ozchild

# In-Home Care

# Outcomes Report 2021-22

Executive Summary

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Executive Summary

## Introduction

According to a study conducted by the Australian Institute of Health and Welfare (AIHW), between 30 June 2017 and 30 June 2020, the number of children and young people (C&YP) in out-of-home care (OOHC) nationally increased by seven per cent (from 43,100 to 46,000). 92 per cent of these C&YP were in home-based care (i.e., in a family setting with a carer). Of those C&YP in OOHC, 54 per cent were in kinship care (most commonly with grandparents), 37 per cent were in foster care, seven per cent were in residential care, and one per cent were in other types of home-based care. About 1 in 18 (18,900) First Nations C&YP were in OOHC on 30 June 2020, which is 11 times the rate of non-First Nations C&YP. 67 per cent of children in OOHC have been in long-term (two or more years) OOHC and despite representing only 5.9 per cent of Australia's child population (AIHW 2021), two in five (42 per cent) First Nations C&YP were in long-term OOHC.

While C&YP in OOHC experience significantly poorer outcomes (e.g., health, education, wellbeing, stability, and connectedness to family and culture) compared to C&YP who have never been in OOHC, we know that the use of evidence-based interventions has the potential to improve outcomes for these C&YP (Osborn & Bromfield 2007; Fisher, Chamberlain, & Leve 2009). As such, OzChild's 2026 Strategy centres around a commitment to building the evidence to identify what is most effective in the delivery of foster and kinship care. This will be done in a variety of ways; the implementation of the National Practice Framework, continuing to collect accurate data on the safety, stability, and wellbeing of C&YP, incorporating feedback from C&YP into program improvement, advocating for the expansion of evidence-based models of care, and drawing on evidence-based decision-making principles.

The primary domains OzChild collects data in relation to outcomes are Permanency, Safety and Well-being. This report provides a review of the effectiveness of OzChild's IHC programs in achieving the primary domain outcomes between 1 May 2021 and 30 April 2022.

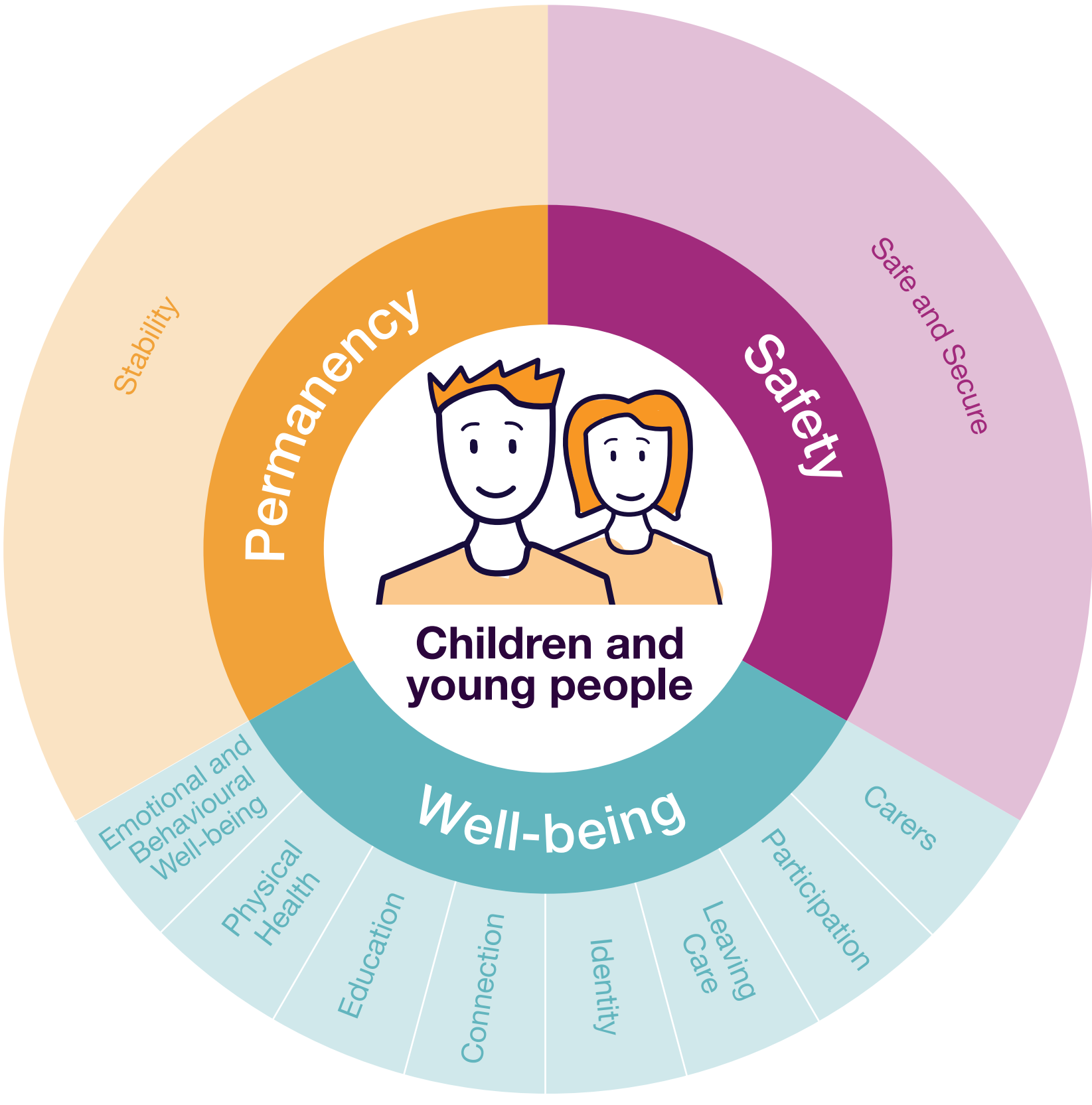
OzChild is also a learning organisation, therefore, through the collection of data and the measurement of outcomes, areas for learning, improvement and development have been identified.

## 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 (the *Framework*) (see the *Framework* on the next page). The *Framework* has been adapted from the ten OOHC National Standards (the *Standards*) and their corresponding indicators. The *Standards* and indicators have been aligned to the primary domain outcomes for C&YP in child welfare services. This report will assess the achievement of these outcomes for C&YP in OzChild's IHC programs and provide the basis for the development of recommendations and associated action plans focused on continuous improvement of outcomes for C&YP within OzChild services.

# OzChild'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

# Scope of Reporting

## Programs

The programs in scope for this review are as follows:

- Foster Care – ACT (Demographics, Placement data and the First Nations Cultural Connections Review data was the only data included in this review. This team is part of a broader consortium in the ACT)
- Foster Care – VIC
- Circle Program – VIC
- Treatment Foster Care Oregon (TFCO) – NSW, QLD, and VIC
- Kinship Care - Case Contracting Service – VIC
- Kinship Care - First Supports – VIC
- Lead Tenant – VIC.

The programs out of scope for this review are as follows:

- TFCO – SA. This program is out of scope for this review due to the commencement of service towards the end of the reporting period and the very early stages of two C&YP placed in the program at the conclusion of the reporting period.

## Review period

C&YP who were active in OzChild IHC programs at any point between 1 May 2021 and 30 April 2022[1] were in scope. This includes C&YP who commenced the program prior to 1 May 2021, however, were still active at some point during the review period.

*1 The review period is referred to as 2021-22 throughout the report.*

Methodology

# Methodology

## Quantitative

- Validated outcomes tools
  - Strengths and Difficulties Questionnaire (SDQ) (all programs except for Foster Care – ACT and Lead Tenant – VIC)
  - Progressive Achievement Test (PAT) (TFCO only)
  - North Carolina Family Assessment Scale (NCFAS) (Kinship Care – First Supports and TFCO only)
- Outputs
  - Placement's data (Foster Care – VIC, Foster Care – ACT, Circle Program – VIC, Kinship Care – Case Contracting, Kinship Care – First Supports and TFCO)
  - Permanency data (all programs except for Foster Care – ACT and TFCO)
  - Program graduation data (TFCO only)
  - Attendance at School (all programs except for Foster Care – ACT, Kinship Care – First Supports and Lead Tenant – VIC)
  - Numeracy and Literacy minimum requirement achievements (Foster Care – VIC, Circle Program – VIC and Kinship Care – Case Contracting – VIC)
  - Health and Developmental Assessment Data (all programs except Foster Care – ACT and Lead Tenant – VIC)
  - Dental Assessment Data (all programs except Foster Care – ACT and Lead Tenant – VIC)
  - First Nations Cultural Connections Review (Foster Care – ACT and VIC, Circle Program – VIC and TFCO)
- Feedback Surveys (all programs except for Foster Care – ACT[2] and Lead Tenant – VIC)
  - Children and Young People Feedback Survey (CYPFS)
  - Carer Feedback Survey

## Qualitative

- Consultation with program staff and leadership (all programs except Foster Care – ACT)
- Feedback Surveys (all programs except for Foster Care – ACT[2] and Lead Tenant – VIC)
  - CYPFS
  - Carer Feedback Survey

*The detailed methodology is outlined in Appendix 1 of the full report.*

*2 This program was out of scope as OzChild staff in ACT are part of a broader Barnardo's Foster Care team within the consortium.*

limitations

## Limitations

Though this report identifies the successes and areas of development within OzChild's IHC programs, these findings must be seen in consideration of some limitations. The first and most considerable limitation is that the output and outcomes data was only included in the report if it was captured completely and accurately within the client management system. As such, there were many instances where data could not be included in analysis as both pre/intake and the review/post/closure data and were not available in the client management system. Despite an increase in awareness of the significance of timely and accurate data collection, the completion of both pre/intake and the review/post/closure data did not reflect the total population of C&YP limiting the generalisability of results and validity of conclusions.

Additionally, collection of quantitative and qualitative data was not controlled for other environmental and social factors (e.g., there may have been an event that occurred, such as the loss of a friend/family member, which adversely affected the child or young person and may have impacted on their outcome tool and/or survey results). The impact of the Covid-19 pandemic should also be considered when interpreting outcomes (e.g., C&YP's emotional and behavioural mental well-being, engagement in home learning, monthly attendance of First Nations C&YP at Aboriginal community events).

A further limitation is that programs were primarily reflected on holistically rather than by region or state. Therefore, actions that need to be taken to address key observations and findings may need to be considered in relation to the local context.

Final limitations were regarding the feedback surveys. This included the inclusion of C&YP aged 5-7 years old to participate in the CYPFS. This small difference may account for some variance as it is generally understood that survey research is more reliable when participants are aged approximately seven and above (Bell 2007). It is noted that this survey update could impact the comparison of survey results from 2021. Further, the feedback surveys (both carer and C&YP) did not include the option of the neutral response to encourage C&YP and carers to take a stance on various topics and eliminate ambiguity around what the neutral response means (e.g., is the survey participant actually neutral, do they not have enough information to make an informed choice or are they avoiding providing a socially undesirable response) (Cooper & Johnson 2016). This is intended to assist OzChild to understand the areas with high levels of dissatisfaction and enable efforts to be focused on these areas. However, it is acknowledged that removing the neutral response option may force respondents to select an answer that does not accurately reflect their opinions or lack thereof (Cooper & Johnson 2016).

# Demographics

**Table 1 – Number of C&YP active in OzChild IHC programs during reporting period**

| Program name | Foster Care - VIC | Foster Care - ACT | Circle Program - VIC | TFCO - NSW | TFCO - QLD | TFCO - VIC | Kinship CCS - VIC | Kinship FS - VIC | Lead Tenant - VIC | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| No. of First Nations C&YP | 89 | 33 | 4 | 9 | 7 | 3 | 0 | 1 | 0 | 146 |
| No. of Non-First Nations C&YP | 372 | 70 | 10 | 10 | 9 | 7 | 129 | 398 | 8 | 1,013 |
| Not Stated/ Inadequately described | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 5 |
| Total No. of C&YP[3] | 462 | 103 | 14 | 19 | 17 | 10 | 129 | 403 | 8 | 1,165 |

**Table 2 – Number of accredited Carers active in OzChild IHC programs during reporting period**

| Program name | Foster Care - VIC | Foster Care - ACT | Circle Program - VIC | TFCO - NSW | TFCO - QLD | TFCO - VIC | Kinship CCS - VIC | Kinship FS - VIC | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| No. of Carers[3] | 481 | 151 | 20 | 21 | 41 | 21 | 136 | 339 | 1,210 |
| No. of Households[3] | 299 | 93 | 14 | 19 | 26 | 17 | 133 | 326 | 794 |

*3 This includes clients on accepted referrals, that commenced placement and carers who were active at some point during the reporting period (1 May 2021 to 30 April 2022). It also includes clients and carers who commenced prior to 1 May 2021 but were active in the program at some point during the reporting period. The number of C&YP in Kinship Care was calculated based on referral data and the number of C&YP in other programs was calculated based on placement data.*

Key Findings

# Key Findings

## Permanency

### Stability

**18** C&YP had a Permanent Care Order Granted.

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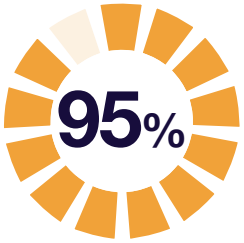
**95 per cent** of C&YP in OOHC had two or less placements.

