[Stuart Malcher] And importantly, and before we begin, can I acknowledge that we are all living and working on Aboriginal land, coming to you from Ashfield, which is the First Nations People of the this area being the Wangal people of the Eora nation, and I pay my deepest respects to Elders past and present and to future and emerging leaders, and I also extend that respect to our Aboriginal colleagues joining us today. So yeah, it's been a heck of a week. Thank you everyone who has been on the journey with us and for still being here on session number four, or number five, if you joined the lunch and learn on Wednesday and obviously welcome for those joining us for the first time today. Monday, we covered off Child Development, Wellbeing, and Children with a Disability. On Tuesday, we looked at Cultural Connections and Family Time. Thursday, we looked at Education and Youth Justice and today, incredibly important topic, which I've been excited all week around with, which is obviously around Casework and Support, and it's safe to say we've already got a slightly daunting list of insights and actions that we've discussed over the course of the week and we're hopeful that we'll have even more by the end of today. So look just a bit of background. So obviously the POCLS Roundtables was meant to be our annual Advisory Group at the end of last year, but obviously with COVID and all the rest of it, we've held them over and we've had these four Roundtables instead, and obviously we've had the research papers completed by our 16 national and international leading academics, and this is really our time to hear from them, and then with the collective brains trust of our researchers and our Evidence to Action Working Group to come together to discuss how we translate those research findings into policy practice and systemic improvements that can make a material difference to benefit the lives of children in out of home care. So today we've posed a problem statement, which we're seeking to explore and come up with some solutions to, and that problem statement is that ensuring children in out of home care and their carers are supported, is critical for placement stability and to achieve permanency goals. How do we improve culturally appropriate communication, support and relationships between caseworkers, children, carers, and families, and hopefully by 11:30, when we finish up this morning, we'll have solved that problem and we'll have all earned our money. So no pressure. Can I then invite our first speaker today? We're very fortunate to have Professor Ilan Katz, who'll be talking to us about casework communication. So just by way of introduction and background. Ilan is a Professor at the University of New South Wales, and he has led over 100 research projects, including large scale projects in indigenous social policy, child development, disability studies, CALD populations, and children in care. Ilan has extensive national and international collaborations including international comparative studies of child protection and child welfare systems, and very grateful for you joining us today and taking us through your latest research. Over to you Ilan.

[Ilan Katz] Thank you, Stuart. I'd also like to start off by acknowledging the custodians of the land, which I'm based, which is the Gadigal people of the Eora Nations and their Elders past present and emerging. I'm going to talk about Caseworker Contact with Children and with Carers based on a couple of projects that we did, which focused on waves one to three of the POCLS. So between 2010 and 2016, so that'll become important when I talk about it. The questions we are looking at is what are the perspectives of caseworker communication of children while in out of home care, what's the relationship between caseworker, child communication and the children's socio emotional wellbeing? What are the carers perceptions of contact with caseworkers and how do carers perception relate or correlate with the children's perceptions? And the context in which this analysis was done is that there were or have been a range of policy changes during those three Waves of POCLS in particular, the Safe Home for Life Initiative. So there was a concerted effort to improve case work over that period. And that's been continuing since as well, and that comes up in the analysis. So the issues that we covered in this study were children's reports of the quality of communication with a caseworker across the first three waves and the relationship between that and their socio emotional vulnerabilities as measured by the child behaviour checklist and diving into the findings. I guess the key finding was that over the three Waves around a half of the children indicated that they could not contact their caseworker when needed, and that was fairly consistent over the three waves, but if you looked more broadly at the different types of communication with caseworkers, so the questions were talking to you by yourself, listening to you, explaining decisions made about you clearly, helping you and did what they say that they would do, for each one of those around a quarter said that that the caseworker never did that, and if you looked at never, or really it was around a third, but around two thirds said that the caseworkers did do that either sometimes, often or always, and taking the communication as a whole over the waves, in fact, it did improve from Wave 1 to Wave 3, so by Wave 3 only around 15% had poor communication overall with their caseworker. So what we are seeing is that as children age in the care system was this cohort aged the communication with case workers improved over time, and if we are looking at some sub cohorts, if you look at children in foster care and relative kinship care children in foster