



# *In-Home Care*

**Outcomes Report  
2019-20**



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# Executive Summary

## Introduction

It is widely known children and young people (C&YP) in out-of-home care (OOHC) experience significantly poorer outcomes than C&YP who have never been in care (Osborn & Bromfield, 2007).

Goal One of OzChild's Strategic Plan is for the organisation to strengthen its impact. The aim is to measure the success and impact of OzChild's In-Home Care (IHC) programs through a strong evidence-based methodology which includes measuring and reporting on client outcomes. This is done alongside hearing the voice of the children OzChild work with, their parents and carers. In essence, OzChild wants to determine if what they are doing works. Is OzChild helping vulnerable children, adults and their families? Does OzChild bring about positive change in their lives? Is OzChild achieving positive outcomes in and through its work? And ultimately, is OzChild achieving its purpose of: healing, preventing abuse and neglect, and strengthening families?

The primary outcome domains OzChild collects data in relation to are Permanency, Safety and Well-being. The Outcomes Report is a review of the effectiveness of OzChild's IHC programs in achieving the primary domain outcomes between 1 July 2019 and 30 April 2020<sup>1</sup>.

OzChild prides itself on being a learning organisation, therefore through the gathering of data and the measurement of outcomes, areas for learning, improvement and development have been identified.

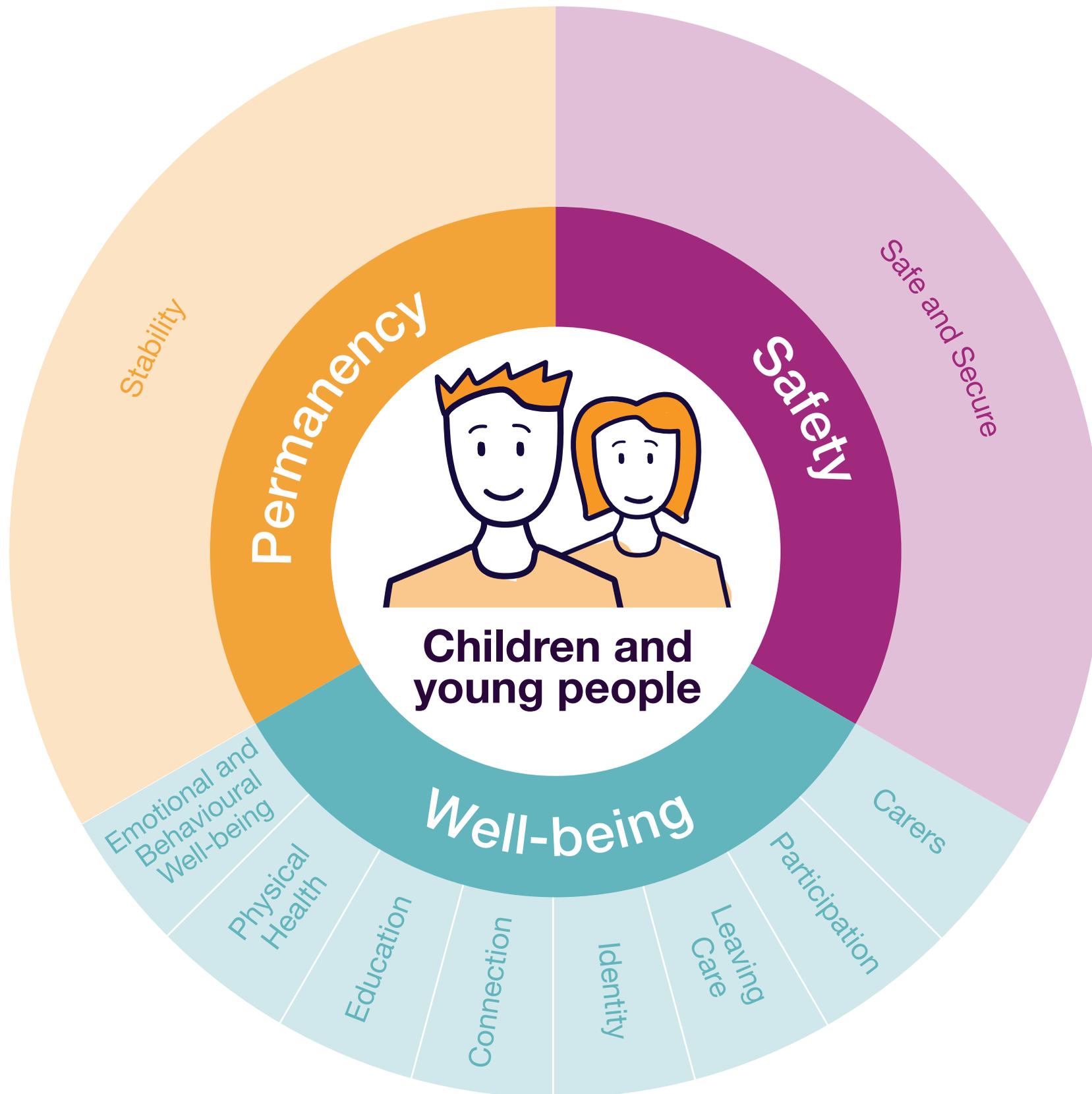
## Purpose

This report provides a review of the effectiveness of OzChild's IHC programs in achieving the primary domain outcomes that form OzChild's IHC Outcomes Framework. OzChild's IHC Outcomes Framework has been adapted from the 10 OOHC National Standards (the Standards) and its corresponding indicators. The Standards and indicators have been aligned to the primary outcome domains for C&YP. This executive summary also makes recommendations for further development of these programs.

<sup>1</sup> The previous years' reports were based on a 12-month period which may influence comparisons

# Oz Child's

## In-Home Care Outcomes Framework



### Stability

Children and young people are in stable placements



### Safe and Secure

Children and young people feel safe



### Emotional and Behavioural Well-being

Children and young people have improved emotional and behavioural development



### Physical Health

Children and young people are supported with their physical health needs



### Education

Children and young people are engaged in and achieving in education



### Connection

Children and young people are supported to safely and appropriately maintain connection with family



### Identity

Children and young people are supported to develop their identity, safely and appropriately, through contact with their culture and communities and have their life history recorded as they grow up



### Leaving Care

Children and young people are supported and participate in planning for leaving care



### Participation

Children and young people participate in decisions impacting their lives



### Carers

Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care

## Scope of Reporting

### Programs

The programs in scope for this review are as follows:

- Foster Care – VIC
- Circle Program – VIC
- Treatment Foster Care Oregon (TFCO) – QLD, NSW and VIC
- Kinship Care - Case Contracting Service – VIC
- Kinship Care - First Supports – VIC

The programs out of scope for this review include:

- Lead Tenant – VIC. This program was recently taken over by OzChild and therefore outcome measures had not been fully implemented during the review period.
- Foster Care and Kinship Care – ACT. These programs were out of scope for this review as governance arrangements reside as part of the ACT Together consortium.

### Review period

C&YP in OzChild IHC placements between 1 July 2019 and 30 April 2020<sup>2</sup> were in scope. This includes placements that were active at some point during this period.



<sup>2</sup> The review period is referred to as 2019-20 throughout the report.



## Methodology

### Quantitative

#### *Validated outcomes tools*

- Strengths and Difficulties Questionnaire (SDQ) (all programs)
- Progressive Achievement Test (PAT) (TFCO only)
- North Carolina Family Assessment Scale (NCFAS) (Kinship Care – First Supports and TFCO only)

#### *Outputs*

- Attendance at health and development assessments, dental assessments and school (all programs except for Kinship Care – First Supports)
- Numeracy and literacy minimum requirement achievements (all programs except for TFCO)
- Aboriginal Cultural Safety Review (all programs except for Kinship Care – First Supports and Kinship Care - Case Contracting)

### Qualitative

- Consultation with program staff and leadership
- Children and young people feedback survey (CYPFS)
- Carer feedback survey

*The detailed methodology is outlined in Appendix 1.*

## Limitations

The findings of this report must be viewed in light of some limitations. The first limitation is that C&YP were only included in this analysis if the case manager/therapist had collected both the pre/intake and the review/post/closure data. The second limitation concerns the CYPFS which had to be administered over the phone between 23 March 2020 and 10 April 2020 as a result of Covid-19 restrictions. It should also be noted the Foster Care and Circle Programs in the western region transitioned to OzChild in May 2019 and therefore are a new service to OzChild.

## Demographics

**Table 1 – Number of C&YP in OzChild IHC programs**

Program name	Foster Care	Circle Program	TFCO	Kinship Care Case Contracting Service	Kinship Care First Supports
No. of C&YP	408	17	34	137	280

**Table 2 – Number of First Nations C&YP in OzChild IHC programs**

Program name	Foster Care	Circle Program	TFCO	Kinship Care Case Contracting Service <sup>3</sup>	Kinship Care First Supports <sup>3</sup>
No. of C&YP	34	0	12	0	0

**Table 3 – Number of carers in OzChild IHC programs as at March 2020**

Program name	Foster Care	Circle Program	TFCO	Kinship Care Case Contracting Service	Kinship Care First Supports
No. of Carers	405	15	62	105	80

<sup>3</sup> There are no longer First Nations C&YP in OzChild's Kinship Care programs as they are now serviced by the Victorian Aboriginal Child Care Agency (VACCA).

# Summary of Findings

## Permanency



### Stability

80% of C&YP in TFCO graduated to lower level care arrangements.



18 C&YP had a Permanent Care Order granted during the reporting period.



82 per cent of C&YP in foster care had two or less placements during the reporting period.

This is a 12 per cent decline from 2018.

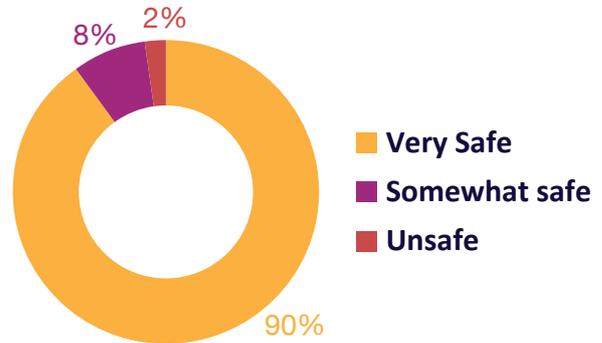


## Safety



### Safe and secure

90 per cent of C&YP in OzChild IHC services reported feeling 'Very safe'.



## Well-being



### Emotional and behavioural well-being

Approximately one in five C&YP aged 4-17 years, were at risk of clinically significant mental health problems at the review period or end of their placement.



### Physical health

72 per cent of C&YP described their physical health as 'Very good'.



About two in three C&YP attended their annual dental assessments.



82 per cent of C&YP attended their annual health and development assessment.



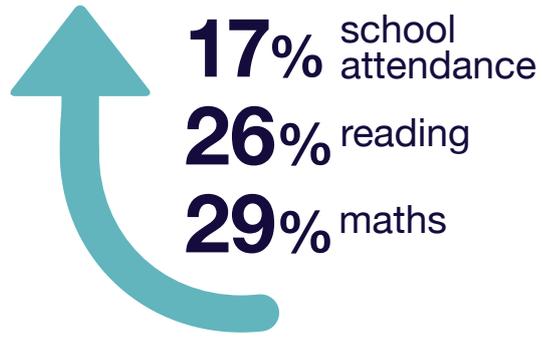
Attendance of Aboriginal C&YP at Aboriginal Health Services was low, with less than a third of C&YP in some programs (Foster Care – South, TFCO – VIC and TFCO – NSW) attending the service.



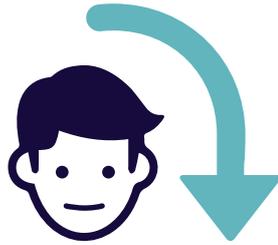


## Education

Average school attendance rates and PAT scores (measuring achievement in reading and mathematics) improved for the majority of C&YP in TFCO by program closure.



School attendance has declined for C&YP in Foster Care – South (**7 per cent**) and Kinship Care – Case Contracting (**11 per cent**) between 2017 and 2019.



In 2019, **74 per cent** of C&YP had met the reading and numeracy requirements. However, since 2017, there has been a decline in the number of C&YP meeting these requirements for some programs.





## Connection

**60 per cent** of C&YP reported having monthly contact with their family members.



**89 per cent** of First Nations C&YP had either regular contact with their siblings in care or with other family members. However, the regularity of the contact varied between fortnightly to yearly.



## Identity

When asked, **29 per cent** of C&YP didn't know whether they felt connected to their culture and community.



Approximately **60 per cent** of C&YP surveyed knew 'Everything they need', 'Quite a lot' or 'Something' about their family history, background and traditions.





## Leaving care

Of the young people surveyed, aged 15 – 17 years, **81 per cent** reported participating in their leaving care plan and arrangements.



**96 per cent** of C&YP surveyed reported having a significant adult in their life they can rely on.



## Participation

**About one in two** C&YP feel they mostly or always participate in decision making, especially young people aged 15-17 years.



**50 per cent** of Victorian C&YP had not seen their Individual Education Plan (IEP) or been involved in at least one Student Support Group (SSG) meeting.



## Carers

**80%** of carers are satisfied with OzChild's support, training and communication and generally feel respected by OzChild.



## Summary of areas for development

It is recommended that OzChild IHC programs develop and/or review their processes for collecting physical health outcomes and school attendance rates and assessing alignment between C&YP's level of contact with family and their individual case plans. Poor school attendance rates and educational achievements should be investigated and addressed. OzChild should also review how it influences permanency planning processes and ensure that program work plans reflect a prioritisation of advocacy and work to support permanency.

All Care and Placement Plans should have strategies for addressing:

- emotional and behavioural difficulties identified as part of the SDQ
- participation in Care Team meetings
- barriers to meeting minimum educational requirements and attending SSG meetings.

The CYPFS could be improved through review of its usability and the appropriateness of the age of participants.



# Detailed Findings



# Permanency

## 1. Children and young people are in stable placements

### Indicator:

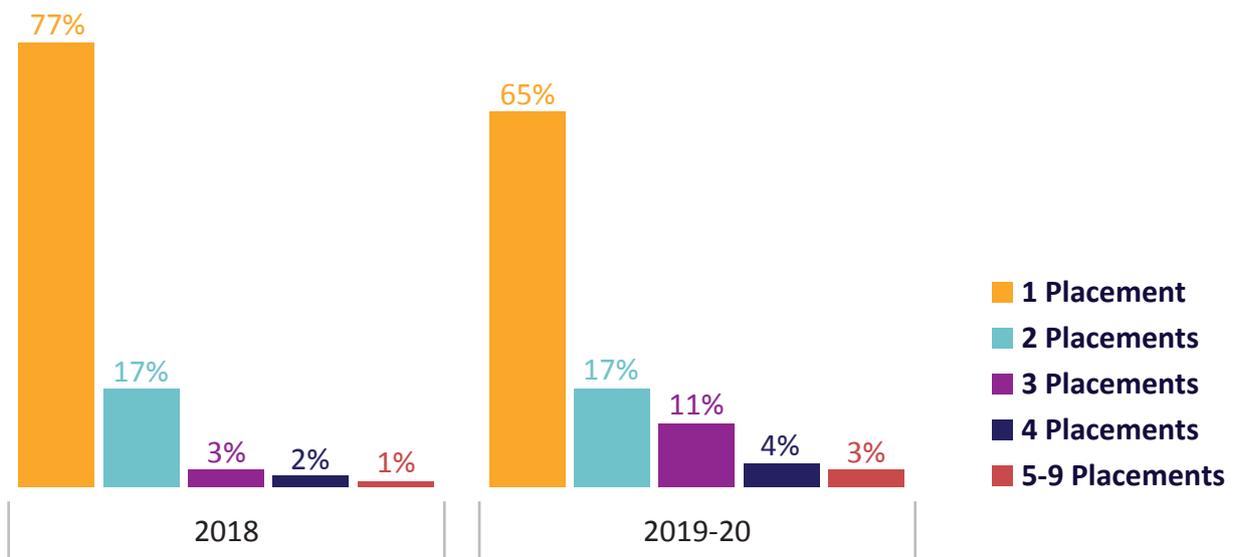
#### 1.1 The proportion of children and young people in stable placements

In 2019-20, there was a 12 per cent decline in the number of C&YP in foster care who had two or less placements (excluding respite placements). In 2018, foster care comprised of Foster Care Case Management and Circle Program in the south. Whereas, in 2019-20, foster care comprised of Foster Care Case Management, Circle Program and TFCO. It also now comprises of Foster Care and Circle Program West which are new services to OzChild.

There were 38 C&YP in more than two placements during a 10-month period. Program leadership advised this could be attributed to the following reasons: carers' accepting short term placements but unable to extend, limited availability of long term placements and placement breakdowns due to the increasing complex and challenging behavioural problems that C&YP present with.

Current research demonstrates C&YP entering OOHC, both within Australia and overseas, are presenting with increasingly complex levels of need. It is reported this is primarily due to OOHC services now being used as a last resort, resulting in only those C&YP with the most complex needs entering care (Child and Family Practice, 2015). The research identifies the prevalence of behavioural, emotional and mental health problems across OOHC populations, and the importance of targeted treatments, interventions and placements (Child and Family Practice, 2015).

**Figure 1 – Number of foster care placements by year**



Respite placements were excluded from *Figure 1* as typically one respite placement is planned per month in TFCO – VIC and Foster Care – VIC. This generally occurs within the same respite carer household every time, to maintain stability for the child or young person. However, there were eight C&YP who had more than 10 respite placements during a 10-month period.

Respite care provides parents and other caregivers with short term childcare services that offer temporary relief, improve family stability, and reduce the risk of abuse or neglect. However, a concern with respite care is that it is carer focused rather than child focused (Department of Communities, Child Protection and Family Support (CPFS), 2015; Lane, 2018). High levels of respite may not be in the C&YP’s best interests, based on factors such as their attachment history and current level of stability and security (CPFS, 2015; Lane, 2018).

## 1.2 The proportion of children and young people placed in permanent care arrangements

**Table 4 – Number of C&YP in foster care and kinship care in permanent care arrangements**



**Table 5 – Number of C&YP who have graduated from TFCO that remain in family-based care arrangements**

Program	Family reunification	Long term placement	Return to residential care or TFCO program
TFCO - QLD	2	1	2
TFCO - NSW	1	1	0
TFCO - VIC	2	1	0
<b>TOTAL</b>	<b>5</b>	<b>3</b>	<b>2</b>

In 2018, 25 C&YP in foster and kinship care were placed on permanent care orders, which has decreased to 18 (28 per cent) for the period: 1 July 2019 - 30 June 2020. OzChild will investigate the cohort of C&YP on long term orders and determine whether there is capacity to move them to Permanent Care Orders and what the barriers are.

In 2019-20, 80 per cent of C&YP who graduated from TFCO, successfully progressed to lower level care arrangements (i.e. family reunification or a long-term placement with a foster carer). However, one young person returned to the TFCO program after living at home for six months and the other was placed in residential care after reunification with parent broke down following an incident and unavailability of a family-based placement in the area.



# Safety

## 2. Children and young people feel safe

### Indicators:

2.1 The proportion of children and young people in out-of-home care who report feeling safe in their current placement (where they live)

**90 per cent** of C&YP who participated in OzChild’s 2019 CYPFS, scored their feelings of safety as eight or above, indicating they felt ‘**Very safe**’. 90 per cent of C&YP also reported feeling ‘**Very safe**’ in 2018.

In the Australian Institute of Health and Welfare (AIHW) 2018 and CREATE’s 2018 studies, data was gathered on C&YP, aged 8–17, who were under the care of the Minister or Chief Executive in the eight states and territories. 95 and 93 per cent of C&YP in the AIHW and CREATE studies respectively, reported feeling safe in their current placement. This is slightly above OzChild’s ratings.

### However, there were some differences between the surveys such as:

- The CYPFS used a numerical rating scale transposed into safety categories whereas AIHW used a Likert scale (Not at all, Not really, Just about and Yes completely)
- OzChild’s survey encompassed C&YP ages five and above, rather than eight and above for CREATE and AIHW.

Of the **two per cent** of C&YP who felt ‘**Unsafe**’, one young person expressed concern about having to leave their current placement and the other two did not articulate their needs in the survey. The **eight per cent** of C&YP feeling ‘**Somewhat safe**’ have stated this is generally attributable to either aggressive communication styles within the household, not having a support person and/or because they no longer live with their family.

Of the C&YP who reported feeling ‘**Unsafe**’, two were aged 5-10 and one was aged 11-14. There were no C&YP aged 15-17 who felt **unsafe**. The data indicates age may have an impact on C&YP’s ability to feel safe. In relation to 5-10 year olds, it may also have been their ability to understand the question.