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**71 per cent** of C&YP successfully graduated from TFCO.

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**100 per cent** of C&YP who graduated from TFCO, remained in lower-level care arrangements.

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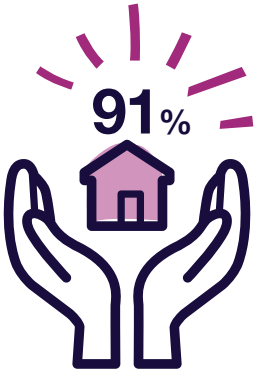
## Safety

### Safe and secure




**91 per cent** of C&YP in OzChild IHC services reported feeling ‘Completely safe’ where they live.

Key Findings

## Well-being

### Emotional and behavioural well-being

**31 per cent** of C&YP aged 4-17 years, were at risk of clinically significant mental health problems at placement review or end of their placement.

This was **3 per cent** less than at intake.

### Physical health

**90 per cent** of C&YP described their physical health as 'Very good' or 'Good'.

**68 per cent** of First Nations C&YP had their annual 715 Aboriginal and Torres Strait Islander Health Checks[4].

### Education

**94 per cent** of C&YP in TFCO had school attendance rates above 80 per cent at program closure.

In 2021, **81 per cent** of C&YP in Foster Care – South and Kinship Care – Case Contracting, had school attendance rates **above 80 per cent.**

*4 Aboriginal and Torres Strait Islander people have access to a free health check (the 715 Health Check) once a year, as well as free follow-up care if needed. This health check is important as it can help identify risks of ill health early to prevent chronic conditions from developing (Department of Health 2021).*

Key Findings

## Education

Average PAT scores (measuring achievement in Reading and Mathematics) **improved for all** C&YP in TFCO by program closure.

Over **60 per cent** of C&YP currently in IHC had met the Reading and Numeracy requirements in most programs.

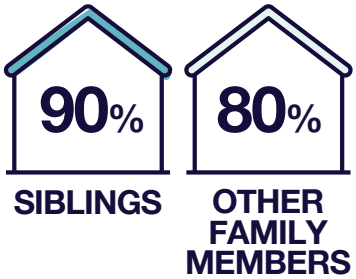
## Connection

**63 per cent** of C&YP reported that they did not want to change anything about contact with their siblings.

**74 per cent** of C&YP reported that they did not want to change anything about contact with other family members (this question excluded siblings).

**90 per cent** of First Nations C&YP had contact with their siblings in care.

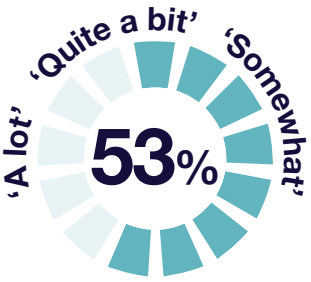
**80 per cent** of First Nations C&YP had contact with other family members with **21 per cent** in contact with all family members (parents, grandparents, aunties/uncles, cousins, and other family members).



# Key Findings

## Identity

**53 per cent** of C&YP felt ‘A lot’, ‘Quite a bit’ or ‘Somewhat’ in touch with their culture and community.




**65 per cent** of First Nations C&YP participated in weekly Aboriginal activities (within the home) over the past year.

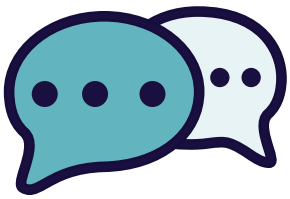
**38 per cent** of First Nations C&YP participated in at least six community gathering activities and/or events (outside the home) over the past year.

**59 per cent** of C&YP surveyed knew ‘Everything they need’, ‘Quite a lot’ or ‘Something’ about their birth family.

## Leaving Care

Of the young people surveyed, aged 15 – 17 years, **83 per cent** reported being ‘Very satisfied’ or ‘Satisfied’ with their leaving care plan and arrangements.

**50 per cent** of young people, aged 15-17 years, felt they were involved in their leaving care plan and arrangements.



Key Findings

## Participation

At **least 63 per cent** of C&YP felt they 'Always' or 'Mostly' participate in decision making.

## Carers

**86 per cent** of carers were 'Very satisfied' or 'Satisfied' with OzChild's overall support and communication about C&YP in their care.

**100 per cent** of kinship carers were 'Very satisfied' or 'Satisfied' with OzChild's information and training.

An average of **82 per cent** of foster and TFCO carers were 'Very satisfied' or 'Satisfied' with the various types of training offered by OzChild.

**86 per cent** of carers felt that OzChild 'Always' or 'Mostly' consulted them about decisions that may affect them.

**83 per cent** of First Nations carers felt their culture was 'Always' or 'Mostly' respected and acknowledged by OzChild.

**91 per cent** of Non-First Nations carers felt their culture was 'Always' or 'Mostly' respected, acknowledged and supported by OzChild.

**90 per cent** of carers were 'Very satisfied' or 'Satisfied' with their overall relationship with OzChild.

# Detailed Findings

# 1. Permanency

## 1.1 Children and young people are in stable placements

### *1.1.1 The proportion of children and young people in stable placements*

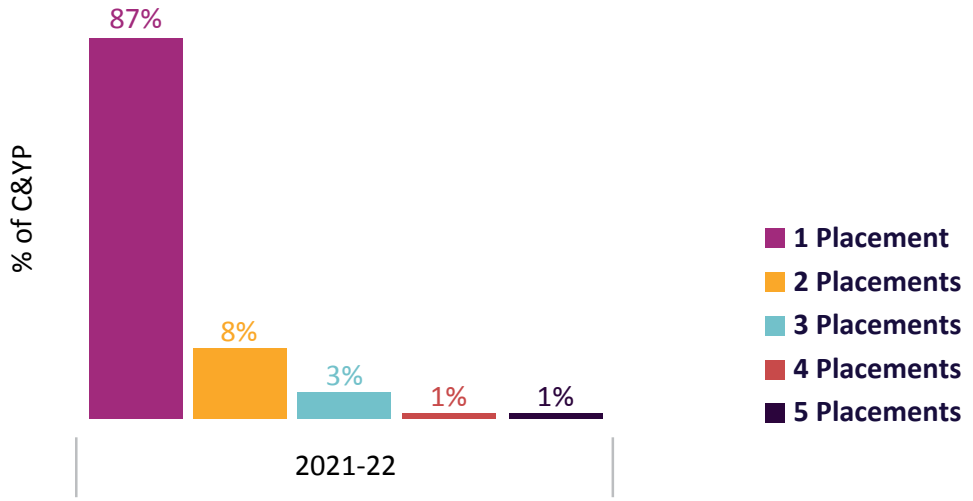
The number of IHC placements was calculated for the reporting period (1 May 2021 to 30 April 2022). Differing from 2021, all in scope programs were included in the analysis (Kinship Care – Case Contracting and Kinship Care- First Supports were excluded in 2021). Respite placements were excluded from *Figure 1* as typically one respite placement is planned per month in each of these programs. The goal is for this to occur within the same respite carer household every time, to maintain stability for the child or young person. In future years, the number of C&YP on respite placements with multiple carer households will be examined.

The analysis identified that 95 per cent of C&YP in IHC had two or less placements. Although programs included in this analysis differed, it demonstrates a slight increase (one per cent) in stable placements since 2021. 58 C&YP (five per cent) had three or more placements, with 13 of these C&YP (one per cent) in five or more placements.

Both Kinship Care - First Supports and Kinship Care- Case Contracting had all C&YP in two or less placements *(refer to Appendix 1 for a breakdown by program)*. These findings are in line with a current review by Child and Family Community Australia (2021) where it was found that placement in kinship care rather than non- relative foster care, reduced the risk of a placement move and increased placement stability. Additionally, C&YP in the Circle Program and TFCO - NSW also had two or less placements.

Programs with C&YP who had three or more placements included Foster Care - ACT, Foster Care – VIC, TFCO - QLD, and TFCO- VIC *(refer to Appendix 1 for a breakdown by program)*. Program leadership advised that the increased placement numbers for these C&YP could be attributed to the limited availability of long-term carers, resulting in C&YP being placed on short-term and emergency placements whilst trying to find a suitable long-term option. It was also reported that increases in placements occurred due to placement breakdowns as well as the complex and challenging behavioural problems these C&YP presented with.

**Figure 1 – Percentage of IHC placements, 1 May 2021 – 30 April 2022**




C&YP entering OOHC, both within Australia and overseas, are presenting with increasingly complex levels of need. It is reported that 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 complex difficulties amongst C&YP in OOHC often include behavioural, emotional, and mental health challenges. Externalising behaviours are also common and are the second strongest predictor of the duration of a C&YP's first placement (after age) (Farrugia & Joss 2021). Disruptions in placement because of complex behaviours can increase the difficulties that C&YP face resulting in detrimental consequences. Research recommends increased care with placing C&YP who may be at an increased risk of a placement move through a more robust selection and training of carers in addition to ongoing support throughout placement. Further, targeted treatments, interventions and placements can also be helpful (Child and Family Practice 2015).

*1.1.2 The proportion of children and young people placed in permanent care arrangements and children and young people who remain in lower level care arrangements*

**Table 3 – Number of C&YP in Foster Care and Kinship Care granted *permanent* care orders between 1 May 2021 and 30 April 2022**

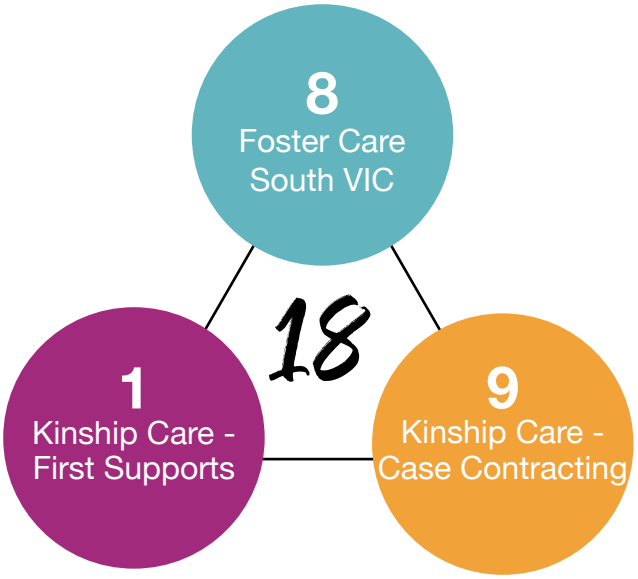



**Table 4 – Number of C&YP who *exited* TFCO by Closure Reason between 1 May 2021 and 30 April 2022**

| Program | Graduations | Placement breakdown | Total no. of C&YP who exited program[5] |
|---|---|---|---|
| TFCO - NSW | 6 | 3 | 9 |
| TFCO - QLD | 4 | 1 | 5 |
| TFCO - VIC | 5 | 2 | 7 |
| **TOTAL** | 15 | 6 | 21 |

5 *This total only includes referrals into the TFCO program that were accepted, and the initial placement had commenced. This differs from the cumulative successful graduation total that model purveyors measure for certification.*

**Table 5 – Number of C&YP who have *graduated* from TFCO that remain in lower-level care arrangements as at 30 April 2022**

| Program | Family reunification | Long term foster care |
|---|---|---|
| TFCO - NSW | 5 | 1 |
| TFCO - QLD | 2 | 2 |
| TFCO - VIC | 4 | 1 |
| **TOTAL** | 11 | 4 |

During the reporting period, 18 C&YP were placed on permanent care orders, this included nine C&YP in Kinship Care – Case Contracting, one C&YP in Kinship Care – First Supports, and eight C&YP in Foster Care – South VIC. This rate demonstrates a small decline since the 2020-21 reporting period where 21 C&YP were placed on permanent care orders.

Based on consultations with program leadership, it was identified that the client management system has not been set up to capture the permanency objective[6] of C&YP in a reportable format. Collection of permanency objective data would enable the calculation of the proportion of C&YP granted permanent care orders out of those eligible for one, rather than calculating the number of permanent care orders granted every year (as in *Table 3*). This would in turn enable OzChild to more accurately assess permanency outcomes achieved for C&YP in OzChild's care and it would facilitate a comparative analysis year on year.