care's communication with case workers was better in all three waves than those in kinship care. However, the gap between foster care and kinship care narrowed over the three waves, and just as an aside, I've just looked at very briefly at Wave 5 data, and it looks more or less identical between foster carers and kinship carers by Wave 5. Another issue, if we look at the service providers, those case managed by NGOs were better than those managed by DCJ or FACS at the time, but again, that gap narrowed over time. There was a slight but not significant differences for cultural background in that non Aboriginal children reported slightly better communication in Wave 1 and 2, especially those in kinship care but by Wave 3 those differences had changed. There was better communication amongst those who changed places, and also children with higher levels of problems had better or more communication with their caseworkers. The key difference though, was that children who came into care at a younger age had worse communication with their caseworkers over all three waves. So it wasn't so much the age of the child as how young they were when they came into care and children who came into care at below age 7 were much more likely to never have contact with their caseworkers. Moving swiftly onto carers. Now, carers, the satisfaction with contact with the caseworkers was pretty high, but again, there was a difference between kinship carers and foster carers in that foster carers had better communication with caseworkers and more, and the communication was more often than with kinship carers. Nevertheless, when we asked whether they were satisfied with their contact, kinship carers wanted more contact. So one hypothesis was the kinship carers had less contact because they wanted less contact, but that wasn't born out by our analysis. So in summary, around half of young people could not contact the caseworker where needed, but the quality increased over the three waves. Quality of contact was better for children in foster care and those case managed by NGOs, but improved over the three waves. Quality of contact was much worse for children who entered care at a younger age. Children with poorer child social and emotional wellbeing reported better quality of communication with their caseworker and that kind of makes sense because caseworkers were more involved in those cases, but communication between the child and the caseworker was not associated with changes in the child's social and emotional wellbeing over the three waves. In other words, children with more contact with their caseworker didn't improve more than children with less contact, and our explanation for that is that social and emotional wellbeing is a factor of all sorts of things primarily actually the care that they receive from the carer and caseworker contact is only one factor and also children with better social and emotional wellbeing might have less contact with their caseworker, so the data there is complex. From the carers point of view, most carers had a positive view of their relationship with their caseworker. This was better for foster carers. Kinship carers wanted more contact, and another factor the quality of the contact between the carer and the caseworker was not associated with the quality of contact between the child and the caseworker. In other words one hypothesis was, well, children might not have contact with the caseworker but the carer does it for them, but we didn't find that, so that was not confirmed in our analysis. So a couple of explanations for this is firstly that length and time in care may make children more willing to contact caseworkers as they become more familiar with the care system, but another explanation and could be a bit of both is that this is what's called a cohort effect in that this particular group of children experience those safe home for life changes and that casework actually improved over the time that they were in care, and that accounted for the improved contact during that period. So it does seem that caseworkers are now working more closely with children and particularly those that have greater needs and that the policy changes in DCJ appear to have had a positive effect on children's perceived contact with their caseworkers. Just some brief policy implications, firstly, caseworkers need to be skilled to work directly with children, with younger children who come into care and children need to know how to access their caseworkers, even those that have been in care for a long time, or who came into care as infants. Kinship carers want and should get more support from caseworkers and I guess that's the challenges developing methods for engaging with kinship carers, and part the policy shifts seems to be having an impact, so I guess those should be improved and increased. That's it, thank you.

[Stuart Malcher] Ilan, can I just say those numbers you were quoting, greatly appealed to my competitive side, so I loved hearing that and for my DCJ colleagues playing along at home Wave 1 was taken in 2011 and Wave 3 was in 2016. So I guess those two comparative points, and certainly I was thinking about our efforts to achieve accreditation in 2016, so if that's partly what's reflected in that improvement, then that is a positive thing I would say. Next we're fortunate to hear from Professor Paul Delfabbro. Paul will be speaking to us about relative and kinship care and foster care. If I can just provide a bit of an introduction, Paul works at the School of Psychology at the University of Adelaide and has Degrees in Commerce, Economics and a PhD in Psychology. He has published extensively in many areas, including Psychology of Gambling, Child Protection and Child Welfare and thank you for joining us Paul, over to you.