Figure 2 – Percentage of C&YP feeling *safe* where they live

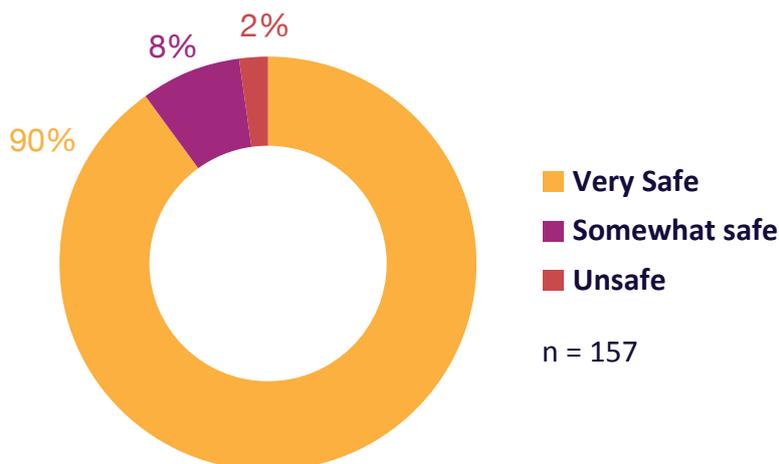
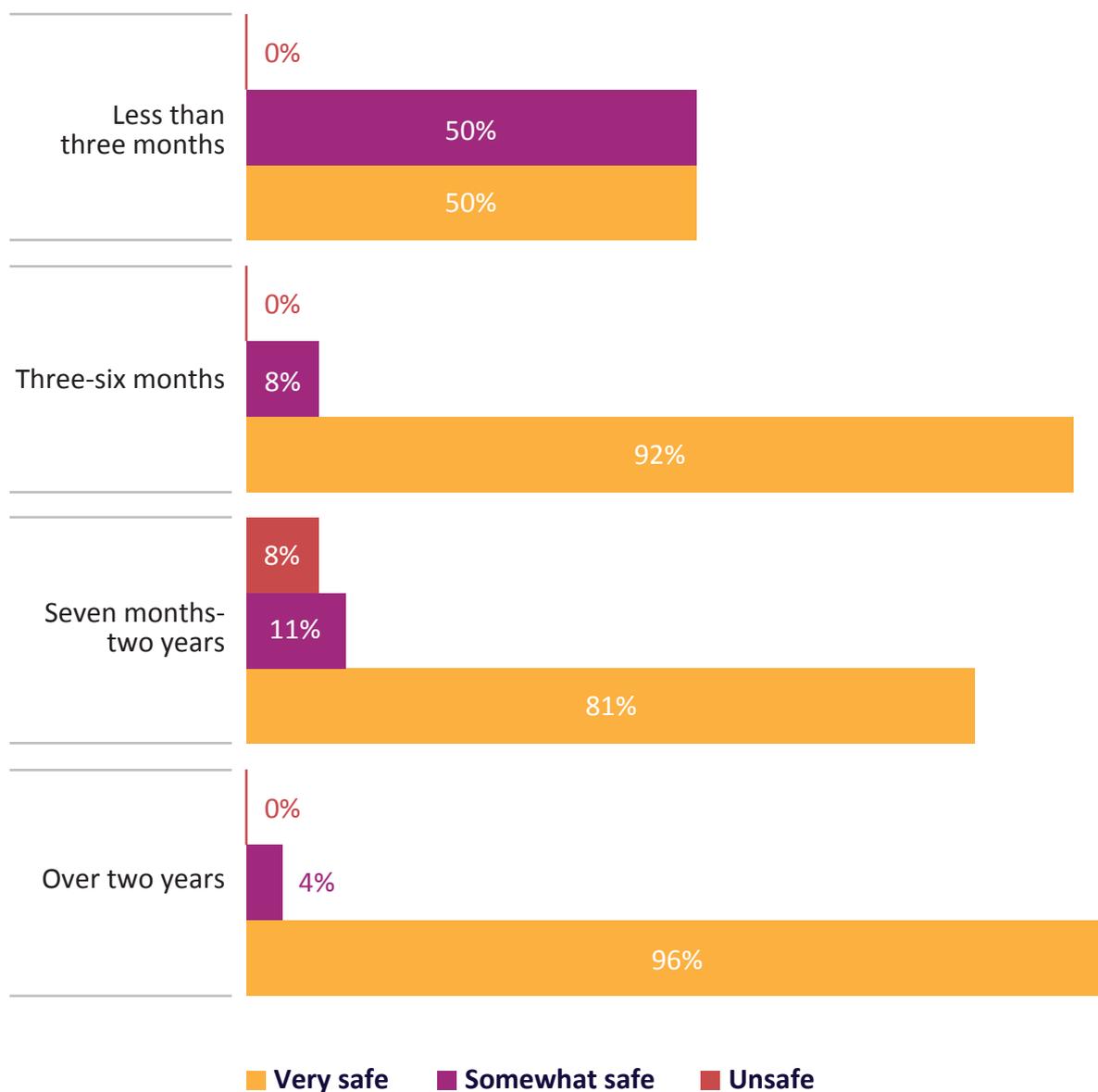
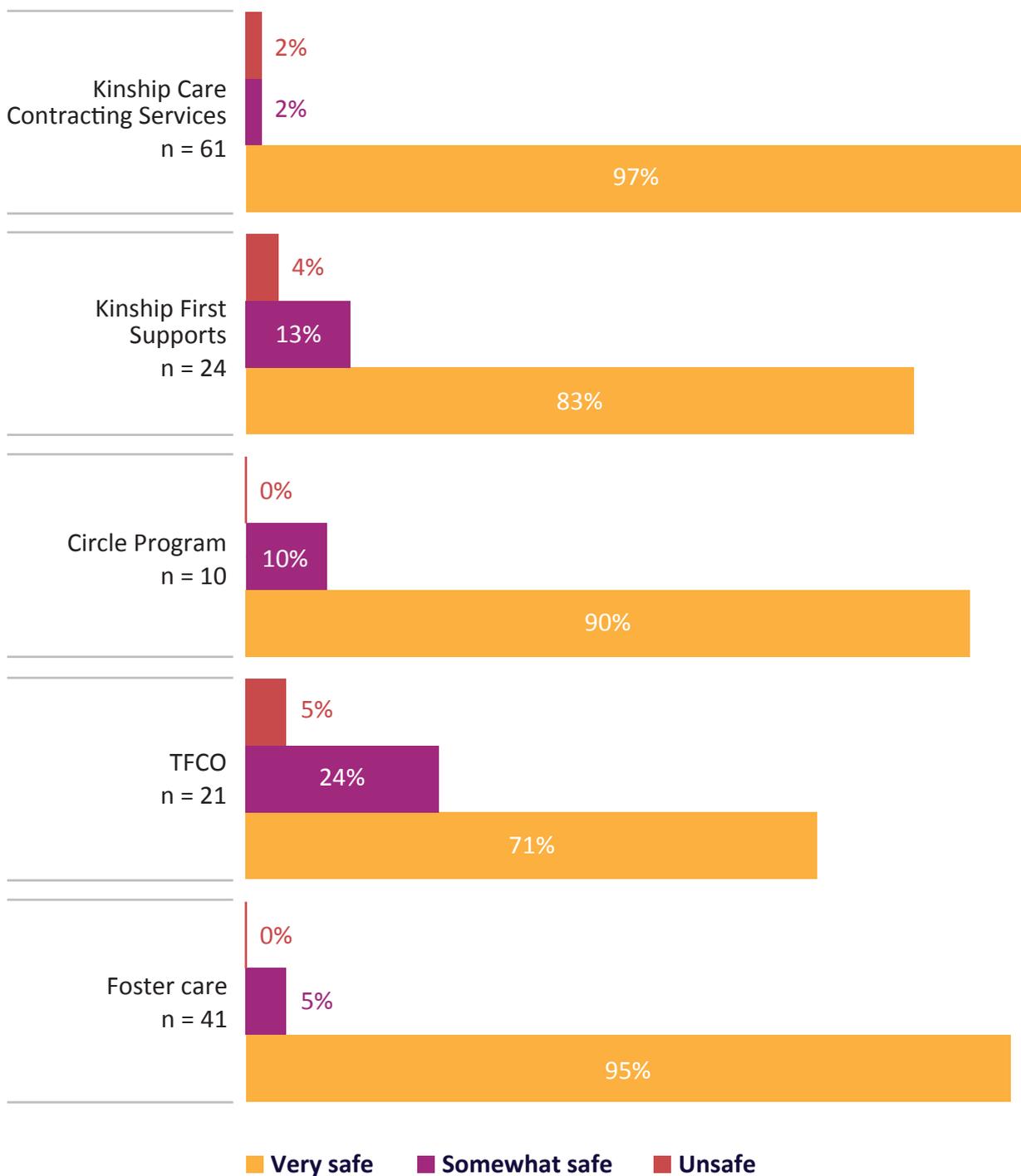


Figure 3 – Percentage of C&YP feeling *safe* by placement duration



All C&YP feeling 'Unsafe', were in a placement with OzChild between seven months and two years. There were 11 C&YP feeling less than 'Very safe' in placements longer than six months, compared to four C&YP in placements for six months or less. This demonstrates the duration of the placement with a particular carer may influence feelings of safety. However, it would also be useful to determine the impact of a child or young person's overall time in care on their feelings of safety.

**Figure 4 – Percentage of C&YP feeling *safe* where they live by program**



TFCO has the highest percentage of C&YP feeling either 'Unsafe' or 'Somewhat safe'. Program Supervisors note this may be a result of the program supporting C&YP with more complex trauma histories.

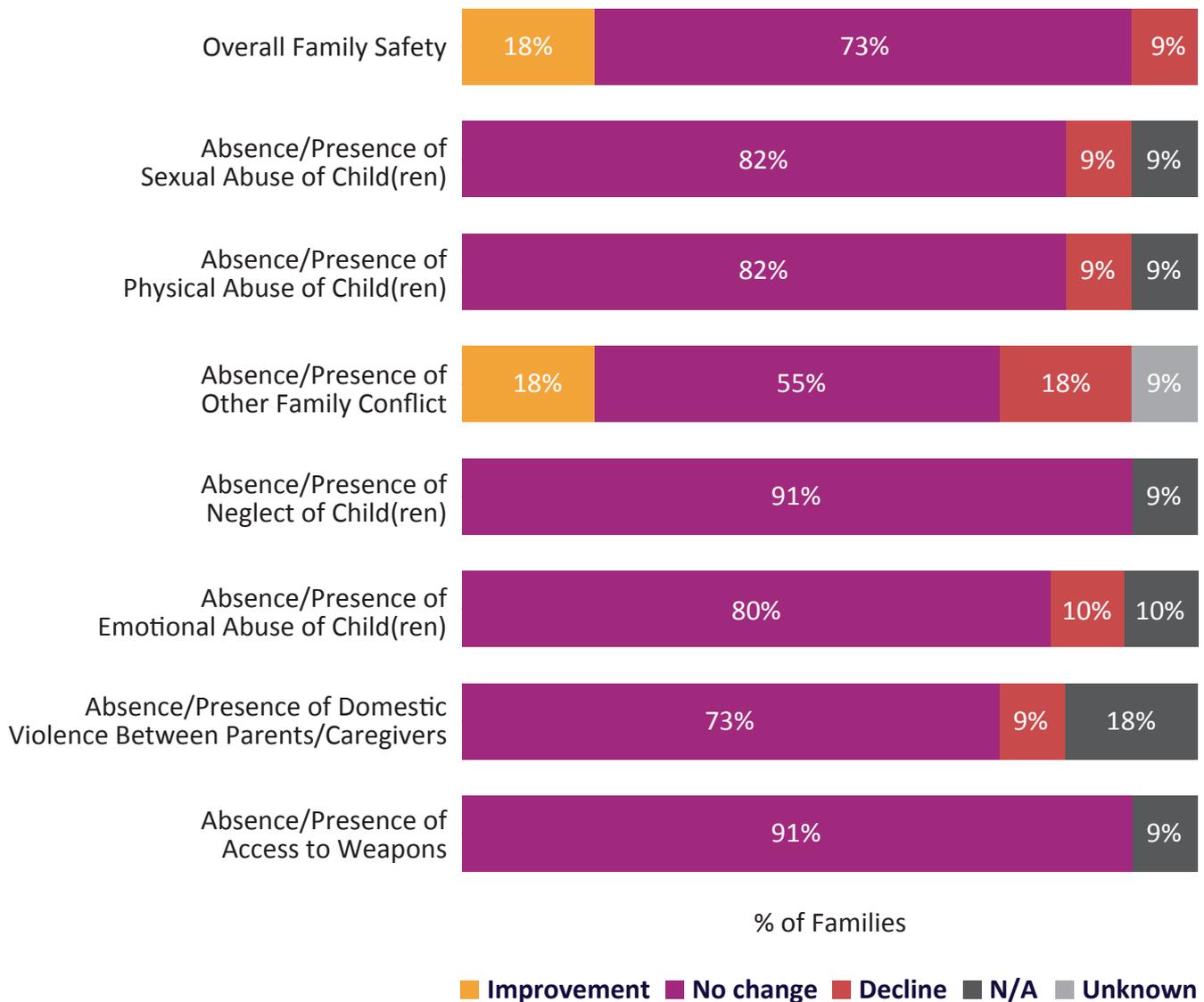
The details of C&YP who have reported feeling 'Somewhat safe' and 'Unsafe' have been provided to program leadership to be investigated further and address where necessary. Additionally, some of these C&YP have recently come out of residential care.

## 2.2 measurement of overall family safety

There are two programs (Kinship Care – First Supports and TFCO) that use the NCFAS to assess family functioning. Only families with an assessment undertaken at both intake and closure were included in the below analysis.

There are 11 families within Kinship Care – First Supports who had NCFAS assessments undertaken at intake and closure of the program. **18 per cent** of these families had improvement in overall family safety. In particular, the bonds between family members improved with relatives likely to serve as mediating resources or safe havens if family violence were to occur. The declines in safety were primarily related to one family where an assault occurred at the end of the placement, resulting in placement breakdown. The families who had no changes to the assessment ratings was mostly due to those families being rated as already having strengths within the safety sub domains at intake.

**Figure 5 – Percentage of Kinship Care- First Support families with improvements to family safety**

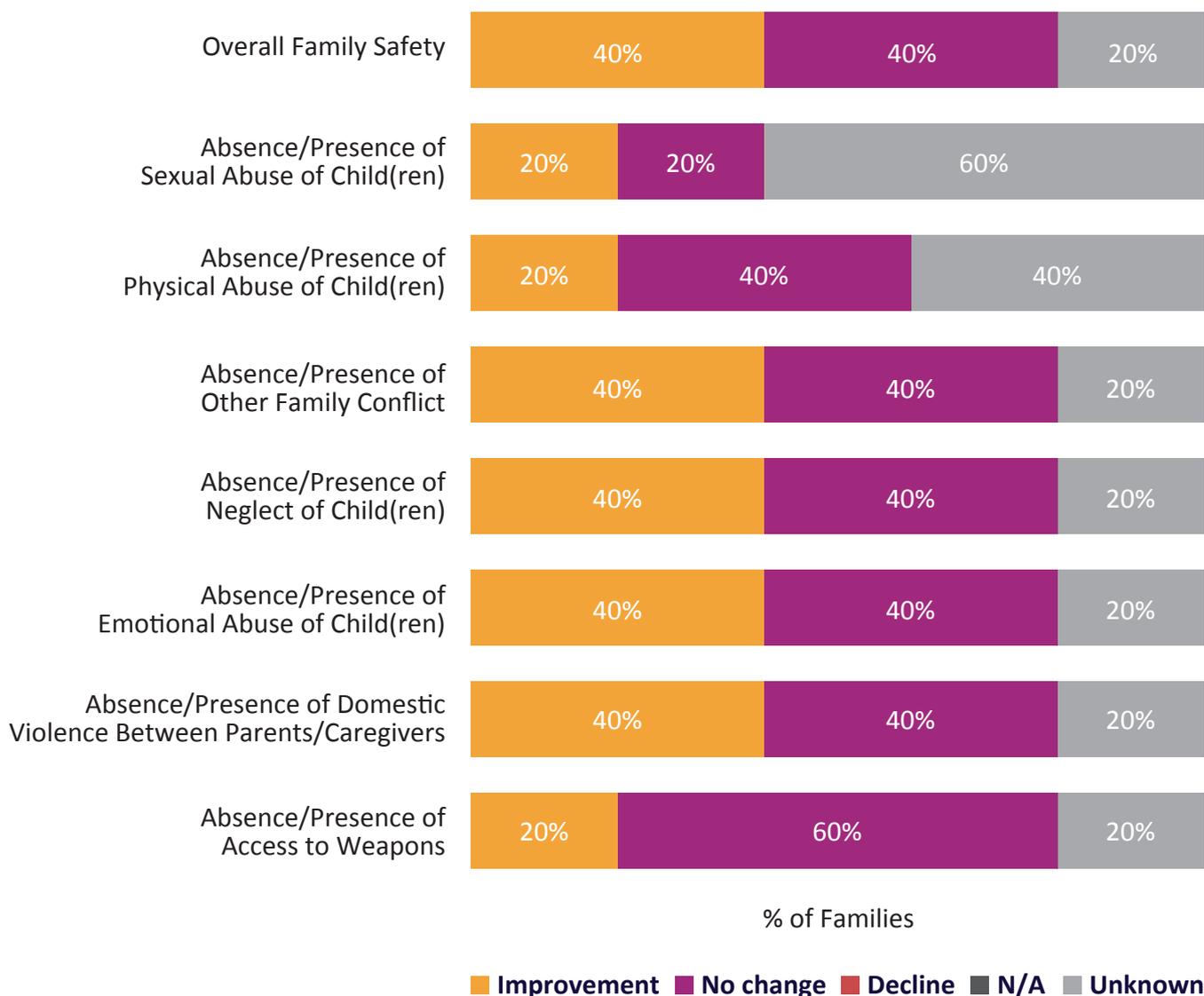


There are five families within TFCO (VIC and QLD) who had NCFAS assessments undertaken at intake and closure of the program. At the completion of the TFCO program, the young person returns to an identified aftercare family (biological parents or other caregivers) that has been prepared for the young person's return throughout the course of TFCO. For TFCO, NCFAS is only completed where the aftercare option is a return to birth or kinship family on a case by case basis. As only intake assessments were completed for the two families in TFCO-NSW, they were not included in *Figure 6* below.

**40 per cent** of these families had improvement in overall family safety. For the families who had improvements, this may be attributed to the assistance provided by therapists to reduce to risks to safety in the household. This included teaching parenting skills such as setting boundaries and effective conflict management.

Some of the information was not known at closure if the family was disengaging. For the families where there was no change, these were aftercare families that had a clear strength rating at intake. In one case, an accredited foster carer became the aftercare option, not kin as originally envisaged. In the other case, an aunty was the aftercare option, whom had previous placement breakdowns with the young person.

**Figure 6 – Percentage of TFCO families with improvements to family *safety***



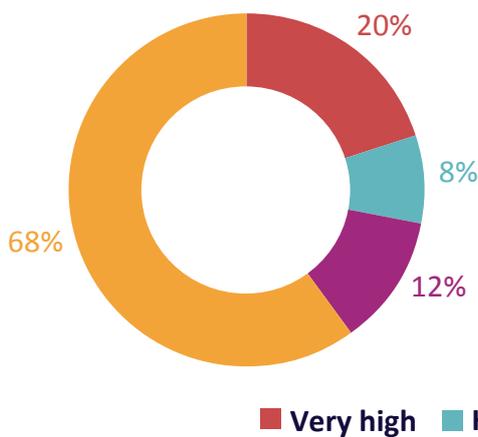


## 3. Children and young people have improved emotional and behavioural development

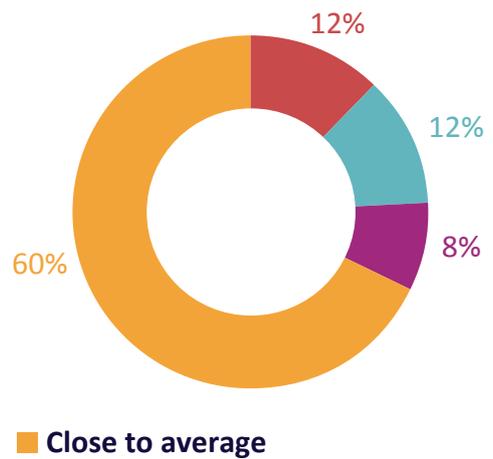
### Indicator:

3.1 The proportion of children and young people in out-of-home care with improved emotional and behavioural development

**Figure 7 – Percentage of C&YP pre total Difficulties Score by risk level**



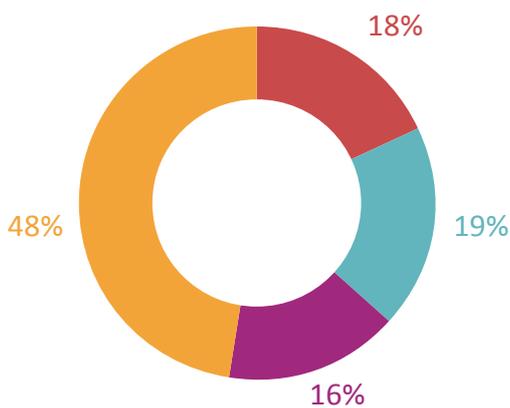
**Figure 8 – Percentage of C&YP review/post total Difficulties Score by risk level**