Throughout the reporting period, 71 per cent of C&YP who were accepted into the TFCO program and commenced a placement with a TFCO carer, successfully graduated from the program. This figure does not include C&YP who are currently active in the program. There were six C&YP that did not graduate the program due to placement breakdowns with their TFCO carer. These C&YP had significant behavioural difficulties that could not be addressed through the TFCO program. All C&YP who graduated from TFCO between 1 May 2021 and 30 April 2022, progressed to and remained in lower-level care arrangements (i.e., family reunification or long-term placement with a foster carer). This is an 11 per cent increase since the previous reporting period (1 May 2020 and 30 April 2021).

*6 The permanency objective for a child/young person can be either of the following: family preservation, family reunification, long-term out of home care, permanent care, or adoption. In some cases, a child/young person can have concurrent permanency objectives.*

### *1.1.3 The proportion of young people with a planned move to suitable housing*

Lead Tenant provides semi-independent accommodation and support for young people aged 16-18 years old who are unable to live with their family due to issues of abuse or neglect. These young people are supported by a volunteer adult who provides day-to-day guidance and mature role modelling, with additional support provided by case managers and youth workers (OzChild 2021). Throughout the 2021-22 reporting period, there were three young people who exited the Lead Tenant program. This is fewer compared to the 2020-21 reporting period where eight young people exited the program. Program leadership advised that this decline was a result of a reduction in the number of young people who turned 18 throughout the reporting period (young people leave the program once they turn 18, or a few months prior to turning 18). Of those who exited the program, one young person had a planned move to suitable housing. This young person was accepted into housing offered by accommodation provider Compass[7] but this placement broke down shortly after commencement. It was identified that this young person did not meet their education and employment goals due to disengagement which may have contributed to their placement breakdown. The remaining two young people exited the program as they were no longer eligible to participate due to age. One young person is now living in a private rental with their partner and the other young person has moved to a program, Pathways to Independence[8] where they are living in a shared unit with another young person.

**Table 6 – Number of C&YP in Lead Tenant who *exited* the program with a planned move to suitable housing**

7 *Compass combines access to secure housing with dedicated, personalised case management and access to additional specialist supports for young people leaving OOHC (Compass 2020).*

8 *The program Pathways to Independence provides support and assistance to young people aged 17-21 who are exiting or recently exited OOHC. The program assists young people to make the transition from statutory care to independent living by providing medium-term shared housing for up to three months and pathway options to longer term housing (head lease private rental or community housing) for a period of 12 months (Wombat Housing & Support Services 2022).*

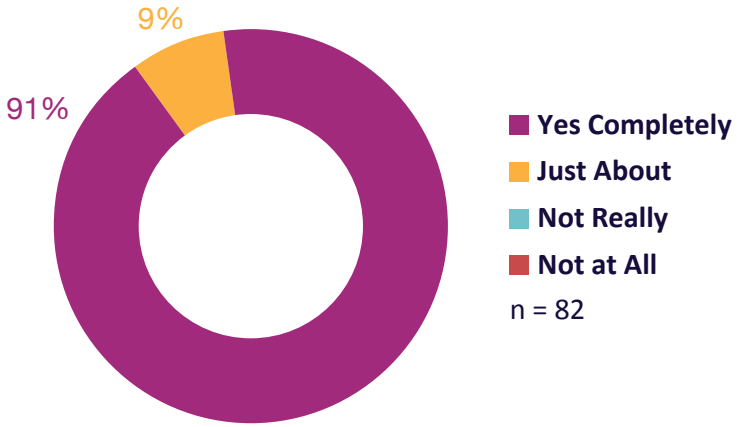
Detailed Findings

# 2. Safety

## 2.1 Children and young people feel safe

*2.1.1 The proportion of children and young people in out-of-home care who report feeling safe in their current placement*

**Figure 2 – Percentage of C&YP feeling *safe* where they live, April 2022**




91 per cent of C&YP who participated in OzChild's 2022 *CYPFS* felt 'Completely Safe' where they live. This response remains unchanged since 2021. Compared to previous years, no C&YP felt unsafe where they live (one per cent in 2021 and two per cent in 2020). Of the seven C&YP (nine per cent) who felt 'Just About Safe', five C&YP (71 per cent) had varying disability conditions. Four of these C&YP had functional ages below their chronological age. After consulting with program staff, it became apparent that these C&YP may not have understood the question due to barriers associated with their conditions.

While most C&YP who felt 'Just About Safe' had a disability, 82 per cent of C&YP with a disability overall, felt 'Completely Safe' where they live.

Of the two C&YP without a disability who reported feeling 'Just About Safe', program staff advised that this was due to C&YP either adjusting to a placement or feeling unsure where their next placement will be due to challenges locating their birth family. Both C&YP had been in their placement for less than six months.

The older C&YP were, the less likely they were to feel 'Completely Safe'. This is demonstrated as 88 per cent of young people aged 15-17 felt 'Completely Safe' compared to 94 per cent of C&YP aged 8-10 who felt 'Completely Safe'. C&YP in placement for less than six months were less likely to feel 'Completely Safe' (67 per cent) compared to those in program for over two years (95 per cent). Program staff advised that this could be a result of C&YP still adjusting to their placement.

All C&YP in Kinship Care – First Supports and Kinship Care – Case Contracting felt 'Completely Safe' where they live *(refer to Appendix 1 for a breakdown by program)*. TFCO had the highest per cent of C&YP feeling 'Just About Safe' (21 per cent). These contrasting results could be due to Kinship Care programs having C&YP residing with family members and TFCO programs being short-term where C&YP are with a placement family whilst their aftercare family is undergoing training to provide appropriate care. The higher proportion of C&YP in Kinship Care feeling 'Completely Safe' demonstrates the importance of placing C&YP within Kinship Care (where applicable).

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. In the AIHW and CREATE studies, 95 and 93 per cent of C&YP respectively, reported feeling safe in their current placement. OzChild's rates are slightly below both AIHW's and CREATE's. Although a small difference, it should be noted that the ages of C&YP surveyed in OzChild's CYPFS survey differed in comparison to the ages of C&YP surveyed in both the CREATE and AIHW studies (five years and older compared to eight years and older respectively). This small difference may account for some variance as it is generally understood that survey research is more reliable when C&YP participants are ages approximately seven and above (Bell 2007). A further difference was the increased number of survey respondents in AIHW and CREATE's studies (2,428 and 1,275 respectively) compared to the CYPS (82 respondents) which may also hinder effective comparisons.

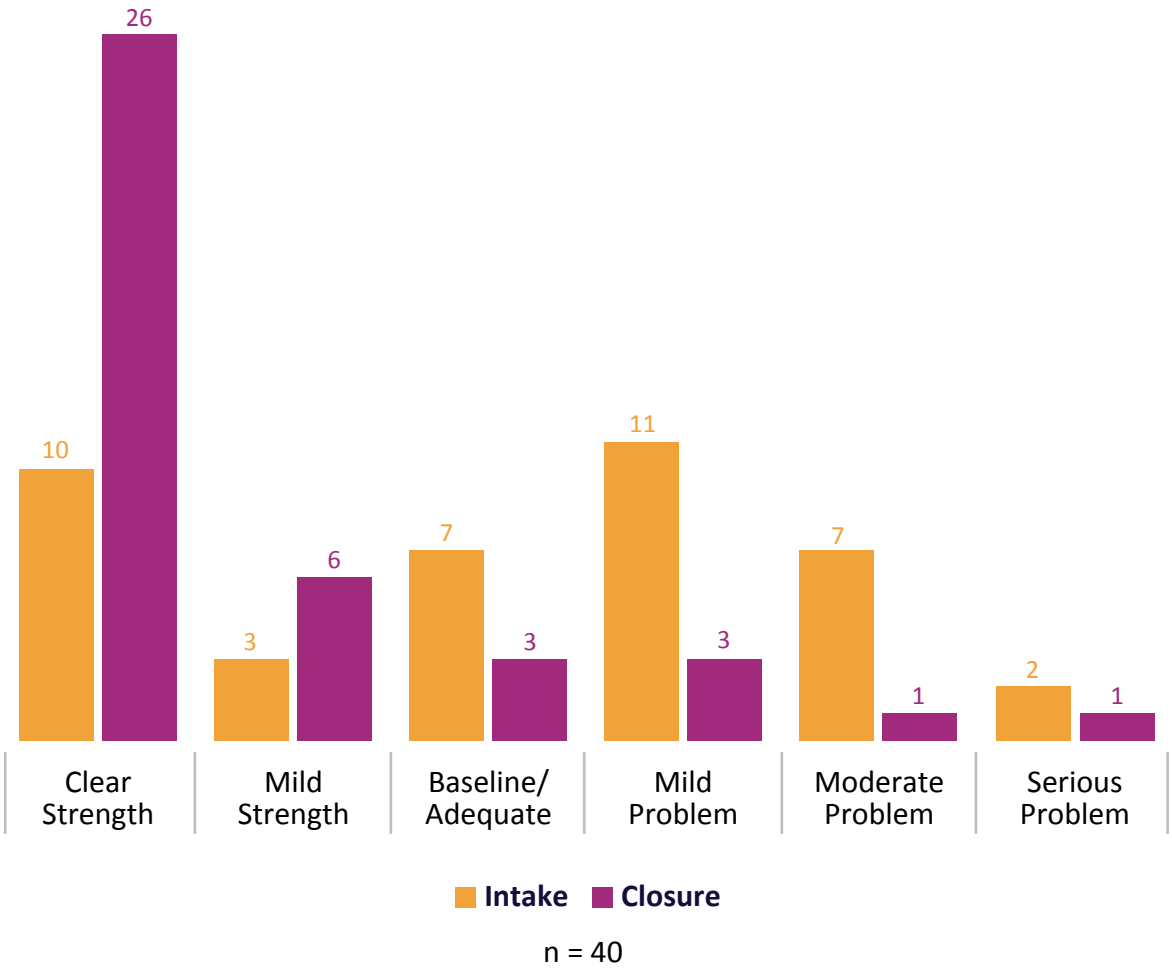
### *2.1.2 Improvement to overall family safety*

The North Carolina Family Assessment Scale (NCFAS) is used to measure outcomes by assessing family functioning and social environment in relation to several domains (e.g., Family Safety, Family Interactions and Child Wellbeing) (Martens 2008). The NCFAS is considered a leading assessment tool for practitioners when identifying areas of improvement in families (Fernandez & Lee 2013).

The NCFAS was used by two programs (Kinship Care – First Supports and TFCO) to assess improvements to overall Family Safety. For Kinship Care - First supports, the NCFAS was used on all C&YP who exited the program. For TFCO, the NCFAS was used when the C&YP returns to their birth family, or on a case-by-case basis when the aftercare option is with kinship families[9]. The NCFAS is not administered to all C&YP in the TFCO program as not all C&YP return to their birth or kinship families. Families from Kinship Care -First Supports and TFCO who had an assessment undertaken at both intake and closure were included in the analysis below.