[Paul Delfabbro] Great. Thank you, Stuart. Hopefully everyone can hear me clearly. Great. So as Stuart mentioned, we did two reports looking specifically at the differences between relative and kinship care and foster care, so there were two reports. The first one was principally a baseline analysis, looking at the characteristics or comparative characteristics of kinship care as opposed to foster care, and I think which has come up several times this week, which Judy mentioned as well is it's quite a difficult topic to study, because we often face what are called selection and exposure effects. That is, it may we often like to be able to study or conclude as to whether exposure to these different types of care leads to different outcomes, but what we do know is that the types of children who go into those two types of care often differ, and so when you see different outcomes for foster care and for kinship care, it's not entirely sure whether it's due to the care itself or the differences in the children, so that's something that we always have to be mindful with interpreting these results. It can be addressed statistically using techniques such as propensity analysis and so on, but that's a whole ask in itself which requires considerable development, so it may well be the POCLS reaching the stage now where we can try and match the children at the outset and then see what happens over time, so the things I'll talk about have to be interpreted in the context of those limitations. So with the initial baseline report, what we found was we were able to replicate a number of the findings seen in other Australian studies. So Meredith Kiraly for example has done some of the most work in Australia in kinship care in Melbourne we find similar things that foster carers tend to be more prepared for providing care, they often have bigger homes, they're more resourced, they often have higher incomes, they tend to be, you know, of a lower age. So for them, they often have a preparation for looking after children, whereas often with the kinship carers, it's something that often occurs on a more ad hoc basis, and so it's often more challenging. So we did find in some of the comparisons of the characteristics of the carers that kinship carers do have more needs, it's more challenging for them to provide care. What we also found was that the characteristic of the children are slightly different. So the children who come into kinship care typically have fewer background problems. They tend to have better psychological adjustment coming into care, and those differences tend to be maintained over time, which I referred to with a second report. Some of the other observations from the first study was that some of the things Ilan mentioned are also picked up in this too, that you find that there are issues to do with engagement with caseworkers. So it may well be the case due to the types of Order, which are in place for some of the kinship carers whereby they don't feel they have the same need or obligation to interact with government workers, but certainly we did raise some questions about the level of engagement and support being received from caseworkers, by some of the kinship carers, whether there might be a role for NGOs or other government supports to see that these kinship carers are doing okay, but overall the findings from the initial study is that kinship care is not coming through, despite the challenges it's not coming through as sort of a second best option, where we are seeing poorer outcomes for children, but certainly there is evidence that some of the kinship carers need more support, and the second report we look more carefully at the type different types of kinship carer. One of the things we tried to look at in the study was to differentiate between different types of kinship care. So if you look at literature in America, for example, it's very hard to draw a lot of conclusions from their studies because a very high proportion of the kinship carers tend to be African American often it's nearly always grandmothers, and so you can't often draw conclusions and generalise easy to Australia. Well, this study we're able to differentiate between grandparents and relative carers and found some subtle differences, which you can see in the reports. So for example, you see there's quite a few Aboriginal carers who are Uncles and Aunties providing care, and there are some differences there, and with grandparents obviously the challenge often is with advanced age often there's more health issues, other things which come to bear on their ability to provide care. So I think capturing some of the diversity of the kinship care is important, because the needs may vary depending upon the type of kinship carer. The second report tried to look at the outcomes in foster care and kinship care across three waves of data and also differentiating based upon the type of care arrangements, so for example, whether the children were Aboriginal, non Aboriginal and whether the placements were Aboriginal or non Aboriginal. So there was some, it was a bit complicated and obviously the numbers get a bit small when you start to