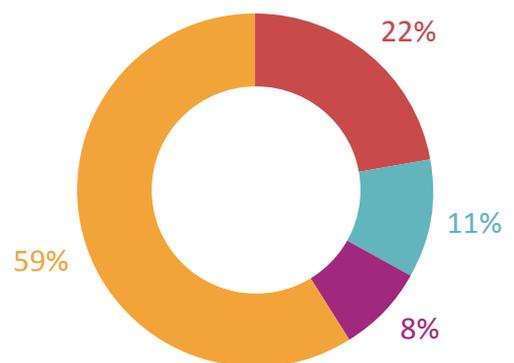
■ Very high ■ High ■ Slightly raised ■ Close to average

n = 90

**Figure 9 – Percentage of C&YP pre Prosocial Score by risk level**



**Figure 10 – Percentage of C&YP post Prosocial Score by risk level**



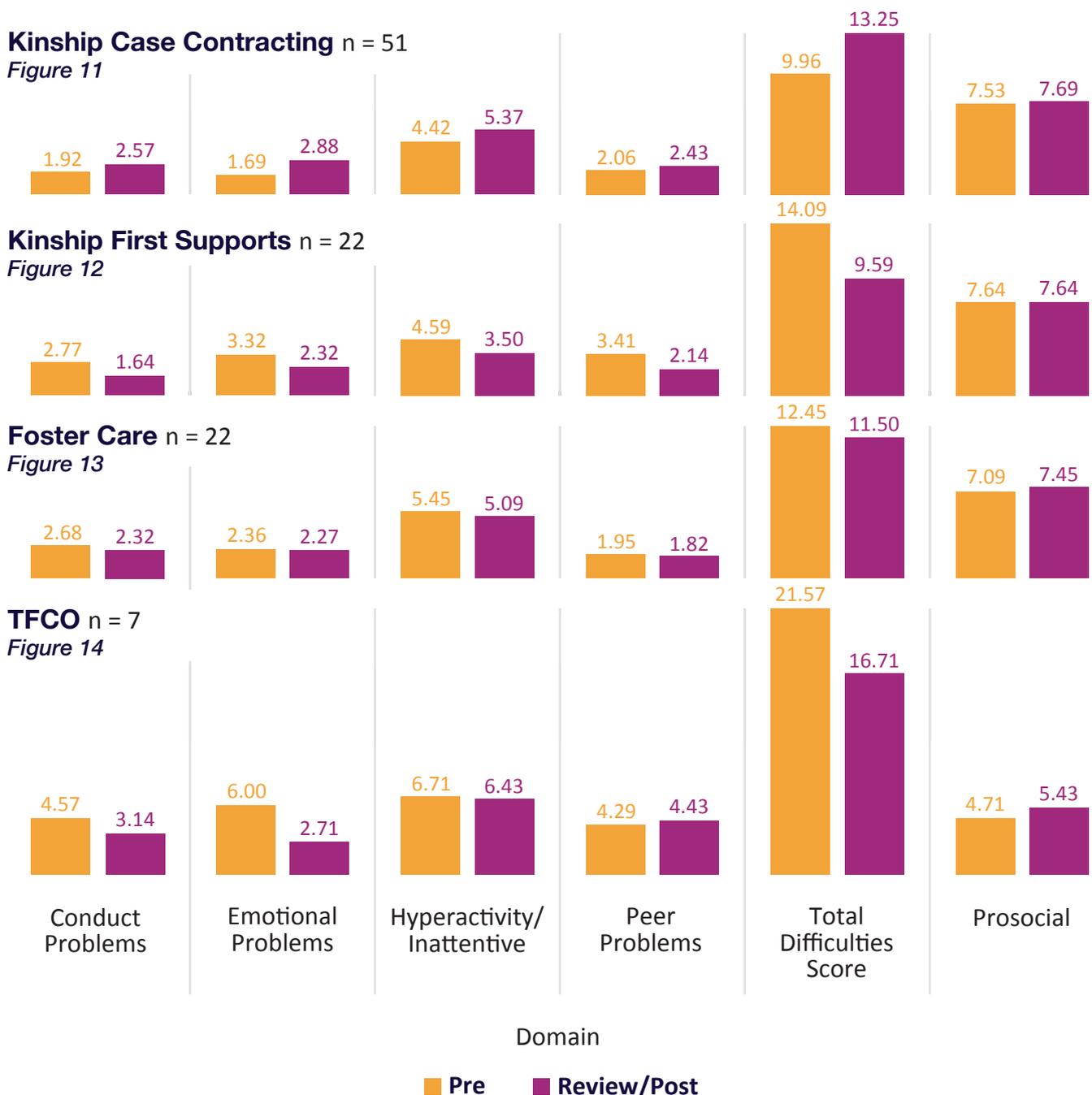
■ Very low ■ Low ■ Slightly lowered ■ Close to average

n = 90

There were 102 SDQs, with both pre and review/post scores, completed for IHC programs. During this review period, the SDQ was completed by the carer in relation to the child or young person. Approximately, 36 per cent of all clients requiring an SDQ (i.e. over the age of two and on a long term placement), had pre and review/post SDQs completed by their carer (see *Appendix 2* for a detailed breakdown by program). The SDQ rate of completion could be improved. The current rate of completion could be attributed to instances where either only a pre or a review/post SDQ was collected (rather than both) and/or SDQ data captured within the case management system was incomplete/inaccurate.

SDQ scores for C&YP aged 4-17 years (90 SDQs), were classified into four groups: 'Close to Average', 'Slightly Raised', 'High' and 'Very High' for the Total Difficulties scale and 'Close to Average', 'Slightly Lowered', 'Low' and 'Very Low' for the Prosocial scale (Youth in Mind, 2016). 'High', 'Very High', 'Low' and 'Very Low' scores indicate substantial risk of clinically significant problems (Lawrence et al., 2015). The SDQ was designed so that approximately 10 per cent of C&YP will fall into the 'High' to 'Very High' range on the Total Difficulties score as well as the 'Low' to 'Very Low' range on the Prosocial score (Lawrence et al., 2015). 24 per cent of C&YP (22 C&YP) were in the 'High' and 'Very High' categories for Total Difficulties (higher risk) at the time of review or at the end of placement. For the SDQ Prosocial subscale, 33 per cent of C&YP (28 C&YP) were in the 'Low' and 'Very Low' categories (higher risk) at the time of review or at the end of placement. This is 14 per cent for the Total Difficulties scale and 23 per cent for Prosocial scale above the general population. It is expected that C&YP in OOHC services would have a higher percentage of C&YP in these ranges due to their experiences of maltreatment and adversity.

Figures 11 – 14 *Average* pre and review/post SDQ scores



Results also indicate that eight per cent of C&YP's Total Difficulties scores moved to the lower risk category of 'Close to Average' by review/post. 11 per cent of C&YP's Prosocial scores moved to the lower risk category of 'Close to Average' by review/post.

SDQ pre and review/post scores were also reviewed by program, to determine whether they have improved over time. The results indicate a 32 per cent, 23 per cent and eight per cent improvement on average in total emotional and behavioural difficulties (total difficulties) for the Kinship Care – First Supports, TFCO and Foster Care programs respectively. There was also a 13 per cent, five per cent and two per cent improvement in prosocial behaviours for TFCO, Foster Care and Kinship Care – Case Contracting respectively. See *Figures 11-14* above.

Improvements to TFCO scores may be attributed to the program's focus on emotional regulation, reinforcement of positive behaviours and a child or young person's strengths.

At placement commencement in Kinship Care – First Supports, the trauma has more recently been experienced. Additionally, behavioural and development issues are acute and have not yet had time to be resolved. This is demonstrated in the pre SDQ scores. This differs from Kinship Care – Case Contracting where placements have generally been established for two years and the behaviours and developmental issues are longer term and more chronic. Kinship Care – First Supports services are short term (i.e. up to 12 months) whereas Kinship Care – Case Contracting services are provided over a much longer time period.

For Kinship Care – First Supports, the improvements to the SDQ Total Difficulties scores at completion of the program, may be due to the supports provided to address a child or young person's specific needs (e.g. building the capacity of carers to respond to the needs of C&YP in their care, links to therapeutic support, arranging pediatrician reviews to determine any physiological impacts on behaviour).





There were 33 C&YP in Kinship Care – Case Contracting whose SDQ Total Difficulties scores deteriorated during the review period (see *Figure 11*). Program leadership noted these instances were primarily due to placement changes/disruption and changes in schooling. However, it may also be due to different carers completing the SDQ if there were placement changes.

C&YP with intellectual disabilities were also assessed using SDQ which may have resulted in elevated scores (Kaptein et al., 2008). SDQs can be used to assess C&YP with intellectual disabilities (Kaptein et al., 2008), however clinical experience indicates the SDQ may be appropriate to use with C&YP with mild intellectual difficulties, but not with more severe intellectual difficulties (Law & Wolpert, 2014). It is also noted the interventions may differ from a child or young person without an intellectual disability.

There were circumstances where there were inconsistencies between the information reported by the carer, teachers and therapists. This demonstrates the importance of having the young person complete the self-report SDQ (11 years and over) as well as their teacher complete it on their behalf. This provides different perspectives on the child's well-being, allowing for inter-rater reliability. Inter-rater reliability is the extent to which two or more raters agree. It addresses the issue of consistency of the implementation of a rating system (Lange, 2011). This report does not reflect the teacher or young person's SDQ scores as this requirement was implemented in February 2020. It will be captured in future outcomes reports.

## 4. Children and young people are supported with their physical health needs

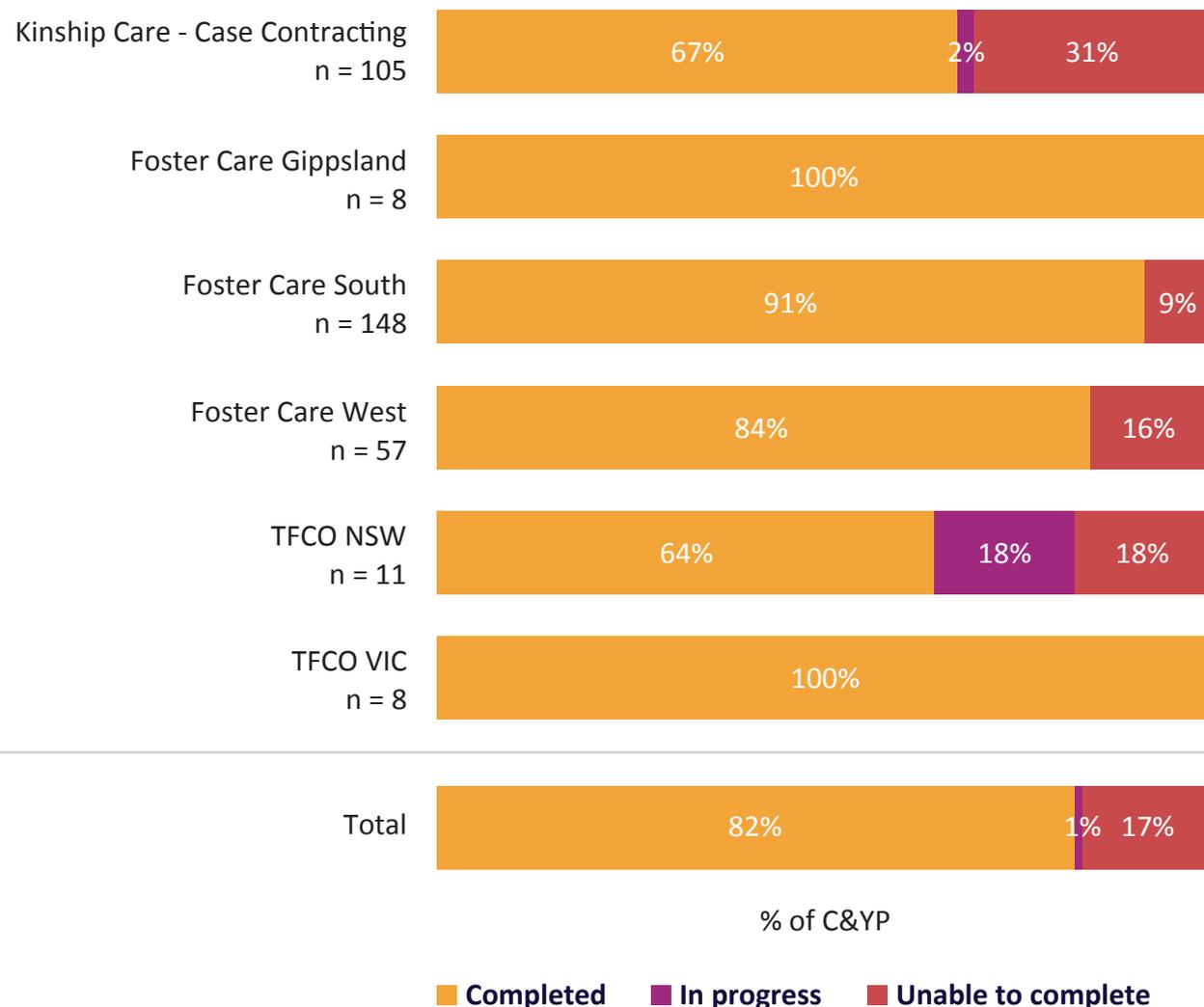
### Indicators:

4.1 The proportion of children and young people who have had an annual health check of their physical, developmental, psychosocial and mental health needs

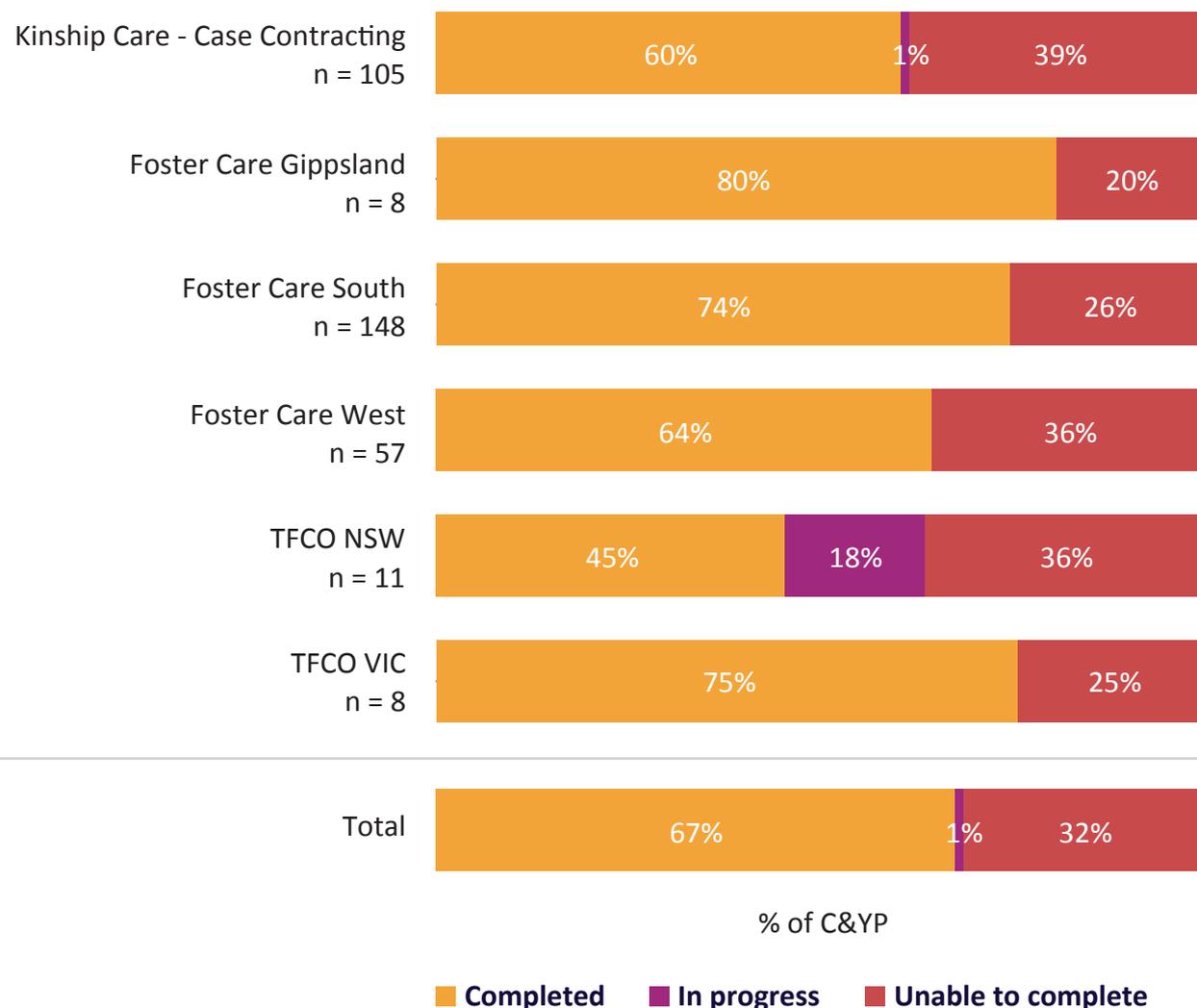
In Queensland, case management is undertaken by the Department of Child Safety, Youth and Women who manage and monitor annual health and development, and dental assessments, and are not always shared with OzChild. In NSW and Victoria, it is specified that Community Service Organisations (CSOs) providing OOHC services must ensure that C&YP undergo a comprehensive health and development assessment at least every six months for those under five years and annually for those five years and over (NSW Ministry of Health, 2013; VIC DHHS, 2018).

Kinship Care - Case Contracting, TFCO – NSW and Foster Care – West had the highest percentage of C&YP, **31**, **18** and **16 per cent** respectively, who had annual health and development assessments that were unable to be completed. This is primarily due to reschedules relating to Covid-19 restrictions and instances where Case Managers were unable to obtain any evidence of health and development assessments from carers.

**Figure 15 – Status of *health* and Development Assessments for C&YP**  
1 May 2019 – 30 April 2020



**Figure 16 – Status of *dental* Assessments for C&YP**  
1 May 2019 – 30 April 2020



All programs had between **20 to 39 per cent** of C&YP who did not have an annual dental assessment completed. This was also primarily due to the same reasons as noted for the health and development assessment, however there were two instances where there was a lack of clarity around the dental assessment requirements.

Upon review of C&YP's health, development and dental assessment data, it was also identified that some C&YP did not have the status of assessments entered into the case management system. Therefore, the status of assessments for these C&YP are not reflected in the above charts.

Data for 2017 and 2018 is only available for Foster Care – South as the other programs commenced after October 2018.

This chart demonstrates the results of programs’ assessment of whether First Nations C&YP had received a 715 Health Check at an Aboriginal Health Service.

There has been a decline in Foster Care – South’s Aboriginal C&YP’s attendance at an Aboriginal Health Service. This is partly due to long term clients being referred to their local General Practitioner and the greater distance between their home and the Aboriginal Health Services.

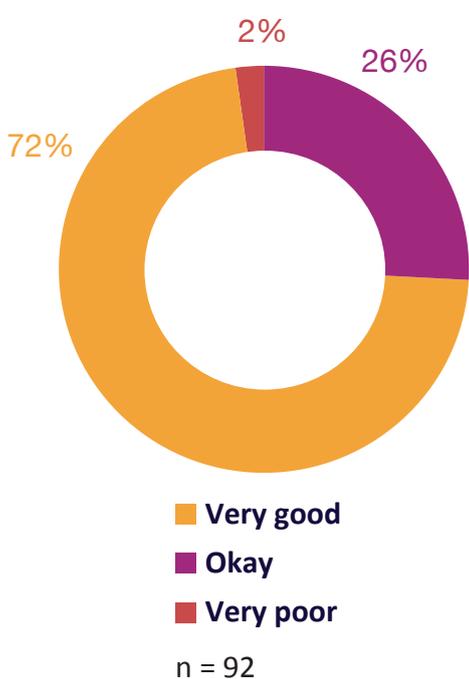
As at April 2020, all six C&YP in TCFO – NSW did not attend an Aboriginal Health Service. However, the health checks were often performed by mainstream health clinics. This was due to misunderstanding of responsibilities (between the Department of Communities and Justice (DCJ) or the CSO) for ensuring that an Aboriginal Health Assessment has been undertaken.

The remaining child in TFCO – QLD without an Aboriginal health assessment had only recently joined the program and the child in TFCO – VIC had their appointment rescheduled.

**Figure 17 – Attendance at an *Aboriginal* Health Service, 2017-2020**



**Figure 18 – How C&YP describe their *physical* health, 2020**



In 2020, C&YP over 10 years of age were provided the opportunity to describe their physical health. **72 per cent** of these C&YP described their physical health as ‘Very good’. Two of them described their physical health as ‘Very poor’. One child has been medically classified as obese and goals around his physical health have been built into the program. The other child has a condition that results in excessive sweating. However, there are no other physical health concerns.

Currently, at OzChild, C&YP’s attendance at health and development, and dental assessments is monitored, however, whether their physical health needs have been addressed, is not measured or evaluated. There are also no agreed national measures for monitoring the health and well-being of C&YP in OOHC. As there is evidence that C&YP in OOHC have poorer physical and development health when compared to their peers, it is vital that we can determine the health outcomes for this vulnerable group (Webster, 2016; Royal Australasian College of Physicians, 2019).