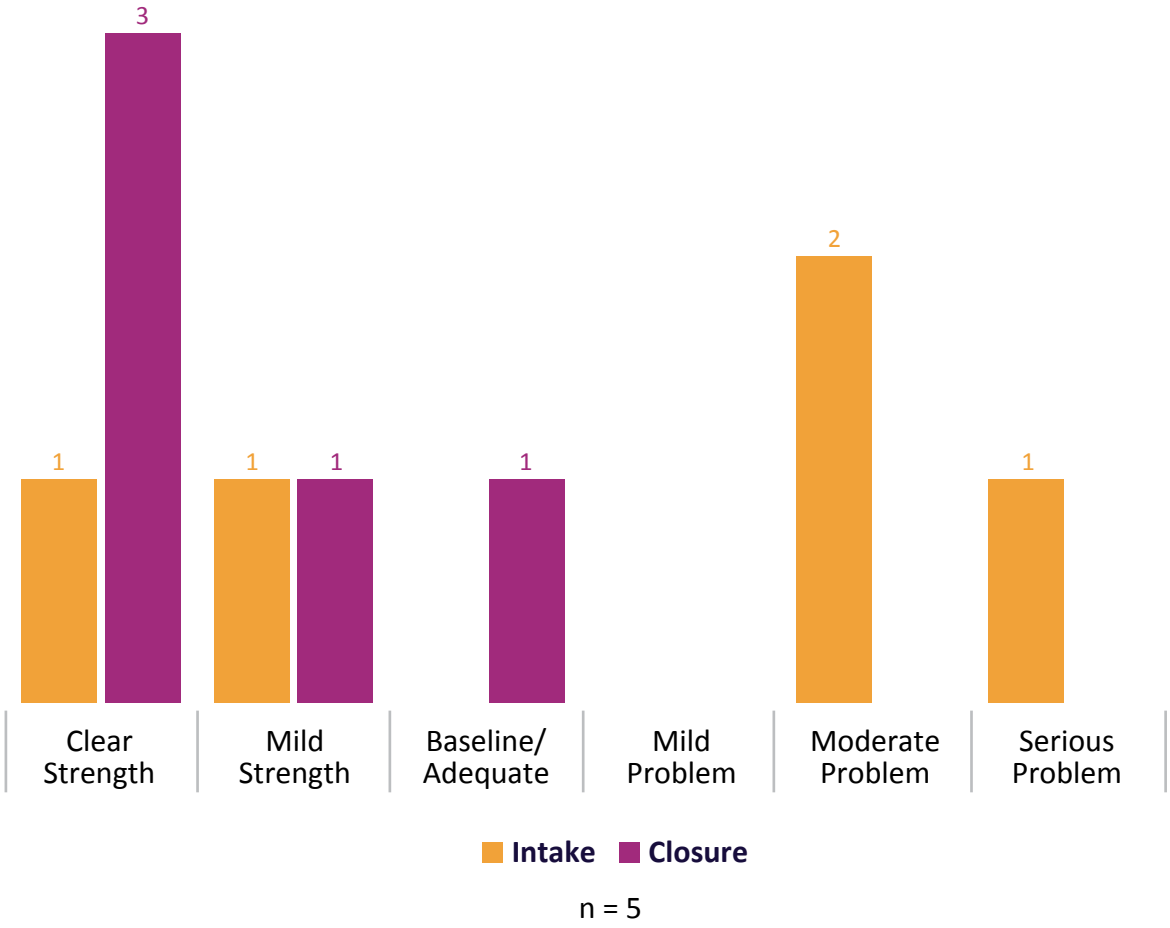
Altogether there were 41 families within Kinship Care – First Supports who had a NCFAS assessment undertaken at both intake and closure of the program. Of the 41 families, 40 completed the subscales within the overall Family Safety domain. Improvements to overall Family Safety was evident as 32 families had a clear strength or mild strength rating at program closure in comparison to 13 families at program intake *(see Figure 3)*.

**Figure 3 – Number of Kinship Care - First Supports families with *improvements* to Family Safety**




9 *This refers to instances where complexities or issues around family functioning have been identified within kinship families.*

**Figure 4 – Number of TFCO families with *improvements* to Family Safety**




n = 5

Prior to intervention, 11 families had a mild problem rating, seven families had a moderate problem rating, and two families had a serious problem rating *(see Figure 3)*. At program closure, 15 of these families had an improved rating (three with a baseline/adequate rating, one with a mild strength rating, and 11 with a clear strength rating). Three families maintained their problem rating at program closure (three families maintained a mild problem rating and one family maintained a moderate problem rating). One family had a decline in their problem rating and went from a moderate problem rating at intake to a serious problem rating a program closure.

There are five families within TFCO (VIC, NSW, and QLD) who had NCFAS assessments undertaken at intake and closure of the program. Two families were from TFCO QLD, two were from TFCO NSW and one was from TFCO VIC. This was slightly less compared to 2021 where six families completed both intake and closure assessments. Program supervisors advised that the decrease in completed NCFAS was a result of C&YP being placed in long term Foster Care at program completion instead of with their birth families. All five families completed the subscales within the overall Family Safety domain.

Prior to intervention, one family had a serious problem rating, and two families had a moderate problem rating. By program closure, all families had a baseline, mild strength, or clear strength rating indicating improvements in overall Family Safety.

# 3. Well-being

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

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

**Figure 5 – Percentage of carers' Pre Total Difficulties Score for C&YP by risk level**

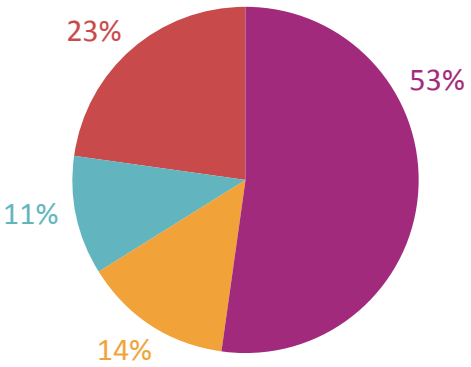



**Figure 6 – Percentage of carers' Post/ Review Total Difficulties Score for C&YP by risk level**

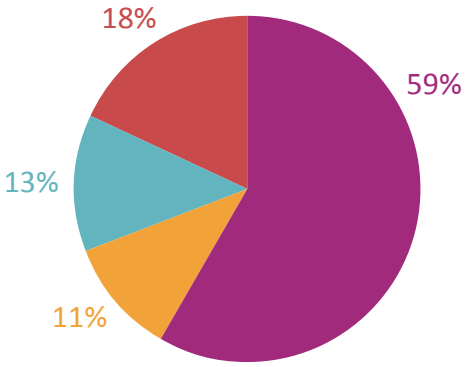



**Figure 7 – Percentage of carers' Pre-Prosocial Score for C&YP by risk level**

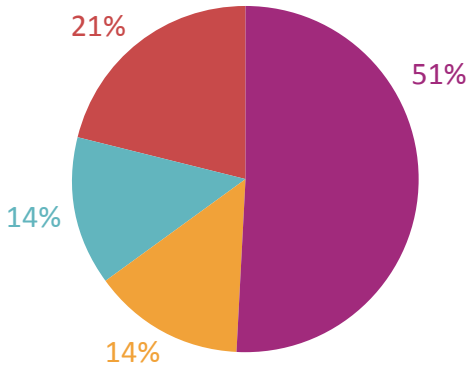
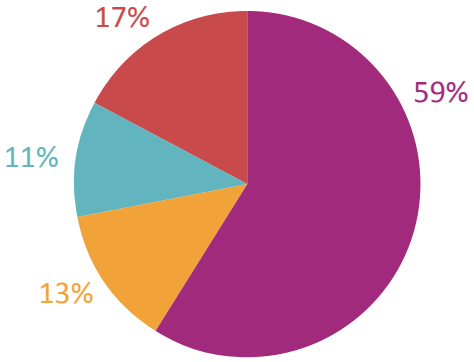



**Figure 8 – Percentage of carers' Post/ Review Prosocial Score for C&YP by risk level**



*Note: Percentages may not add up to 100 per cent due to rounding*

The SDQ is a brief behavioural assessment tool used to assess the psychological wellbeing of C&YP aged 2-17 (Youth in Mind 2015). The SDQ is comprised of five scales with five items each. The scores are added together to provide a total difficulties and prosocial behaviour score (Lawrence et al. 2015). The SDQ has differing versions that can be completed by parents, carers, and teachers. C&YP older than 11 years (depending on their level of understanding and literacy) can self- complete an SDQ. Due to the tools' ability to identify treatment effects, a 'Pre' and 'Post' SDQ can be administered to evaluate the impact of specific interventions. As such, the SDQ is commonly used to assess C&YP receiving specialised child and adolescent services.

140 C&YP in OzChild's IHC programs had both pre and review/post SDQ's completed by their parents during the 2022 reporting period (for TFCO, only C&YP who graduated from the program were included). This was a significant increase since the 2020-21 reporting period (58 completed SDQ's). The scores of these SDQ's were classified into four categories: 'Close to Average', 'Slightly Raised', 'High' and 'Very High' for the Total Difficulties (total emotional and behavioural difficulties) scale and 'Close to Average', 'Slightly Lowered', 'Low' and 'Very Low' for the Prosocial scale (Youth in Mind 2015). The categories were designed so that approximately ten 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). Therefore C&YP who have 'High', 'Very High', 'Low' and 'Very Low' scores indicate substantial risk of clinically significant problems.

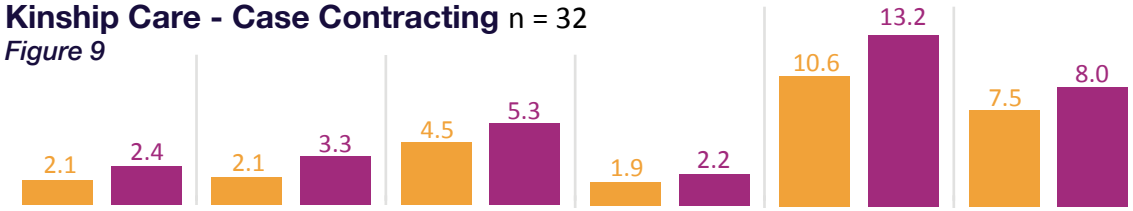
31 per cent of C&YP (43 C&YP) were in the 'High' and 'Very High' categories for Total Difficulties (higher risk) at the time of review or at the end of placement (a three per cent reduction since intake). Six per cent of C&YP moved to the lower risk category of 'Close to average' by review/post placement. The percentage of C&YP in the 'High' and 'Very High' categories for Total Difficulties at review/post placement has increased by seven per cent since 2020-21. There is also a 14 per cent decrease in C&YP moving to lower risk categories ('Close to Average', 'Slightly Raised') since 2020-21. The decrease in percentages may be due to the impacts of Covid-19 on C&YP in IHC (feelings of isolation as a result of decreased connection) and highlight the significance of documenting contributors to declining SDQ scores in the client management system so specific strategies can be identified to improve the wellbeing of these C&YP.

For the SDQ Prosocial subscale, 28 per cent of C&YP (39 C&YP) were in the 'Low' and 'Very Low' categories (higher risk) at the time of review or at the end of placement. These percentages demonstrate a 13 per cent decrease in C&YP in the higher risk categories 'Low' and 'Very Low' since 2020-21. Seven per cent of C&YP moved to the lower risk category of 'Close to Average' by review/post placement. This is slightly less in comparison to 2020-21 (where 10 per cent moved to the lower risk category) however, it should be noted that the decrease in C&YP moving to a lower risk category can be explained by the lower number of C&YP in the lower risk category at intake.

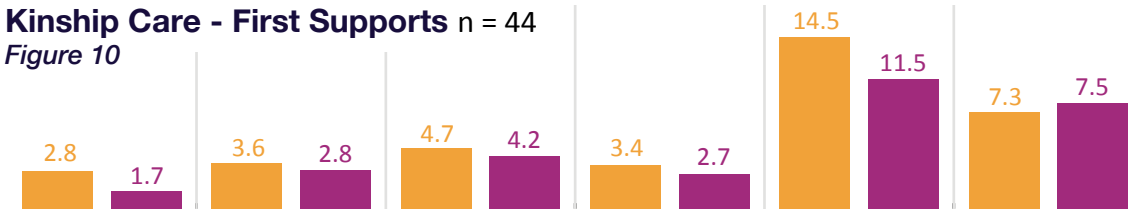
Although we saw significant improvements in the percentage of C&YP in the 'Low' and 'Very Low' 'categories (higher risk) for the Prosocial scale since the previous reporting period, the 'Very High' and 'High' for the Total Difficulties scale and the 'Very Low' and 'Low' categories for Prosocial scale are 21 per cent and 18 per cent respectively above the general population.

