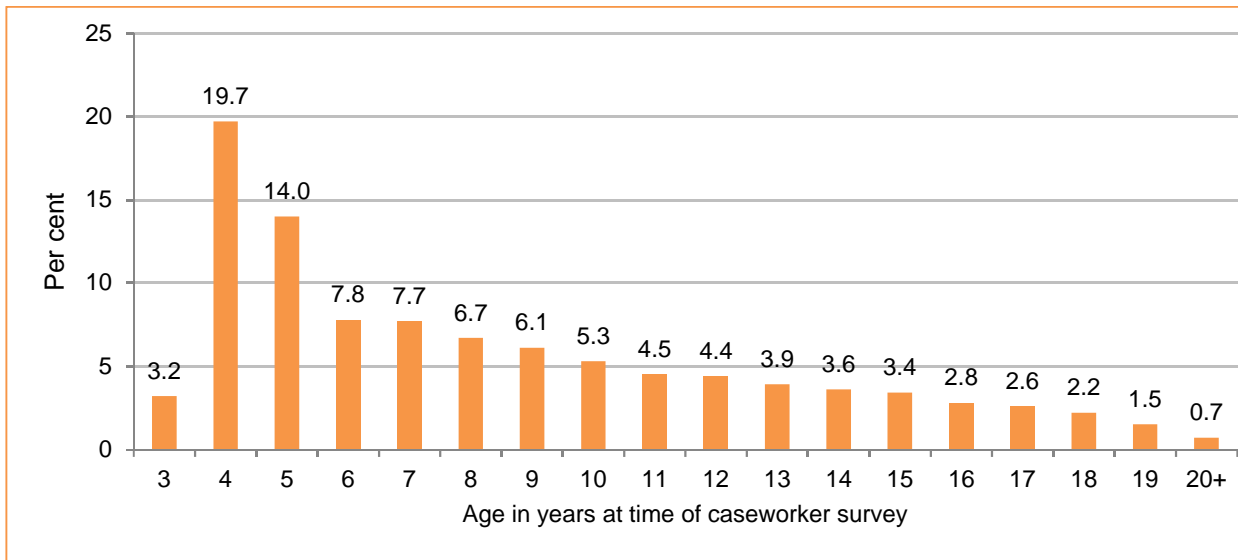
# Findings

## 1 Child characteristics

### 1.1 Age

Figure 1 shows the age of the children at the time of the caseworker survey. Therefore the youngest children involved in the caseworker survey were 3 years old and the oldest was 22 years old. Figure 1 also shows that one-third of the children were aged 4 or 5 years old when the caseworker surveys were conducted.

**Figure 1: Age of children at the time of the caseworker survey**



### 1.2 Other characteristics

The majority of the children (89.5% or 1,479) had siblings including half or step siblings.

Approximately one-third of the children (510 or 30.9%) were Aboriginal.

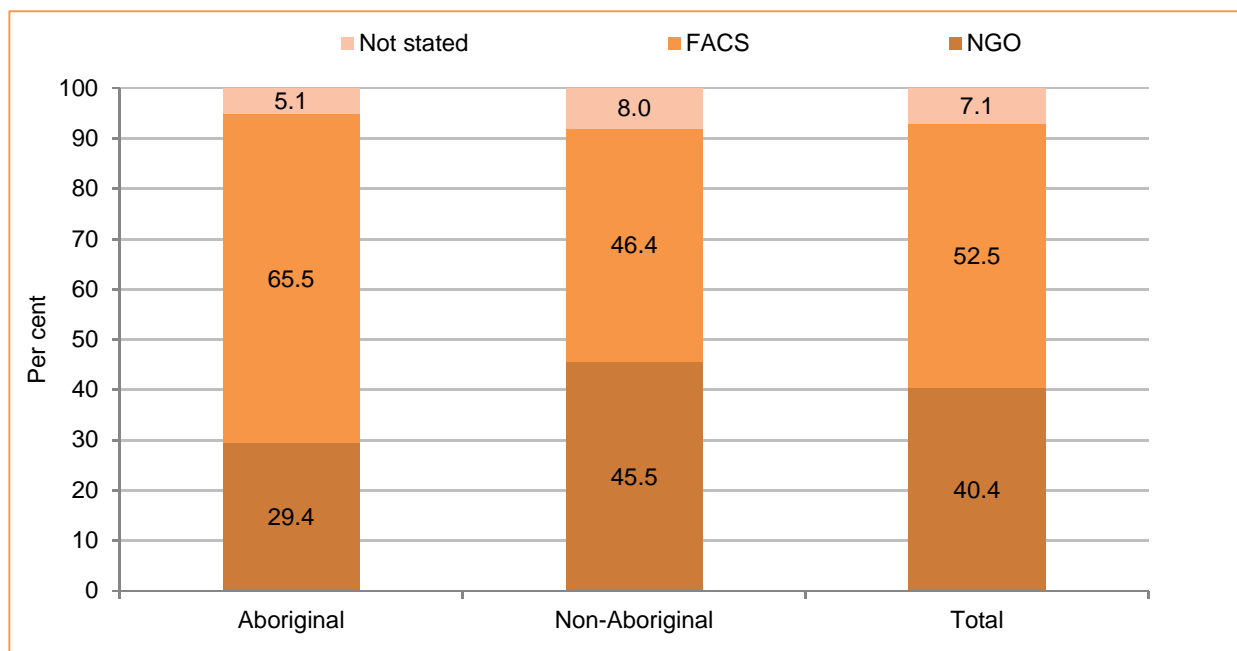
For 36 (2.2%) of the children their mother was deceased, and for 76 (4.6%) of the children their father was deceased at the time of the survey. If the mother or father were deceased, further questions about that parent were skipped in the survey.

## 2 Case characteristics

### 2.1 Case management

At the time of the survey, case management was provided by funded NGOs for 650 (40.4%) of the children and by FACS for 844 (52.5%). This excludes cases where the case manager was unknown or the child had transferred interstate. Aboriginal children were more likely to be case managed by FACS (65.5%) than non-Aboriginal children (46.4%) as shown in Figure 2. This may be due to a larger proportion of Aboriginal children being in relative and kinship care who were not transitioned to NGOs. Figure 3 shows that one-quarter (25.3%) of relative/kinship care children were managed by NGOs compared with almost three-quarters (72.7%) of foster care children.

**Figure 2: Current case management provision at the time of the caseworker survey by Aboriginality**



**Figure 3: Current case management provision at the time of the caseworker survey by current placement type (foster care and kinship care only)**

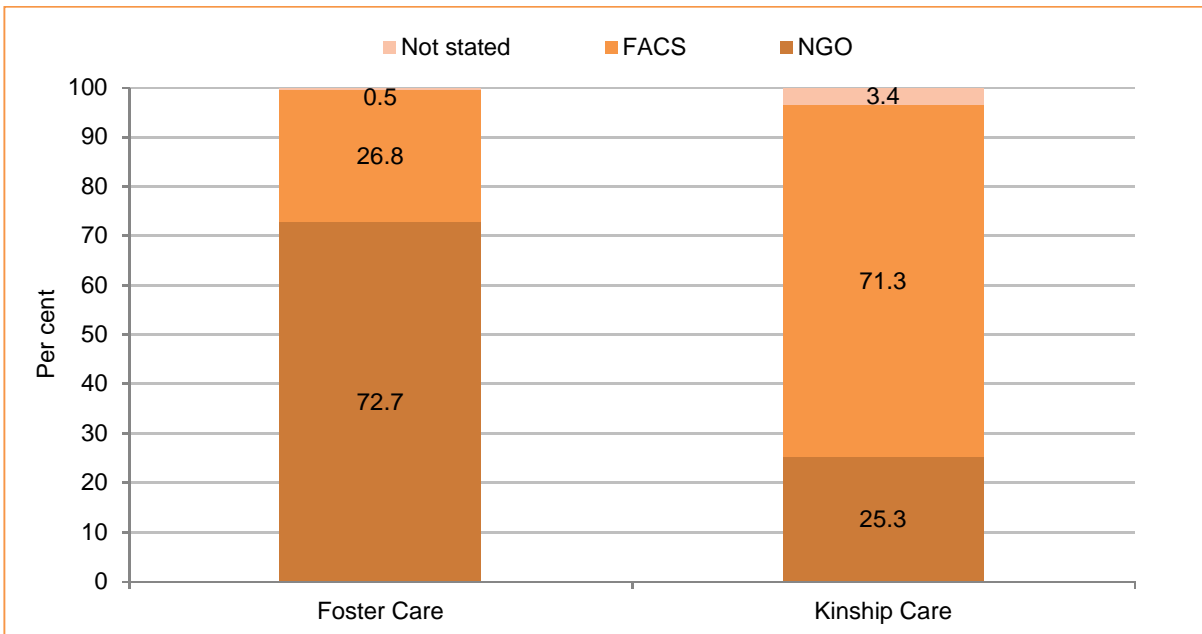
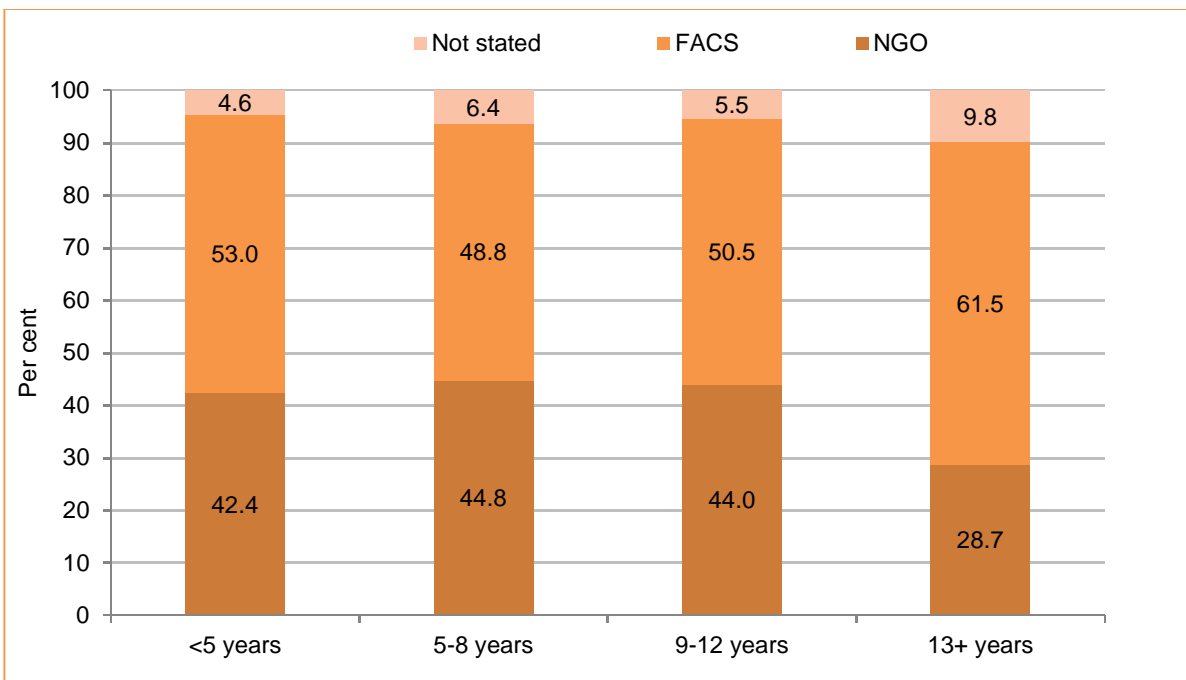


Figure 4 shows that a larger proportion of children aged 13 years or more were case managed by FACS than for the other age groups (61.5% compared with 50.5% for 9-12 year olds, 48.8% for 5-8 years, 53.0% for less than 5 years).

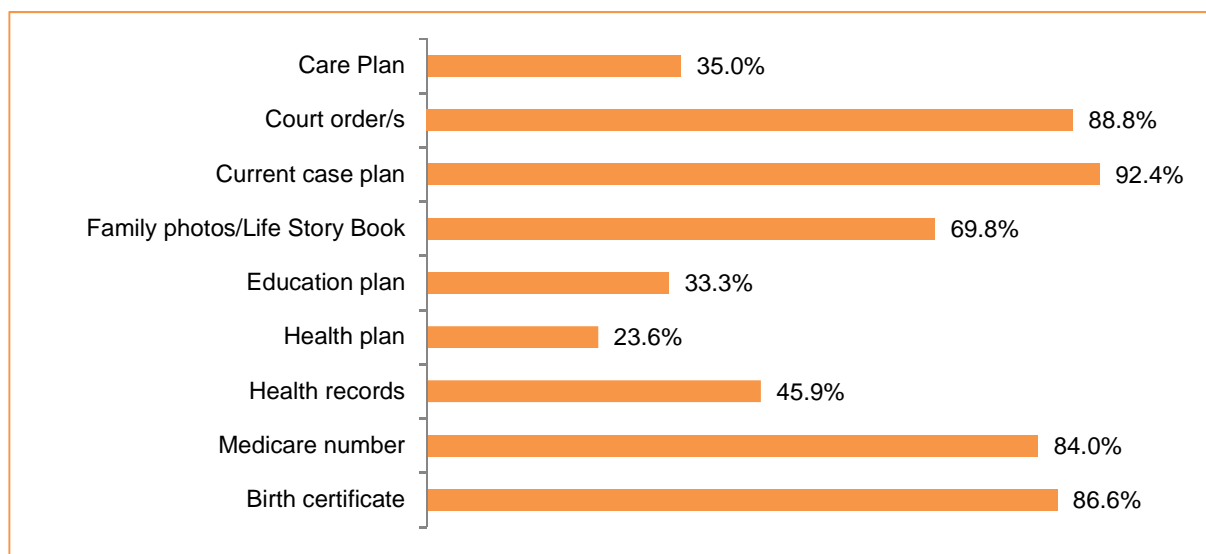
**Figure 4: Current case management provision by child’s age at the survey date**



## 2.2 Information provided during case management transfer

For the majority of the 469 children who were transferred to NGOs for case management, the agency received the current case plan (92.4%), court order(s) (88.8%), birth certificate (86.6%) and/or Medicare number (84.0%). For two-thirds of the children (69.8%) their family photos and Life Story Book were received.

**Figure 5: Casworker's report of information received by the NGO when the child was transferred**

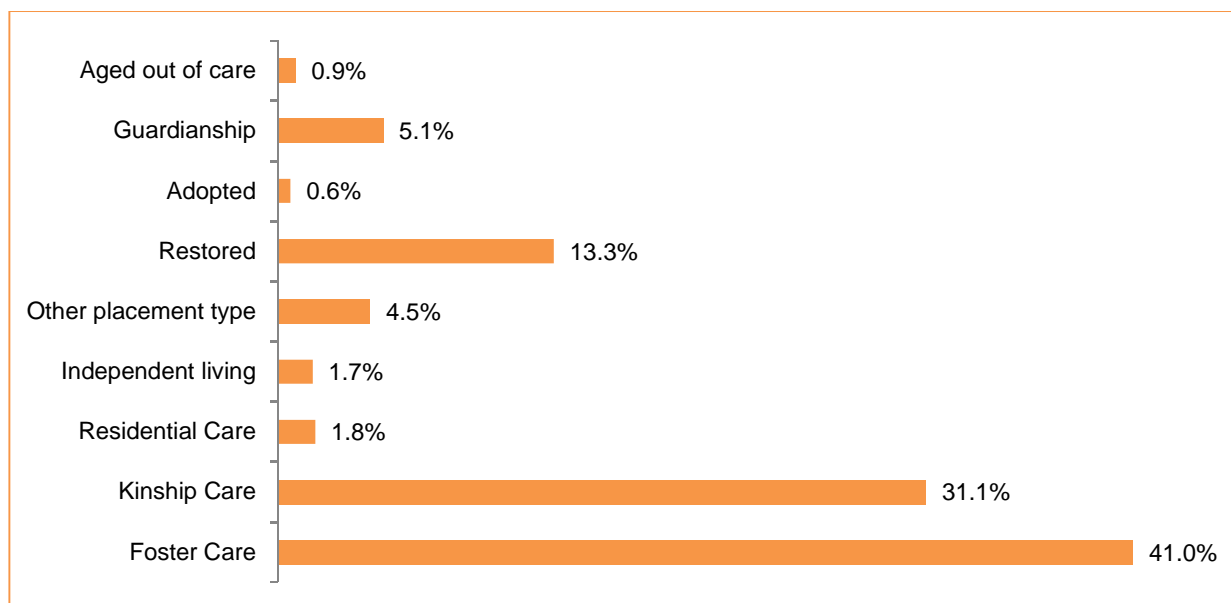


## 2.3 Current placement type

Around forty per cent of the children were in foster care (41.0%) at the time of the survey and almost one-third were in kinship care (31.1%). Caseworkers reported that 13.3% had been restored, 5.1% were on guardianship orders and 0.6% (10) had been adopted.