break up the groups. So we have to treat with some caution, but did provide a few interesting insights sorts of things we found which are consistent with is that if you saw placement changes in both kinship care and foster care that the outcomes tend to be not so good. Now, once again, we don't know whether that's because the children who have placement changes might have been more complex and therefore the placements on the more strain, and so there's a greater probability of a placement change, or whether this, it goes the other way. So we did observe that which is commonly observed in literature. As Ilan mentioned, you also see a gradual loss of family contact occurring in both forms of care, although this appears to be slightly stronger in foster care, so over time across the three waves, you see a gradual drop off in the frequency of family contact. That's always a concern in this area because children lose a sense of family connection identity, and it makes reunification much less probable when you've got that loss of contact. We didn't find major differences between kinship carers and foster carers on measures of psychological distress or self efficacy and their ability to manage children's behaviour, but we did find some differences in relation to the type of kinship care, so where there were type of Order. So when you had guardianship arrangements, we found when caseworkers were asked to rate the quality of the placements, they tend to rate the guardianship arrangements as having been better resourced of superior quality to the other placements. On the whole caseworkers, this is an interesting, I guess, practice issue too, because caseworker impressions can have a very important role in what happens in the care system, and so if they have particular views, whether right or wrong that can have meaningful impacts on outcomes. So for example, caseworkers tended to rate foster care placements as superior to kinship placements on a range of different measures relating to health wellbeing, behavioural management, whereas kinship and relative care was considered superior for maintaining family and cultural connections, and that's one of the sort of things slight dichotomies I started to see in the data. I'm not sure if some of the others saw it too, whereby you might see foster care as being more resourced, but not necessarily the best in terms of cultural connections, and the more, I guess, emotional side of foster care. We noticed some comparisons of Aboriginal carers and non Aboriginal carers that relative kinship care and Aboriginal tend to be rated not as high by the caseworkers across most of the dimensions, and so we are not quite sure whether that represents just a general negative perception or whether that does reflect the fact that Aboriginal kinship care is a particular area that needs more resourcing and a particular focus, so we did notice that. We noticed across the three waves, as I mentioned, that CBCL scores, so conduct disorder and those sorts of things tend to be marginally better in the kinship care placements across the three waves. So look, what else did we observe? I guess the final comment was that we did look at cultural connections and to the extent that could be done in this data set now that these are the subjective questions asked of carers, and obviously they don't necessarily reflect community standards, but we did find that where cultural connections were seen to be better maintained that the outcomes for those placements seem to be slightly better. Now, once again, this could be because very good quality care tends to also include greater mindfulness of the importance to maintain cultural connections, but it's certainly something I think it's worth looking at in a bit more detail. So I think that's probably a reasonable summary of the higher order, higher level findings we obtained from these studies, but certainly suggest in summary that greater support for kinship carers, particularly focus upon Aboriginal kinship carers will be important, and I guess that kinship care is still providing a very good quality of care but certainly there are issues to do with some differences in the type of children placed into two types of care. So thank you.

[Stuart Malcher] Thank you Paul. I think there's a lot in that for us to unpack, and again, I'll follow my own rules and save my questions to the end, but there's a few themes in that I think have come up throughout this week, we can unpack a little bit later. So thanks again, and next, can I please invite and introduce Associate Professor Rebecca Mitchell, who will talk to us about Carer Support just by way of background and introduction, Rebecca is an Associate Professor with the Centre for Healthcare Resilience and Implementation Science at the Australian Institute of Health Innovation at Macquarie University and leads the Health Outcomes Research Stream. Associate Professor Mitchell is a Psychologist and Injury Epidemiologist, and her research for focuses on the conduct of large scale epidemiological and mixed method research to guide improvements in health service delivery and health policy. Over to you, Rebecca.