## Figures 9 – 13 *Average* pre and review/post SDQ scores

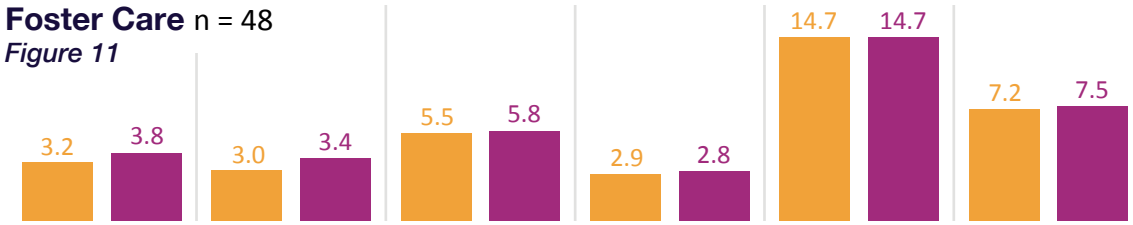
**Kinship Care - Case Contracting** n = 32
*Figure 9*



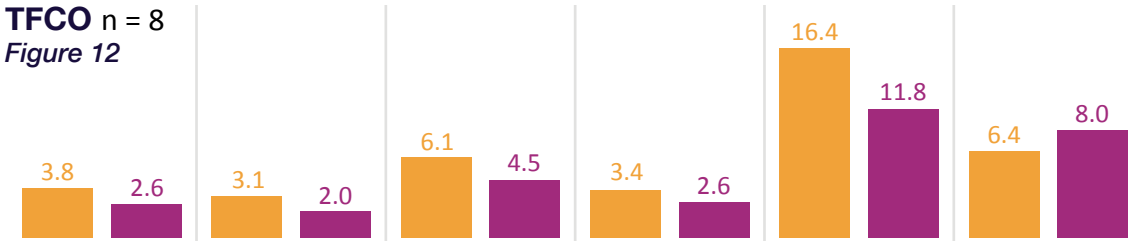

**Kinship Care - First Supports** n = 44
*Figure 10*



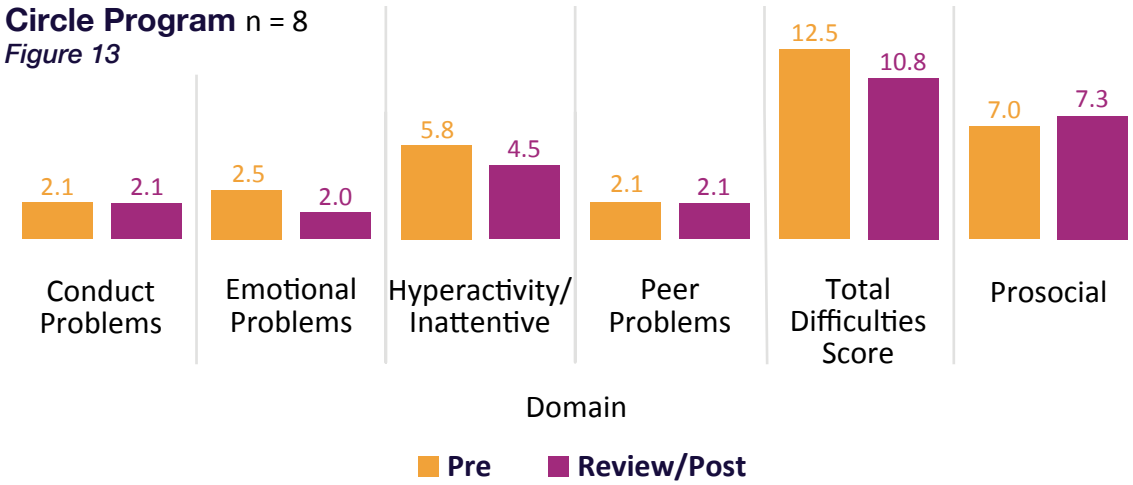

**Foster Care** n = 48
*Figure 11*




**TFCO** n = 8
*Figure 12*




**Circle Program** n = 8
*Figure 13*



The SDQ pre and review/post scores were analysed further by program, to identify any changes in scores over time. The analysis identified that in line with the previous reporting period, TFCO and Kinship Care – First Supports had the highest improvement on average total difficulty scores (28 per cent and 25 per cent respectively). These scores also display a three per cent and ten per cent improvement since 2020-21 for TFCO and Kinship Care- First Supports respectively. Kinship Care – Case Contacting saw a 25 per cent increase in average total difficulties scores and Foster Care had no improvement nor decline in total difficulties (0 per cent change since intake). TFCO had the highest average improvement to prosocial scores (25 per cent) with a four per cent increase since 2020-21. Kinship Care – Case Contracting, Kinship Care – First Supports, Circle Program, and Foster Care all had significantly lower improvements to prosocial scores (seven per cent, three per cent, four per cent and four per cent respectively) in comparison to TFCO and their 2020-21 scores. See *Figures 9-13* above.

Improvements to TFCO total difficulties and prosocial scores was attributed to the programs focus on shaping and rewarding positive behaviours. Specifically, program supervisors mentioned that supporting C&YP to establish routines, follow instructions, accept limits, use appropriate regulation techniques, and establish positive relationships with peers contributed to improvements.

For Kinship Care – First Supports, the improvements to the SDQ Total Difficulties scores were attributed to the stability of placements because of the immediate support provided to address a child or young person's specific needs (e.g., provision of practical items (furniture/clothing) or funding for school and extra-curricular activities to build family relationships and improve social skills) and placement stability.

Out of the 32 C&YP with SDQs, there were 17 C&YP in Kinship Care – Case Contracting whose SDQ Total Difficulties scores deteriorated during the review period (see *Figure 9*). Program leadership indicated that the decline could be attributed to the impact of Covid-19 restrictions where C&YP were more likely to disengage from school and feel isolated as a result of the abrupt shifts to online learning and restrictions on social interactions.

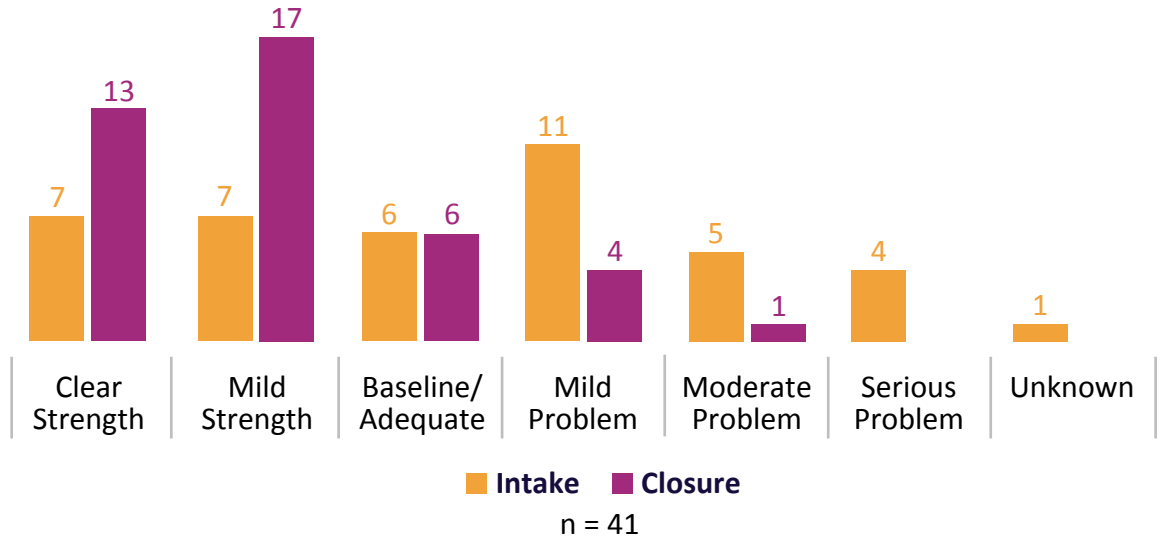
27 per cent of all C&YP requiring an SDQ (i.e., aged 3-4 and in placement for more than 6 months, over the age of 5 and in placement for 12 months, or for First Supports and TFCO, C&YP who had completed the program), had pre and review/post SDQs completed by their carer (*refer to Appendix 1 for a breakdown by program*). This is a 10 per cent increase since 2020-21. The SDQs administered to young people (11 years and over) as well as their teachers was significantly lower (19 completed and 27 completed respectively).

The significant increase in completed SDQ's could be attributed to the implementation of the 'Data Collection Quality Tool' where program staff were regularly informed of their team's completion rates of data they were required to collect. This tool enabled teams to see their progress, the quality of data captured and provided much needed prompting. Although there was an improvement in the percentage of completed SDQ's, the SDQ completion rate needs further improvement to accurately identify the wellbeing outcomes of C&YP in OOHC programs. Many C&YP had only a pre or a review/post SDQ collected (rather than both) and/or SDQ data captured within the client management system was incomplete/inaccurate, or in some instances still on legacy systems not transferred onto the new system.

After conversations with some IHC teams, it emerged that there was a gap in knowledge and confidence regarding the administration of the SDQ. This knowledge gap emphasizes the need for increased monitoring of SDQ data quality with support from the Planning and Performance Team (such as continued implementation of the Data Collection Quality Tool or similar outcomes measuring tools). To improve knowledge and confidence of the SDQ, training should be provided at regular intervals together with regular question and answer sessions where barriers to delivering the SDQ can be promptly addressed.

The NCFAS was used by two programs (Kinship Care – First Supports and TFCO) to assess improvements to overall Child Wellbeing. For Kinship Care - First supports, the NCFAS was used on all C&YP who exited the program. For TFCO, the NCFAS was used when the C&YP returns to their birth family, or on a case-by-case basis when the aftercare option is with kinship families[10]. The NCFAS is not administered to all C&YP in the TFCO program as not all C&YP return to their birth or kinship families. Families from Kinship Care -Fist Supports and TFCO who had an assessment undertaken at both intake and closure were included in the below analysis.

**Figure 14 – Number of First Supports families with *improvements* to Child Wellbeing**

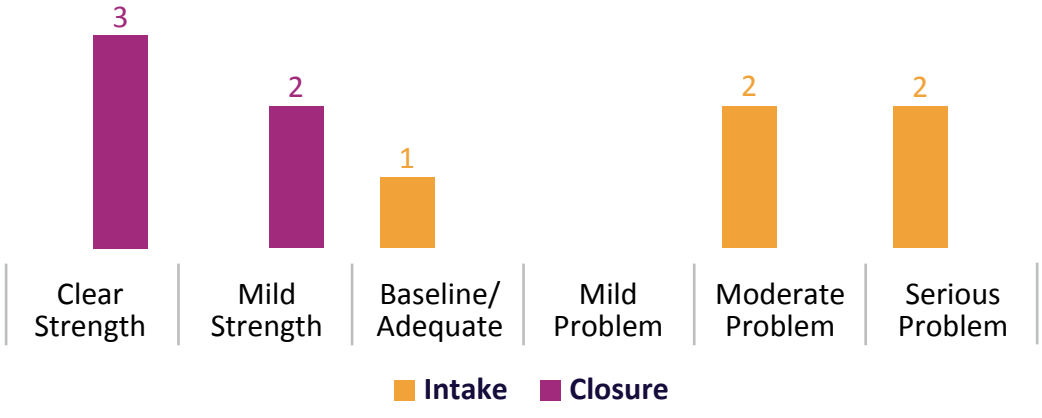



n = 41

In Kinship Care – First Supports, 41 families completed the subscales within the overall Child Wellbeing domain. Improvements to overall Child Wellbeing was evident as 30 families had a clear strength or mild strength rating at program closure in comparison to 14 families at program intake *(see Figure 14)*.

Prior to intervention, 11 families had a mild problem rating, five families had a moderate problem rating, and four families had a serious problem rating) *(see Figure 14)*. At program closure, 15 of these families had either a baseline/adequate rating (three families), mild strength rating (ten families), or a clear strength rating (two families). Three families maintained a mild problem rating at program closure. One family had a slightly improved rating (moderate problem rating at intake and mild problem rating at closure). One family had a deteriorated problem rating and went from a mild problem rating at intake to a moderate problem rating at program closure.

**Figure 15 – Number of TFCO families with *improvements* to Child Wellbeing**




n = 5

There are five families within TFCO (VIC, NSW, and QLD) who completed the subscales within the overall Child Wellbeing domain. Four families had either a moderate problem rating or mild problem rating at program intake. One family had a baseline/adequate rating. By program closure, all families had either a clear strength rating or mild strength rating.

10 *This refers to instances where complexities or issues around family functioning have been identified within kinship families.*

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

### *3.2.1 The number and proportion of children and young people who have had their annual health check of their physical, developmental, psychosocial and mental health needs*

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). In Queensland (QLD), case management is undertaken by the Department of Child Safety, Youth and Women who manage and monitor annual health and development, and dental assessments. In previous years this information was not shared with OzChild and as a result not recorded in the client management system. For this reporting period (1 May 2021- 30 April 2022) QLD data was recorded in the client management system and therefore included in the below analysis.

The below analysis includes C&YP who were eligible for health and developmental and dental assessments throughout the reporting period (1 May 2021- 30 April 2022) who had their status of completion input into the client management system[11].