Guardianship is an order made by the Children's Court for a child in OOHC who cannot be returned to their family for their own safety. The child or young person will remain in the care of their guardian until they turn 18 or until the Children's Court changes the order. Under a guardianship order, a child or young person is no longer considered to be in out-of-home care but in the independent care of their guardian. If it is safe to do so, the guardianship order will give a child or young person contact with their parents, family and other important people in their life.

**Figure 6: Current placement type at the time of the caseworker survey**



## 2.4 Siblings placed with the study child

Of the 1,461 children whose caseworker responded to this question and who had siblings, almost two-thirds (63.8%) had at least one sibling placed with them. One-third (32.6%) had one sibling placed with them, 17.5% had two, 8.6% had three and 5.1% had four siblings placed with them. One-third had none of their siblings placed with them.

In general, Aboriginal children had more siblings placed with them with 9.6% having four or more siblings placed with them (compared with 3.5% of non-Aboriginal children) and were less likely to have no siblings placed with them.

## 2.5 Case plan goal

It should be noted that this research was conducted before the introduction of the Permanency Support Program. The Permanency Support Program supports safety, wellbeing and positive life outcomes for children and young people in the child protection and OOHC systems in NSW.

The program provides tailored services and supports for children, young people and their families who are experiencing vulnerability. Services are available throughout NSW, so that children and their families can be supported as close to home as possible.

Staff working with any child or young person experiencing vulnerability will need to set a goal for that child to achieve a permanent home within two years. The priority is to make sure these children and young people can achieve permanency. Under the program, permanency means a stable, safe and loving home where children can thrive. Changes



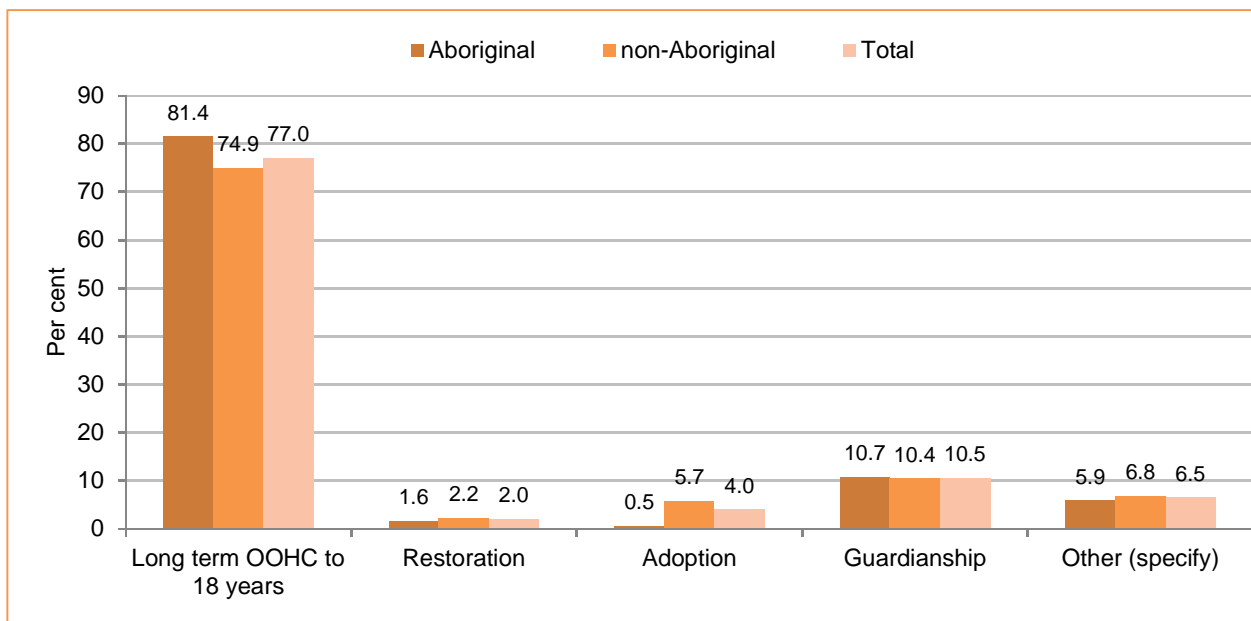
under the program began on 1 October 2017 and it is expected that figures in the following section will be impacted by this program in the future.

It should also be noted that the children in this survey had all been on final care and protection orders.

For over three-quarters of the children (77.0%) the current case plan goal at the time of interview was long term OOHC until the child turns 18 years old. Exiting OOHC through guardianship, adoption or restoration was the goal for less of the children (10.5%, 4.0% and 2.0% respectively).

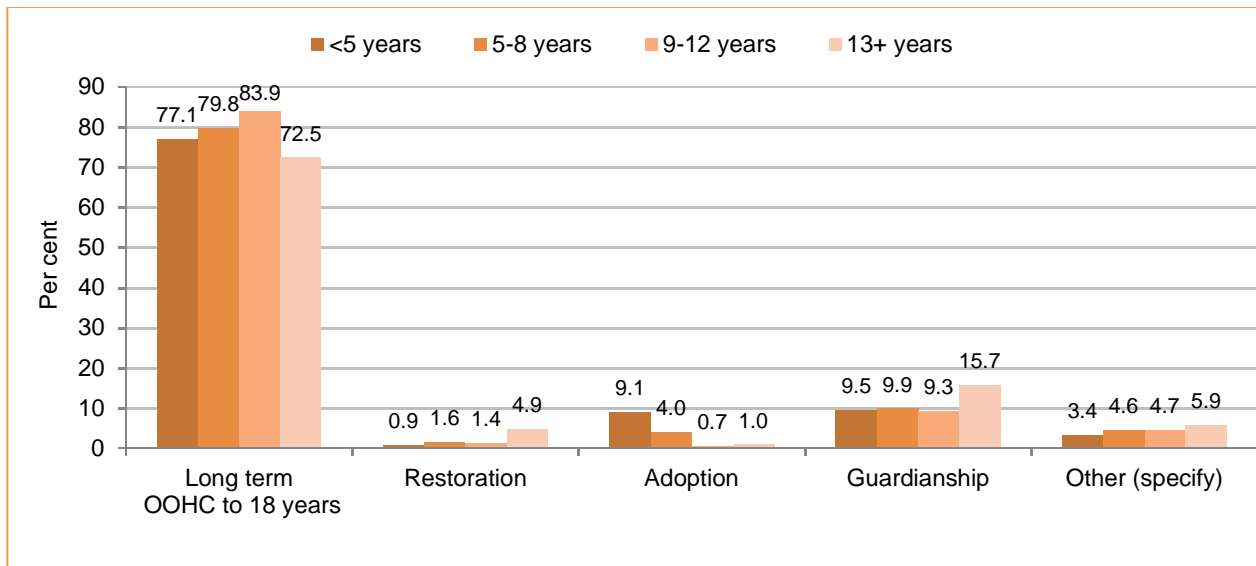
A slightly higher proportion of Aboriginal children had the goal of long term OOHC than non-Aboriginal children (81.4% compared with 74.9%) and more non-Aboriginal children had the goal of adoption (5.7% compared with 0.5%).

**Figure 7: Current case plan goal at the time of the caseworker survey by Aboriginality**



Older children (13+ years) were more likely to have a case plan goal of guardianship or restoration than younger children and restoration as shown in Figure 9 and less likely to have a goal of adoption or long term OOHC to 18 years.

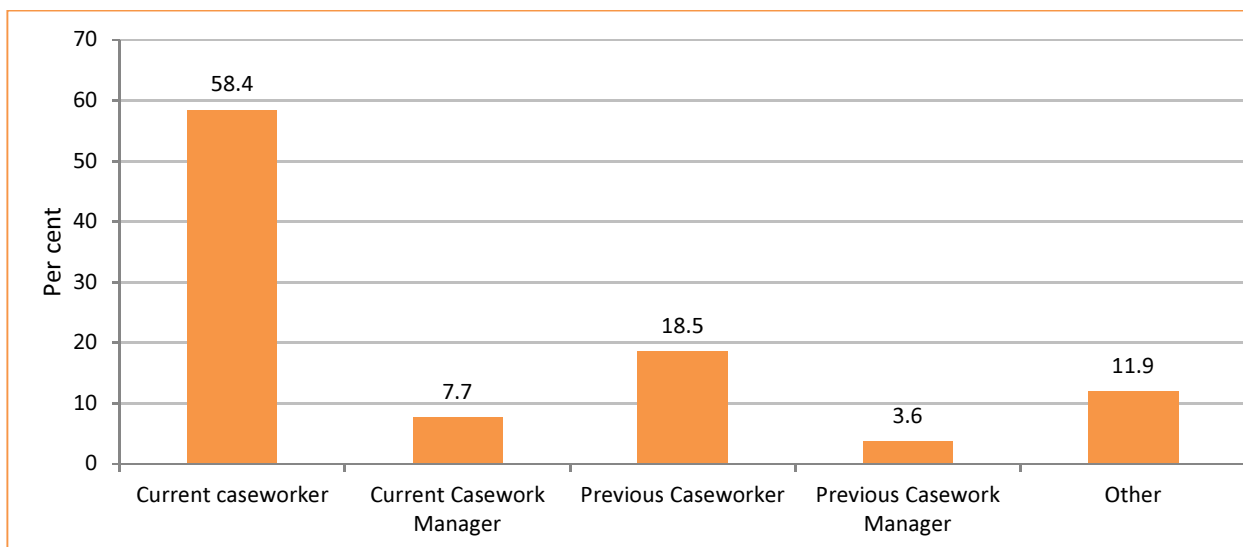
**Figure 8: Current case plan goal by child's age at the caseworker survey date**



## 2.6 Caseworker role with child

Figure 9 shows that the caseworker responding was most likely to be the child's current caseworker (58.4%) followed by a previous caseworker (18.5%). Throughout this report all of the respondents are referred to as caseworkers as this covers the majority of roles.

**Figure 9: Caseworker survey respondent's role in relation to the Study Child**

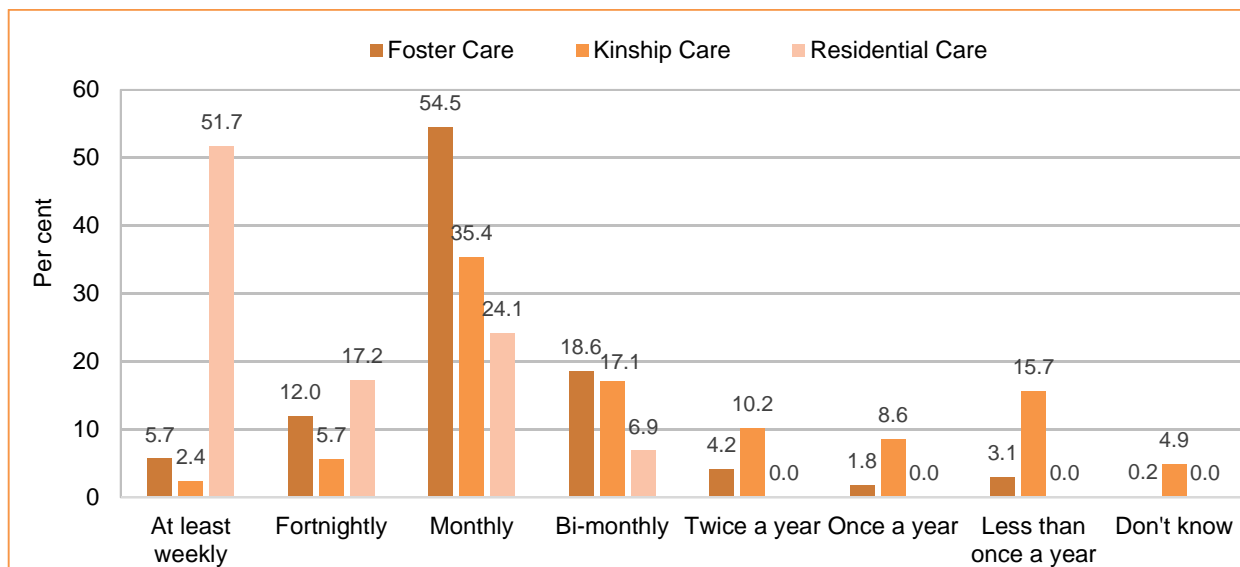


## 2.7 Frequency of face-to-face contact

Frequency of face-to-face contact with the child varied widely by the type of placement. For the children in foster care, over half of the caseworkers reported that they had seen the child on a monthly basis (54.5%) and a further 18.6% had seen the child on a bi-

monthly basis. For the children in relative/kinship care around one-third (35.4%) of caseworkers saw the child on a monthly basis and a relatively large proportion (15.7%) saw the child less than once a year. Caseworkers had the most frequent face-to-face contact with the children in residential care with around half (51.7%) having weekly contact.

**Figure 10: Caseworker’s report of the frequency of face-to-face contact with the child in the last 12 months**



## 2.8 Time alone with child

For one-third (33.9%) of the 1,423 children who were considered old enough (and whose caseworker completed the question) the caseworker indicated that they were ‘mostly’ able to spend time with the child without the carers present and for a further one-third this was ‘sometimes’ the case.