[Rebecca Mitchell] Thanks Stuart. Well, the study that we conducted, we examined the impact of child carer and placement characteristics on the carer psychological wellbeing and caregiving, and just a little bit of a background we created a composite outcome variable from the POCLS surveys, which assessed carer satisfaction, their psychological health and parenting styles, and using that composite variable, we identified carers who potentially might have a cause for concern in that they might be potentially struggling with their ability to provide care, and all up, we found a few key factors that were found to have an influence and have an impact on carers wellbeing and their ability to provide care. So four key things in general, if the carer was in paid in employment, we found that it increased their likelihood of providing poorer care and had an impact on their wellbeing. It sounds a bit contradictory, but for carers, whilst they're in employment, it's very beneficial, but in terms of their parenting role, work was seen as competing for their ability to provide care and energy to the child or children. Employed carers sometimes found it difficult to meet the expectations of caseworkers and agencies. So just in general, in terms of being available for meetings, taking the child or the young person to appointments they weren't able to attend some of the training opportunities that were available. So our finding that employed carers were struggling to meet a lot of the competitive demands on their time, raised a bit of a concern. The second area was where carers were looking after multiple children, and it ranged up to for about one to six children, and we kind of defined multiple children as when we were doing our analysis, looking at greater than three children, and we found that that carers had a higher likelihood of showing signs of concern for their wellbeing and ability to provide care compared to having just one child. So the magnitude of the impact was greater for also kinship carers, and I'll talk a little bit further about kinship carers towards the end. So we found that caring for more than one child or young person increased the caregiving workload and demands on the carer's time, just in terms of co-ordinating appointments and liaising with caseworker meetings for several children, and this in turn also impacted on the carer with their ability to sustain their other relationships and also engage in some of self-care strategies that were likely we thought to promote their own emotional resilience. So I'm guessing addressing some of the support needs of carers that particularly carers that have multiple children could need a bit of attention, particularly as some of the numbers of children placed with foster and or relative kinship care is increasing. The third thing we found is the child's age at the time of placement was emerging as an influential factor on the carer's wellbeing and ability to provide care. Children who entered into care at an older age group, we generally found had more placement challenges than younger children, and we also found, however, though, that some carers with younger children did face particular challenges, particularly around the age of three and five, when children are starting to commence preschool and primary school, and this could be an influence of demands for the carers time, particularly if they're working, trying to arrange drop up and other caregiving drop off and to school and other caregiving responsibilities. So we are thinking maybe some extra support might be needed there, and the fourth area was actually good, which was looking at caseworkers, and we found that carers who had said that they had above average satisfaction with their caseworker assistance had less experienced less impact on their ability to provide care, just kind of reaffirming the importance of a good working relationship between caseworkers and carers. So carers who felt more satisfied with the assistance from the child or young person's caseworker, they kind of highlighted responsiveness and accessibility of their caseworker, and I guess this is just valuing the caseworker and their commitment, but also one of the things we did see in some of the text comments was that some of the carers valued continuity with the caseworker, which sometimes could be a struggle if there was a high turnover among caseworkers. In terms of kinship carers, we had three main kind of particular stresses. If the kinship carer had suffered a stressful life event and they had less support, social support around a stressful life event, like a serious illness or the death of a close relative or friend, we found that had a greater impact on their ability to provide care. We found that non-government organisation Service Managers with kinship carers, they had a higher likelihood of poorer carer wellbeing than carers with the Department Service Managers, and we thought that needed to be further explored a bit, but it could be around maybe a fit between the NGO agencies and the realities of providing kinship care, so maybe area that needs some further investigation, and older carers we found a lot of grandparent carers that we found that older kinship carers were less likely to show signs of potential concern than the younger age groups, and we kind of thought that might be related to having more experience in raising children and kinship care is strong sense of commitment and satisfaction with providing care for the child or young person in their family, despite the challenges. So just some of our key takeaways very quickly, for some carers the time demands of working impacted on their ability to access training and other support services, so maybe some online more versatile ways to access training would be good. Carers with multiple children were struggling. Carers might need some further support at critical times, such as when their child starts school. Kinship carers who experienced stressful life events were less likely to cope and potential maybe to look at some short term respite for carers who needed to deal with some life events and just to emphasise the importance of social networks and close support in providing assistance to carers to maintain their wellbeing. That was emphasised quite clearly in some of the carer free text responses. So thank you.

[Stuart Malcher] No thank you, Rebecca, for sharing those insights with us, greatly appreciate it. Can I keep us moving down our Agenda and next invite, Dr. Nafisa Asif, happy to introduce our very own FACSIAR Researcher, and she's going to speak to us on placement stability and development. So by way of introduction, Nafisa is a Senior Researcher in the POCLS team at FACSIAR and she's worked with us in DCJ in a variety of roles and her research interests include health services research, women's health, social and cultural determinants of health and health psychology. Over to you, Nafisa.