## 5. Children and young people are engaged in and achieving in education

### Indicators:

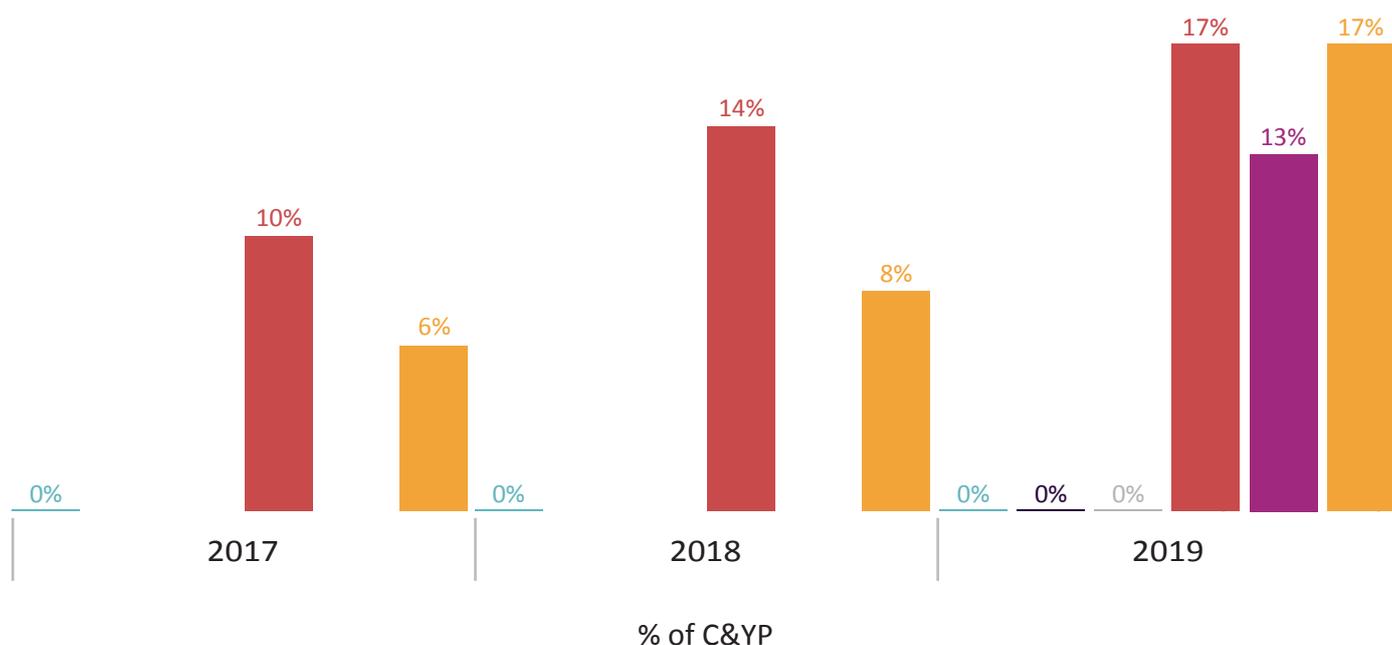
#### 5.1 The proportion of children attending school

School attendance for C&YP in IHC services is measured using two different methods. In foster and kinship care, case managers identified whether C&YP had missed more than 20 full days of school. This is because C&YP who miss more than 20 days of school are considered to be higher risk. In TFCO, attendance rates were collected for C&YP one term prior to entry to the program and at closure of the program.

For Foster Care – South and Kinship Care - Case Contracting, the results indicate an increase in the percentage of C&YP who have missed more than 20 full days of school. The attendance rates for Circle Program – West, Foster Care – Gippsland and Foster Care – West programs were only collected for the 2019 school year as these programs were introduced after 2018. Between 2017 to 2019, there were no C&YP in Circle Program – South who had missed more than 20 full days of school. In 2019, there were no C&YP in Circle Program – West and Foster Care – Gippsland who had missed more than 20 full days of school. This may be attributed to the enhanced educational stability the Circle Program provides (Frederico et al., 2012).

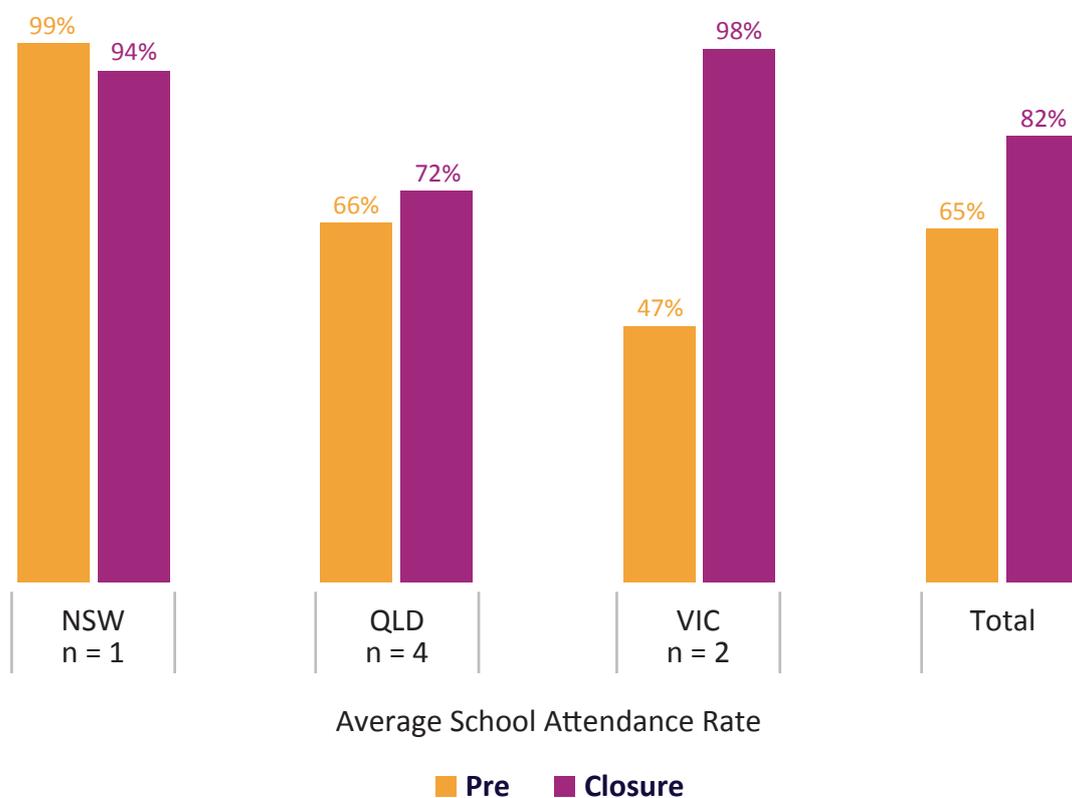
The current data collection method does not enable effective analysis on the changes to attendance rates over time for C&YP in foster and kinship care programs. It also does not account for C&YP on reduced timetables which may incorrectly be reflected as school absences. Collection of C&YP's actual school attendance rates, which account for reduced timetables, would enable a more accurate comparative analysis.

**Figure 19 – Percentage of C&YP in our foster and kinship care programs who have missed more than 20 full days of school by program and year, 2019**



- Circle Program - South n = 6;2;15
- Circle Program - West n = 5
- Foster Care - Gippsland n = 5
- Foster Care - South n = 72;100;65
- Foster Care - West n = 32
- Kinship Care - Case Contracting n = 72;72;84

**Figure 20 – Comparison of average pre and closure school attendance rates for C&YP in TCFO by state, 2019-20**



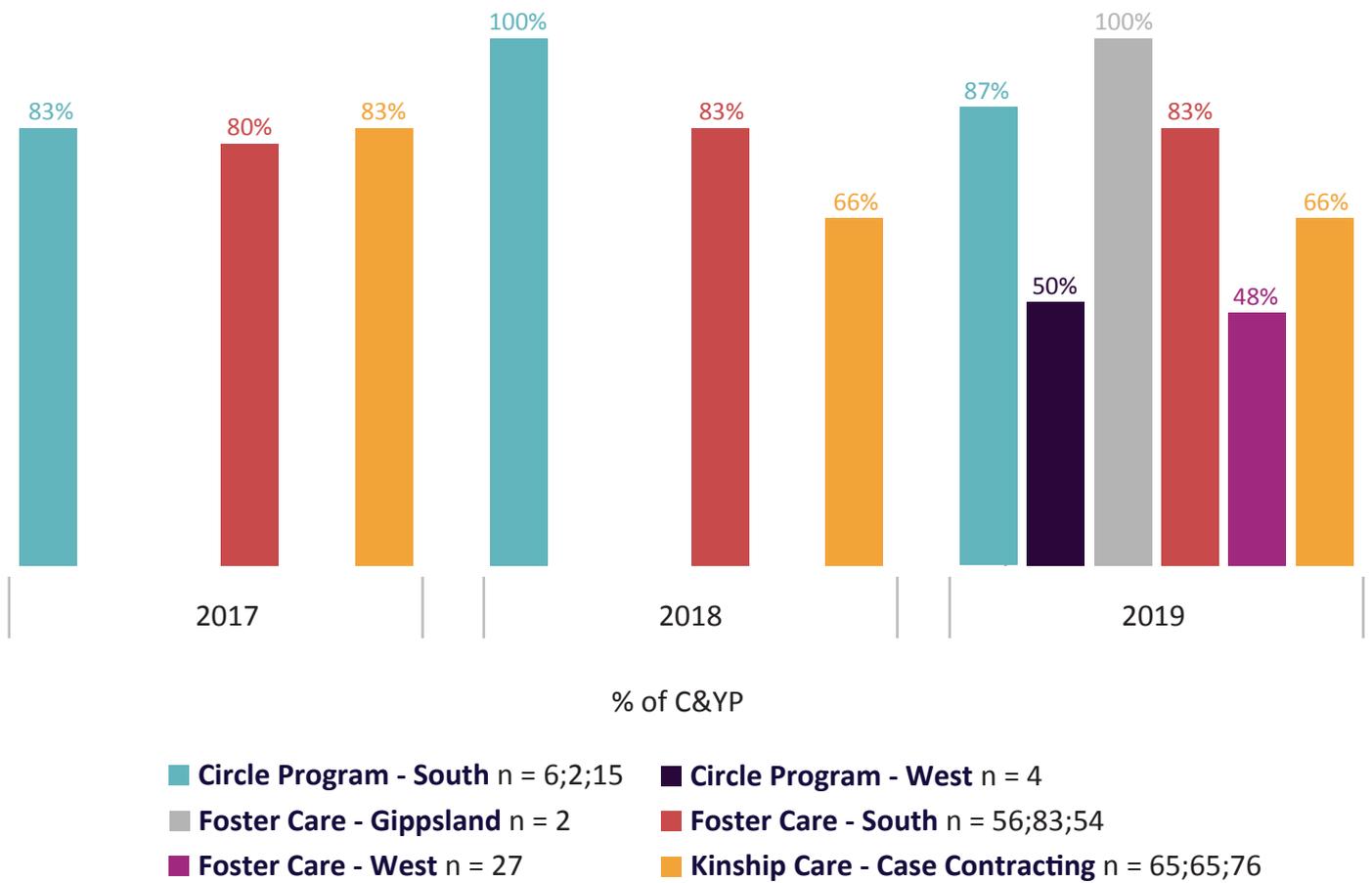
The TFCO chart represents C&YP who have graduated from TFCO between 1 July 2019 and 30 April 2020. On average, attendance rates improved for C&YP in TFCO – QLD and TFCO – VIC by six per cent and 51 per cent respectively. School attendance and engagement is built into the program as part of the program goals. There is also a TFCO Teacher in the program that supports attendance and educational achievements.

In TFCO – NSW, there was a slight decrease in the attendance rate which may be due to the young person commencing a living skills program which may not have been reflected in the school attendance rate.

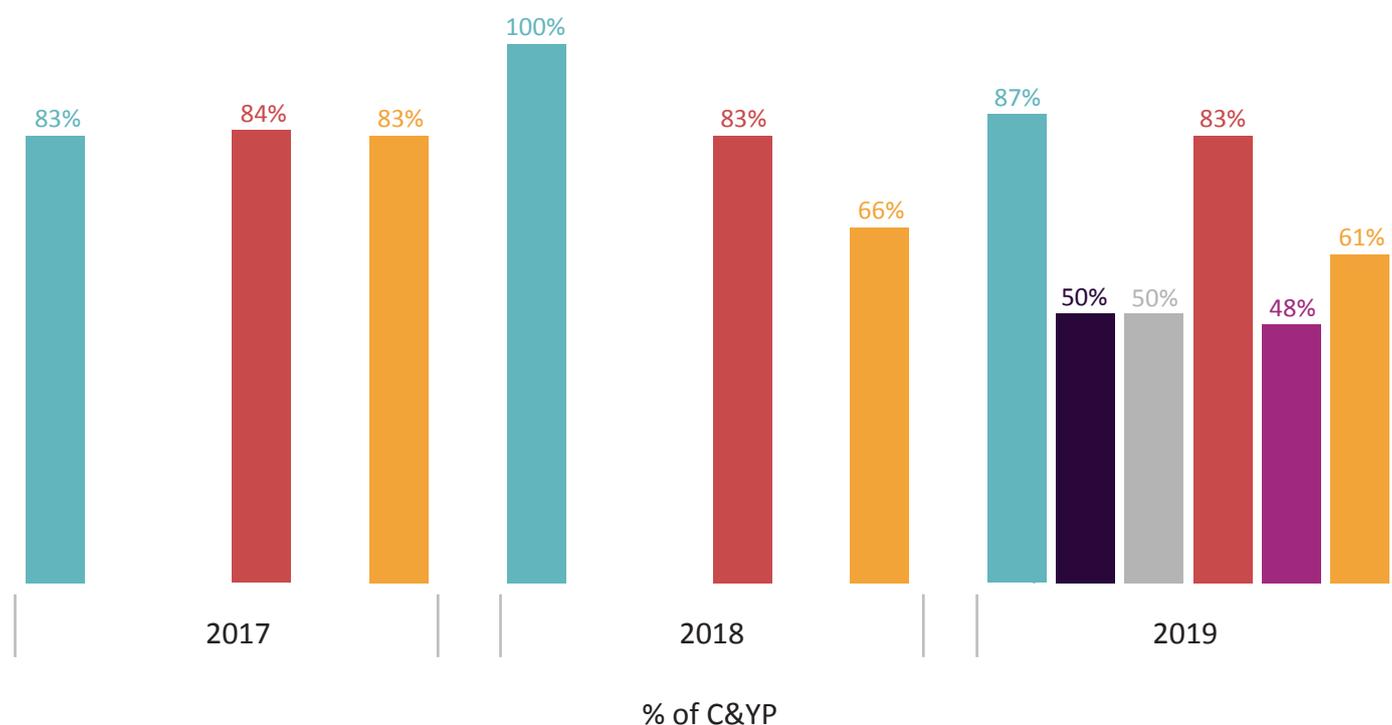
Schools, practitioners, case managers, carers and parents need to work together to maximise the school attendance and participation of C&YP in OOHC (Department of Education and Training (DET) and Department of Health and Human Services (DHHS), 2018). Assessments indicate that 80 per cent of C&YP in OOHC are attending school full-time, compared to close to 100 per cent of their peers in the community. Poor school attendance is linked to adverse student outcomes including early school leaving, poverty, substance use, unemployment and negative health outcomes. It can also affect the stability of a C&YP’s placement in OOHC (DET and DHHS, 2018). Improved data collection requirements (e.g. attendance rate upon entry into the program and at regular review periods) will assist OzChild case managers in understanding the impact the foster and kinship care services are having on C&YP’s school attendance.

5.2 The proportion of children and young people achieving national reading and numeracy benchmarks

Figure 21 – C&YP in foster and kinship care who have met minimum *reading* requirements by program and year, 2019



**Figure 22 – C&YP in foster and kinship care who have met minimum numeracy requirements by program and year, 2019**



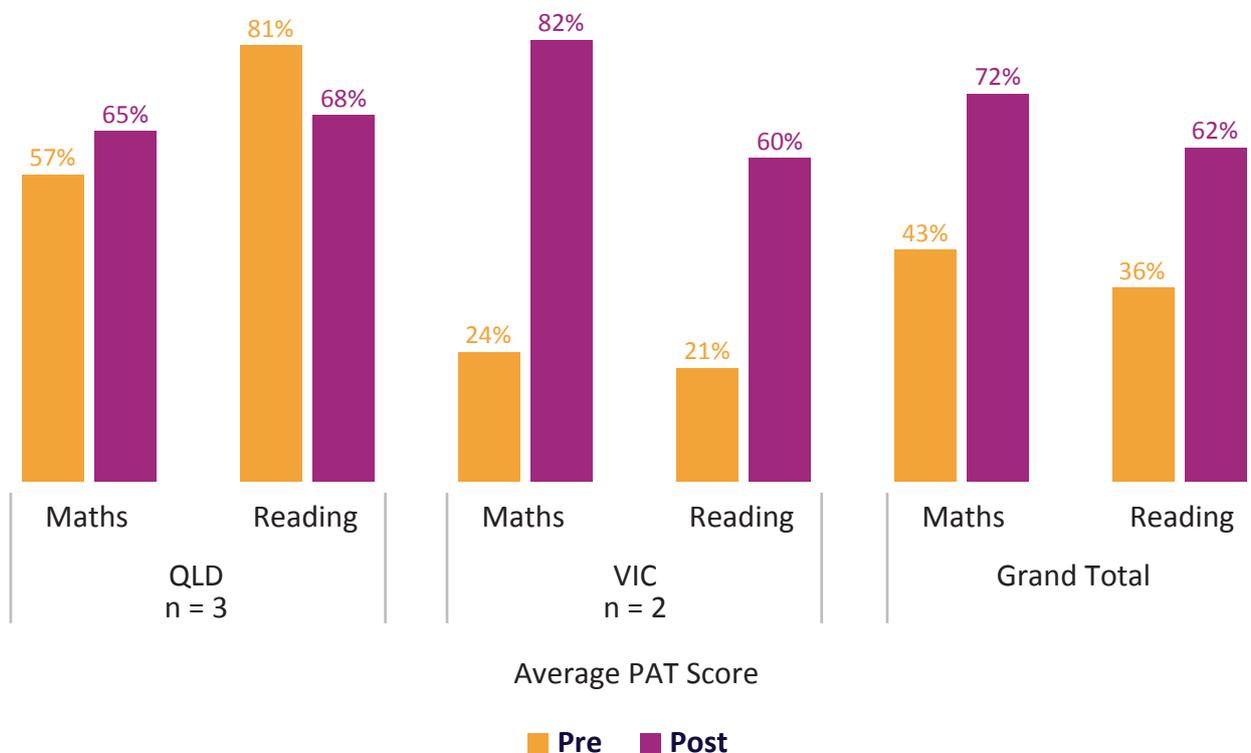
- Circle Program - South n = 6;2;15
- Circle Program - West n = 4
- Foster Care - Gippsland n = 2
- Foster Care - South n = 56;83;54
- Foster Care - West n = 27
- Kinship Care - Case Contracting n = 65;65;76

C&YP who were attending a specialist school for children with disabilities have been excluded from this analysis. Results indicate, that in 2019, 74 per cent of C&YP met the minimum reading and numeracy requirements. Circle Program – South had the highest percentage (87%) of C&YP who had met the minimum reading and numeracy requirements. However, Circle Program – West had only half the C&YP in the program who were meeting the minimum requirements. The reason for this will need to be investigated.

Foster Care – West, Circle Program – West and Foster Care – Gippsland C&YP had the lowest rates of C&YP meeting the minimum numeracy requirements. Foster Care – West and Circle Program – West also had the lowest rates of C&YP meeting the minimum reading requirements. Program leadership state this may be due to these particular C&YP experiencing disruption in their placements and schooling during 2019.

Kinship Care - Case Contracting also had a decrease in percentage of C&YP who were meeting the minimum reading and numeracy requirements. The Program Manager has advised the decline is primarily due to the following reasons: placement changes, recent intellectual disability diagnosis and low engagement and/or absenteeism from school. Program leadership will investigate this further and determine how to improve C&YP’s attendance, followed by educational achievements.

**Figure 23 – Comparison of average PAT scores for C&YP in TFCO who graduated from TFCO between 1 July 2019 and 30 April 2020**



There were improvements in PAT scores for four of the five C&YP in TFCO, between program intake and program closure. One young person in QLD, significantly regressed in his PAT test scores which has skewed the average post PAT Reading score for QLD. This young person had a significant shift in the supports available to him at the end of his placement including the new Term 1 classroom teacher’s ability to manage his complex behaviours and the removal of previously available youth work supports. The PAT was also undertaken at home with the carer, rather than the TFCO Teacher due to Covid-19 restrictions which also may have impacted on the young person’s results.

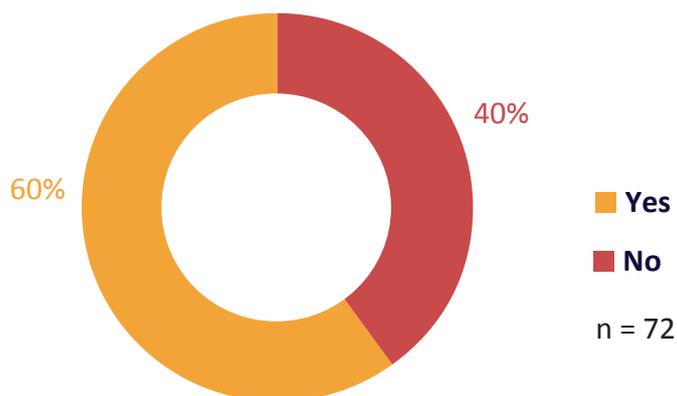
In TFCO – NSW, the PAT scores for C&YP who graduated from TFCO were unavailable as there were challenges in engaging these C&YP to complete the PAT. These challenges will be discussed and addressed with the TFCO Teachers.

## 6. Children and young people are supported to safely and appropriately maintain connection with family

### Indicators:

6.1 The proportion of children and young people who have contact with family

**Figure 24 – Percentage of C&YP in Foster Care, Circle Program and TFCO who reported monthly contact with *family*, 2020**



**60 per cent** of respondents reported having monthly contact with family members. The type of contact (e.g. contact visits or phone calls) was not specified in the CYPFS. This equates to 65 per cent of First Nations C&YP and 58 per cent of non-Aboriginal and Torres Strait Islander C&YP respondents.