**Figure 11: Caseworker's report of time spent with the child without carers present**

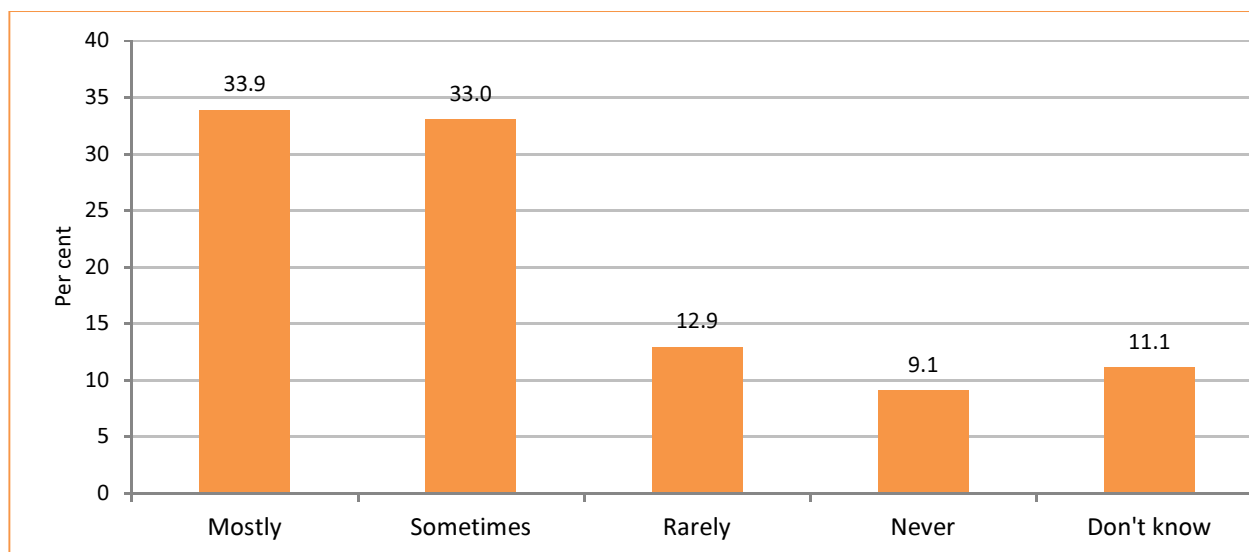


Table 1 shows that the likelihood of the caseworker spending time with the child alone increased with age. Approximately half (48.0%) of the children aged 13 years or more mostly spend time alone with their caseworker compared with one-fifth (20.0%) of the children who were aged less than 5 years.

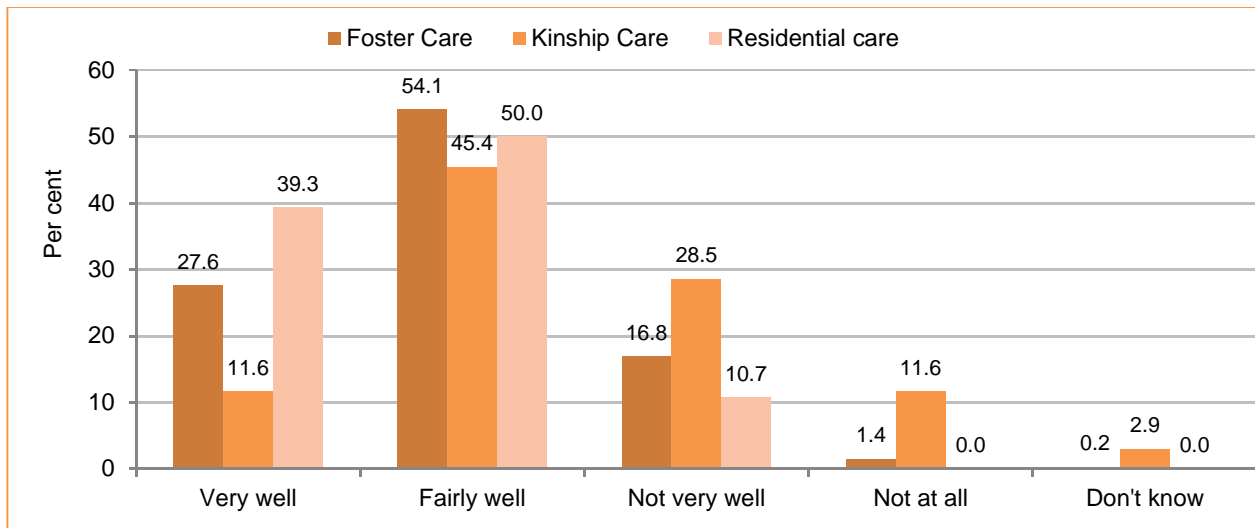
**Table 1 Caseworker's report of time spent with the child without carers present by age of child at survey date**

Responses	<5 years		5 8 years		9 12 years		13+ years		Total	
	n	%	n	%	n	%	n	%	n	%
Mostly	56	20.0	143	27.9	130	40.8	121	48.0	450	33.0
Sometimes	101	36.1	182	35.5	113	35.4	65	25.8	461	33.8
Rarely	48	17.1	83	16.2	29	9.1	22	8.7	182	13.3
Never	45	16.1	46	9.0	17	5.3	14	5.6	122	8.9
Don't know	30	10.7	59	11.5	30	9.4	30	11.9	149	10.9
<b>Total</b>	<b>280</b>	<b>100.0</b>	<b>51</b>	<b>100.0</b>	<b>319</b>	<b>100.0</b>	<b>252</b>	<b>100.0</b>	<b>1,364</b>	<b>100.0</b>

## 2.9 How well the caseworker knows the child

Caseworkers tended to know the children in residential care better than children in other types of care with 89.3% knowing the children very or fairly well compared with 81.7% and 57.0% for foster care and kinship care respectively.

**Figure 12: Caseworker's report of how well they know the child**

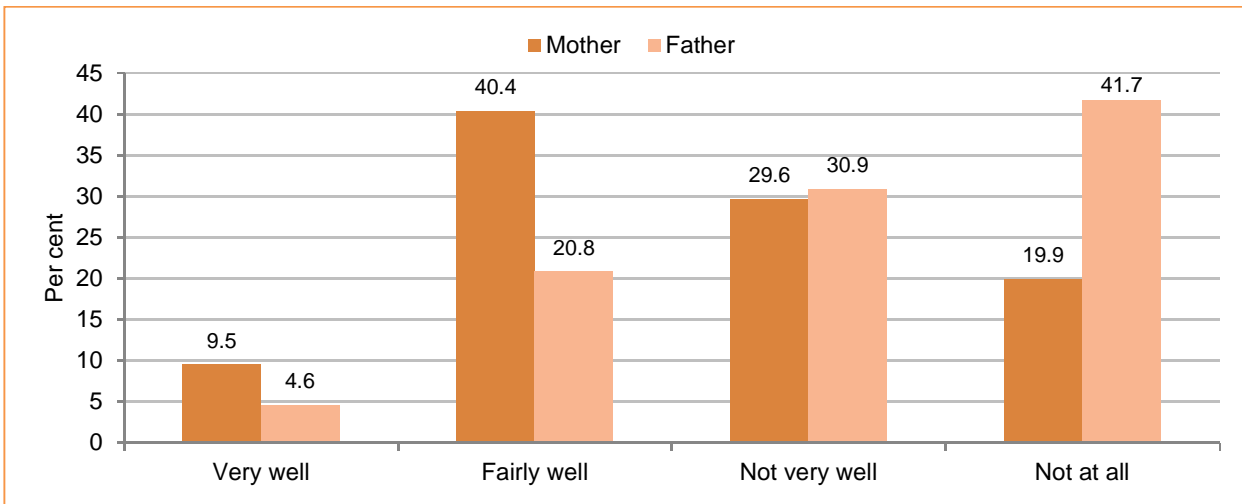


Note: there were only 28 children in residential care with a response to this question

## 2.10 How well the caseworker knows the birth mother and father

Caseworkers were more likely to know the child's mother very well or fairly well while they were more likely to not know the father at all as shown in Figure 13. For 9.5% of the children, the caseworker knew the birth mother very well while for 40.4% of the children the mother was known fairly well. This compares with 4.6% and 20.8% for the father. The birth father was not known at all for 41.7% of the children compared to 19.9% where the mother was not known at all.

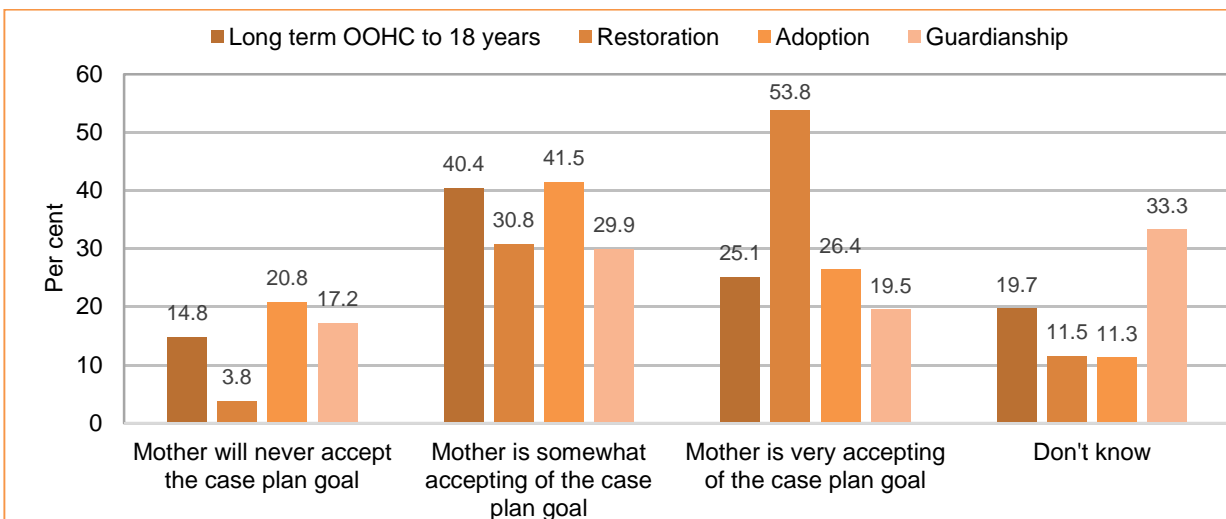
**Figure 13: Caseworker's report of how well they know the child's birth mother and father**



## 2.11 Acceptance of case plan goal

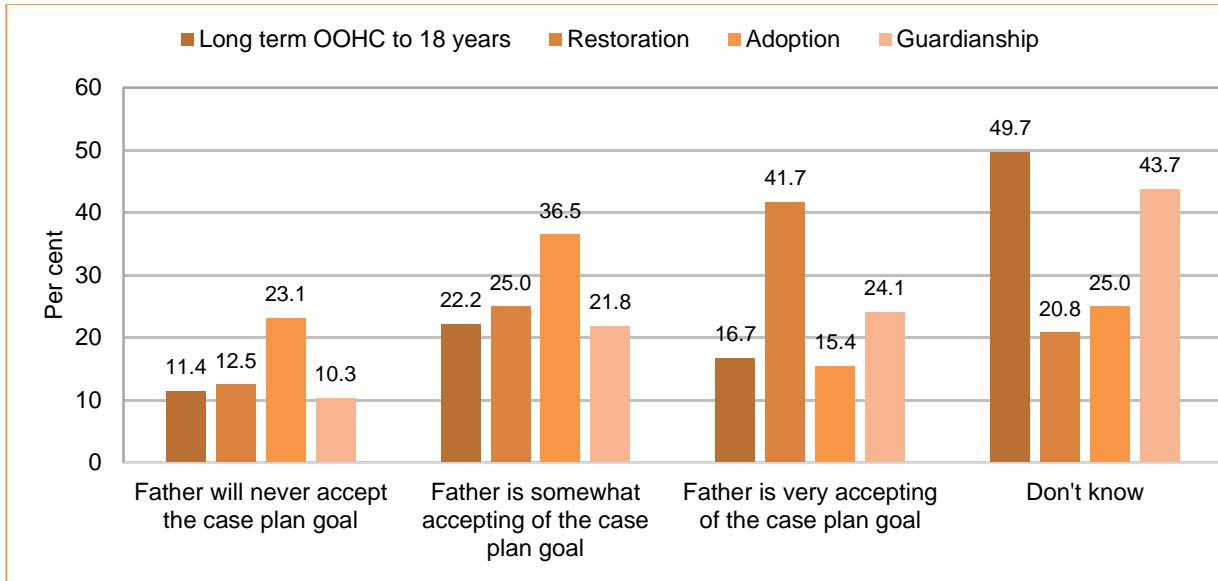
Caseworkers indicated that the birth mother's acceptance of the case plan goal varied by the case plan goal. Where the case plan goal was restoration, over half of mothers were very accepting and a further 30.8% were somewhat accepting. For the children with other case plan goals, around 20-25% of mothers were very accepting of the case plan goals (Figure 14).

**Figure 14: Caseworker's report of acceptance of case plan goal by birth mother**



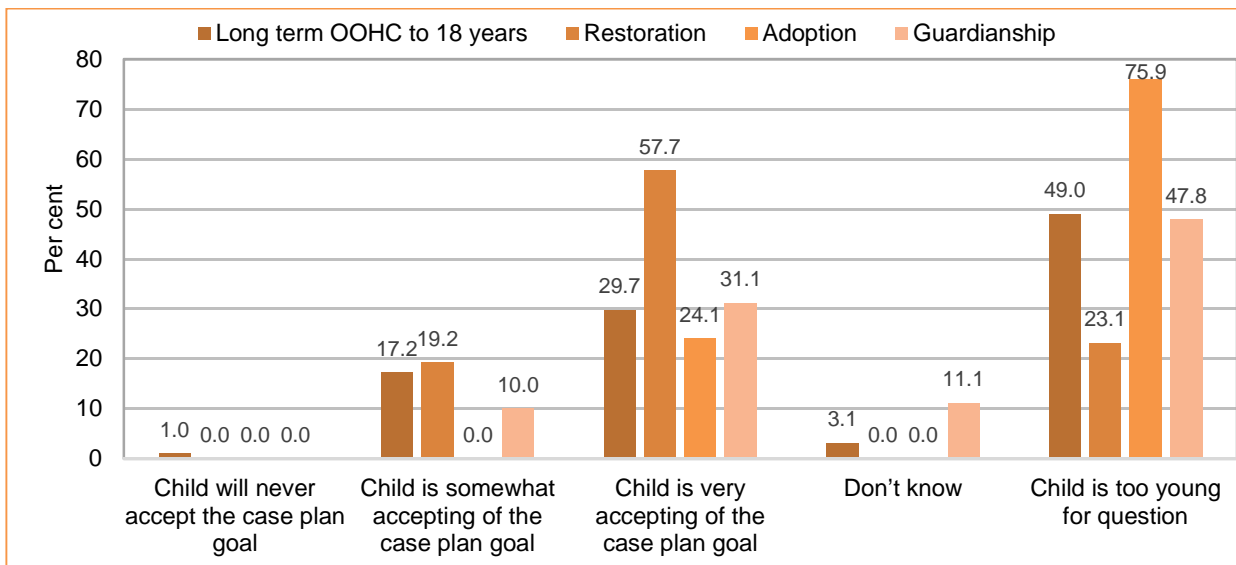
Caseworkers were less aware of the fathers' acceptance of the case plan goals with around half being unknown for the children with a case plan goal of long term OOHC to 18 years. For the children with a case plan goal of adoption, 23.1% of fathers were believed to never accept the case plan goal (Figure 15). This is similar to mothers.

**Figure 15: Caseworker's report of acceptance of case plan goal by birth father**



In many cases the child was considered too young to have an opinion of the case plan goal. Over half (57.7%) of the children with a case plan goal of restoration were very accepting of this goal (Figure 16).