[Nafisa Asif] Thank you, Stuart. I would like to acknowledge the traditional owners of the land from where I make this presentation today, Dharawal country, and pay my respect to Aboriginal Elders past present, and future. Now one of the reports that we produced here at the POCLS team was on the influence of placement stability on developmental outcomes for children in out of home care. Our aim was to investigate how does placement stability and a range of other factors influence our child's social, emotional, cognitive, and physical development. Although the primary focus of this analysis was children's developmental outcomes, but hopefully this presentation will answer questions that many of you raised on placement stability since Monday. In this report, all standardised measures from the POCLS survey were used for the analysis and the sample consisted of children who had complete data on developmental outcomes for all three waves. That is the tracked sample and the number was 805. Each developmental domain was measured by a binary variable indicating typical or atypical development in a particular domain. Our results showed that in terms of children's development over time, 57% remain in the typical range for socio emotional development and 14% in the atypical range across all three waves. For verbal development, two thirds of children remained in the typical range and only 5% remain in the atypical range. For non-verbal, around 55% remain in the typical range and 7% remained in the atypical range. Almost half of the children remain in the typical range for fine motor skills and for gross motor skills, two thirds remain in the typical range and only 5% in the atypical range across all three waves. Results also show that children may transition between typical and atypical development over time, which actually highlights the importance of case plans being a living document that is regularly reviewed and reflects the changing needs of the children. Now, in terms of placement stability was quite challenging for us to define. Now, we all know placement instability in out of home care represents movement of children from one placement to another. This concept is rather easy to understand, but very difficult to measure as there are numerous factors that impact upon a child's experience of placement changes, and on top DCJ's administrative data on out of home care placement does not adequately or reliably capture the reason for a placement change, including if they're planned or unplanned. However, it can still be used to examine the number and timing of placement changes, so what we did in our analysis is using DCJ admin dataset, we tested a variety of measures for placement stability, and interestingly all produced similar results, and finally we adopted a new measure that accounted for the length of time spent in care. So the measure was number of distinct placement changes per 1000 care days, which is approximately 2.7 years. Now, this is technically a measure of placement instability. This is similar to the approach developed by Professor Fred Wulczyn and I'm very glad that Fred is here with us today. Now for those who are not familiar with the term distinct placement excludes placement with carers, with whom the child already had a placement and any non-permanent placement for less than seven days. So what we actually and already know about POCLS children is that just over half, 54% of children has less than three distinct placements and 3/4, which is 74% has less than four distinct placement in the five to six years period, following their first entry to out of home care, and approximately seven to eight years after entering out of home care, two thirds of children, around 66% had been in the current placement for six years or more. So based on the number of distinct placements, we can actually say that POCLS children are quite stable. Now, using our measure of placement instability, we found then that on an average children in POCLS had 1.3 placement per year in out of home care. When we looked at associations, mixed effect modelling showed that over time placement instability reduced the probability of being in the typical range for socio emotional, non verbal, gross motor and fine motor development, but there was no association with verbal development over time. More precisely each placement per 1000 care days reduce the probability of being in the typical range by one to 2% across each developmental domain. So there we go placement stability is important, and these findings reinforces DCJ's current focus on placement stability as an area of intervention to improve children's developmental outcome. We need to ensure that culturally appropriate and trauma informed carer training tailored to the carer's needs, continue to support the provision of physical and relational stability for the child. There were mixed results for demographic characteristics, for example, age of entry was associated with socio emotional and verbal development. Older children were less likely to be in the typical range for those two domains. Now POCLS children, we already know that children who entered out of home care for the first time when they were six years or older, were more likely to change, placement than younger children. Now, again, this highlights the need for care plan to consider that older age groups are more likely to need intensive support on entry to out of home care. The other interesting and important finding was relative kinship care had a positive association with socio emotional and verbal development, and as you know, that this result is consistent with other reports presented earlier in the Roundtables, for example, mental health paper by Professor Raghu