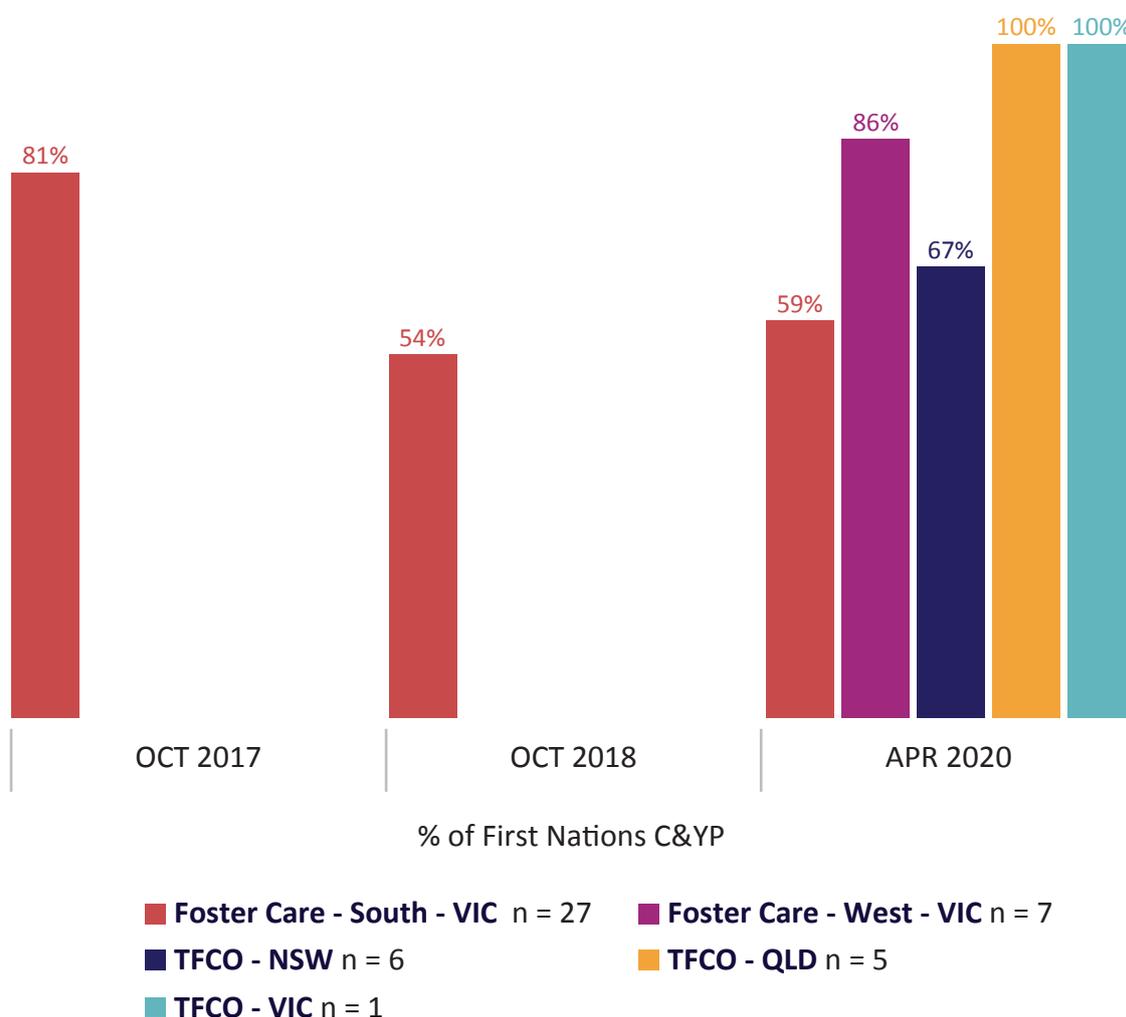
C&YP in TFCO reported the highest rate of monthly contact (71 per cent) with family members in comparison to Foster Care and Circle Program, with 54 per cent and 60 per cent respectively. In TFCO, the contact with family members is considerably higher as the program focusses on reunification. Where monthly contact was not reported, Program Managers have advised in the majority of these instances, the C&YP may have chosen not to have monthly contact with any family members or the family themselves was not interested in having regular contact with the child or young person.

First Nations C&YP in Circle Program and TFCO, were more likely to report having regular contact with family compared with First Nations C&YP in foster care. This could be attributed to the intensity of these programs. However, these programs do have fewer Aboriginal and Torres Strait Islander C&YP than foster care.

Details on the C&YP who reported not having monthly contact with family have been provided to program leadership to determine whether increasing the frequency of contact, with support from case managers, would be in their best interests and in line with their individual case plans. It should also be noted that DHHS determine the frequency of contact and in some cases, the contact is less frequent due to these C&YP being on long term non-reunification case plans.

Article 9 of the United Nations Convention on the Rights of the Child (the Convention), promotes children's rights to maintain connections to significant people in their life, unless it would not be in the best interests of the child. This is also reflected in the Standards (Australian Institute of Family Studies (AIFS), 2018). Maintaining relationships with family members is important to the development of a C&YP's identity as well as their feeling of belonging in the world (Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) & National Framework Implementation Working Group (NFIWG), 2011).

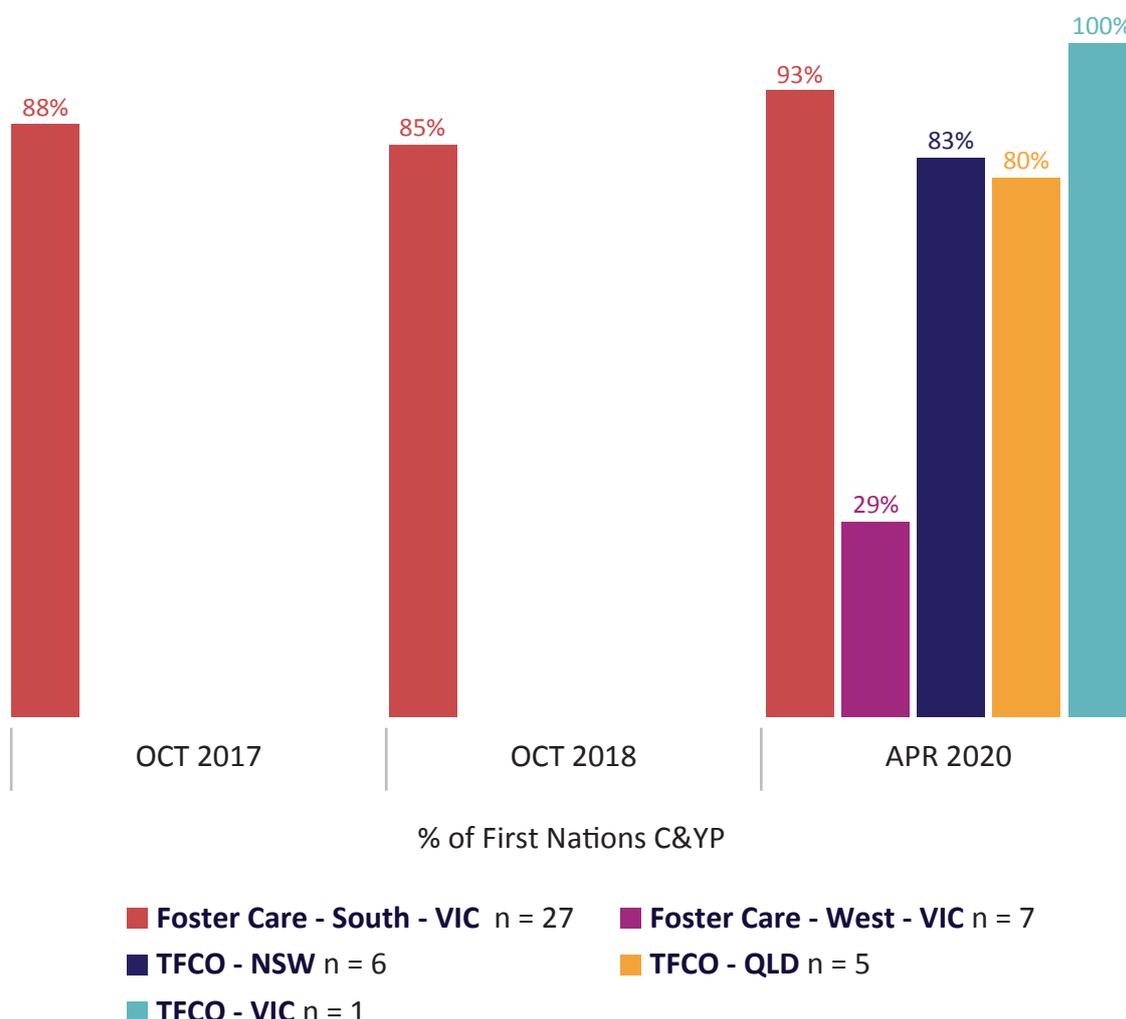
**Figure 25 – Percentage of First Nations C&YP with regular contact with *family* members (excluding siblings in care) as reported by Case Managers/Therapists, 2017-2020**



The Aboriginal Cultural Safety Review identified Foster Care – South had the lowest rate of First Nations C&YP (**59 per cent** or 10 C&YP) who have regular contact with their families (excluding siblings in care). In this context, regular contact can be from fortnightly up to yearly. The percentage of C&YP with regular contact has decreased by 22 per cent since 2017. Of the 10 C&YP, five have family members that are either unknown or uncontactable. However, it has not yet been determined why the other five C&YP have not had regular contact with family.

TFCO – NSW has the next lowest rate (**67 per cent**), with one young person’s family being uncontactable and the other young person’s mother is currently unable to engage.

**Figure 26 – Percentage of First Nations C&YP with regular contact with *siblings* in care as reported by Case Managers/Therapists, 2017-2020**



The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) requires that C&YP who are placed with non-Indigenous carers maintain the connections to their family, community and cultural identity (Secretariat of National Aboriginal and Islander Child Care (SNAICC), 2017).

Most programs have over 80 per cent of First Nations C&YP who have regular contact with siblings in care.

Foster Care – West has the lowest percentage (**29 per cent**) of First Nations C&YP who have contact with their siblings in care. There are four C&YP that have not had regular contact with siblings in care. The reasons for this will be investigated.

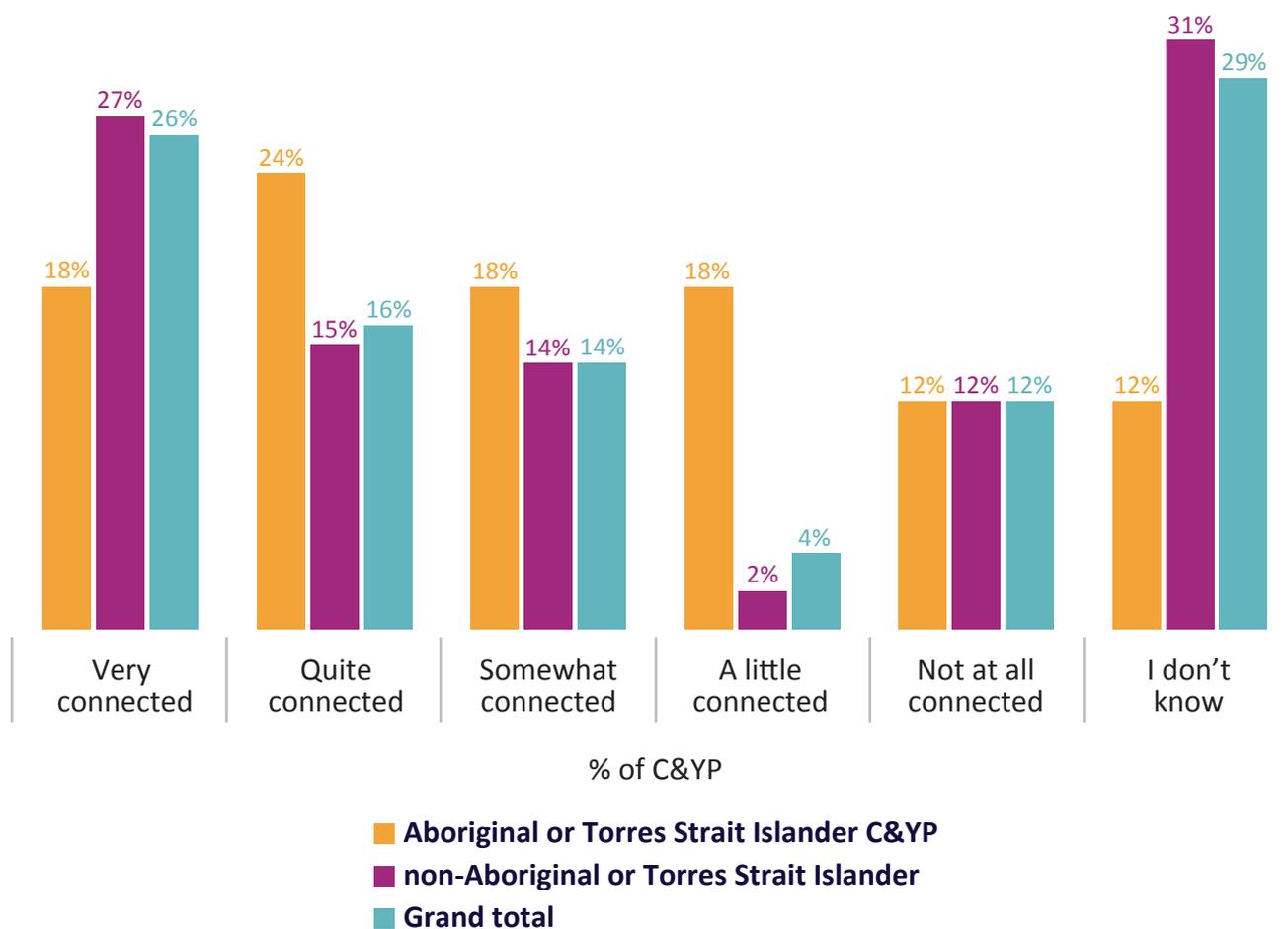
As demonstrated in *Figures 25 and 26*, there are more First Nations C&YP in contact with their siblings in care, than with their other family members. This is partly because 22 per cent of these C&YP live with their siblings.

## 7. Children and young people are supported to develop their identity, safely and appropriately, through contact with their culture and communities and have their life history recorded as they grow up

### Indicators:

7.1 The proportion of children and young people who feel connected with their culture and community in which they live

Figure 27 – Percentage of C&YP who *feel* connected to their culture and community, 2020

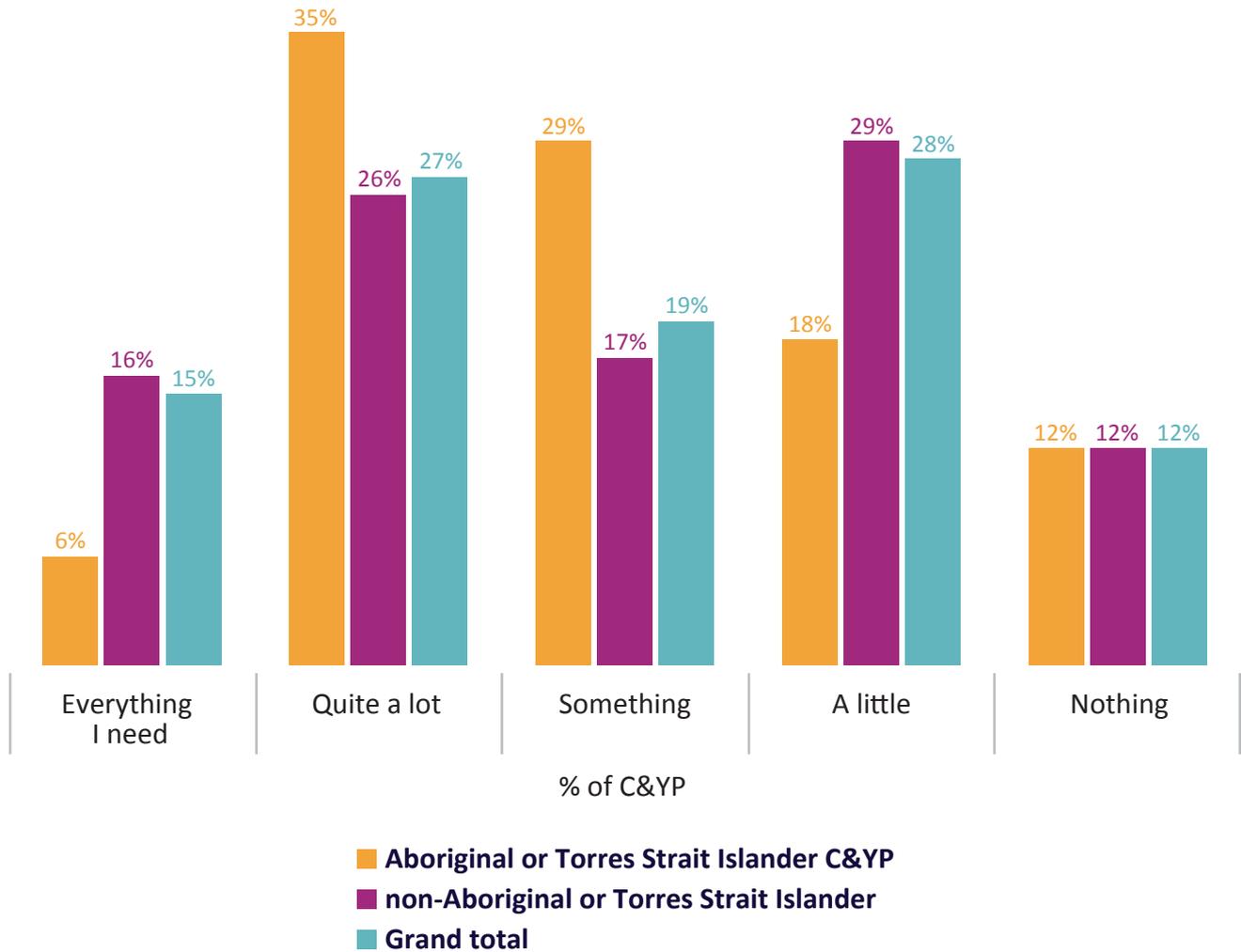


CREATE (2018) identified that approximately one third of First Nations respondents felt strongly connected to their culture and community, and one third reported little connection. OzChild's results indicate that **18 per cent** of First Nations children felt 'Very connected' to culture, which is 12 per cent lower than CREATE's national rates. **30 per cent** of OzChild's First Nation respondents stated they felt 'Not at all connected' or 'a Little connected', which is comparable with the national rates. Additionally, **14 per cent** of non-Aboriginal or Torres Strait Islander C&YP felt 'Not at all connected' or 'A little connected' to their culture and community.

**31 per cent** of non-Aboriginal or Torres Strait Islanders and **12 per cent** of First Nations C&YP had difficulty answering the question on their feelings of connection to culture and community. They reported 'I don't know'. It was also identified that most of these respondents were of an Anglo-Saxon background. Program leadership highlighted this may be because they do not identify with a particular 'culture'. This may mean the question itself needs to be re-worded and/or an explanation of culture and community in this context, incorporated within the question.

7.2 The proportion of children and young people who have knowledge of their family history

Figure 28 – C&YP’s *knowledge* of their family history, background and traditions, 2020



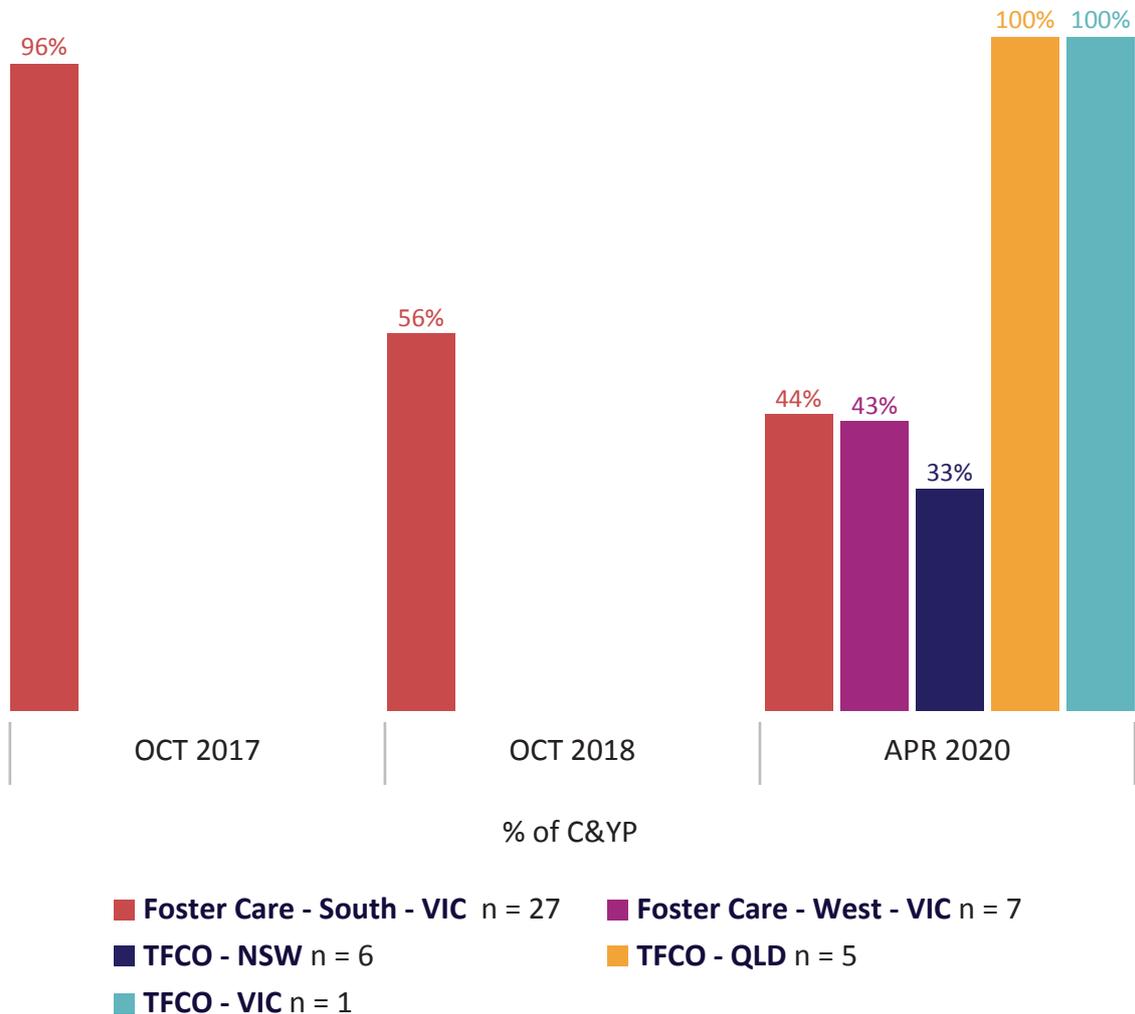
**30 per cent** of First Nations C&YP and **41 per cent** of non-Aboriginal or Torres Strait Islander C&YP knew little or nothing about their family history, background and traditions. Of the C&YP who reported knowing nothing about their family history, 63 per cent of them were aged 5-10. This suggests younger C&YP know less about their family history and background, than older young people. This differs from respondents in the CREATE survey where older C&YP reported feeling less informed about family matters than younger C&YP (McDowall, 2018).