**Figure 16: Caseworker's report of acceptance of case plan goal by child**

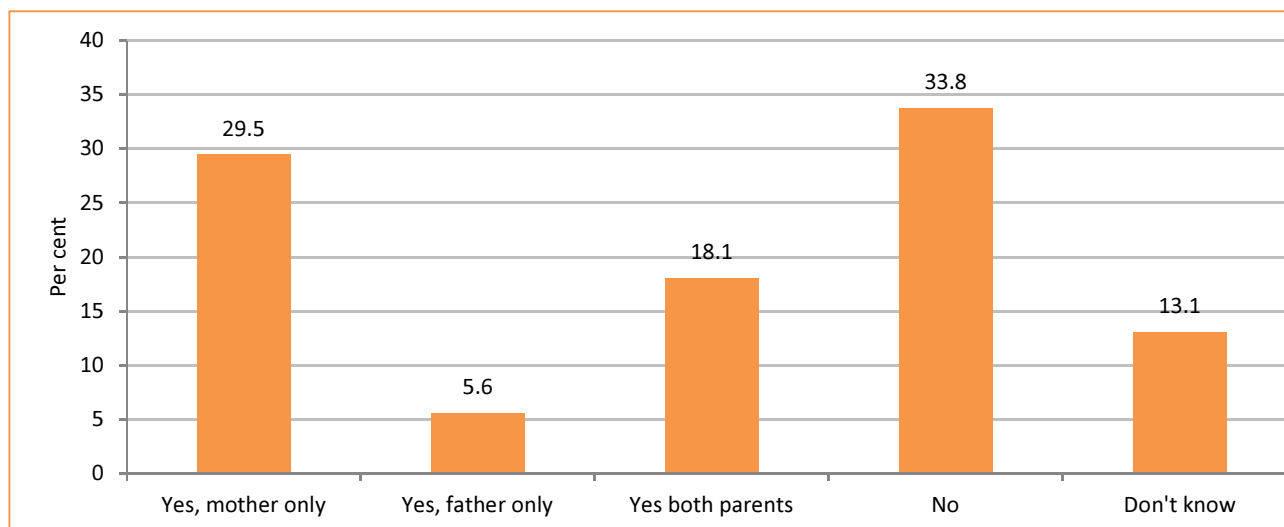


## 2.12 Parent's interest in restoration

Caseworkers considered that at least one parent was interested in restoration for just over half of the children (53.1%). For 29.5% of the children only their mother had expressed an interest in restoration, for 5.6% of the children only their father only had expressed interest and for 18.1% of the children both parents were interested in restoration. Neither parent was interested in restoration for 33.8% of the children and for

13.1% their parents interest was unknown (Figure 17). It should be noted that this is the caseworkers' opinion rather than information directly from the parents.

**Figure 17: Caseworker's report of parent's interest in restoration**



For a slightly larger proportion of the younger children (<5 years and 5-8 years) caseworkers thought that both parents were interested in restoration (21.0% and 20.1%) compared with the older age groups (15.4% for 9-12 years and 15.0% for 13+ years).

**Table 2: Caseworker's report of parent's interest in restoration by age of child**

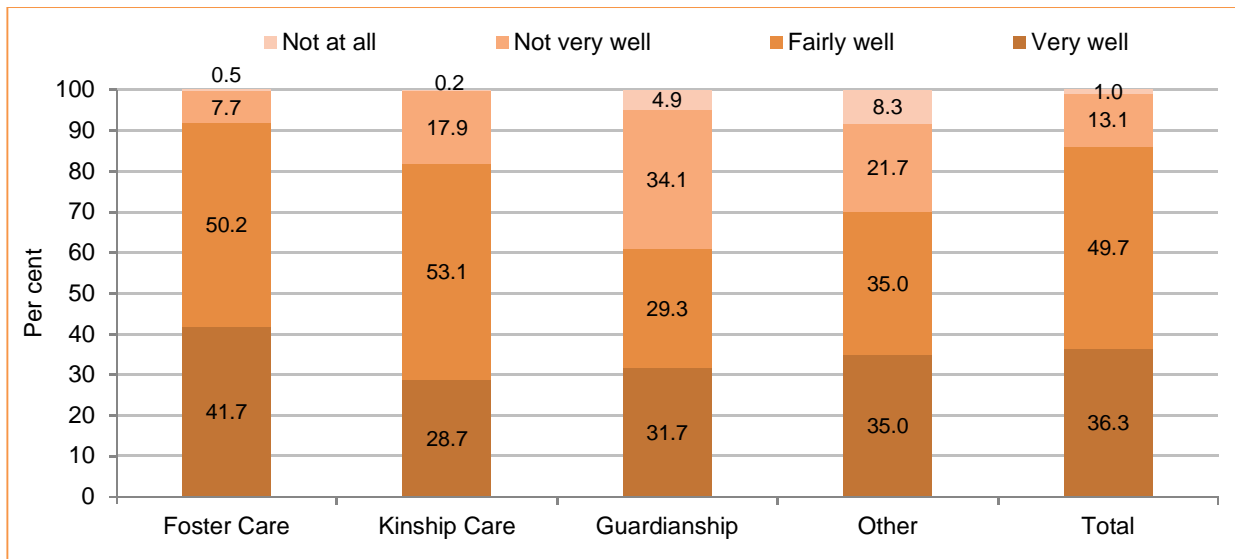
Responses	<5 years		5 8 years		9 12 years		13+ years		Total	
	n	%	n	%	n	%	n	%	n	%
Yes, mother only	62	21.0	129	29.5	87	35.2	63	36.4	341	29.6
Yes, father only	12	4.1	27	6.2	12	4.9	13	7.5	64	5.6
Yes both parents	62	21.0	88	20.1	38	15.4	26	15.0	214	18.6
No	110	37.3	136	31.1	88	35.6	47	27.2	381	33.0
Don't know	49	16.6	58	13.2	22	8.9	24	13.9	153	13.3
<b>Total</b>	<b>295</b>	<b>100.0</b>	<b>438</b>	<b>100.0</b>	<b>247</b>	<b>100.0</b>	<b>173</b>	<b>100.0</b>	<b>1,153</b>	<b>100.0</b>

## 2.13 How well the caseworker knows the carer

For the majority of the children (85.4%) the caseworker knew the current carer very or fairly well (36.0% and 49.4% respectively) as shown in Figure 18. Children with foster carers were more likely to have their caseworker say that they knew the carer very well (41.7%) while the children with kinship carers were the least likely (28.7%).



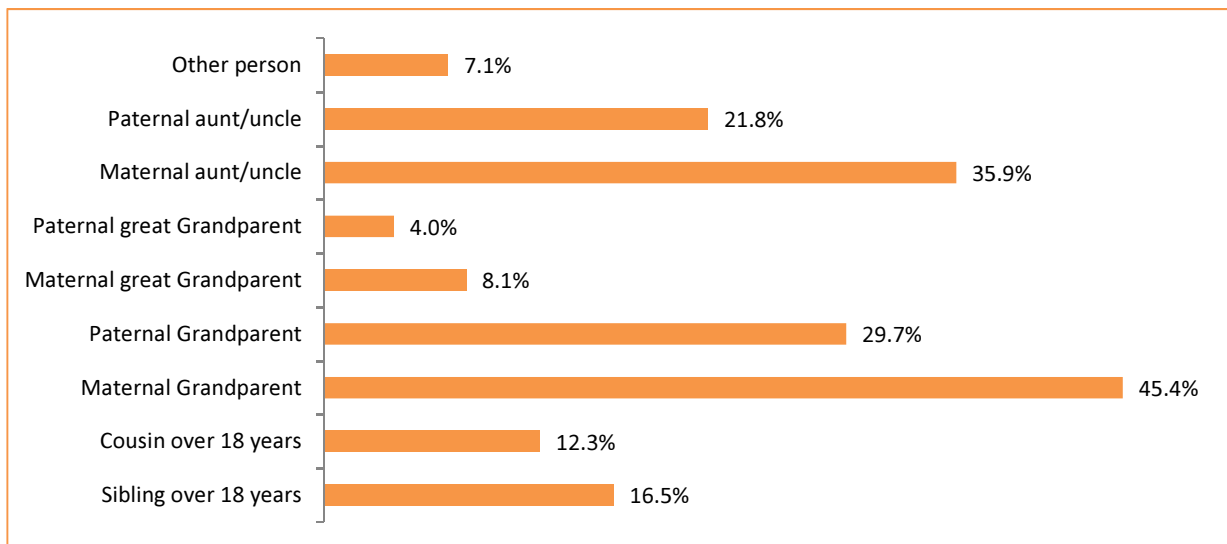
**Figure 18: Caseworker’s report of how well they know the carer**



## 2.14 Other relatives that play a key role

Figure 19 shows that the most common other relatives to play a key role in the study child’s life were maternal grandparents (45.4%), maternal aunts/uncles (35.9%) and paternal grandparents (29.7%).

**Figure 19: Caseworker’s report of other relatives that play a key role in the child’s life**

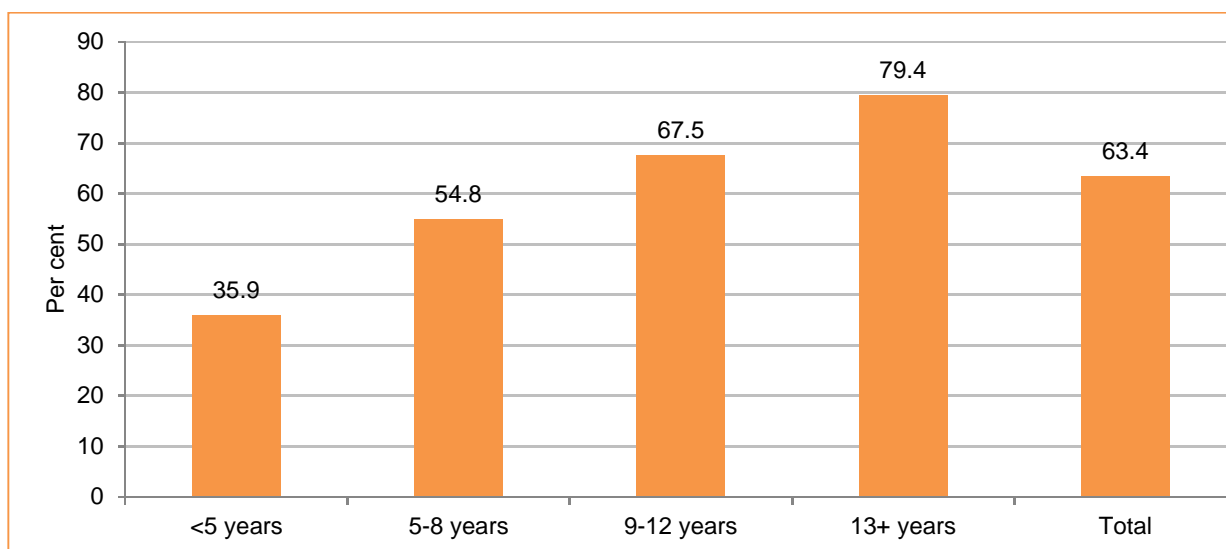


## 2.15 Child's understanding of being in care and participation in case planning

Caseworkers were asked if they had ever talked to the child about why he/she cannot live with his/her parents, whether the child participated in case planning and review and if child has a copy of his/her case plan (where the child was felt to be old enough to participate).

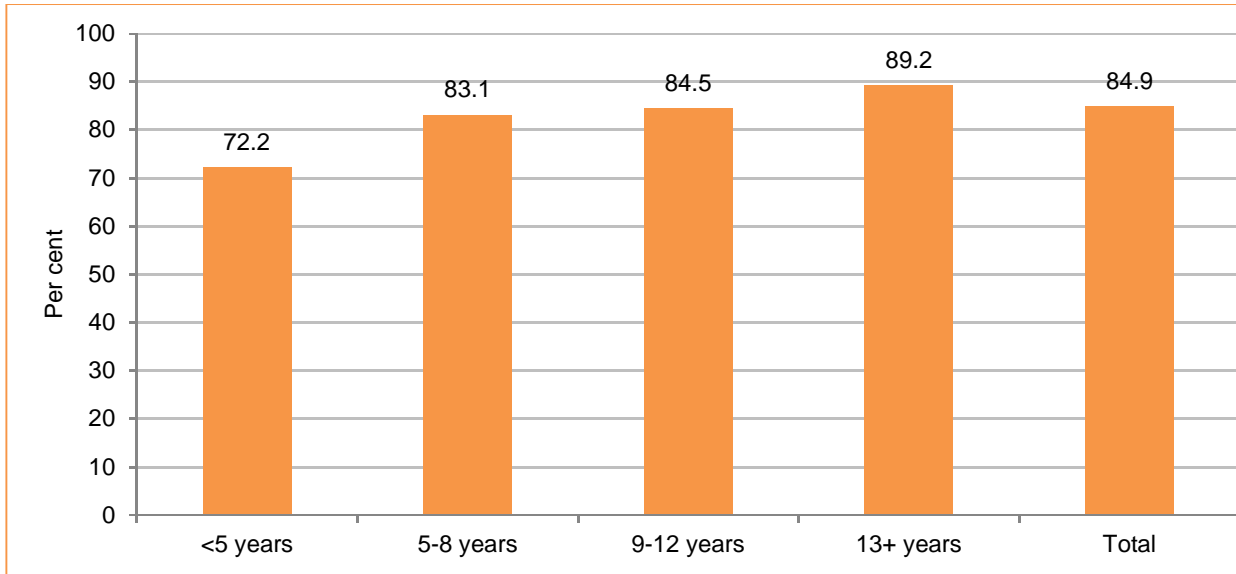
Figure 20 shows that the likelihood of the caseworkers discussing the reasons they can not live with their parents increased with age. The majority of children 13 years and older (79.4%) had this discussed with them compared with 35.9% of children less than 5 years of age. No differences were found between Aboriginal and non-Aboriginal children.

**Figure 20: Caseworker's report of whether they had discussed with the child the reasons they cannot live with their birth parents**



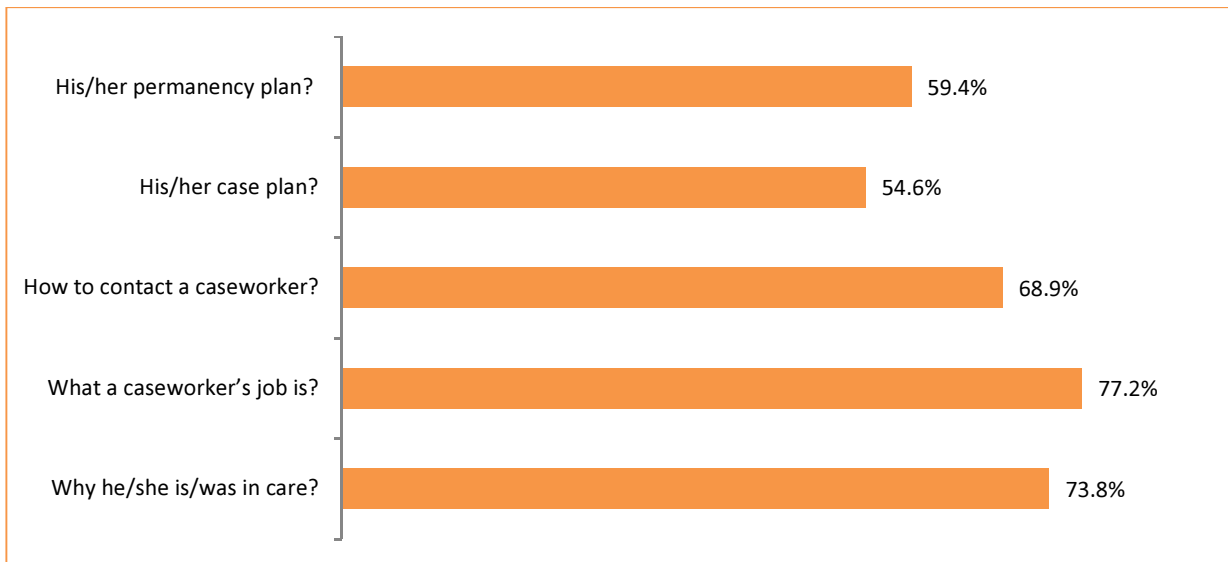
Again, participation in case planning and review also increased with age (72.2% for less than 5 years and 89.2% for 13 years and older) as shown in Figure 21.