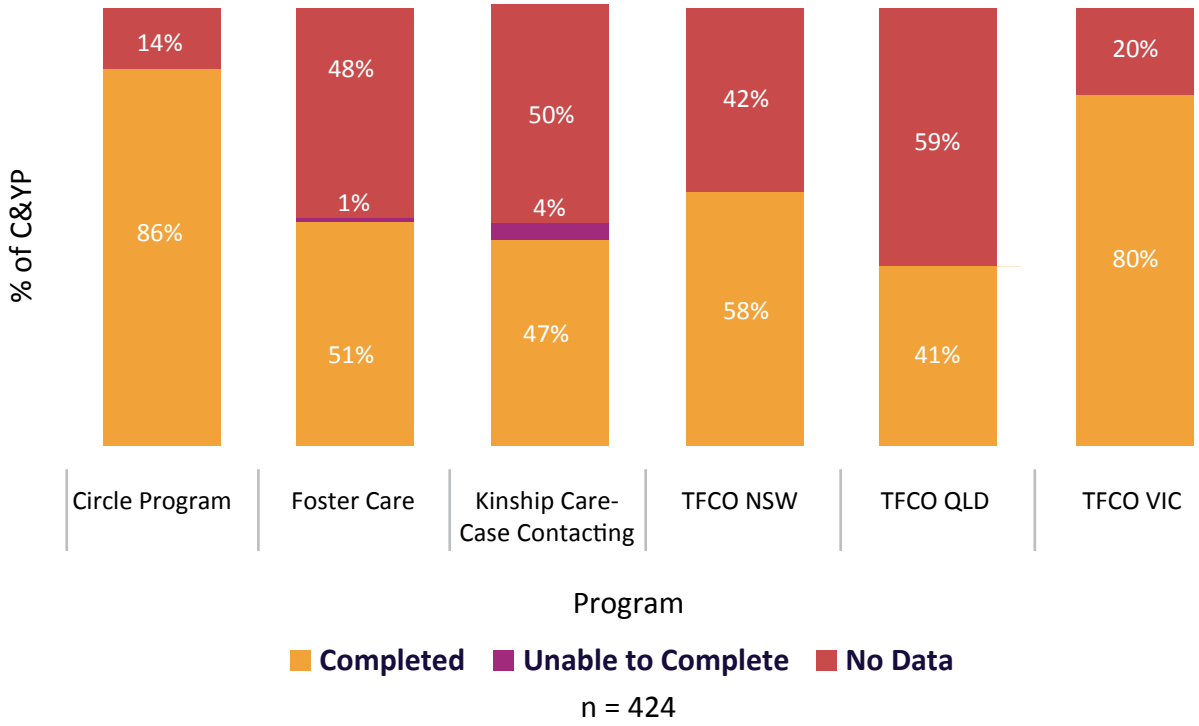
There were 424 C&YP aged five and older eligible for both the annual health and developmental and dental assessments. The Circle Program – VIC had the highest percentage of completion of health and dental assessments (86 per cent and 79 per cent respectively), closely followed by TFCO – VIC (80 per cent and 60 per cent respectively) (see *Figures 16 and 18*).

There were 104 C&YP aged between two and five eligible for the six-monthly health and developmental and dental assessments. These C&YP were from Foster Care – VIC and Kinship Care – Case Contracting. Foster Care - VIC had a higher percentage of completed health and developmental assessments compared to Kinship Care – Case Contracting (46 per cent and 29 per cent respectively) (see *Figure 17*). In regard to dental assessments, Foster Care - VIC had a completion rate of 20 per cent and Kinship Care had a slightly lower completion rate of 17 per cent (see *Figure 19*).

The analysis in *Figures 16 to 19* demonstrates considerably high rates of C&YP without data in the client management system indicating the status of annual health and developmental or dental assessments. Consultation with program staff identified that these high rates of C&YP without data were often C&YP who did not have their health and developmental or dental assessments completed, or this information was recorded elsewhere on the client management system. For C&YP who did not have their health and developmental or dental assessments completed, barriers included long waitlists due to Covid-19 restrictions, carers not prioritising these assessments if C&YP did not have conditions that required regular monitoring, challenges engaging carers to coordinate assessments or, C&YP declining engagement in these assessments. It was also mentioned that obtaining dental assessments had increased challenges due to delays in receiving funding.

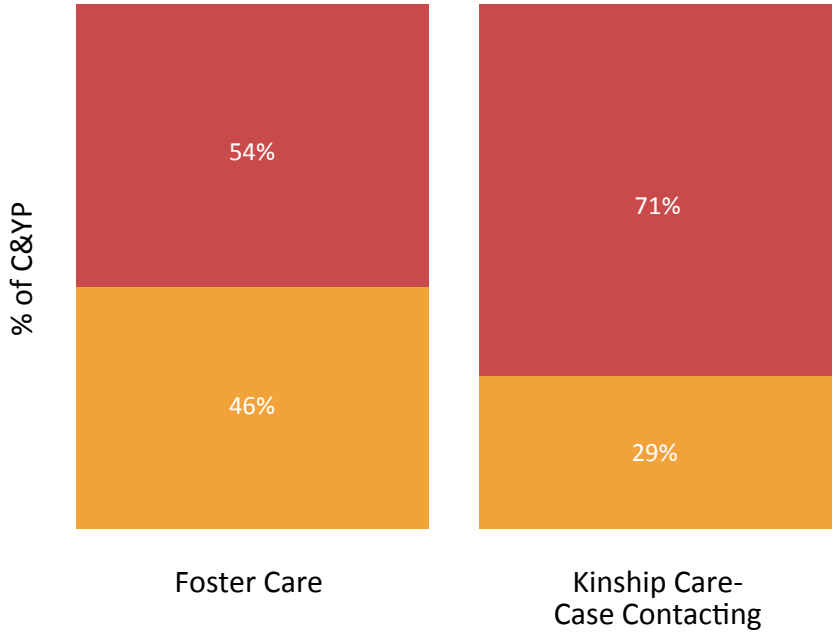
*11 C&YP in care for more than 28 days during the reporting period were eligible for the annual/ six monthly (dependant on age) health and developmental, and dental assessments.*

**Figure 16 – Status of Health and Development Assessments for C&YP aged 5 and older, 1 May 2021 – 30 April 2022**



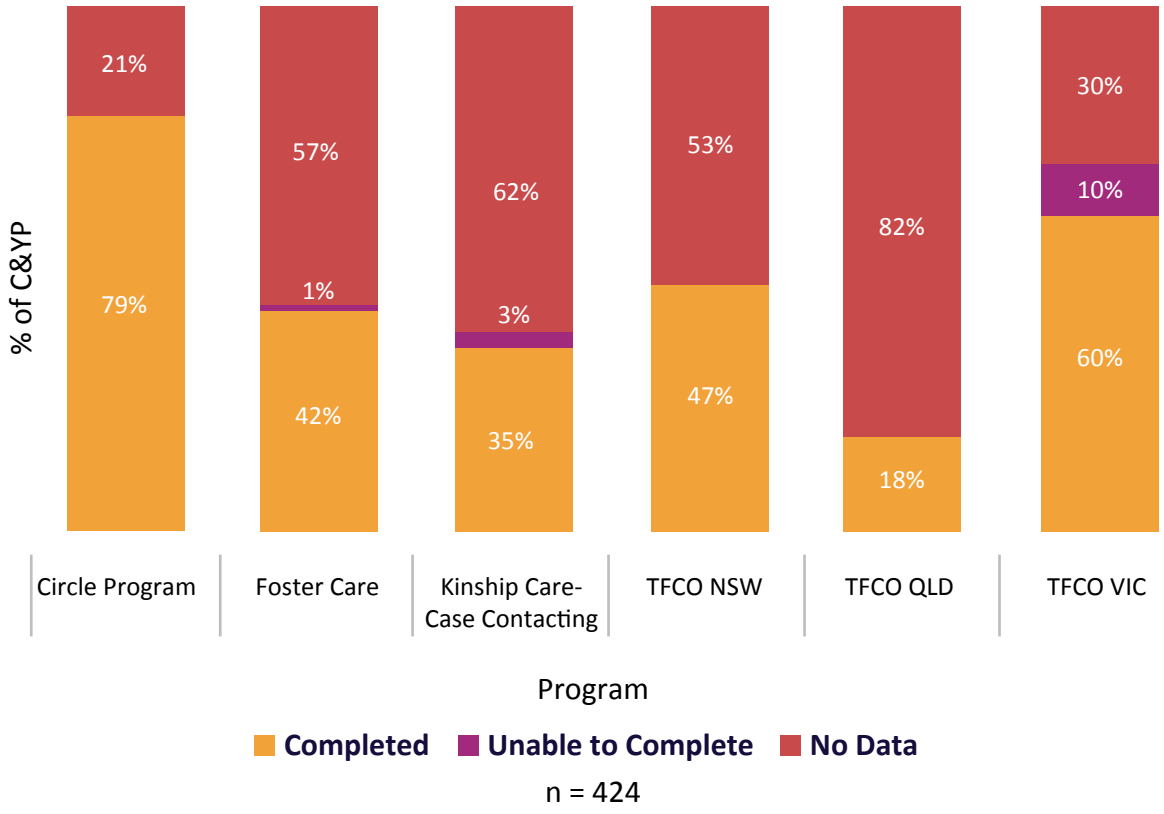

n = 424

**Figure 17 – Status of Health and Development Assessments for C&YP aged 2-5, 1 May 2021 – 30 April 2022**



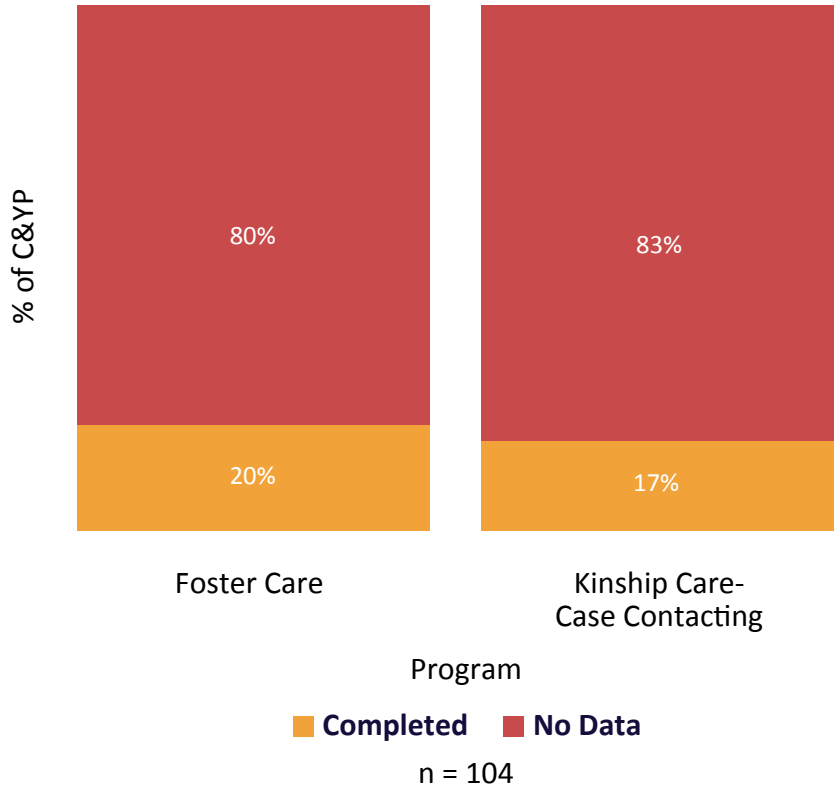

n = 104

**Figure 18 – Status of Dental Assessments for C&YP aged 5 and older, 1 May 2021 – 30 April 2022**




n = 424

**Figure 19 – Status of Dental Assessments for C&YP aged 2-5, 1 May 2021 – 30 April 2022**

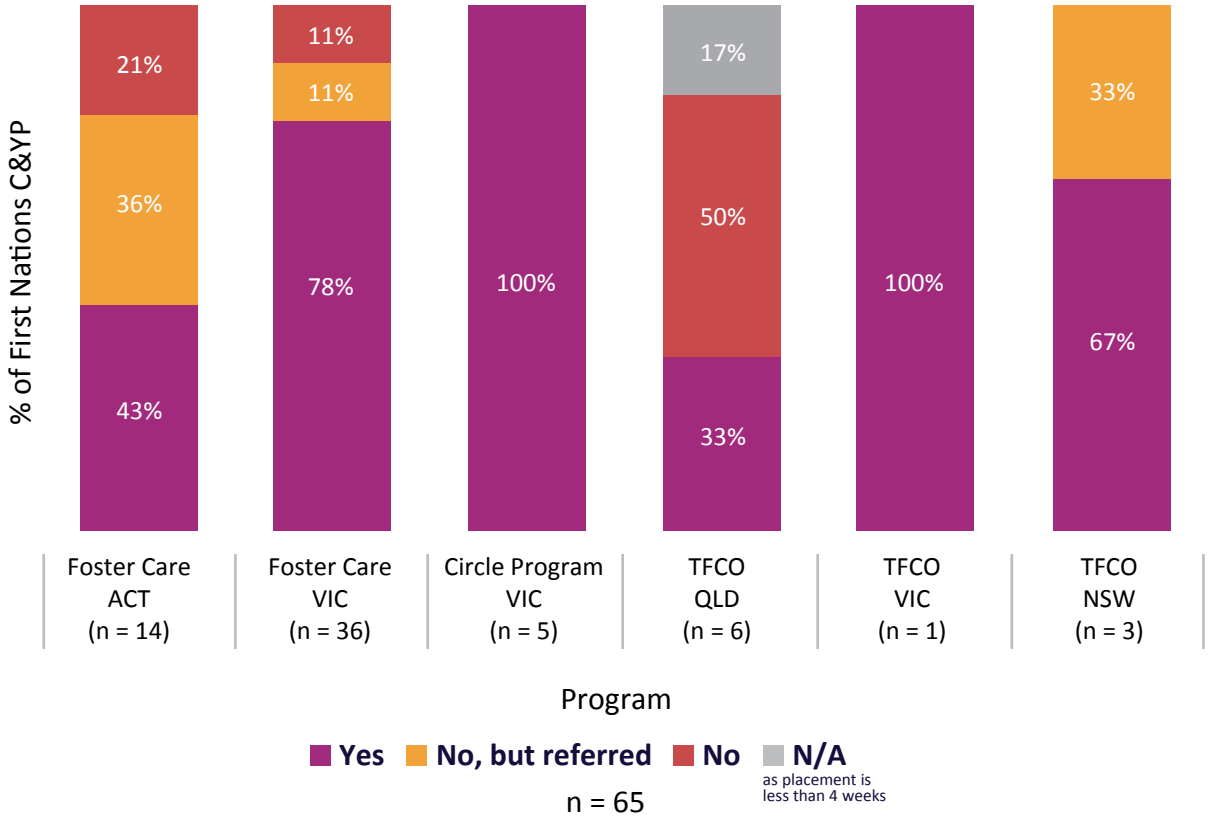



n = 104

As part of the First Nations Cultural Connections Review conducted during April 2022, 715 Aboriginal and Torres Strait Islander Health Check data was collected by programs with First Nations C&YP (Foster Care, TFCO and Circle Program).