There is a need for improved processes for ensuring that C&YP are connected to their culture and community and have knowledge on their family history, background and traditions.

Kaur (2014) signified that 13 per cent Victoria’s care population are CALD C&YP and they must be enabled to stay connected to family, communities and cultures.

### 7.3 The proportion of First Nations children and young people who are connected to Indigenous culture

**Figure 29 – C&YP’s regular attendance at First Nations cultural events**



In April 2020, Foster Care – South (**44 per cent**), Foster Care – West (**43 per cent**) and TFCO – NSW (**33 per cent**) had low rates of First Nations C&YP in their programs who had attended monthly cultural events. For Foster Care – South, the percentage of First Nations C&YP who attended these cultural events has declined since 2017. Program Managers believe it is not feasible for C&YP to attend all monthly events during the year. Some carers may also not be classifying these events as ‘cultural’ as they have become routine.

In TFCO – NSW, some C&YP prefer not to attend the First Nations cultural events and one young person doesn’t identify as Aboriginal and their Indigenous status has not been confirmed.

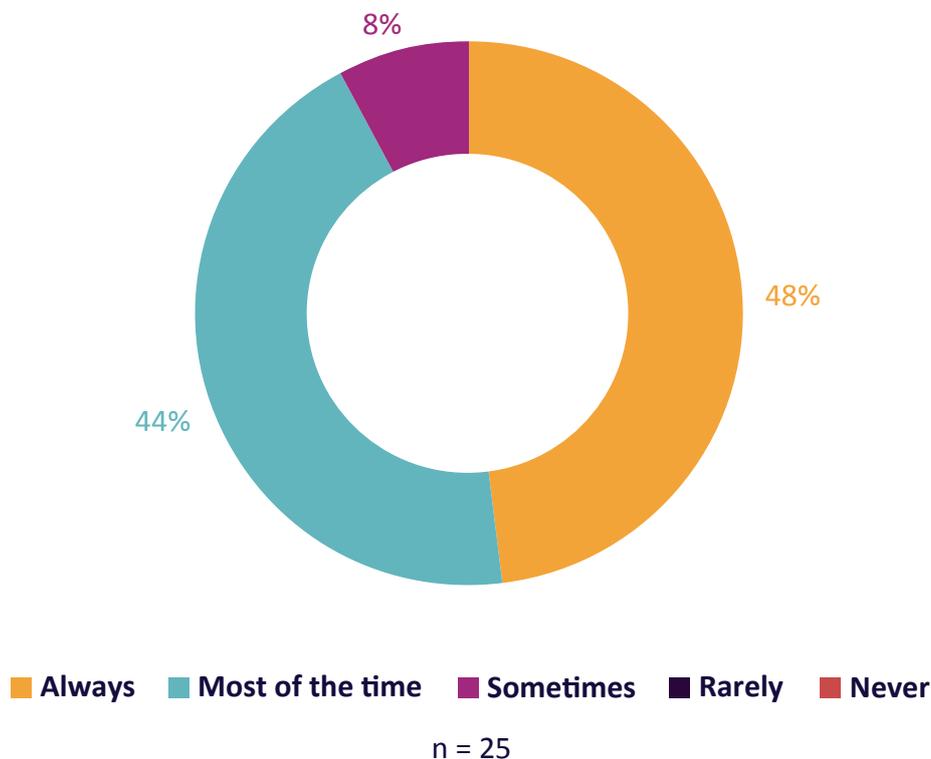
Maintaining connections to culture and community will help C&YP, particularly First Nations C&YP, to develop their identity, feel connected to their culture and develop their spirituality (FaHCSIA & NFIWG, 2011).

## 8. Children and young people are supported and participate in planning for leaving care

### Indicators:

8.1 The proportion of children and young people who have a significant adult who cares about them and who they can rely on for support

**Figure 30 – Percentage of young people (15-17 years old) who can visit a significant adult that they feel they can rely on for *support* and advice, 2020**

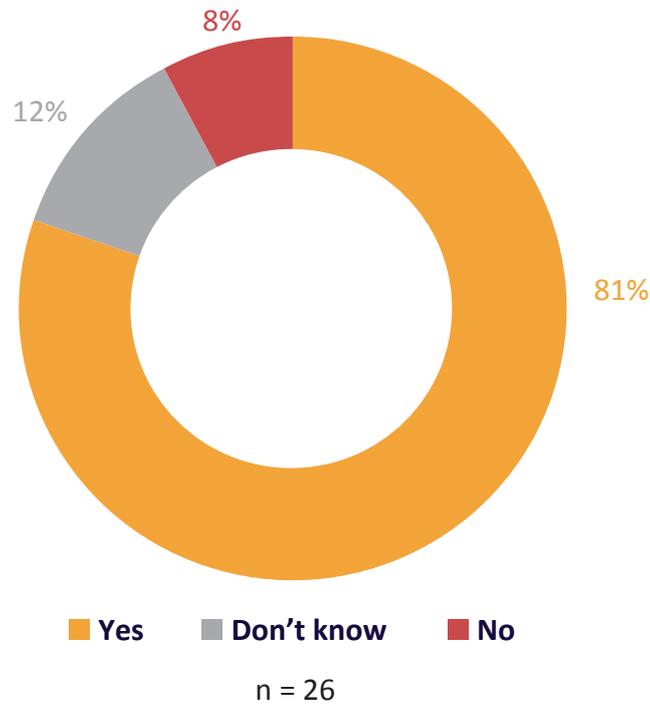


96 per cent of respondents (15-17 years old), felt they had an adult they could go to for support and advice. This rate falls between the 2018 AIHW study and the CREATE National Survey rates, which were 97 per cent and 90 per cent of surveyed C&YP respectively (AIHW, 2018; McDowall, 2018). Although, these surveys had a wider age range and specifically reported on having a significant adult in their life that they can depend on (AIHW, 2018; McDowall, 2018).

Of the 96 per cent of OzChild respondents, **48 per cent** of them felt they could see their support person whenever they wanted to and **44 per cent** felt they could see them most of the time.

## 8.2 The proportion of children and young people who feel they are involved in planning for leaving care

**Figure 31 – Percentage of C&YP who feel they can participate in leaving care *plan* and arrangements, 2020**



**81 per cent** of young people felt they were given the opportunity to participate in decision making in relation to their leaving care plan and arrangements. Five young people (three in Foster Care – South, one in Kinship Care - Case Contracting and one in Circle Program – West), either reported they did not get to have a say in relation to their leaving care plan and arrangements or that they didn't know. This is partly due to their age (15) in some instances and their perception on participation. AIFS (2016) attests that preparation for leaving care planning begins at age 15. However, the development of the 15 plus Care and Transition plan begins at 15.9 years of age (DHHS, 2019).

Therefore, case workers/therapists should commence initial conversations with young people at age 15. It is also important that they understand the barriers for participation and how to facilitate participation (DCJ, 2017).

## 9. Children and young people participate in decisions impacting their lives

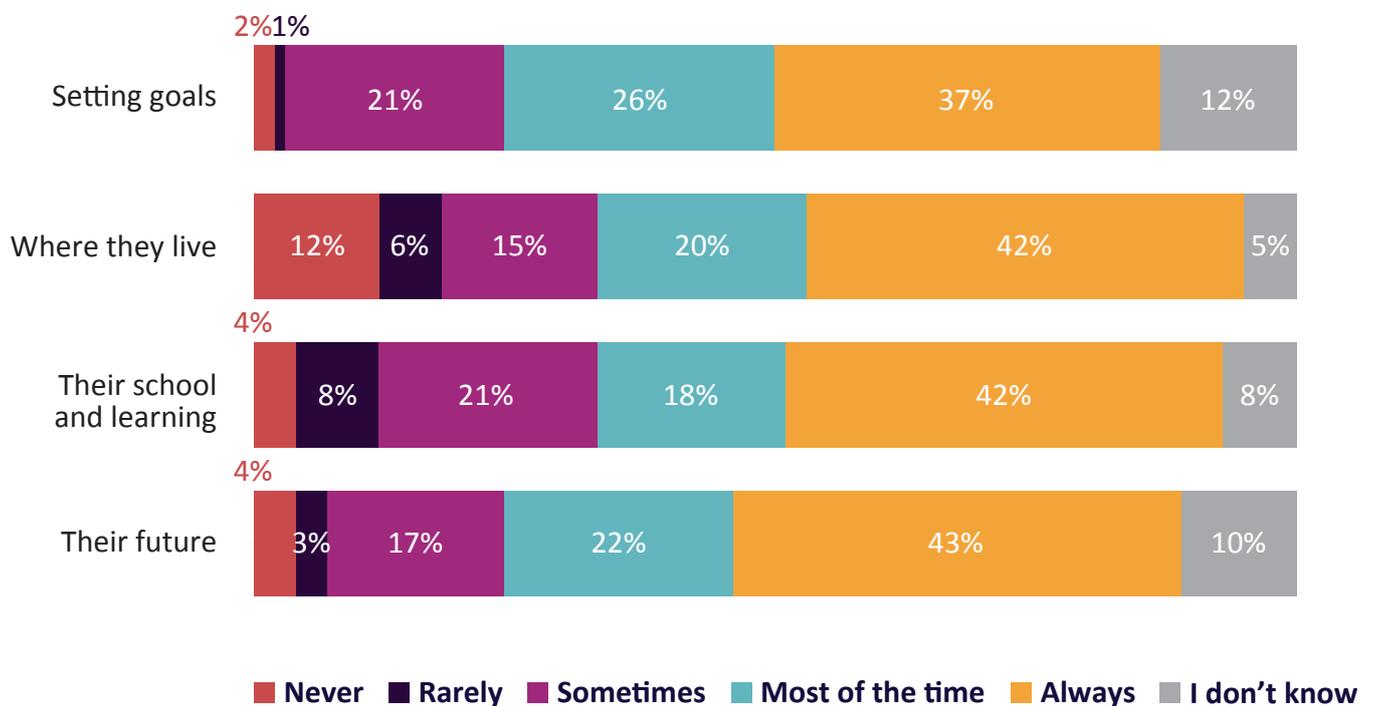
### Indicators:

9.1 The proportion of children and young people who report they have opportunities to have a say in relation to:

- setting goals
- where they live
- school and learning
- their future

Article 12 of the Convention requires that C&YP are provided the opportunity to participate in decisions that affect them. As a result of their vulnerability, C&YP in OOHC often become passive recipients of what the system can deliver to them (Mitchell, 2016). OzChild recognises C&YP have invaluable insights about their experiences in OOHC and how their needs can be met. Their insights have been captured through the CYPFS.

**Figure 32 – Percentage of C&YP who feel that they participate in *decisions* relating to setting goals, where they live, school and learning and their future, 2020**



Note: Some figures do not add up to 100 per cent due to rounding

In the 2018 AIHW study, two in three children (66%) reported they usually (i.e. 'All of the time' and 'Most of the time') are given the opportunity to have a say in what happens to them. Results in *Figure 35* are comparable with the AIHW study. However, the 2018 AIHW study was broader and focused on whether C&YP had opportunities to have a say in relation to decisions that have an impact on their lives, and that they feel listened to.

Participants in OzChild's CYPFS mostly participated in decisions relating to their future (65 per cent) and least frequently participated in decisions about where they live (62 per cent) and their school and learning (60 per cent). 68 per cent of respondents in the 2018 CREATE study felt they could have a say in decisions at least 'Reasonably often', mostly about their education and family contact and least about placement decisions (McDowall, 2018).

There is a considerable number of C&YP who feel like they only 'Sometimes', 'Rarely' or 'Never' participate in decision making. In line with the CREATE survey, a higher percentage of C&YP felt like they 'Never' or 'Rarely' participated in decision making in relation to where they live (i.e. placement decisions) (McDowall, 2018). Education is another area where C&YP feel the least 'heard' at OzChild which differs to the CREATE study where the highest percentage of C&YP feel they have a say in decisions about their education in comparison to other areas.



Further review of Victorian education data identified that in 2019, only 56 per cent of C&YP (excluding TFCO – NSW and QLD) had seen their Individual Education Plan (IEP ) and 45 per cent of C&YP had been involved in at least one Student Support Group (SSG ) meeting. There are various reasons for this including: age (seven years or younger), child or young person refused, the Case Manager didn't request for them to attend, or it was believed to be unsuitable for them to attend. The SSG meetings and the IEP provide the opportunity for C&YP to contribute to decision making in relation to their school and learning.

Further analysis identified that there were more older survey participants who felt they participated in decision making. For example, only two C&YP aged 15-17 stated that they 'Rarely' or 'Never' participated in decision making, compared with 14 C&YP aged 5-10 and 12 aged 11-14. This is aligned with the CREATE study results.

Results also indicate a higher percentage of C&YP (43 per cent) in TFCO feel that they 'Rarely' or 'Never' participate in decision making in comparison to the other IHC programs, particularly in relation to where they live (Refer to *Appendix 2* for detailed charts). Feedback from program leadership identified this could be attributed to the number of placement changes that occurred during the program and the stricter boundaries established as part of the program. Program leadership will investigate this further and determine how to improve C&YP's participation in decision-making.

A supportive relationship with a case worker/therapist and whether the C&YP feel "heard" when expressing their views are factors that can contribute to improving C&YP's participation in decision-making (McDowall, 2018; van Bijleveld et al., 2015)



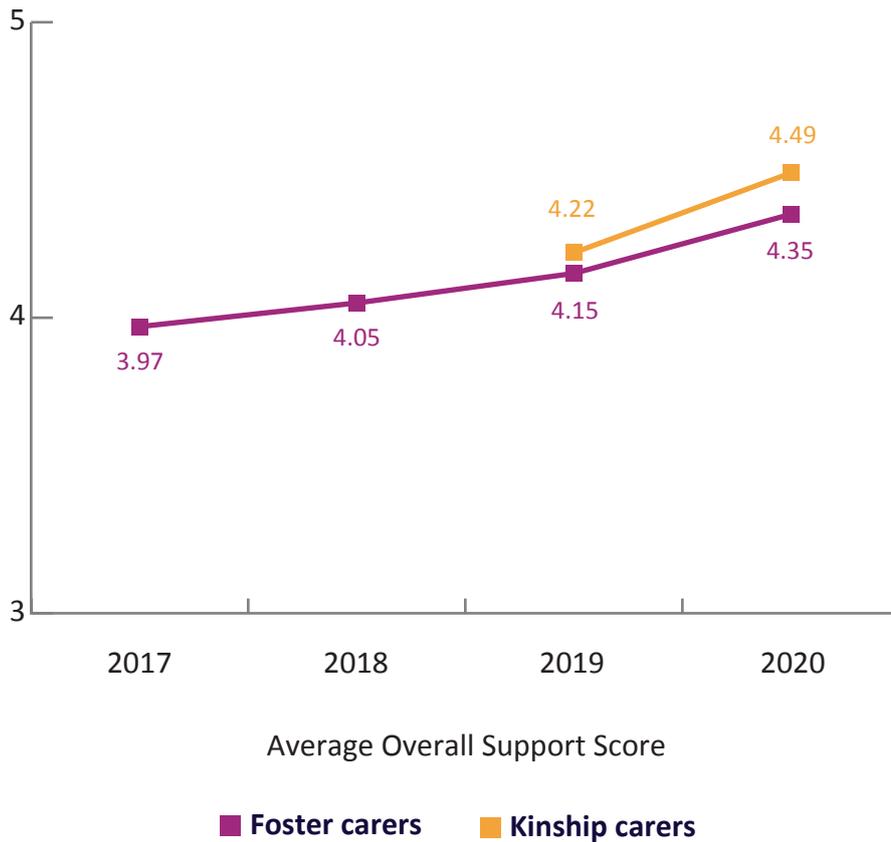
## 10. Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care

### Indicators:

10.1 The proportion of foster carers and kinship carers (who had at least one placement during the year) who report they feel satisfied with:

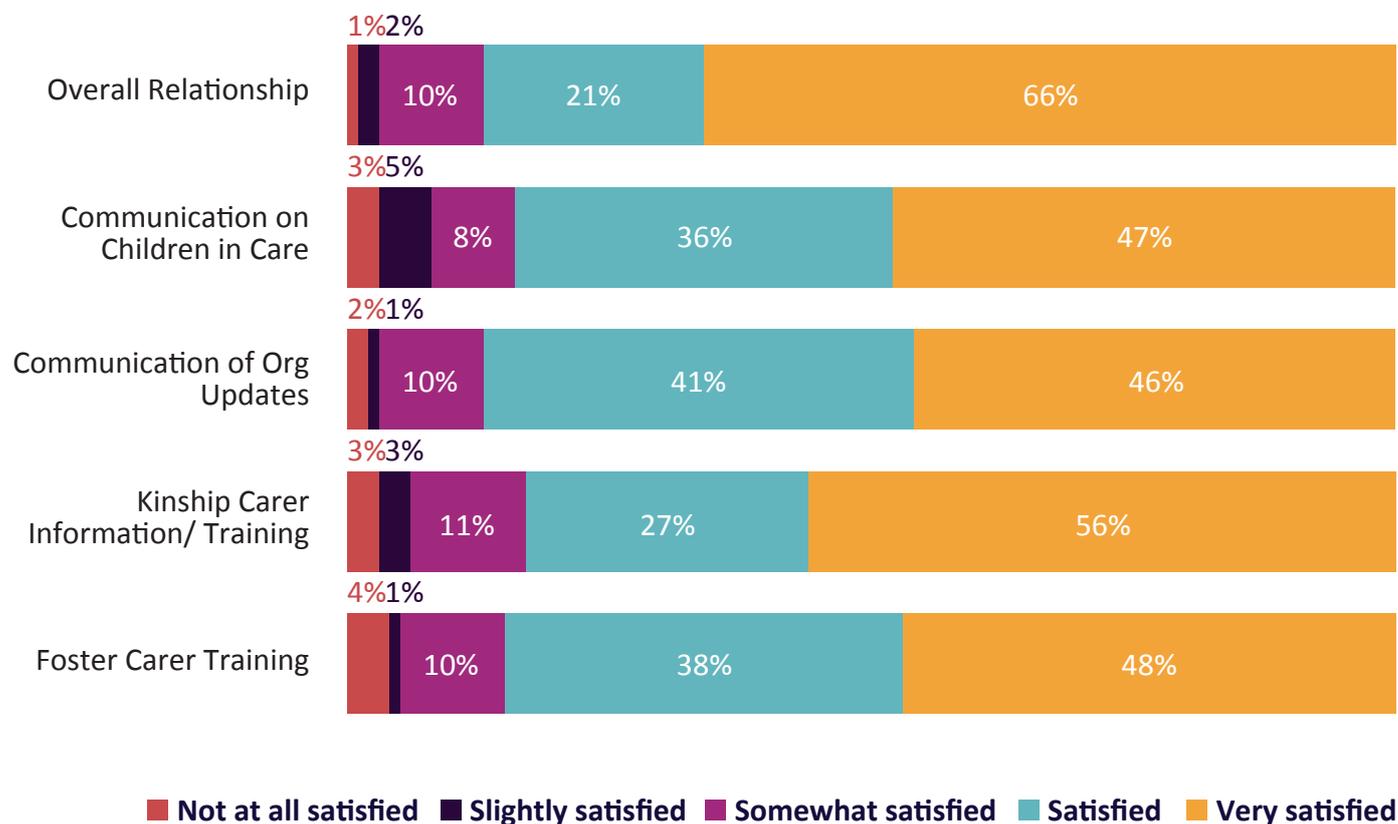
- OzChild's overall support
- OzChild's training
- OzChild's communication
- their overall relationship with OzChild

Figure 33 – Carer satisfaction with OzChild's overall support, 2020



Foster and kinship carer satisfaction with OzChild’s support has increased year on year. The average score of 4.35 for foster carers and 4.49 for kinship carers demonstrates that both these groups are satisfied with their overall support. A score of 5 indicates that they are ‘Very satisfied’.

**Figure 34 – Carer satisfaction with OzChild’s Training and *Communication*, and their relationship with OzChild, 2020**



2020 is the first year that the Carer Feedback survey has captured carers’ satisfaction with OzChild’s communication, training and their overall relationship with OzChild.

Results from the 2020 Carer Feedback survey indicate 87 per cent of carers are either ‘**Satisfied**’ or ‘**Very satisfied**’ with their overall relationship with OzChild. 83 per cent of carers are satisfied/very satisfied with OzChild’s communication regarding C&YP in their care (e.g. contact arrangements, meetings, transport, case planning), and 87 per cent of carers are either ‘**Satisfied**’ or ‘**Very satisfied**’ with OzChild’s communication of organisational updates (e.g. Facebook page, community events, OzChild events).