**Figure 21: Caseworker's report of child's participation in case planning and review**



Of the children who were old enough, around three-quarters understood why they were in care (73.8%) and what a caseworker's job is (77.2%). Two-thirds (68.9%) knew how to contact their caseworker, 54.6% understood their case plan and 59.4% understood their permanency plan.

**Figure 22: Caseworker's report of child's understanding of casework**



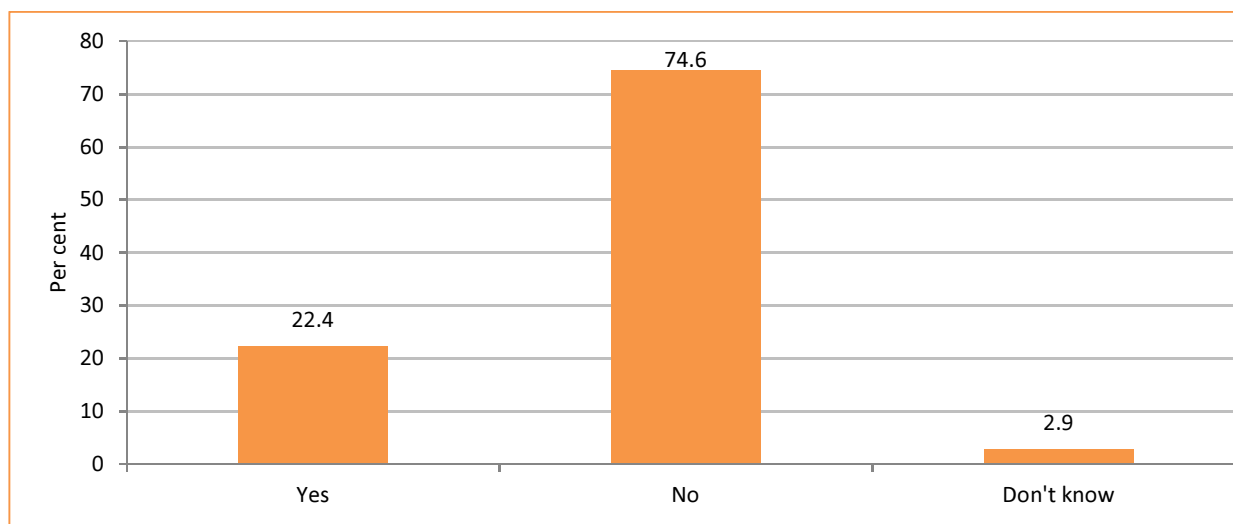
## 3 Child's placement

Between the child's first entry into OOHC and the caseworker survey being conducted there was a period of approximately 3-5 years. The period for the study was 18 months and then the caseworker surveys were conducted over an 18 month period.

### 3.1 Placement breakdown

Figure 23 shows that three-quarters of the children (74.6%) had not experienced a placement breakdown while managed by their current agency, 22.4% had a placement breakdown and it was unknown for 2.9% of children.

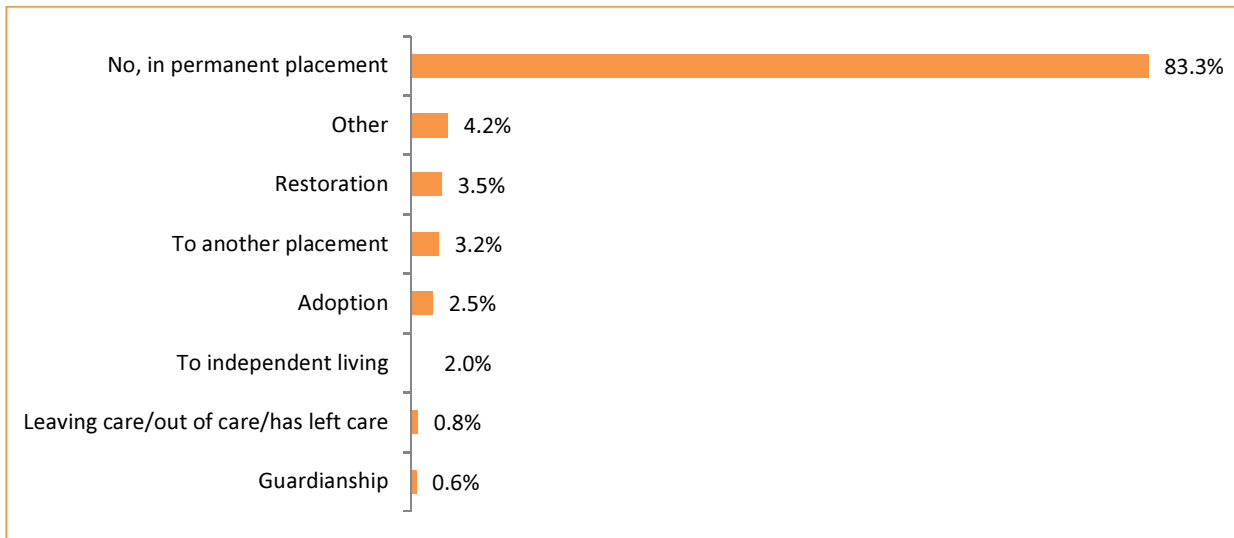
**Figure 23: Casworker's report of placement breakdown while in current agency**



### 3.2 Planned moves

For the majority of the children (83.3%) no moves were planned in the next 12 months as the child was considered to be in a permanent placement (Figure 24). Relatively small proportions of the children were planned to be restored (3.5%), adopted (2.5%), moved to guardianship (7 or 0.6%) or to independent living (2.0%).

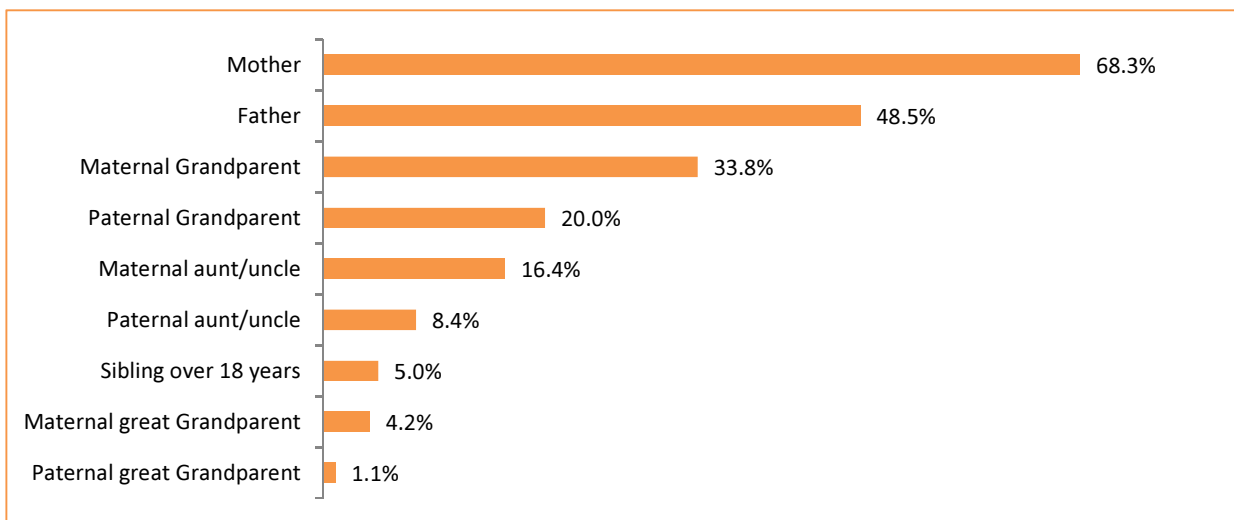
**Figure 24: Planned moves in the next 12 months at the time of the caseworker survey**



### 3.3 Family members consulted about placement

For two-thirds (68.3%) of the children, their mother was consulted about their current placement and for almost half (48.5%) their father was consulted. A maternal grandparent was consulted in one-third of cases (33.8%) and in 20.0% of cases a paternal grandparent was consulted (Figure 25).

**Figure 25: Family consultation about current placement at the time of the caseworker survey**



### 3.4 Extent to which placement meets needs

The current placement was generally thought to meet the child's needs across all areas with caseworker's reporting that two-thirds or more of the children were having their needs met 'very well' in terms of age appropriate routine and supervision, permanency and a sense of belonging to a family, learning and education and health and medical needs.

**Table 3: Caseworker's report of whether the placement meets the child's needs**

How well the current placement meets the child's needs in relation to:	Percent				
	Very well	Fairly well	Not very well	Not at all	Don't know
Age appropriate routine and supervision	65.7	26.0	5.1	0.8	2.4
Permanency and a sense of belonging to a family	74.1	18.7	3.5	1.2	2.6
Self-esteem and resilience	61.6	27.8	6.1	0.8	3.6
Learning and educational needs	66.6	24.7	4.7	1.2	2.8
Health needs and medical care	71.1	22.4	3.0	0.5	2.9
Emotional wellbeing	59.8	27.9	7.6	1.2	3.5
Behaviour management	54.5	31.7	8.2	2.0	3.7
Age appropriate social relationships	59.9	28.1	6.4	1.8	3.9
Identity, cultural and religious awareness	57.2	30.2	5.4	2.4	4.9
Maintaining family / significant relationships	62.0	27.3	6.2	1.7	2.8

### 3.5 Opinion of carers relationship with child

For approximately two-thirds of the children, caseworkers felt that the carer always had a positive relationship with the child (70.0%), praised the child (64.7%) and expressed affection towards the child (65.6%) as shown in Table 4.

For half of the children, it was thought that the carer rarely criticised or became angry with the child (54.3% and 52.5% respectively).

**Table 4: Caseworker’s report of the carers relationship with the child**

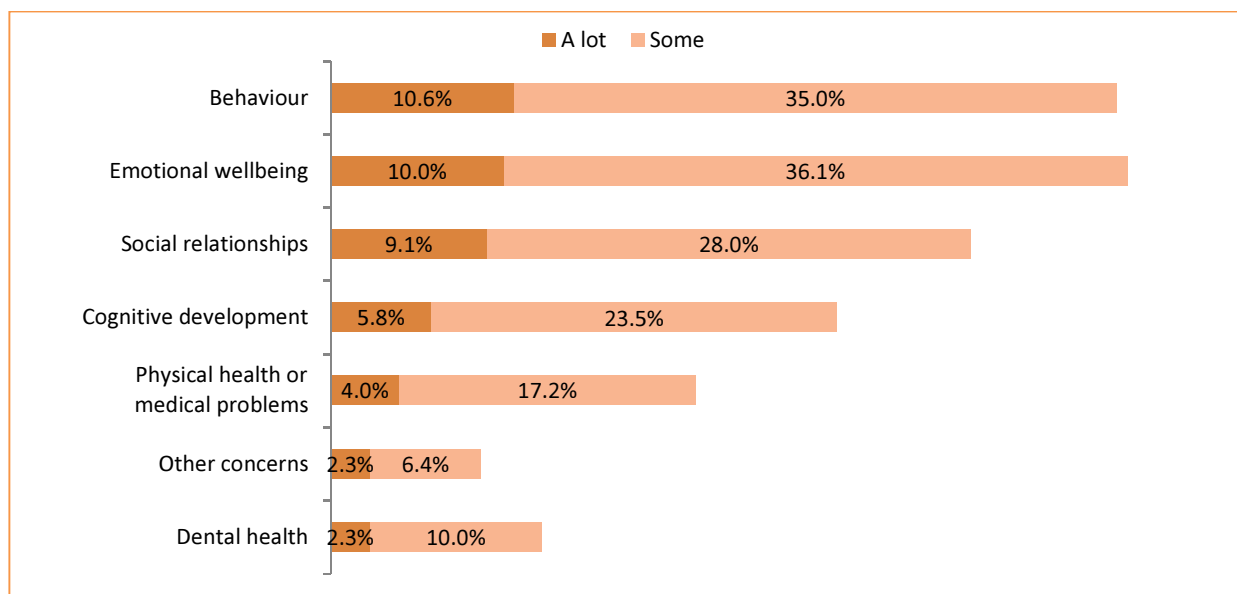
Do you think the child’s carers:	Percent				
	Always	Often	Sometimes	Rarely	Don’t know
Have a positive relationship with the study child	70.0	21.6	4.3	0.9	3.3
Praise the study child for behaving well/ positive achievements	64.7	23.0	5.9	1.8	4.6
Express affection towards the study child	65.6	21.9	6.4	1.9	4.2
Criticise the study child	2.3	3.0	19.9	54.3	20.5
Become angry at the study child	1.8	2.7	21.5	52.5	21.5

## 4 Child Needs

### 4.1 Caseworkers’ concerns about child

The most common concerns that caseworkers had about the children were around their emotional wellbeing (10.0% had a lot of concerns and 36.1% had some concerns), behaviour (10.6% a lot and 35.0% some concerns) and social relationships (9.1% a lot and 28.0% some concerns).

**Figure 26: Caseworker’s report of their concerns about the child**

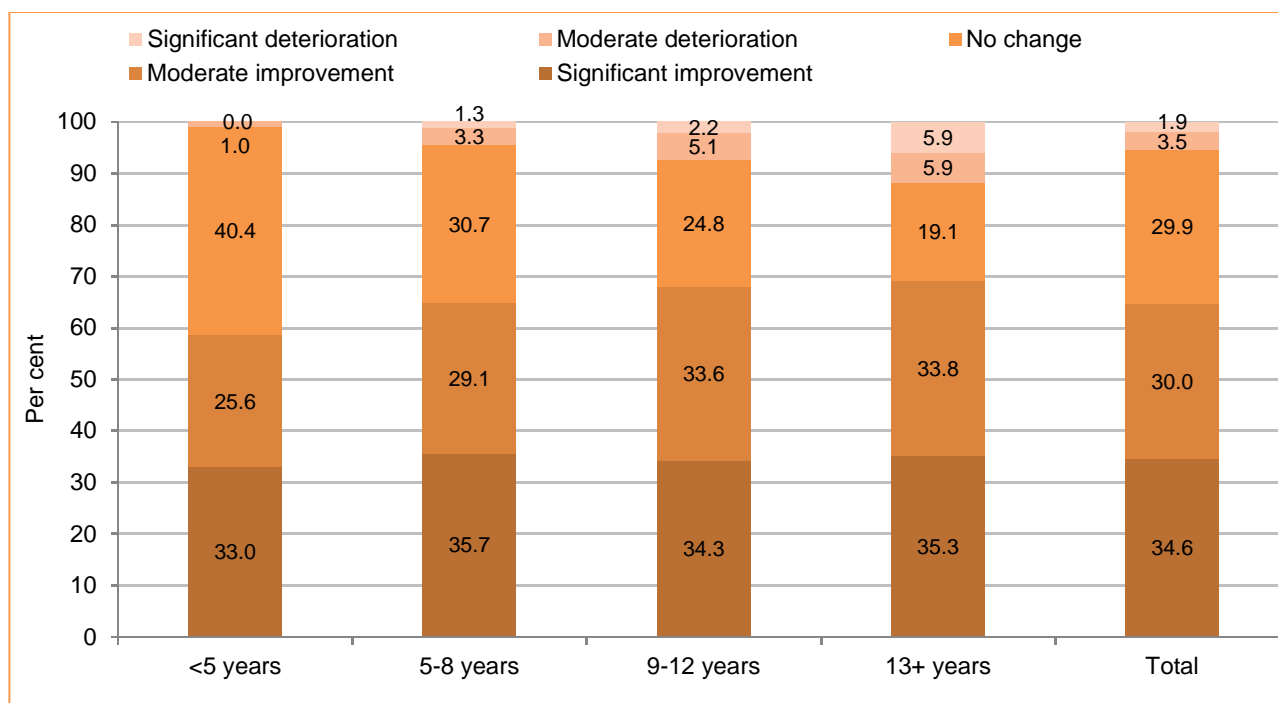


## 4.2 Change in well-being

Caseworkers were asked whether they thought that the child's well-being had improved or deteriorated since they first met. Approximately two-thirds (62.0%) of the children were felt to have made an improvement with one-third making a significant improvement (33.4%). Relatively small proportions had deteriorated with 3.2% having moderate deterioration and 2.0% having a significant deterioration.