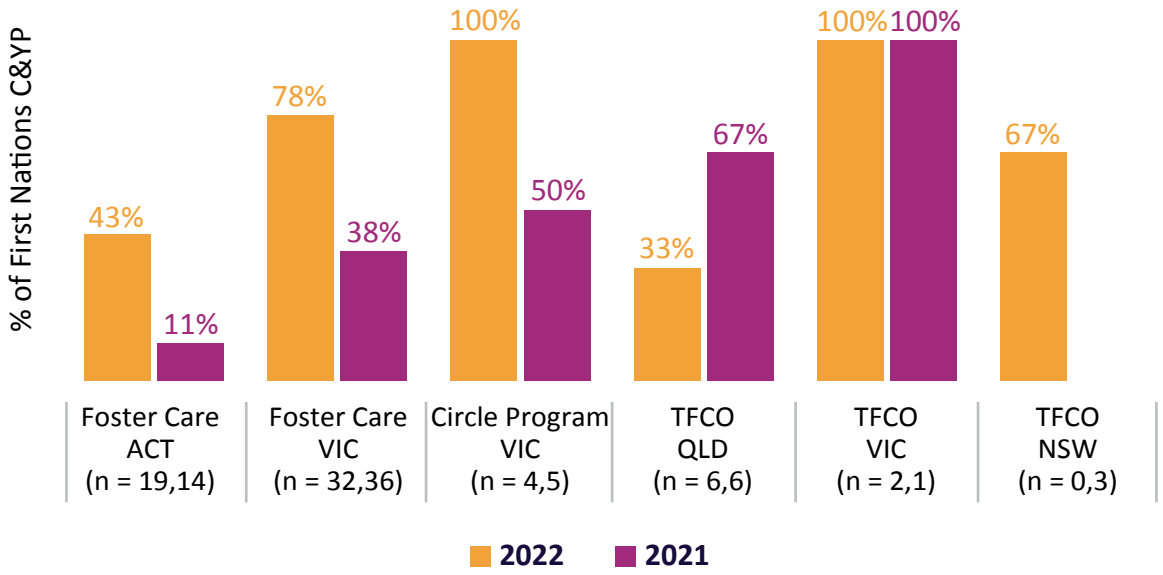
68 per cent of First Nations C&YP had received their annual 715 Aboriginal and Torres Strait Islander Health Check within the last 12 months (see Figure 20 for breakdown by program). This is a significantly higher rate since 2020-21 where 32 per cent of C&YP had their annual health check (36 per cent increase). It should be noted that 15 per cent of C&YP had been referred for an Aboriginal Health Check. These percentages include Aboriginal Health Checks performed at both Aboriginal Health Services and at mainstream health clinics. One C&YP (two per cent) was not eligible as they were in placement for less than four weeks.

**Figure 20 – First Nations C&YP who received their *annual* 715 Aboriginal and Torres Strait Islander Health Check, April 2022**




Increases in the percentage of C&YP who received their annual Aboriginal Health check was observed in Foster Care- ACT, Foster Care- VIC, and the Circle Program (see Figure 21 for a 2021-22 comparison). Although Foster Care – ACT had an increase in C&YP receiving the health check, their percentage is considerably lower in comparison to the other programs (excluding TFCO – QLD). Program leadership from Foster Care – VIC and the Circle Program attributed the improved rates to improved cultural awareness of carers as a result of culturally appropriate education and training facilitated by Dhiiyaan Mirri, case managers/therapists advocating the importance of taking First Nations C&YP to Aboriginal health providers, and a heightened concern for health as a consequence of the Covid-19 pandemic.

**Figure 21 – First Nations C&YP who received their annual 715 Aboriginal and Torres Strait Islander Health Check 2021-2022 Comparison**




C&YP in TFCO - QLD had a 50 per cent decline in the percentage of C&YP receiving their annual Aboriginal and Torres Strait Islander health check since 2020-21. Program leadership mentioned that this decrease was attributed to a range of barriers including First Nations C&YP in OOHC care since birth with a lack of connection to their First Nations culture, long waitlists to receive the annual Aboriginal Health Check, difficulty finding a suitable General Practitioner (GP) as not all GPs are accredited to administer the check, knowledge gap of carers, and other focuses/challenges that take priority (i.e., staying in school). These barriers point to the need for more awareness advocating the significance of the health check as well as greater assistance from case managers to assist carers in accessing the health check.

The percentages of C&YP receiving the Aboriginal and Torres Strait Islander health check in TFCO VIC remained the same for both 2021 and 2022 (100% respectively). As there were no First Nations C&YP in TFCO – NSW, we were unable to make a comparison.

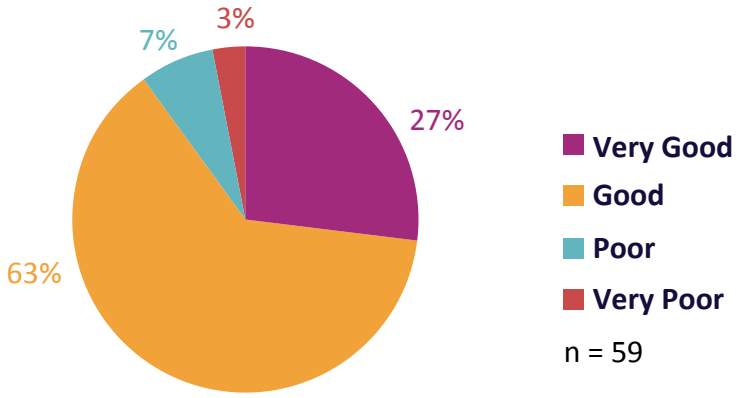
There were seven C&YP who did not receive the Aboriginal and Torres Strait Islander health check. These C&YP were from Foster Care – VIC and Foster Care- ACT. Barriers to receiving the health check included the impacts of Covid-19 restrictions, complex health needs requiring alternative management, staff yet to refer C&YP to the Aboriginal health services clinic, or the young person declining engagement in the Health Check.

### *3.2.2 The number and proportion of children and young people who feel supported with their physical health needs*

In the 2022 annual C&YP feedback survey, C&YP aged 11 years old and over were asked to describe their current physical health. 90 per cent of these C&YP described their physical health as 'Very Good' or 'Good'. This demonstrates a seven per cent decline since 2021. Although there is a decrease, it should be noted that there was a significant decrease of C&YP aged 11 years old and over who responded to the CYFPS in 2022 compared to 2021 (65 C&YP and 95 C&YP respectively) which may have impacted the change in percentage.

Six C&YP described their physical health as 'Poor' or 'Very Poor'. This is an increase since 2021 where four C&YP considered their physical health to be either 'Poor' or 'Very Poor'. Of the C&YP who described their physical health as either 'Poor' or 'Very Poor', there is a concern by staff that one C&YP may be overweight. Program staff advised that they were currently engaging this C&YP with their GP for assistance. Four C&YP who described their physical health as 'Poor' or 'Very Poor' had no physical health concerns however, all four have a disability. Program managers advised that the disabilities of these C&YP may have impacted their understanding of the question. One of these C&YP was described by program staff to have a fixed belief that their physical health was poor despite recently having a full health check confirming optimal physical health. Additionally, one of these C&YP was described to be concerned about their mental health and therefore may have misinterpreted the question to also regard their mental health. The last C&YP who described their physical health as 'Very Poor' had no disabilities or physical health concerns. Program staff were provided details of the C&YP and plan to have a follow up discussion.

**Figure 22 – C&YP's description of their *physical* health, April 2022**




Currently, data on whether physical health needs have been addressed, is not collected, measured, or evaluated at OzChild. There are also no agreed national measures for monitoring the health and well-being of C&YP in OOHC. Recent research has identified that C&YP in OOHC not only have poorer physical health compared to their peers, but also poorer mental, and developmental health (Webster 2016; Royal Australasian College of Physicians 2019). This is due to the adverse effects of neglect, abuse and trauma that lead to the disturbance to family structures and attachment. It is imperative that going forward, OzChild prioritizes collecting data relating to all aspects of health so that outcomes can be determined for all children in OOHC (Royal Australasian College of Physicians 2019).

## 3.3 Children and young people are engaged in and achieving in education

### *3.3.1 The proportion of children attending school*

School attendance for C&YP in IHC is assessed using two different methods depending on program. To assess attendance rates for C&YP in Foster Care, Circle Program and Kinship Care – Case Contracting, case managers are required to input school attendance rate data from school reports (where possible) into the client management system. In TFCO, attendance rates were collected for the term C&YP entered the program and the term occurring at program closure. Data was included in *Figures 23 and 24* if program staff had obtained the school attendance data required (2021 attendance data for Foster Care, Circle Program and Kinship Care - Case Contracting, and both intake and closure school attendance rates for TFCO) and correctly entered it into OzChild's client management system.

There was a significant decline in program staff from Foster Care, Circle Program and Kinship Care – Case Contracting inputting the school attendance rates of C&YP in the client management system in comparison to the previous reporting period. Attendance data was captured for 16 C&YP. This included 14 C&YP in Foster Care – South and two C&YP in Kinship Care – Case Contracting. This decline could be attributed to a decrease in prompting to input this information in the client management system throughout the reporting period (the Data Quality Checking Tool did not provide monitoring or review of this data). Out of this small sample, most C&YP had an average attendance rate between 80 and 100 per cent throughout 2021.