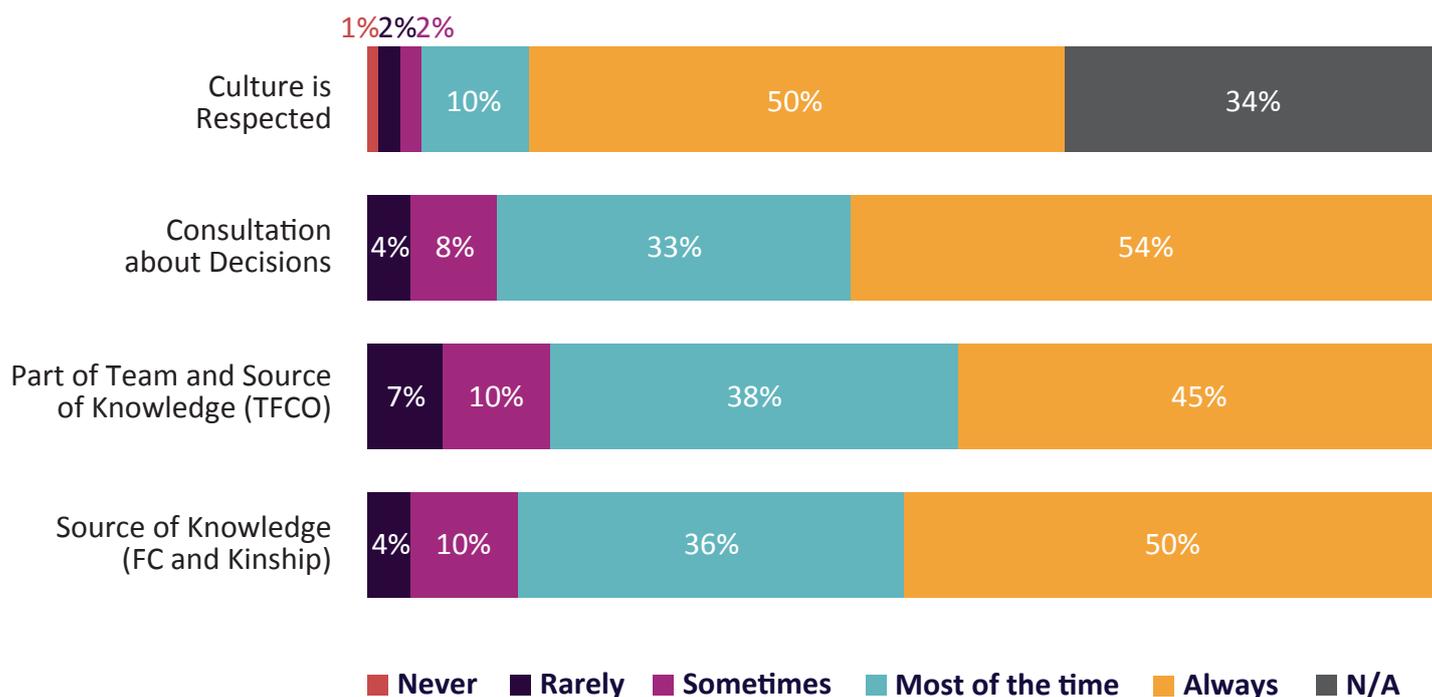
83 per cent of kinship carers were ‘**Satisfied**’ or ‘**Very satisfied**’ with the information provided by OzChild to support them to meet the needs of C&YP in their care. 86 per cent of foster carers were ‘**Satisfied**’ or ‘**Very satisfied**’ with the training provided by OzChild to support them to meet the needs of C&YP in their care. This is 23 and 18 per cent higher than the kinship and foster carers respectively who participated in the Working Together to Care for Kids Survey. Although, their question was specifically in relation to how well they considered themselves to be prepared or trained for their current caring role (Qu, Lahausse & Carson, 2018).

Carers that expressed dissatisfaction with communication was generally due to the timeliness of responses/updates and the desire for more proactive interactions from case managers. Dissatisfaction with training was primarily due to the location of the training venue and the timing (e.g. it was held during work hours).

## 10.2 The proportion of foster carers and kinship carers who feel:

- respected by OzChild

**Figure 35 – Do carers feel *respected?*, 2020**



Respect was broken down into four different questions in the Carer Feedback Survey as depicted in the chart above. It considered respect in relation to the:

- acknowledgement, respect and support of the carer's family's culture (60 per cent felt that their culture was mostly or always respected)
- consultation about decisions that may affect the carer, C&YP and/their family (87 per cent felt that they were mostly or always consulted)
- carer feeling as though they are part of a team and referred to as a source of knowledge about the needs of the child (83 per cent of TFCO carers were mostly or always)
- carer feeling as though they are referred to as a source of knowledge about the needs of the child (86 per cent of foster and kinship carers were mostly or always, excluding TFCO carers)

68 carers indicated the question in relation to their family's culture being acknowledged, respected and supported was not applicable to them. This may be due to these carers not being from Aboriginal or Torres Strait Islander or CALD backgrounds. There were three carers who felt their culture was not respected. They were from foster and kinship care, from different age groups and had varying lengths of time caring for C&YP with OzChild.

# Recommendations

## 1. Permanency:

- a. Investigate C&YP in five or more placements (e.g. long term, short term, emergency) and those in more than 10 respite placements within the 10-month period. Identify the root causes and address them as required
- b. Ensure program work plans reflect a prioritisation of advocacy and work to support permanency of children either to permanent care order or reunification

## 2. Physical health:

- a. Embed process for documenting goals/interventions within C&YP's Care and Placement Plans to address emotional and behavioural difficulties and reinforce prosocial behaviours identified as part of the SDQ. This could also be done for C&YP with intellectual disabilities; however, the interventions may differ from a child or young person without an intellectual disability. Document reasons for declines in SDQ scores within Family Journey
- b. Ensure consistent use of the case management system to record and monitor health and dental assessments
- c. Explore alternative physical health outcome measures

## 3. Education:

- a. Review and update (where appropriate) process for collecting education data (e.g. school attendance rates rather than whether the C&YO has missed more than 20 days of school for each C&YP in Foster Care and Kinship Care programs
- b. Investigate poor attendance and educational achievements for Foster Care, Circle Programs and Kinship Care - Case Contracting where applicable

## 4. Identity:

- a. Establish and implement a process for assessing whether C&YP's level of contact with family is in line with their individual Case Plans
- b. Identify and implement strategies for addressing barriers to C&YP participating in Care Team meetings. It should also be ensured that there is discussion regarding cultural identity and connection to the community within Care Team meetings

## 5. Participation:

- a. Identify and implement strategies for addressing barriers to C&YP participating in:
  - i. IEP and SSG Meetings, and equivalent in QLD and NSW
  - ii. Decision making relating to setting goals, where they live, school and learning and their future, specifically in relation to C&YP in TFCO
- b. Review/Update Children and Young People Feedback Survey:
  - i. re-assess the appropriateness of the participant age range
  - ii. review survey questions and re-word or include explanations for questions that C&YP had difficulty answering
  - iii. ensure that Case Managers are delivered a consistent message about how the survey is to be administered to C&YP

# Appendix 1

## Detailed Methodology

### Quantitative

#### *Validated outcomes tools*

- SDQ (all programs) – This measure assesses a child or young person’s emotional problems, conduct problems, peer problems and hyperactivity which can be summed to derive a total difficulties score. The SDQ also assesses a child or young person’s prosocial behaviours.
  - For C&YP in Foster Care, Circle Program and Kinship Care - Case Contracting, the SDQ was undertaken at intake, at six-monthly (under five years) or yearly (five and above years) intervals and at closure.
  - For C&YP in Kinship Care - First Supports and TFCO, the SDQ was undertaken at intake and closure.
- PAT (TFCO only) – A series of tests designed to provide objective, norm-referenced information to teachers about their students’ skills and understandings in a range of key areas. The PAT was undertaken at intake and closure.
- NCFAS (Kinship Care – First Supports and TFCO only) - This measure is used to assess family functioning. In this report, the family safety domain was reviewed. The NCFAS was undertaken at intake and closure.

#### *Outputs*

- Attendance at Health and Development Assessments, Dental Assessments and School (all programs except for Kinship Care – First Supports).
- Numeracy and literacy minimum requirement achievements (all programs except for TFCO).
- Aboriginal Cultural Safety Review – Data reviewed within this report includes regular contact with First Nations family members, regular attendance at cultural events and had received a 715 Aboriginal Health Check at an Aboriginal Health Service (All programs except for Kinship Care – First Supports and Case Contracting).

## Qualitative

- Consultation with program staff and leadership
- Children and Young People Feedback Survey
  - 157 C&YP aged 5-17 years (60 per cent) from the in scope IHC programs participated in OzChild's annual CYPFS between 1 March 2020 and 10 April 2020. Certain aspects of the survey, that align with the Standards, have been captured in this report. Questions were presented in either a Yes/No (contact with family, leaving care arrangements, adult support person), Likert scale (connection with culture, family story, participation in decision making) or a numerical rating scale format (safety, physical health). Questions in the numerical rating scale format were transposed into categories.
- Carer Feedback Survey
  - 224 carers from the in scope IHC programs participated in OzChild's annual Carer Feedback Survey between 12 March 2020 and 10 April 2020 (refer to *Appendix 2* for carer participant demographics). This equates to 34 per cent of OzChild's kinship and foster carers. Each carer in the household was given the opportunity to participate in the survey, however in a number of cases, only one carer from the household chose to participate in the survey.



## Appendix 2

### Carer Demographics

Figure 36 – Number of carers who participated in the Carer *Feedback* Survey by program, 2020

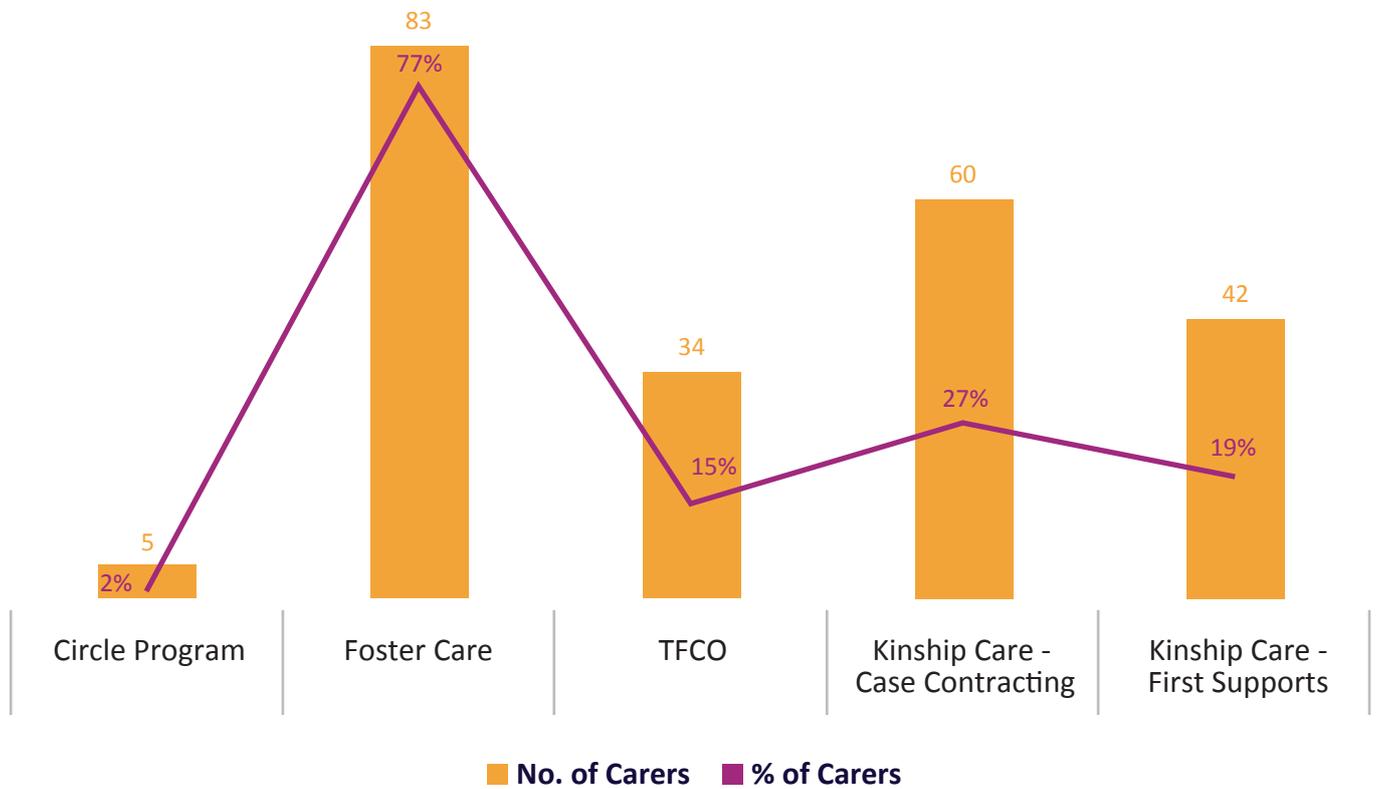


Figure 37 – Carer participant *age* group, 2020

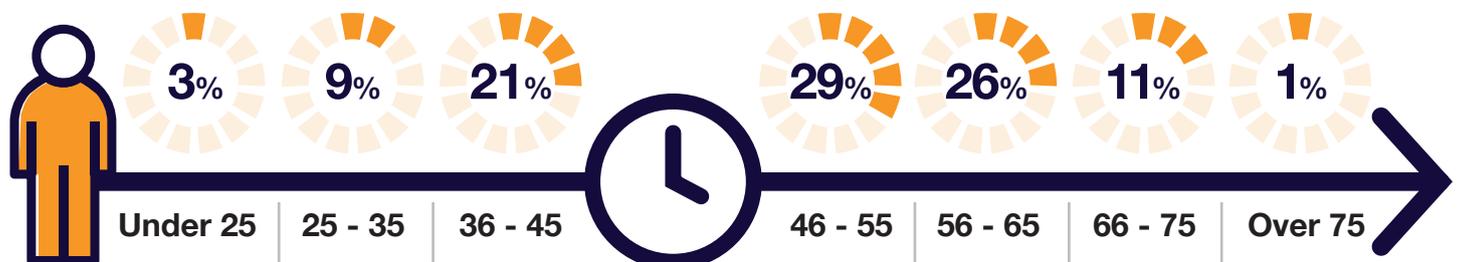


Figure 38 – Carer participant *household* profile, 2020

Caring Alone / Single Carer



Sharing Care / Couple



Figure 39 – Carer participant *family* profile, 2020

Living with other children at home



Living without other children at home



## Children and young people have improved emotional and behavioural development

Table 6 – Number of carers who have completed a *pre and review/post* SDQ for C&YP, by program

PROGRAM	Approx. no. of C&YP requiring SDQ	No. of SDQ's completed by carers
Circle Program - South	12	3
Circle Program - West	5	0
Foster Care - Gippsland	4	2
Foster Care- South	96	14
Foster Care- West	21	3
Kinship Care - Case Contracting	84	51
Kinship Care - First Supports	51	22
TFCO - NSW	6	2
TFCO - QLD	5	2
TFCO - VIC	1	3
<b>TOTAL</b>	<b>283</b>	<b>102</b>



## Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care

Figure 40 – Percentage of carers that feel their family's *culture* is acknowledged, respected and supported by program, 2020

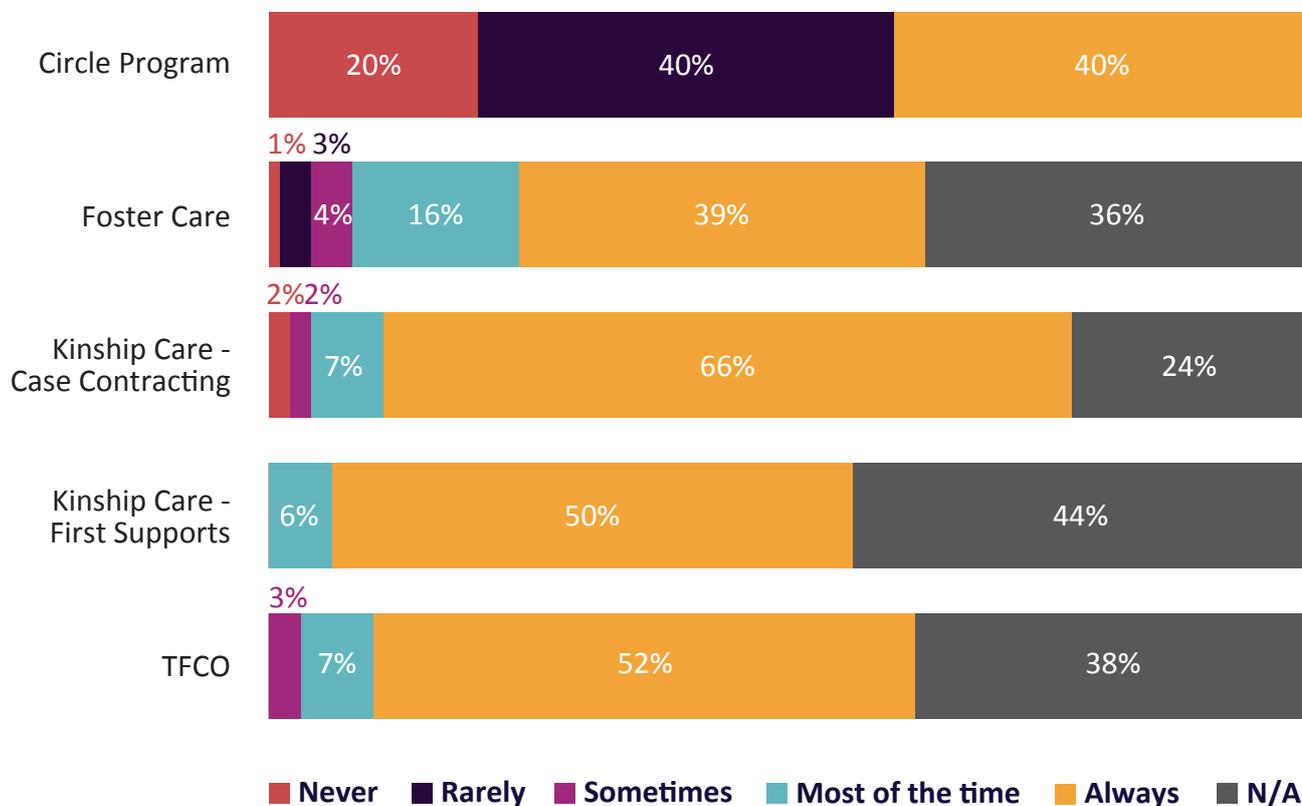
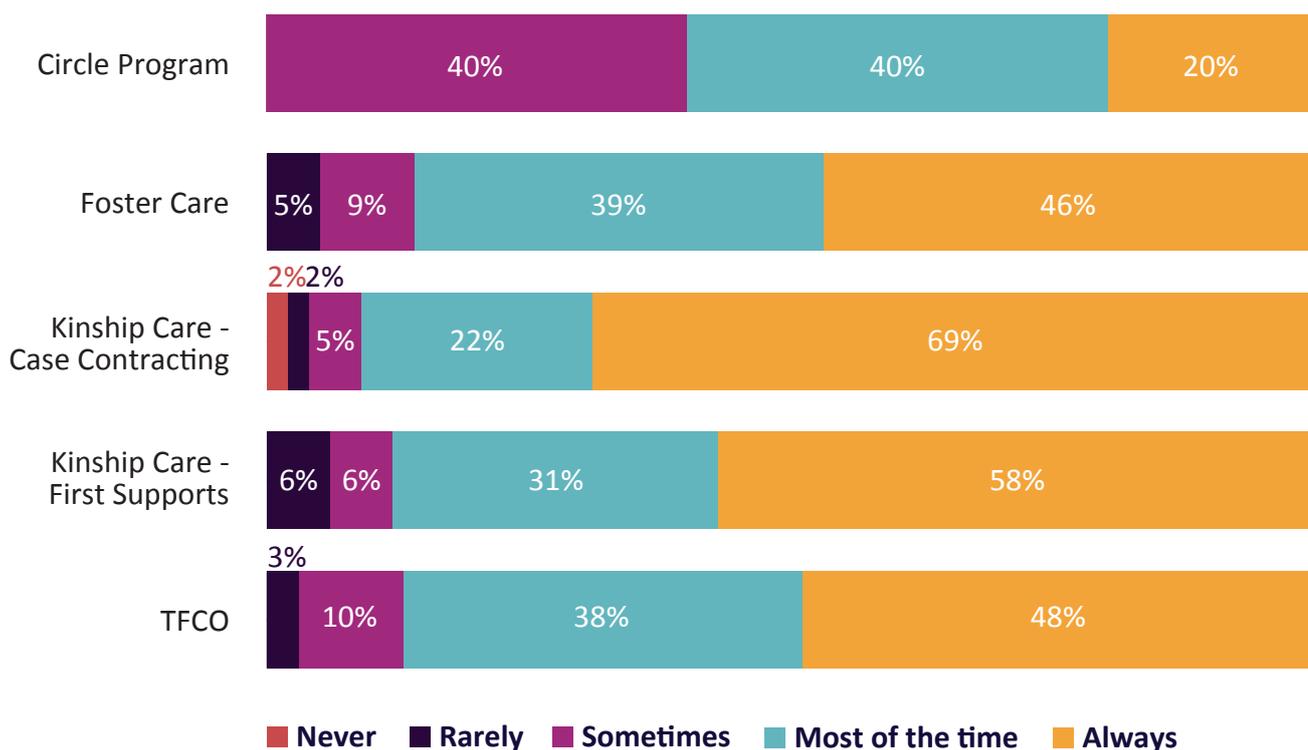