Figure 27 shows that children in the older age groups were more likely to have deteriorated (5.9% significant deterioration) than those in the younger age groups (0.0% in <5 years, 1.3% in 5-8 years and 2.2% in 9-12 years).

**Figure 27: Caseworker's report of change in the child's well-being**



## 5 School and Education

### 5.1 School enrolment

For 71.3% of the children, their caseworker indicated that they were currently enrolled at school. One-quarter of the children (24.4%) were not at school and for 4.3% of the children it was unknown whether they were currently enrolled at school. Some of the children would not have been school aged at the time of the survey.

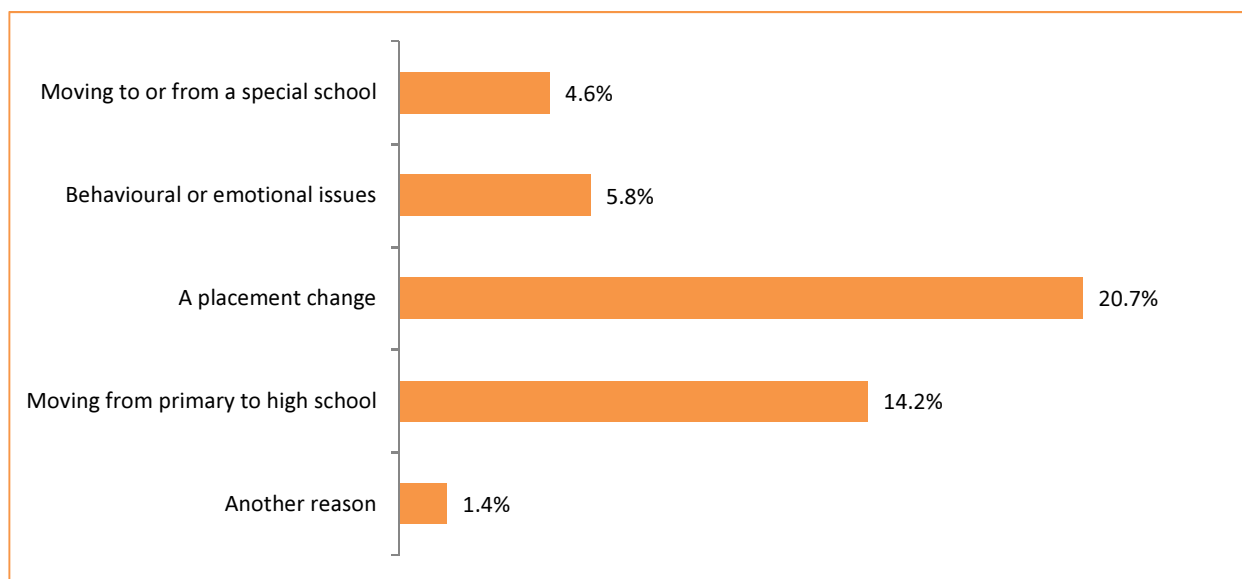
Of the children currently enrolled at school, 61 or 6.6% were attending a specialist school, such as a Behaviour School or School for Specific Purposes (SSP), or a tutorial centre because of emotional or behavioural issues.



## 5.2 Reasons for changing schools

Of the children who were enrolled at school, 20.7% had changed schools due to a placement change while 5.8% had changed because of a behavioural or emotional issue. The expected change of moving from primary to high school had occurred for 14.2% (Figure 28).

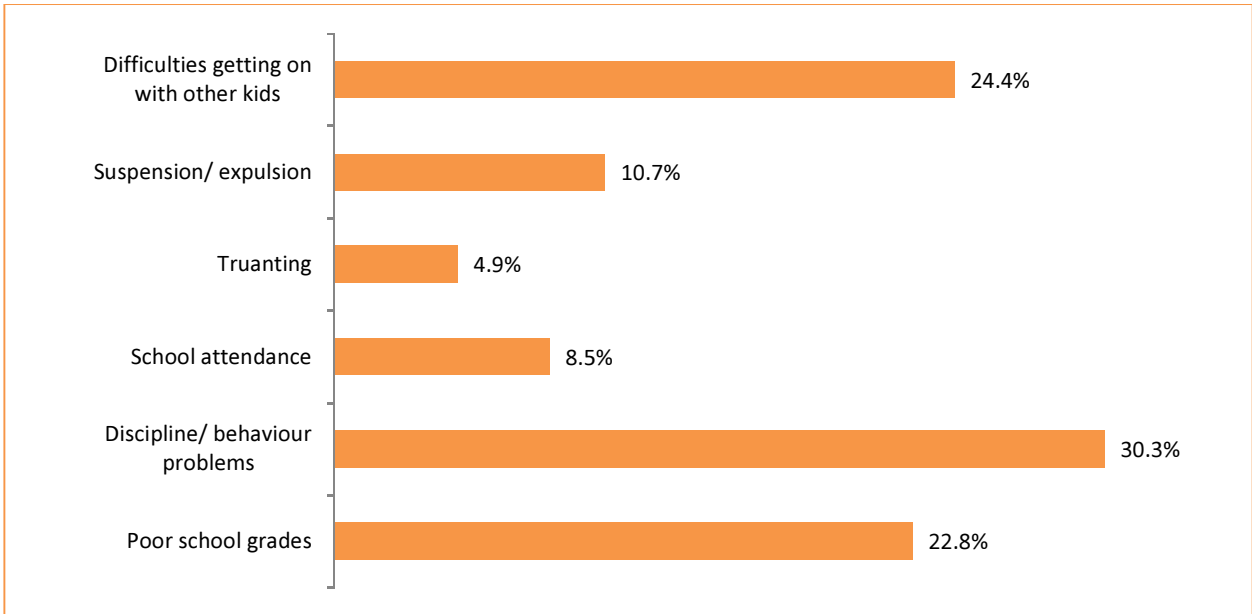
**Figure 28: Caseworker's report of reasons for changing schools (children currently enrolled at school only)**



## 5.3 Difficulties at school

The most common difficulties at school related to discipline and behaviour problems (30.3% of children currently enrolled), difficulties getting on with other kids (24.4%) and poor grades (22.8%). Other problems at school included being suspended or expelled (10.7%), lack of attendance (8.5%) and truanting (4.9%) as shown in Figure 29.

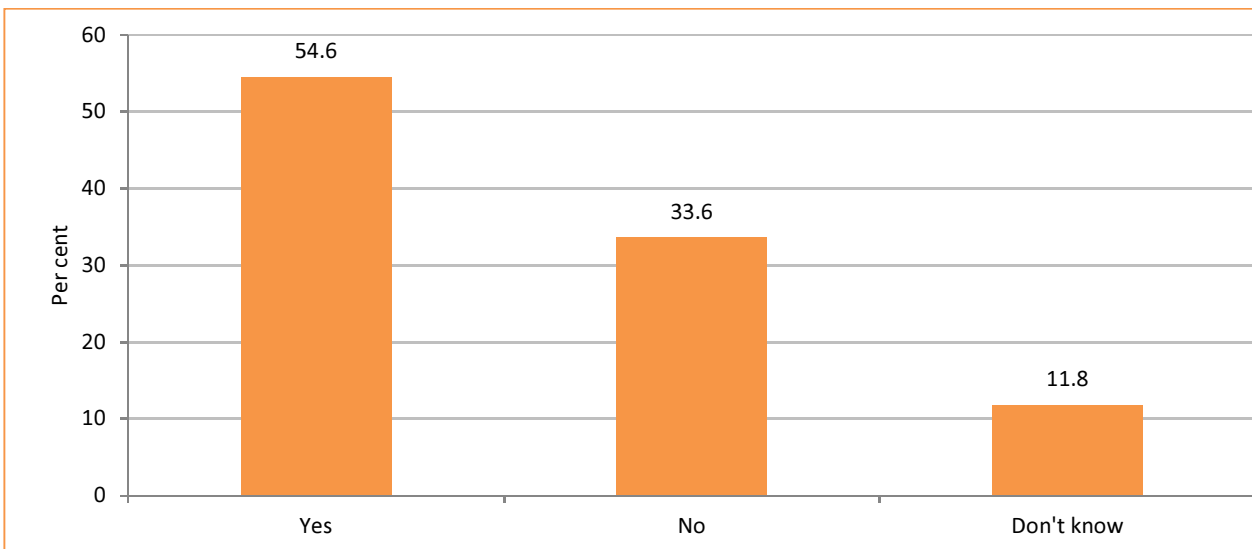
**Figure 29: Caseworker's report of difficulties experienced by the child at school**



## 5.4 Education plan

Of the children who were enrolled at school, over half (54.6%) had an Education Plan with the Department of Education (Figure 30). For the majority of students this was seen to meet their needs (86.7%) either very well (37.3%) or moderately well (49.4%).

**Figure 30: Caseworker's report of whether the child has an education plan**



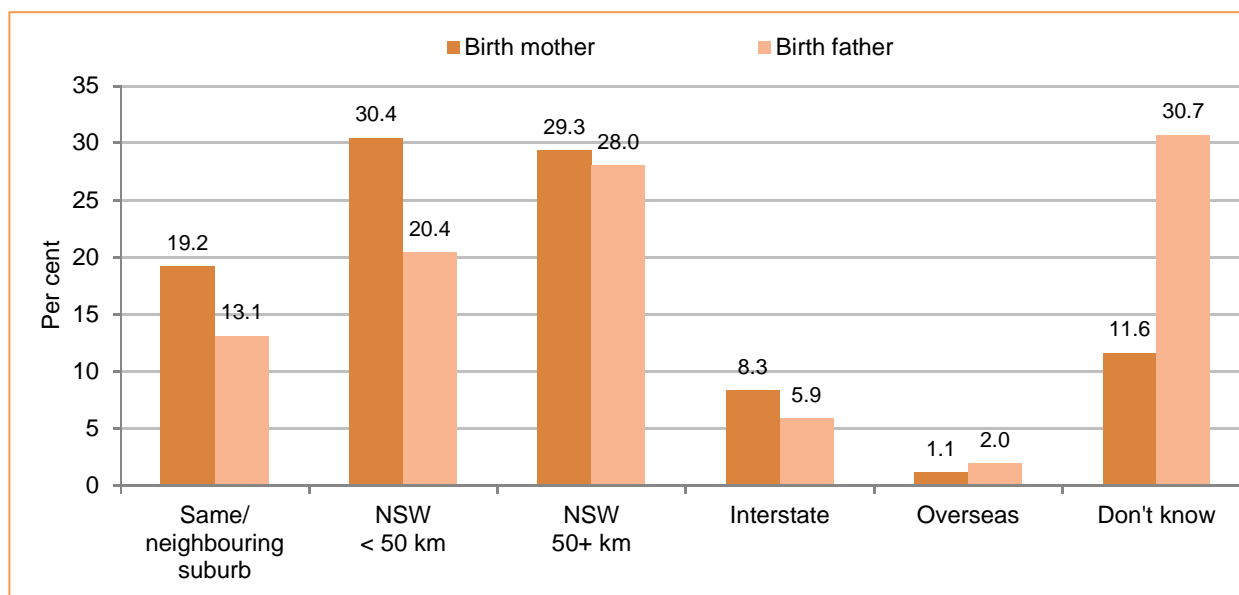
## 6 Birth family contact

### 6.1 Location of birth parents

Figure 31 shows that geographic distance between the child and the birth parent varied. Almost half of the children (49.5%) had mothers living within 50 km with 19.2% having mothers that lived in the same or neighbouring suburb. Around a third (33.2%) had fathers living within 50 km with 13.0% having fathers that lived in the same or neighbouring suburb.

For a relatively large proportion of children the location of their fathers was unknown (30.9% compared with 11.6% of mothers).

**Figure 31: Caseworker's report of the location of birth parents compared to the child**



### 6.2 Current contact plan

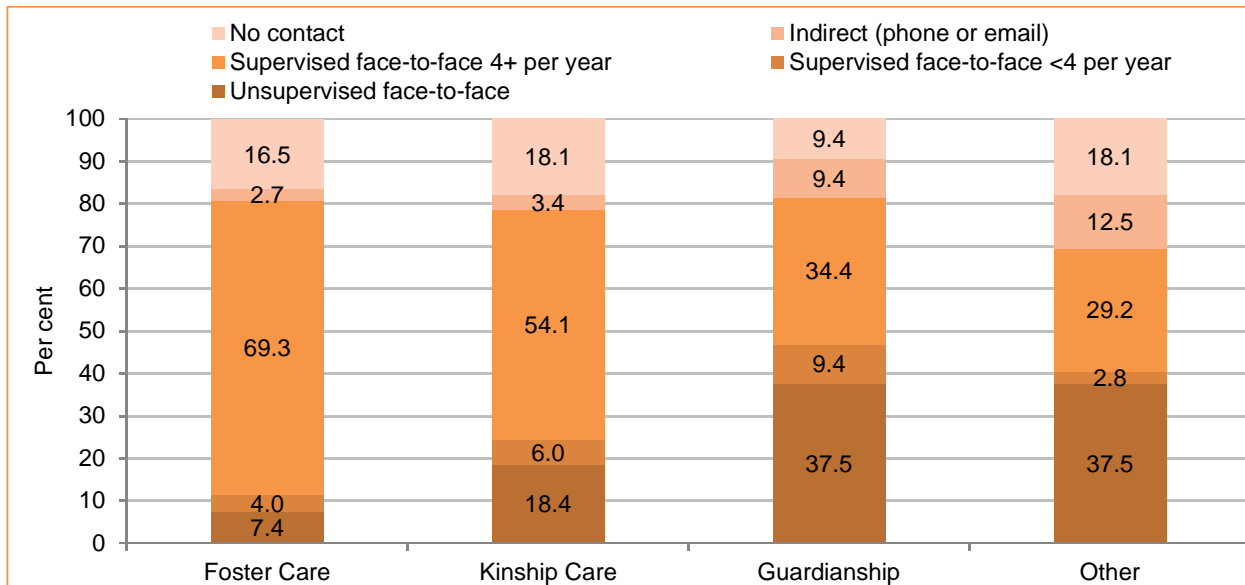
For more than half of the children (61.4%) the contact plan with their mother was supervised face-to-face contact 4 or more times per year. Teenagers were more likely to have a contact plan that specified unsupervised face-to-face contact (27.1%) than younger children (7.2% for children aged < 5 years) as shown in Table 5.