Lingam, Aboriginal children's outcome paper, and the relative kinship care paper by Professor Paul Delfabbro and also the disability paper by Associate Professor Zhiming Chen, but as Paul just mentioned in the last presentation that we need to interpret this result carefully due to selection effect, and I remember Ilan has already mentioned about that on the first day of the Roundtables. Carer characteristics, such as carer age, education, income were also found to be associated with typical development and so was carer's psychological distress. Again, this finding consistent with the findings of mental health paper by Professor Raghu Lingam. Carer satisfaction was also associated with children's socio emotional development. Together, these findings highlight the importance of caseworkers training on working effectively with the carers, including monitoring satisfaction, early identification of carer stress, and needs for carer services and additional support. However, it is very important to know that in our modelling all effects sizes were relatively small and there was no single dominant factor that influenced children's developmental outcomes over time. These leads to the conclusion that our finding does provide evidence that placement stability significantly influences developmental outcomes of children in out of home care, but there are a range of other factors, including placement type and carer support that influence child development and require policy focus. There was no single silver bullet to improve child developmental outcomes. Here at POCLS, we do intend to run this analysis with updated data from Wave 4 and Wave 5 to see whether these results differ. Thank you for listening.

[Stuart Malcher] Thank you so much, Nafisa. Again, fantastic insight, so thank you for taking us through that research. Which brings us to our final presentation for this morning. So can I please invite Fred Wulczyn to present to us. Fred is going to be talking to us about placement changes, and so by way of background introduction, Fred is a Senior Research Fellow at the University of Chicago and Director of the Centre for State Child Welfare Data. Fred has over 35 years of experience with work focused in how States respond to children in care and on the evidence needed to operate complex systems, so we got the preview yesterday. This is the main event. Over to you, Fred.

[Fred Wulczyn] All right, thank you, Stuart. First I'll say just congratulations to the agency. Many public agencies don't really have the patience to do Research, and I think it's shortsighted. I think Research is action. I think a lot of times the desire to move on is motivated by the serious problems that we have and taking time to do thoughtful Research is often viewed as sort of a side track from taking action. I would argue on the contrary that Research is action because a poorly defined problem is unlikely to be solved in any sort of an effective or efficient way. For those of you who don't know why you would be calling on somebody from the US in this particular case I wanna thank the collaborators I've enjoyed working with over the years, Ilan, Judy Cashmore, Paul, others that you have heard from, but most of all the team, POCLS team, Marina and others, but I would be remiss if I didn't acknowledge the original invitation from Gul Izmir and Peter Walsh who had a profound impact on the study from its earliest days, and I think it's important that when we do a longitudinal study, we should have a longitudinal perspective on the work as well. I do think it's important that international collaboration take place, not just within country, which is often the case, but internationally, which is all too rare because it's through international comparisons that we understand how our cultural values manifest themselves in structures that we call the child protection system and whether or not there are advantages and disadvantages to the way the work is organised. What I will say and this is my perspective, you may disagree with this, but when I first came to Australia in the mid 2000s, the word restoration was not one that was commonly used, and I heard earlier this week in the conversation, that restoration is a top priority, and I would say that over the course of the 15 years or so, that I've been involved in the run up and then in the execution of the Project, that that's a marked change in the role that restoration plays in policy and practice, and I think to some extent that that comes about as a result of international comparative research, where you can see what happens to kids in places where permanency, restoration, adoption, guardianship have a different place in public policy. Turning now to the question of our work on placement stability and moves, I'm not really going be able to add much to what has already been said, particularly by Nafisa and Paul, they've done a marvellous job of sort of locating the issue of placement, stability, carers, and what not, as influences on whether or not children stay in the home where we found them at Wave 1, or did they move on, and then what are the implications of having moved on in the case of Nafisa's study, and in the case of Paul, if Paul's work, if I understood it correctly, it was about what are the forces that within the child's life carers services, satisfaction with services and so on, how do they, if you will conspire to raise or lower the probability that a child will or change placements from the one we found that young person at the very outset. What I will say that we did cover in our study, that is a little bit different than what you've heard throughout the week, and what I've would argue is sort of the next phase of work that needs to be done. The design