Figure 41 – Percentage of carers that feel OzChild consults with them about *decisions* that may affect themselves, C&YP and/or their family by program, 2020

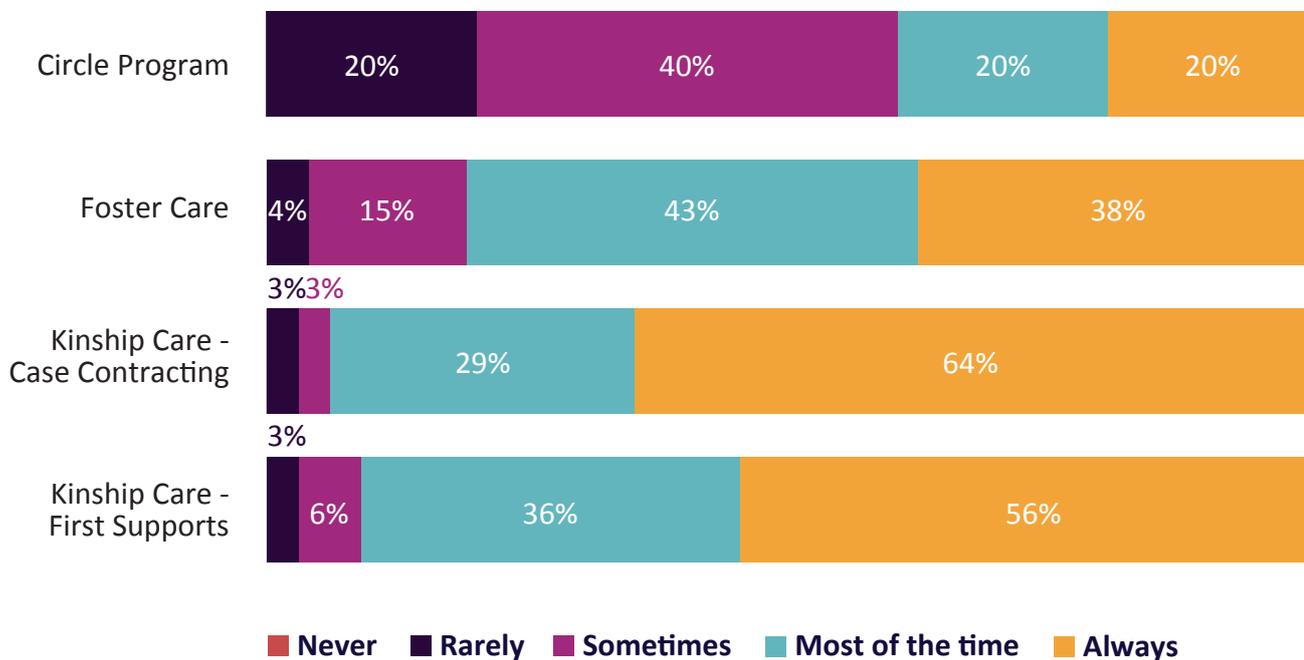


Note: Some figures do not add up to 100 per cent due to rounding

Figure 42 – Percentage of TFCO carers that *feel* they are part of a team and referred to as a source of knowledge about the needs of the C&YP, 2020



Figure 43 – Percentage of carers that feel OzChild refers to them as a *source* of knowledge about the needs of C&YP, 2020



Note: Some figures do not add up to 100 per cent due to rounding

## Children and young people participate in decisions impacting their lives

Figure 44 – Percentage of C&YP that feel they *participate* in decisions relating to setting goals by program, 2020

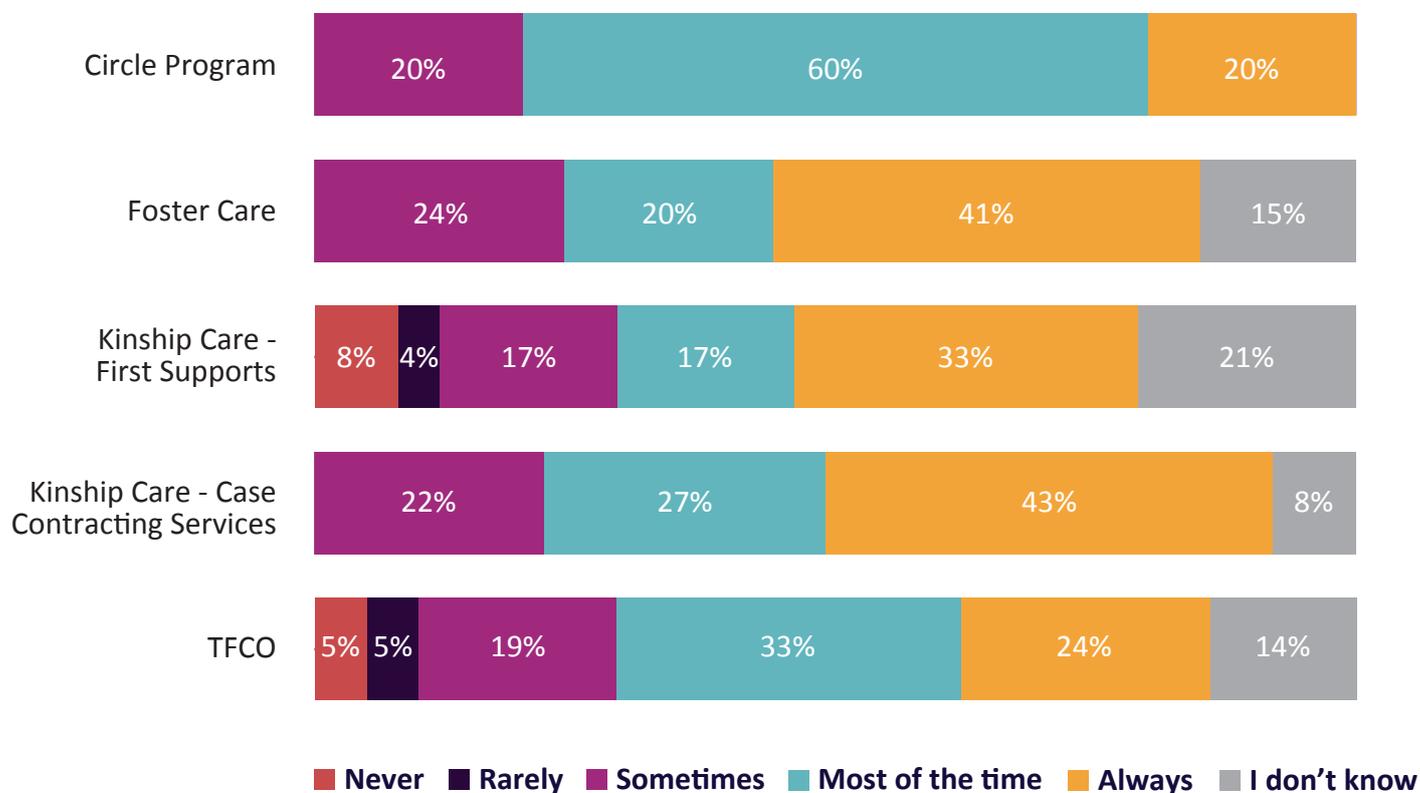
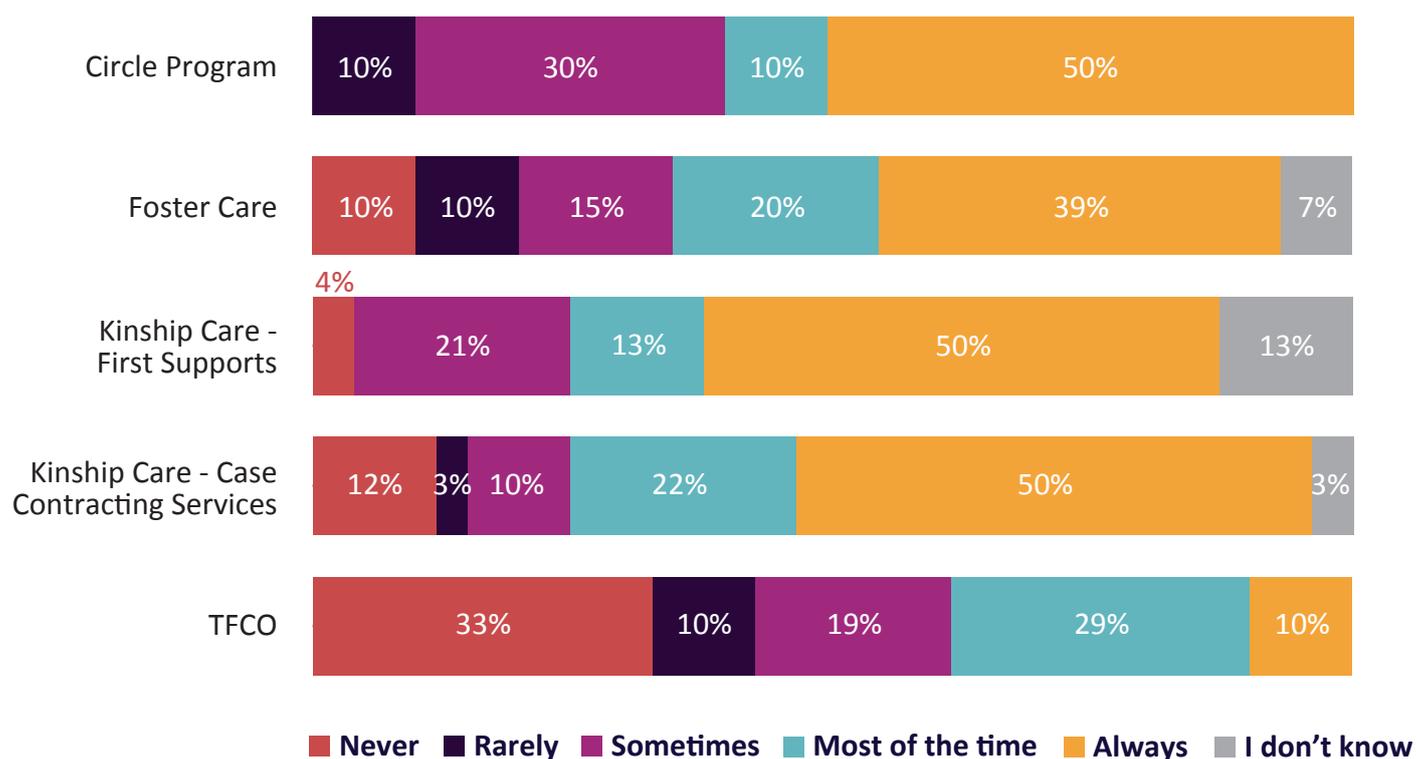


Figure 45 – Percentage of C&YP that feel they participate in decisions relating to *where* they live by program, 2020

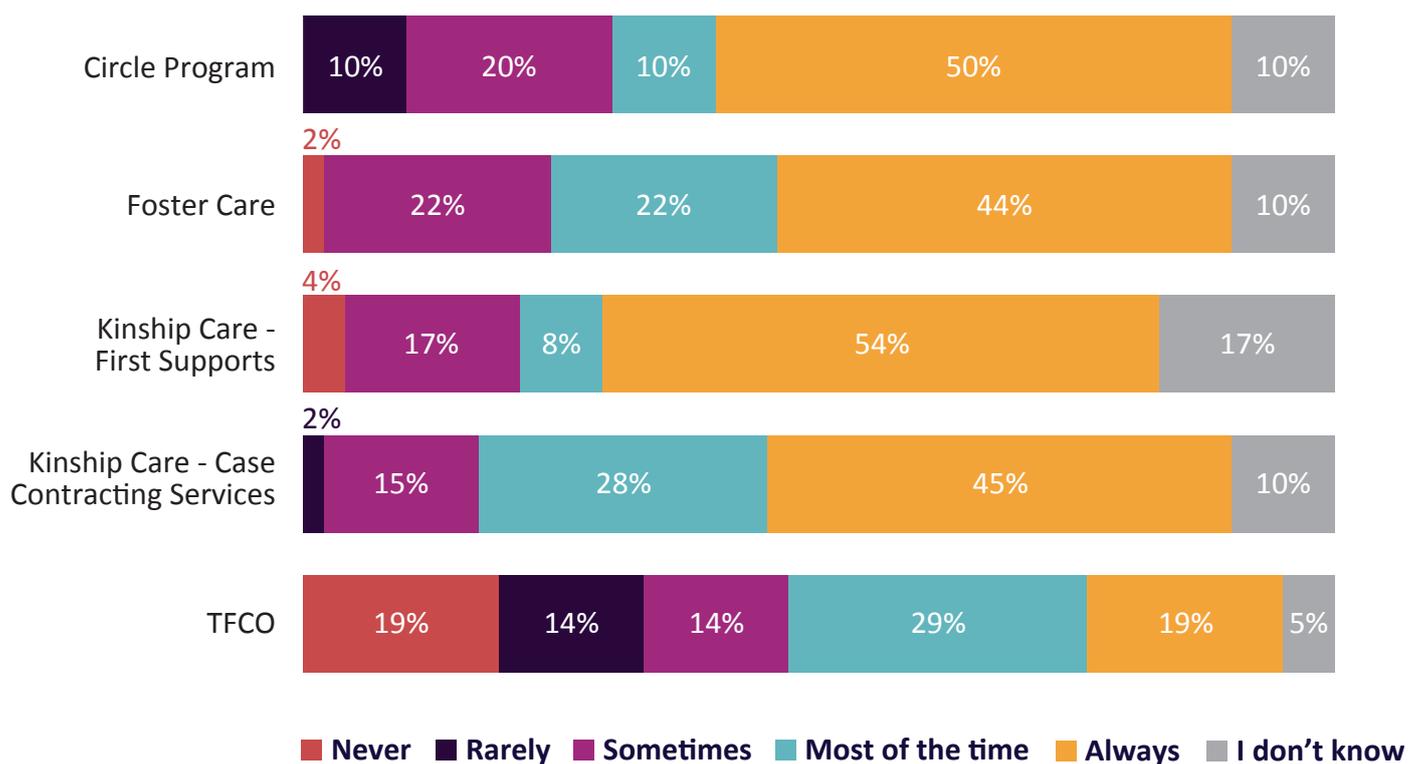


Note: Some figures do not add up to 100 per cent due to rounding

**Figure 46 – Percentage of C&YP that feel they *participate* in decisions relating and learning by program, 2020**



**Figure 47 – Percentage of C&YP that feel they *participate* in decisions relating to school their future by program, 2020**



Note: Some figures do not add up to 100 per cent due to rounding

## Acronyms

<b>AIFS</b>	Australian Institute of Family Studies
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>ATSICPP</b>	Aboriginal and Torres Strait Islander Child Placement Principle
<b>CSO</b>	Community Service Organisation
<b>DCJ</b>	Department of Communities and Justice NSW
<b>DET</b>	Department of Education and Training VIC
<b>DHHS</b>	Department of Health and Human Services VIC
<b>FaHCSIA</b>	Department of Families, Housing, Community Services and Indigenous Affairs
<b>FFT-CW</b>	Functional Family Therapy – Child Welfare
<b>IHC</b>	In-Home Care
<b>NFIWG</b>	National Framework Implementation Working Group
<b>NCFAS</b>	North Carolina Family Assessment Scale
<b>NSW</b>	New South Wales
<b>OOHC</b>	Out-of-home care
<b>PAT</b>	Progressive Achievement Test
<b>QLD</b>	Queensland
<b>SDQ</b>	Strengths and Difficulties Questionnaire
<b>SNAICC</b>	Secretariat of National Aboriginal and Islander Child Care
<b>TFCO</b>	Treatment Foster Care Oregon
<b>VIC</b>	Victoria

## References

- Australian Institute of Health and Welfare (AIHW) 2020, *Child protection Australia 2018–19*, Child welfare series, no. 72, cat. no. CWS 74, AIHW, Canberra.
- Australian Institute of Health and Welfare 2019, *The views of children and young people in out-of-home care: overview of indicator results from the second national survey 2018*, cat. no. CWS 68, AIHW, Canberra.
- Australian Institute of Family Studies (AIFS) 2018, *Children in Care*, CFCA Resource Sheet, AIFS, Melbourne.
- Child and Family Practice 2015, *Support needs and placement matching in out-of-home care: A Literature Review*, Department of Communities, Child Safety and Disability Services, Queensland.
- Department of Communities and Justice (DCJ) 2017, *Children and Young People's Participation*, viewed on 10 June 2020, <https://www.cwpracticelive.facs.nsw.gov.au/@see-me-hear-me/2016/07/01/36297/children-and-young-peoples-participation>.
- Department of Education and Training (DET) and Department of Health and Human Services (DHHS) 2018, *Out of Home Care Education Commitment, Partnering Agreement*, Early Childhood and School Education Group, DET and the Youth and Families Division, DHHS, Melbourne.
- Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) & National Framework Implementation Working Group (NFIWG) 2011, *An outline of national standards for out-of-home care. A priority project under the National Framework for Protecting Australia's Children 2009–2020*, FaHCSIA, Canberra, Retrieved from [www.dss.gov.au/sites/default/files/documents/pac\\_national\\_standard.pdf](http://www.dss.gov.au/sites/default/files/documents/pac_national_standard.pdf).
- Department of Health and Human Services (DHHS), *Health and wellbeing of child protection clients – advice*, Document ID number 2422, version 4, DHHS, Melbourne, viewed on 10 June 2020, <https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/health-and-medical/health-and-wellbeing-child-protecton-clients>.
- DHHS, *Leaving Care*, Document ID number 1114, version 3, DHHS, Melbourne, viewed on 9 June 2020, <https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/health-and-medical/health-and-wellbeing-child-protecton-clients>.
- Department of Communities, Child Protection and Family Support (CPFS) 2015, *Respite Care in the Out-of-Home Care System*, Consultation Paper, CPFS, Western Australia.
- Frederico, M, Long M, McNamara, P, McPherson, L, Rose, R & Gilbert, K 2012, *The Circle Program: an Evaluation of a therapeutic approach to Foster Care*, Centre for Excellence in Child and Family Welfare, Melbourne.
- Kaptein, S, Jansen, D, Vogels, A & Reijneveld, S 2008, 'Mental health problems in children with intellectual disability: Use of the Strengths and Difficulties Questionnaire', *Journal of intellectual disability research*, vol. 52, pp. 125-31, DOI:10.1111/j.1365-2788.2007.00978.x.
- Kaur, J 2014, *Culturally Sensitive Practice in Out-of-Home Care: A Good Practice Guide to supporting children and youth from Culturally and Linguistically Diverse (CALD) backgrounds*, Queensland.

- Lane, S 2018, *Reconceptualising respite: Building life-long relationships for children and young people in care, in the context of their carer families, and for families in the context of community*, Report, Child and Family Focus, South Australia.
- Lange, R 2011, 'Inter-rater Reliability' in: J Kreutzer, J DeLuca, B Caplan (eds), *Encyclopedia of Clinical Neuropsychology*, Springer, New York.
- Law, D & Wolpert, M 2014, *Guide to using outcomes and feedback tools with children, young people and families*, Press CAMHS, UK.
- Lawrence, D, Johnson, S, Hafekost, J, Boterhoven De Haan, K, Sawyer, M, Ainley, J, & Zubrick, S 2015, *The mental health of children and adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*, Department of Health, Canberra.
- McDowall, J 2018, *Out-of-home care in Australia: Children and young people's views after five years of National Standards*, CREATE Foundation, Sydney.
- Mitchell, M 2016, *Pathways to Inclusion: the voice of the child in decision making*, Speech, Australian Human Rights Commission, Australia.
- NSW Ministry of Health 2013, *Health Assessment of Children and Young People in Out-of-Home-Care*, Clinical Practice Guidelines, NSW Ministry of Health, Sydney.
- Osborn, A & Bromfield, L 2007, *Outcomes for Children and Young People in Care*, Research Brief No. 3, National Child Protection Clearinghouse, Australian Institute of Family Studies, Melbourne, viewed 9 June 2020, <https://aifs.gov.au/cfca/publications/outcomes-children-and-young-people-care>.
- Qu, L, Lahaussé, J & Carson, R 2018, *Working Together to Care for Kids: A survey of foster and relative/kinship carers*, Research Report, AIFS, Melbourne.
- Royal Australasian College of Physicians (RACP) 2019, *RACP Submission to the Victorian Department of Health and Human Services consultation into Looking after Children's Health in Out-of-Home Care*, RACP, Sydney.
- Secretariat of National Aboriginal and Islander Child Care (SNAICC) 2017, *Understanding and Applying the Aboriginal and Torres Strait Islander Child Placement Principle*, Postscript Printing and Publishing, Eltham.
- van Bijleveld, G, Dedding, C, & Bunders-Aelen, J 2015, 'Children's and young people's participation within child welfare and child protection services: A state-of-the-art review', *Child and Family Social Work*, vol. 20, no. 2, pp. 129–138, <https://doi.org/10.1111/cfs.12082>.
- Webster, S. M 2016, *Children and Young People in Statutory Out-of-Home Care: Health Needs and Health Care in the 21st Century*, Library Fellowship Paper, no.1, Parliamentary Library and Information Service, Melbourne.
- Youth in Mind 2016, 'Scoring the Strengths & Difficulties Questionnaire for age 4-17 or 18+', *Scoring the SDQ*, viewed 2 July 2020, <https://sdqinfo.org/py/sdqinfo/c0.py>.



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