**Table 5: Caseworker’s report of the current contact plan with birth mother by child’s age at survey date**

Responses	<5 years		5 8 years		9 12 years		13+ years		Total	
	n	%	n	%	n	%	n	%	n	%
No contact	55	19.7	63	15.4	36	15.1	30	19.4	184	17.0
Indirect contact through phone or email	9	3.2	8	2.0	8	3.4	13	8.4	38	3.5
Supervised face-to-face contact < 4 times a year	14	5.0	24	5.9	10	4.2	5	3.2	53	4.9
Supervised face-to-face contact 4+ times a year	181	64.9	263	64.1	155	65.1	65	41.9	664	61.4
Unsupervised face-to-face contact	20	7.2	52	12.6	29	12.2	42	27.1	143	13.2
<b>Total</b>	<b>279</b>	<b>100.0</b>	<b>410</b>	<b>100.0</b>	<b>238</b>	<b>100.0</b>	<b>155</b>	<b>100.0</b>	<b>1,082</b>	<b>100.0</b>

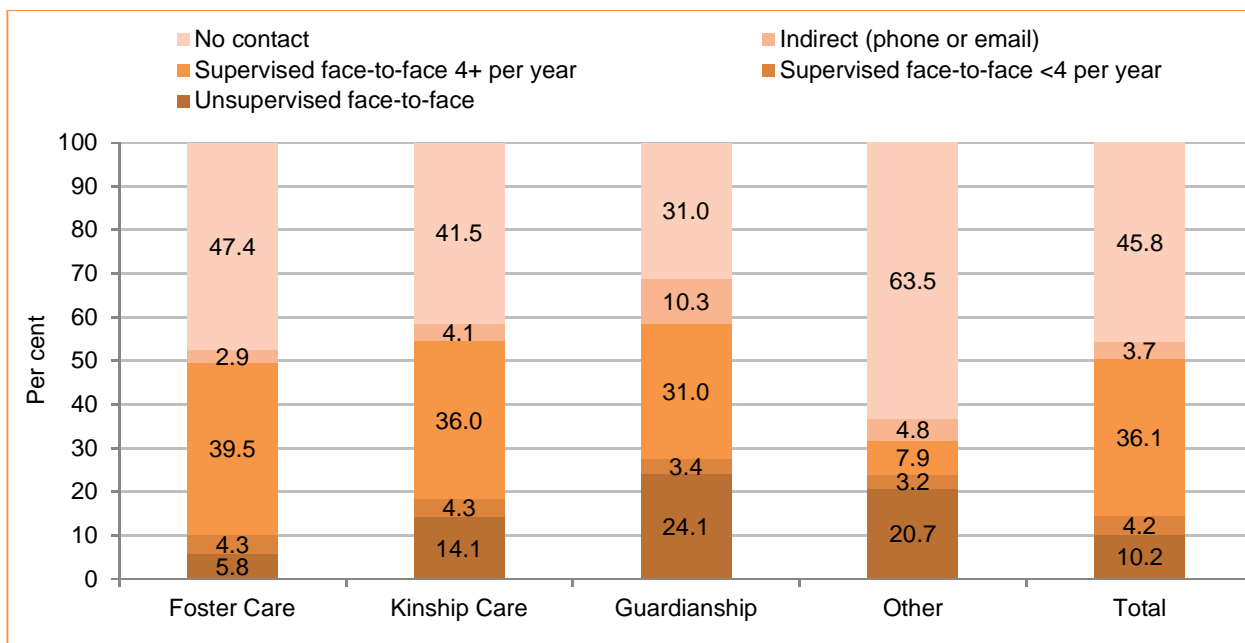
Children on guardianship orders or other types of arrangements (such as adoption, self placed, independent living or residential care) were the most likely to have unsupervised face-to-face contact with their birth mother (both 37.5%) compared with foster care (7.4%) and kinship care (18.4%) as shown in Figure 32. Relatively large proportions of children on guardianship orders and other types of arrangements, had indirect contact only such as phone calls and emails (9.4% and 12.5% respectively compared with 2.7% for foster care and 3.4% for kinship care).

**Figure 32: Caseworker's report of the current contact plan with birth mother by placement type**



For almost half of the children the current contact plan with their birth father was no contact (45.8%). This was slightly lower amongst children on guardianship orders (31.0%) however this group was quite small (n=29) see Figure 33.

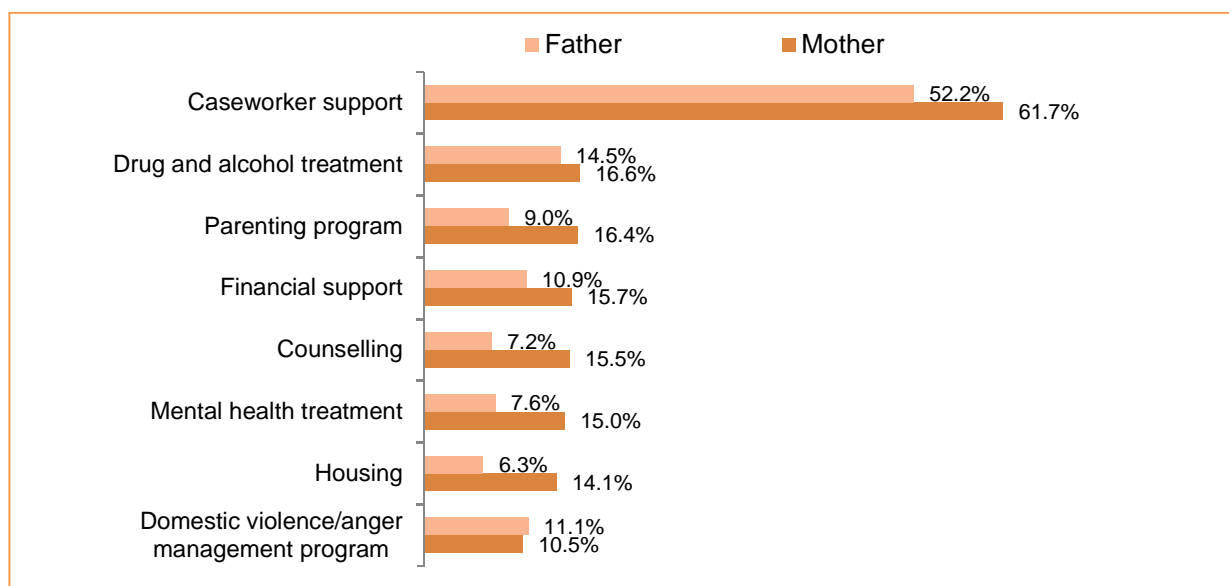
**Figure 33: Current contact plan with birth father by placement type**



### 6.3 Services/Support received by birth parents for contact

A wide range of services were also accessed by the children's birth parents as shown in Figure 34. Caseworker support was the most common type of support provided to birth parents who had contact with their children – for 61.7% of children their mothers received this type of assistance while for 52.2% of children their fathers received this type of assistance.

**Figure 34: Caseworker's report of the services and support received by birth parents**

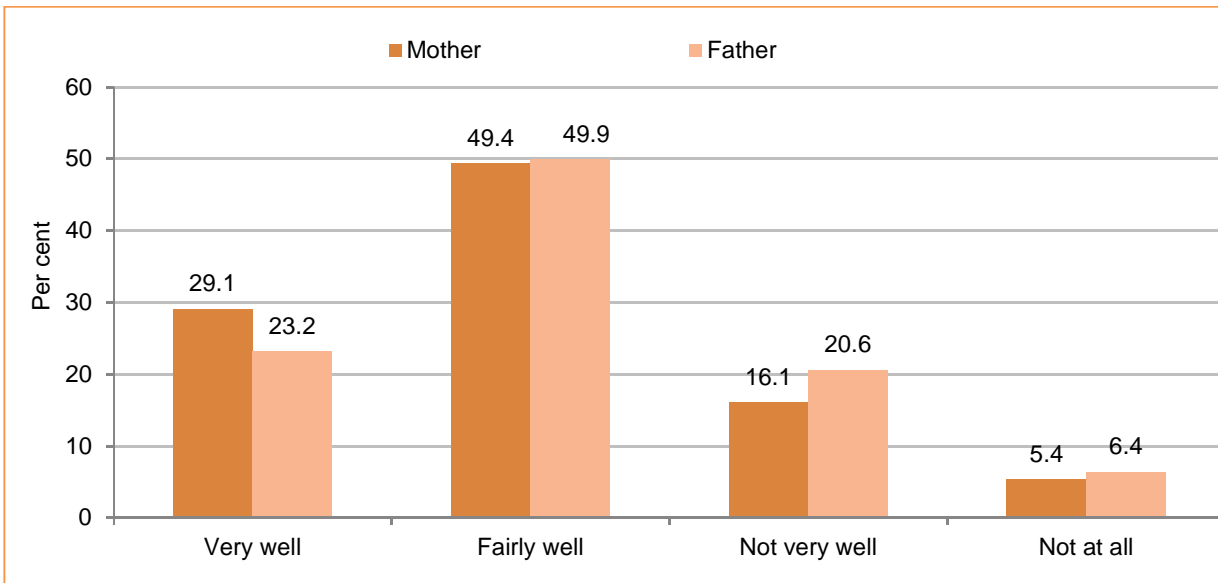


### 6.4 Satisfaction with current contact arrangements

For three-quarters (78.5%) of the children who had contact with their mother, the caseworker felt that the contact arrangements with the mother were working very or fairly well, while the contact arrangements with the father were working very or fairly well for 73.1% of the children that had contact with their father.

Caseworkers felt that current arrangements were not working at all well for relatively small proportions of the children (5.4% for birth mothers and 6.4% for birth fathers).

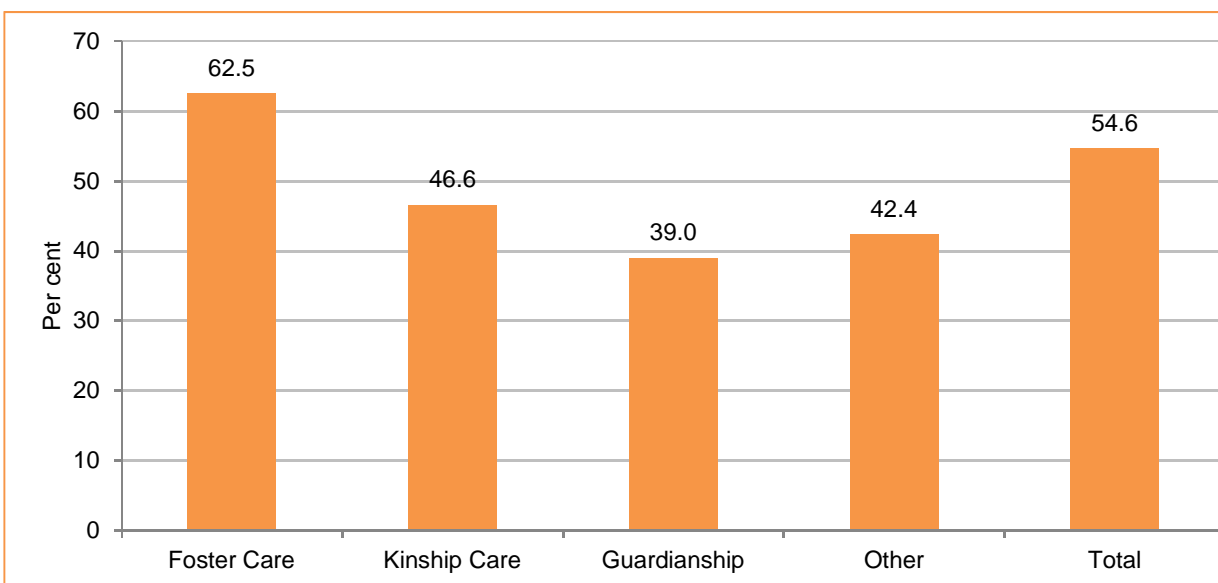
**Figure 35: Caseworker's report of how the child's current contact arrangements with mother and father is working**



## 6.5 Contact with siblings in another OOHC placement

According to the caseworker, over half of the children (54.6%) had a sibling (including half and step siblings) in another OOHC placement. Children in foster care placements were the most likely to have siblings in another OOHC placement (62.5%), followed by kinship care (46.6%) as shown in Figure 36. These differences were significant. Other types of placements included residential care, self placed or independent living.

**Figure 36: Child has siblings in another OOHC placement at the time of the caseworker survey by placement type**



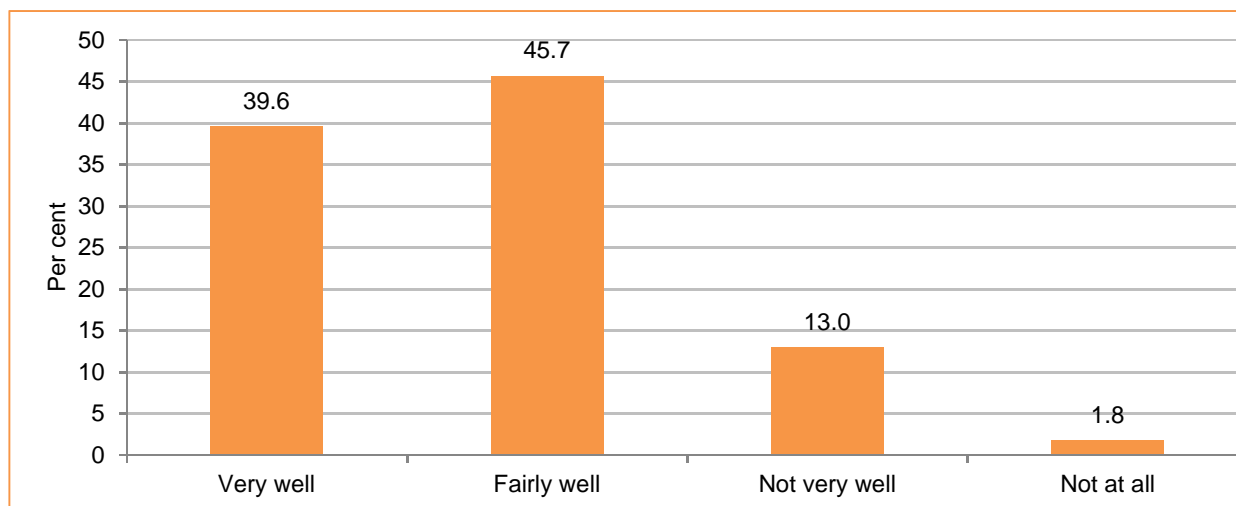
For half (48.7%) of the children with siblings in another OOHC placement, the current contact plan was supervised face-to-face contact four or more times a year (Table 6).

**Table 6: Contact plan for siblings in another OOHC placement at the time of the caseworker survey**

What best describes the current contact plan with the child's siblings in another OOHC placement?	n	%
No contact	58	10.1
Indirect contact through phone or email	27	4.7
Supervised face-to-face contact less than 4 times a year	29	5.1
Supervised face-to-face contact 4 times a year or more	279	48.7
Unsupervised face-to-face contact less than 4 times a year	19	3.3
Unsupervised face-to-face contact 4 times a year or more	161	28.1
<b>Total</b>	<b>573</b>	<b>100.0</b>

Caseworkers felt that the current plan for contact with siblings in another OOHC placement was working well for most children (85.3%) with 39.6% indicating that it was working very well (Figure 37).