of POCLS really contemplates three sources of influence. Attributes of the young person. What is their verbal ability. How does their verbal ability relate to the acquisition of new verbal ability, if we want to use that as an example. The context in which the young person is living, where context is defined by the family, the caregiver attributes of the caregivers, so on and so forth, but there's also in the design and explicit interest in context, as measured as community, and context measure as community might include the child protection system, as it exists in the place where the young person is growing up, and so how does that relate then to the topic at hand? I think there are often references to what Stuart and his colleagues might do from a policy perspective, but the view of the system in those conversations is often very flat as though the system of child protection is the same across the various neighbourhoods of Sydney across the various areas of New South Wales, when that's clearly not the case, and what we need to understand from an investment perspective is, how do the outcomes we see vary between neighbourhoods or administrative areas under the control of the agency, and I think pursuing those insights creates the possibility of differential investment strategies. The problems public child welfare agencies face are not the same everywhere you look all the time. There's a tremendous amount of variability in what a local child protection system is able to manage in the way of meeting the needs of youngsters in out of home care, supporting cares and what have you. So how did that play out in our study? We found as you found, or Nafisa and Paul and others have talked about is that case workers support and the feeling of support that a carer gets is related to whether or not the young person moves. We asked the question whether or not the ability to support carers through the mechanism of caseworker support and other informal mechanisms was variable between District Offices, and if it is variable, is that the variation between offices in the ability to support carers that contributes to the instability we were measuring as whether or not the worker was supporting, or whether the carer felt supported by the worker. Long story short, we found significant variation in the average feeling of being supported at the District Office level. Not everybody felt the same level of support, and when we controlled for the level of support, the extent to which feeling supported at the carer level was tied to the likelihood that the child would change places it more or less disappeared. That is to say the feeling of the lack of support or feeling of lack of support expressed by carers was geographically connected to what they might have been receiving from the local district, and that when we took that into account, the individual level effect changed in its magnitude, and that's the sort of actionable evidence we want to think about when we talk about, not let's figure out how to reinforce the ability of caseworkers to support carers as a general policy, that is certainly a policy principle, but let's look in the places where we find less of that support so that we can augment the capability. What does that look like? Well, supporting carers takes time. What is the number of case workers per child in out of home care? Are there places where workers are managing more cases, which by implication means they don't have as much time? Let's look at the cost of making a placement change against the cost of bringing up staffing levels so that workers have enough time to provide the assurances that a carer needs in order to feel supported. One of the other indicators that we looked at was the extent to which the carers felt connected to other carers, so are those support groups, the availability of support groups is that similar in every place? So it's looking at the variability between District Offices, if that's the suitable administrative unit for purposes of allocating resources. If we find this kind of variability in the capacity of the system to deliver what's beneficial, we have to move beyond the benefits of those investments, being beneficial and talk about differential investment that reduces the variability and capacity in the system, and I think, I'll close by saying that, overall across the presentations, I think this is a theme that needs to be more vigorously exploited to take full advantage of what you have in the POCLS study. So I'll stop there, and I will say that because of our weather issues here, I am going only be available till about the top of this hour. So for those of you who aren't on the phone, we're in the middle of a blizzard here. I know you're jealous. So I hesitated mentioning that, but because of transparency, I wanted to be clear.

[Stuart Malcher] No problem at all. I thank you so much for that, Fred. I think there's some really concrete things in there that we can take into a discussion to come, and yeah, I know I'd love to see that geographical breakdown of carer satisfaction. I think that would be incredibly useful. Well with that, that's our five presentations for this morning. So can I just take one moment to, again, thank our presenters, a massive thank you to Paul, to Rebecca, to Nafisa and to Fred. We've obviously heard a whole range of incredibly useful insights, I mean, I am the positive side I take from Fred, what you were saying this is something incredibly powerful for our casework staff to understand the relationship that they form with children in care and their carers goes actually does really we can demonstrate that it has a concrete impact on outcomes. And I think that's something incredibly important for us to keep in mind.