**Figure 37: Caseworker's report of how the current contact plan with siblings is working**



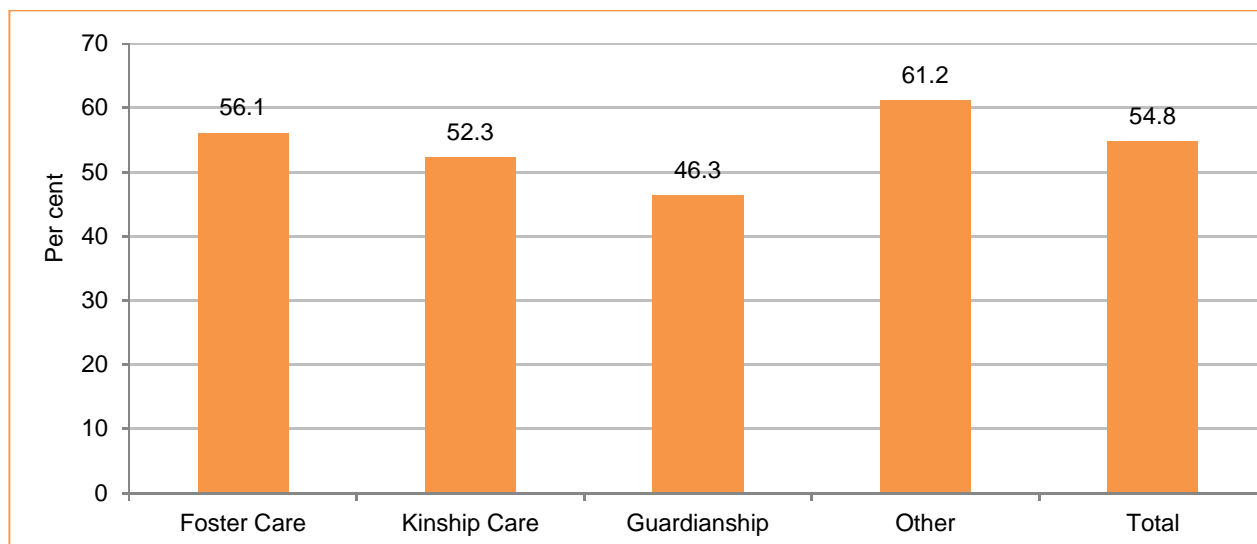
## 6.6 Contact with siblings not in care

Over half (54.8%) of the children had siblings who were not in OOHC (Figure 38). This included half or step siblings. Children who were in other types of arrangements such as residential care, self placed or independent living were the most likely to have siblings



who were not in OOHC (61.2%) followed by those in foster care (56.1%) and kinship care (52.3%).

**Figure 38: Percentage of children with siblings who were not in OOHC at the time of the caseworker survey**



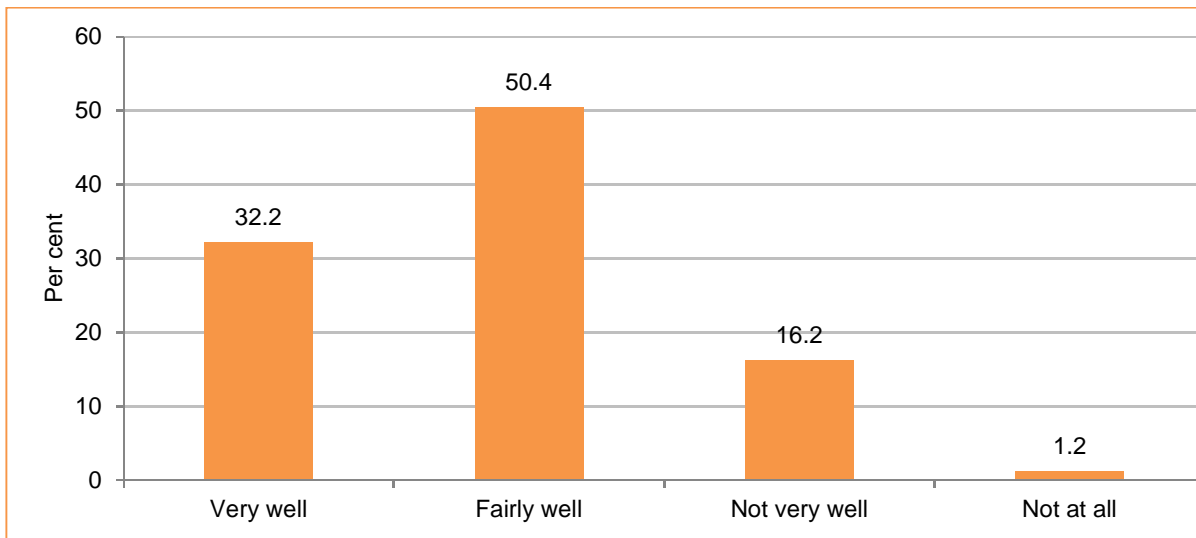
The most common contact plan for the children who had siblings who were not in OOHC supervised face-to-face contact four or more times a year (43.3%) followed by unsupervised face-to-face contact four or more time a year (23.2%). Approximately one in five (19.2%) had no contact with those siblings.

**Table 7: Contact plan for siblings not in care at the time of the caseworker survey**

What best describes the current contact plan with the child's siblings not in care?	n	%
No contact	102	19.2
Indirect contact through phone or email	29	5.5
Supervised face-to-face contact 4 times a year or more	230	43.3
Supervised face-to-face contact less than 4 times a year	35	6.6
Unsupervised face-to-face contact 4 times a year or more	123	23.2
Unsupervised face-to-face contact less than 4 times a year	12	2.3
<b>Total</b>	<b>531</b>	<b>100.0</b>

Caseworkers felt that the current contact plan for siblings who were not in OOHC was working well for 82.6% of the children with one-third (32.2%) indicating that it was working very well as shown in Figure 39.

**Figure 39: Caseworker's report of how well the current contact arrangements are working between the child and his/her siblings not in OOHC**



## 7 Restoration

### 7.1 Status of restoration

Of the 25 children with the plan goal of restoration, 13 were still in an OOHC placement and 12 had returned to live with their birth parents at the time of the survey.

### 7.2 Support/services received by birth parents

For the majority of the children with the planned goal of restoration (96.0%, n=24) their birth parents received caseworker support, while for two-thirds of the children (68.0%, n=17) their birth parents received a parenting program. Domestic violence or anger management programs, mental health treatment and counselling services were provided to the parents of around a third of the children.

**Table 8: Support/services received by birth parents to support restoration at the time of the caseworker survey**

What services are/ did the parent(s) receive/ing to support restoration?	Yes		No		Don't know	
	n	%	n	%	n	%
Caseworker support	24	96.0	0	0.0	1	4.0
Family Preservation Services	4	16.0	18	72.0	3	12.0
Parenting program	17	68.0	6	24.0	2	8.0
Drug and alcohol treatment	6	24.0	15	60.0	4	16.0
Gambling treatment	0	0.0	22	88.0	3	12.0
Domestic violence/anger management program	9	36.0	14	56.0	2	8.0
Mental health treatment	8	32.0	15	60.0	2	8.0
Housing	6	24.0	16	64.0	3	12.0
Financial support	5	20.0	17	68.0	3	12.0
Counselling	8	32.0	14	56.0	3	12.0

## 8 Leaving care

### 8.1 Leaving care plan

For children who were 15 years and over and who had not been adopted or restored, caseworkers were asked about the child's leaving care plan. Over half (55.2%) the children in foster care had a leaving care plan. For children in independent living, 18 out of 20 had a leaving care plan and 14 out of 18 in residential care. Only 9 out of the 25 children in kinship care had a leaving care plan.

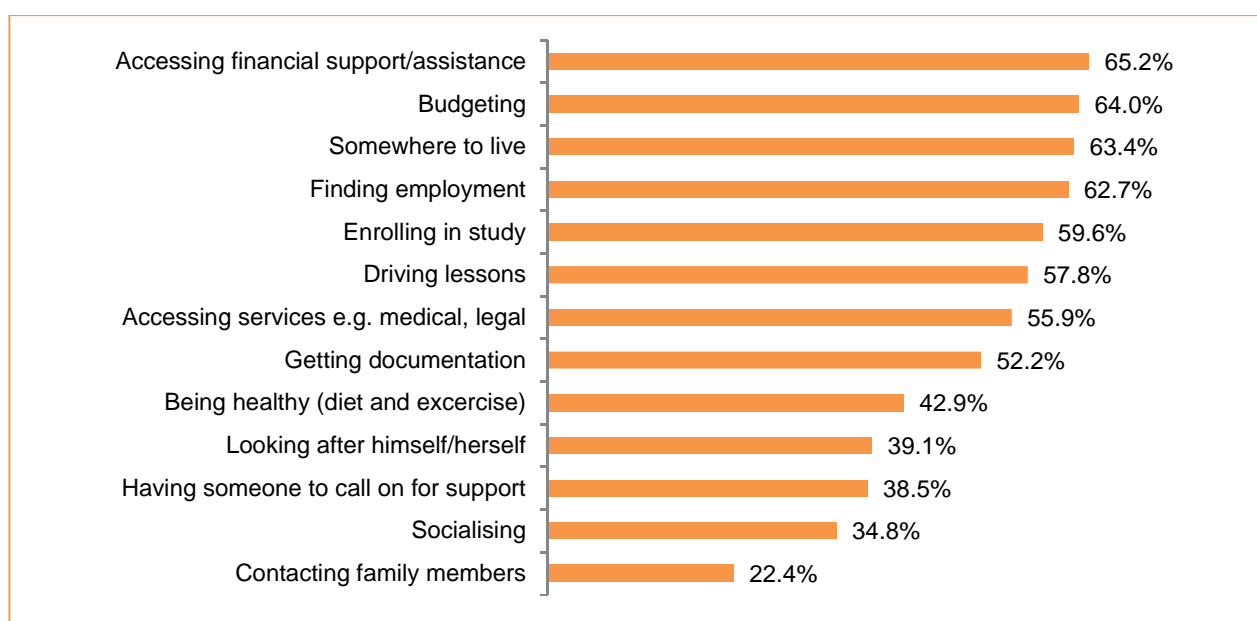
**Table 9: Young people aged 15 years and older with a leaving care plan at the time of the caseworker survey**

Has a leaving care plan been developed for the child?	Foster Care		Kinship Care		Residential Care		Independent living	
	n	%	n	%	n	%	n	%
Yes	16	55.2	9	36.0	14	77.8	18	90.0
No	13	44.8	13	52.0	3	16.7	1	5.0
Don't know	0	0.0	3	12.0	1	5.6	1	5.0
<b>Total</b>	<b>29</b>	<b>100.0</b>	<b>25</b>	<b>100.0</b>	<b>18</b>	<b>100.0</b>	<b>20</b>	<b>100.0</b>

## 8.2 Assistance the young person will need when leaving care

In terms of assistance that the child would need when leaving care, caseworkers thought that around two-thirds of the young people aged 15 years and over would need financial support or assistance (65.2%), help with budgeting (64.0%) and with finding somewhere to live (63.4%) as shown in Figure 40. Over half of the young people would require help with finding employment (62.7%), enrolling in a course or study (59.6%), driving lessons (57.8%), accessing services (55.9%) and getting documentation (52.5%) such as a medicare card, birth certificate or 100 points of identification.

**Figure 40: Caseworker's report of assistance young person will need when leaving care**



Around one in five (19.5%) young people planned on staying with the current carers after leaving care. Over a third (35.2%) planned to go to independent living and 14.1% thought they would return to their birth family.

There were considerable differences according to placement type (Table 10), although the number of young people in each type is small so caution should be used when drawing conclusions. Of the 18 young people in residential care, 9 were planning to go to supported accommodation and 5 to independent living. Of the 29 young people in foster care, 12 were planning to stay on with their carer and this was also the case for 9 of the 25 young people in kinship care.

**Table 10: Accommodation plan for when the child leaves care at the time of the caseworker survey**

What is the current plan for accommodation once child leaves care?	Foster Care		Kinship Care		Residential Care		Independent living		Total	
	n	%	n	%	n	%	n	%	n	%
Stay on with the current carers	12	41.4	9	36.0	0	0.0	0	0.0	25	19.5
Return to family	2	6.9	5	20.0	2	11.1	1	5.0	18	14.1
Supported accommodation	2	6.9	0	0.0	9	50.0	0	0.0	14	10.9
Independent living	5	17.2	6	24.0	5	27.8	19	95.0	45	35.2
Other (specify)	3	10.3	1	4.0	1	5.6	0	0.0	8	6.3
Don't know	5	17.2	4	16.0	1	5.6	0	0.0	18	14.1
<b>Total</b>	<b>29</b>	<b>100.0</b>	<b>25</b>	<b>100.0</b>	<b>18</b>	<b>100.0</b>	<b>20</b>	<b>100.0</b>	<b>128</b>	<b>100.0</b>

## 9 Summary of key findings

### 9.1 Positive practice

- For the majority of the 469 children who were transferred to NGOs for case management, the agency received the current case plan (92.4%), court order(s) (88.8%), birth certificate (86.6%) and/or Medicare number (84.0%). For two-thirds of the children (69.8%) their family photos and Life Story Book were received.
- Almost two-thirds (63.8%) of the children who had siblings had at least one of those siblings placed with them. Aboriginal children had more siblings placed with them with 9.6% having 4 or more siblings placed with them (compared with 3.5% of non-Aboriginal children) and were less likely to have no siblings placed with them.
- Caseworkers had frequent face-to-face contact with the children in residential care with around half (51.7%) having weekly contact and 93.0% having face-to-face contact at least monthly.
- For the children in foster care, over half of the caseworkers reported that they had seen the child on a monthly basis (54.5%) and a further 18.6% had seen the child on a bi-monthly basis. For the children in relative/kinship care around one-third (35.4%) of caseworkers saw the child on a monthly basis and a relatively large proportion (15.7%) saw the child less than once a year.
- For the majority of the children (85.4%) the caseworker knew the current carer or adoptive parents very or fairly well.

- For the majority of the children aged 13 years and older (79.4%) caseworkers had discussed with them why they could not live with their birth parents.
- Participation in case planning and review increased with age (72.2% for < 5 years and 89.2% for 13+ years).

## 9.2 Practice that needs addressing


- For three-quarters of the children (77.0%) the current case plan goal was long term OOHC until the child turns 18 years old. Exiting OOHC through guardianship, adoption or restoration was the goal for less of the children (10.5%, 4.0% and 2.0% respectively). This research was conducted before the Permanency Support Program was introduced and it would be expected that practice has since changed.
- Of the children who were enrolled at school, approximately half (54.6%) had an Education Plan with the Department of Education.
- Only 58.3% of children aged 15 years and over (excluding adoptions and restorations) had a leaving care plan. However, this varied with placement type with the majority of those in independent living (18 out of 20) and residential care (14 out of 18) having leaving care plans. Only 9 out of the 25 children in kinship care had a leaving care plan.

## 9.3 What is going well for the children

- Approximately two-thirds (62.0%) of the children were felt to have made an improvement since the caseworker first met them with one-third making a significant improvement (33.4%).
- For three-quarters (78.5%) of the children who had contact with their birth parents, the caseworker felt that the contact arrangements with the mother were working very or fairly well while the contact arrangements with the father were working very or fairly well for 73.1%.
- Where there was contact between the child and siblings, caseworkers also felt that the current plan for contact with siblings (both in another OOHC placement and with those who were not in OOHC), were working well (85.3% and 82.6% respectively).

## 9.4 Concerns that caseworkers had about the children

- The most common concerns that caseworkers had about the children were around their emotional wellbeing (10.0% had a lot of concerns and 36.1% had some concerns), behaviour (10.6% a lot and 35.0% some concerns) and social relationships (9.1% a lot and 28.0% some concerns).
- The most common difficulties at school related to discipline and behaviour problems (30.3% of children currently enrolled), difficulties getting on with other

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- kids (24.4%) and poor grades (22.8%). Other problems at school included being suspended or expelled (10.7%), lack of attendance (8.5%) and truanting (4.9%).
- Caseworkers thought that around two-thirds of the young people aged 15 years and over would need financial support or assistance (65.2%), help with budgeting (64.0%) and with finding somewhere to live (63.4%). Over half of the young people would require help with finding employment (62.7%), enrolling an a course or study (59.6%), driving lessons (57.8%), accessing services (55.9%) and getting documentation (52.5%) such as a medicare card, birth certificate or 100 points of identification.

## References

Paxman, M., Tully, L., Burke, S. & Watson, J. (2014). Pathways of Care: Longitudinal Study on Children and Young People in Out-of-Home Care in New South Wales. *Family Matters*, 15-28.