**Figure 23 – C&YP's *School* Attendance Rates by Program, 2022**

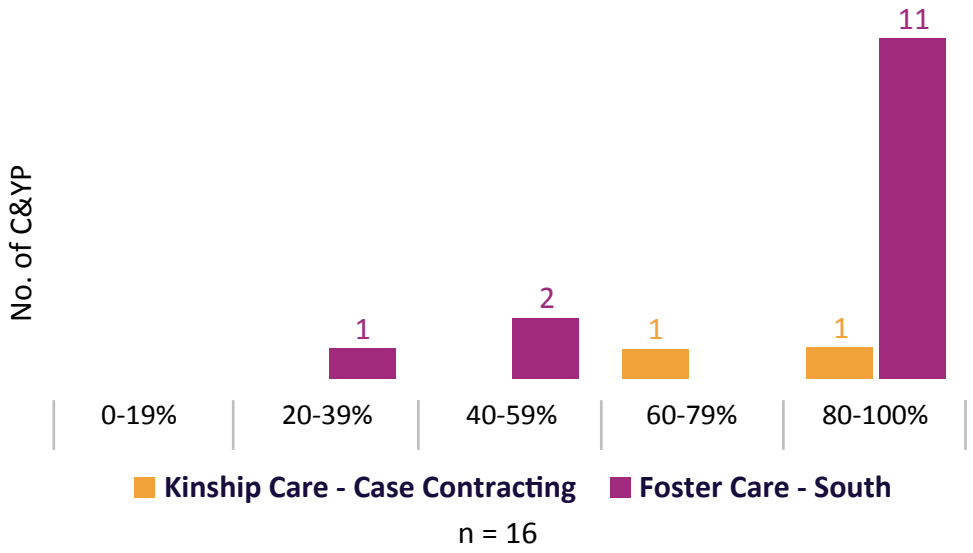


**Figure 24 – Comparison of Intake and Closure School Attendance Rates, TFCO**

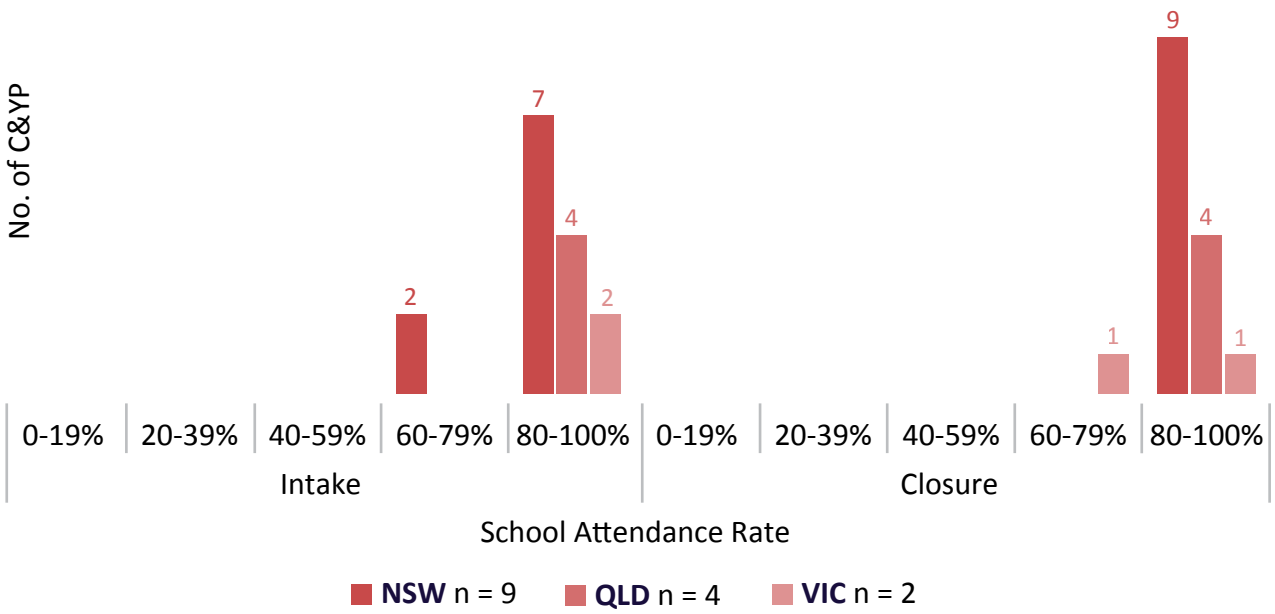



*Figure 24* represents C&YP who have graduated from TFCO between 1 May 2021 and 30 April 2022 where attendance data at program intake and closure was available. Two C&YP in TFCO – NSW had improvements to their school attendance (between 10 and 25 per cent). The remaining seven C&YP in TFCO - NSW had slight increases or maintained a good (between 80 and 100 per cent) attendance rate from program intake to closure. All C&YP in TFCO – QLD maintained attendance rates between 80 and 100 per cent between program intake and closure. One C&YP in TFCO – VIC had an 18 per cent decline in school attendance at program closure.

Although a very small sample, our analysis indicates that 83 per cent of C&YP in IHC are attending school full-time, compared to close to 100 per cent of their peers in the community. It is essential that schools, practitioners, case managers, carers and parents work together to maximize 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).

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., ensuring program staff obtain and enter attendance rates upon entry into the program and at regular review periods) will assist OzChild case managers in understanding the impact that OzChild Foster Care, Circle Program and Kinship – Case Contracting services are having on C&YP's school attendance. However, it should be noted that schools may not always provide this data upon request, particularly in instances where the child/young person has changed schools.

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

**Figure 25 – C&YP's in Foster Care, Circle Program and Kinship Care-Case Contracting who have met minimum Reading Requirements by Program, 2022**

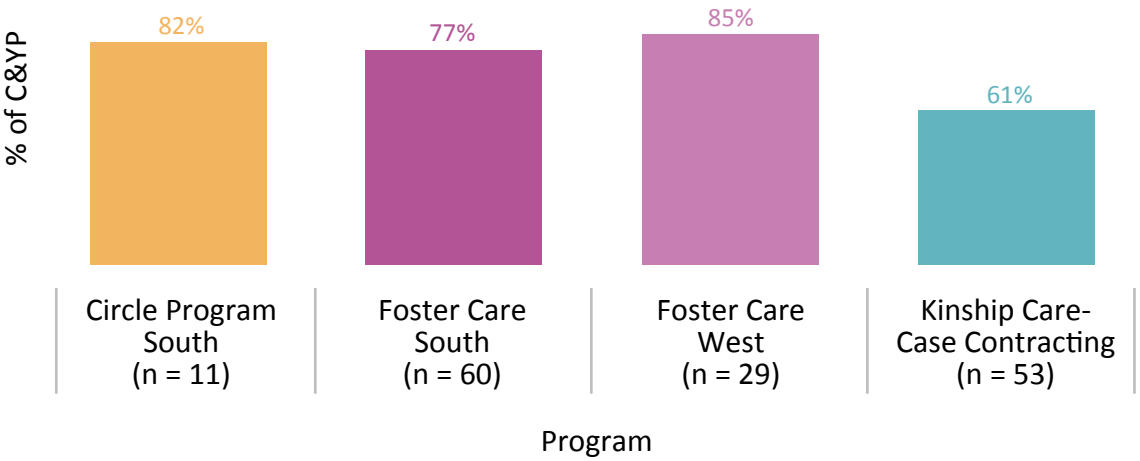
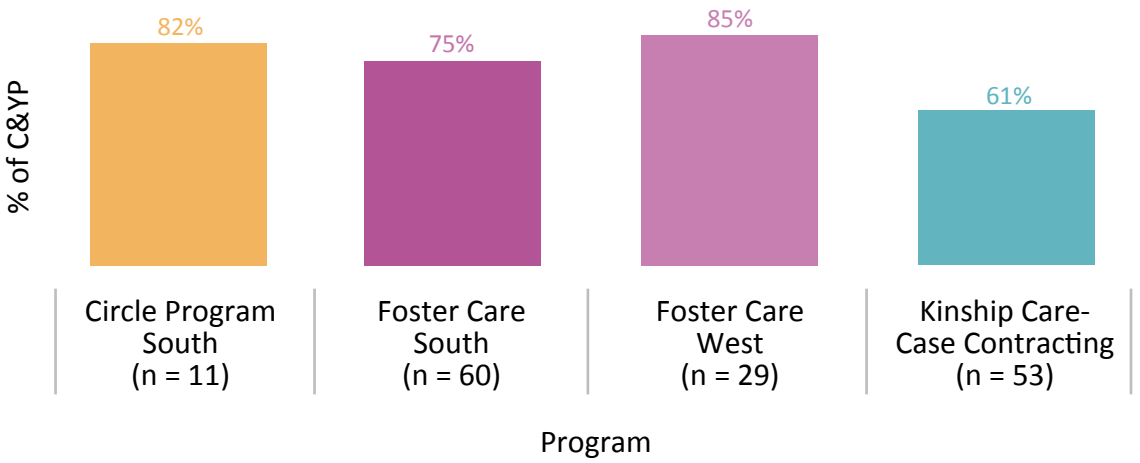



**Figure 26 – C&YP's in Foster Care, Circle Program and Kinship Care-Case Contracting who have met minimum Numeracy Requirements by Program, 2022**

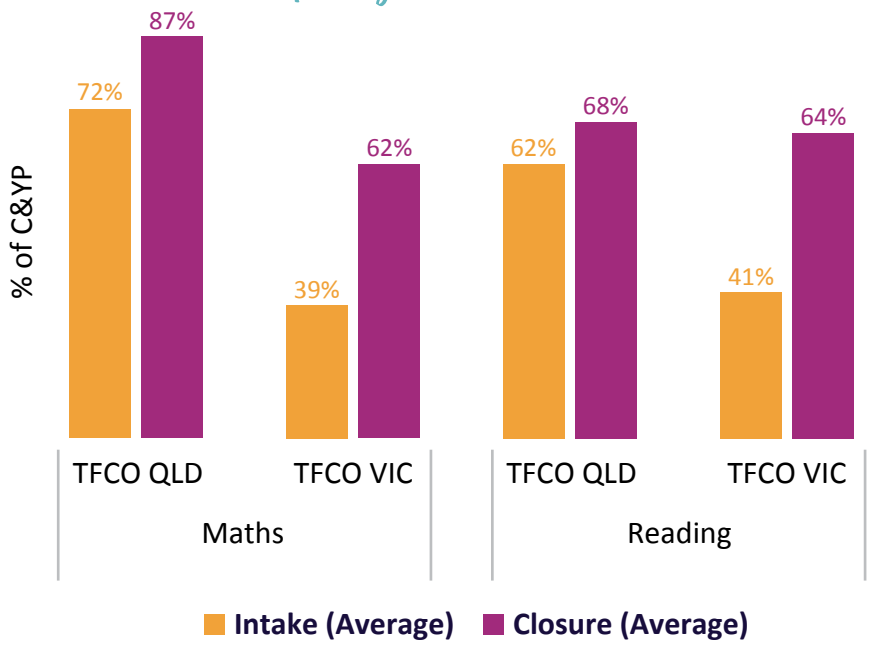



Data was collected to identify the C&YP currently in IHC who have met the minimum Reading and Numeracy requirements based on most recent data available (2021 or 2022 data depending on program). This data was available for Foster Care – South VIC, Foster Care – West VIC, Circle Program – South VIC, and Kinship Care – Case Contracting. The results indicate that on average, 76 per cent and 75 per cent of C&YP in these programs are meeting the minimum Reading and Numeracy requirements respectively. C&YP who were attending a specialist school for children with disabilities have been excluded from this analysis. Foster Care- West VIC had the highest percentage (85 per cent) of C&YP who had met the minimum Reading and Numeracy requirements. Kinship Care – Case Contracting had the lowest percentage of C&YP (61 per cent) meeting the minimum requirements. It should be noted that the programs with the highest percentages of C&YP meeting the minimum requirements (Foster Care – West VIC and Circle Program –South VIC) had less available data and significant changes to percentages could be attributed to one or two C&YP.

Program management of Kinship Care – Case Contracting advised that the lower percentage of C&YP meeting the minimum Reading and Literacy requirements could be attributed to Covid 19 where the shift to online learning resulted in many C&YP disengaging, challenges coordinating meetings at school to identify supports required, ongoing challenges with obtaining an Educational Needs Analysis (ENA)[12] from the school and, increased challenges to access additional supports (i.e. Occupational Therapists, Student Support Services Officer, Navigator program[13] and LOOKOUT centres[14]), that could provide individualised sessions to address specific needs. It also emerged that challenges to receive funding for tutoring services together with changes to funding for integration aides (C&YP who were previously eligible, are no longer able to receive this support) may have also impacted C&YP minimum achievements.

Program leadership should investigate strategies to improve C&YP educational achievements by identifying C&YP not meeting the minimum Reading and/or Numeracy requirements and advocate to ensure that these C&YP are receiving the appropriate supports and accommodations to succeed.

**Figure 27 – Comparison of *Average* PAT scores for C&YP in TFCO**




The PAT assesses the vocabulary, comprehension, and numeracy skills of C&YP in school (Fogarty 2007). PAT scores determine student progress as well as the required teaching materials and methods most suitable to students.

Seven out of the 15 C&YP that graduated from TFCO undertook PAT assessments at intake and closure and had their PAT scores captured in the client management system. Six C&YP completed both the reading and maths PAT at intake and closure. One C&YP completed only the reading PAT at both intake and closure. These C&YP were from TFCO QLD and TFCO VIC. There were no intake and closure PAT assessments for TFCO NSW. There were improvements to the average PAT scores for maths and reading for both TFCO QLD and TFCO NSW (*see Figure 27*). Consultation with program staff revealed ongoing challenges engaging C&YP to complete the PAT, particularly the Pre PAT where barriers such as placement breakdowns before the PAT can be administered and disengagement from adolescents to complete the Pre PAT were common. Program staff advised that adolescents often engaged in the PAT after they settled in the program, providing an insight on the most suitable teaching methods and accommodations.

12 *The Educational Needs Analysis is a process of identifying and attending to the social, emotional, cultural, and educational needs and strengths of students in OOHC. It involves collecting, reviewing, and analysing personal, health and educational information from several sources to identify additional services and interventions. This analysis informs the development of a comprehensive Individual Education Plan or Personalised Learning Plan (DET 2018).*

13 *The Navigator program supports disengaged young people to return to education and learning. Navigator works with young people, their families and support networks to address issues underlying disengagement and help them re-engage with their education (DET 2021).*

14 *LOOKOUT centres have been created to boost the capacity of schools, carers, child protection practitioners and OOHC services to improve educational outcomes for children and young people living in OOHC (DET 2020).*

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

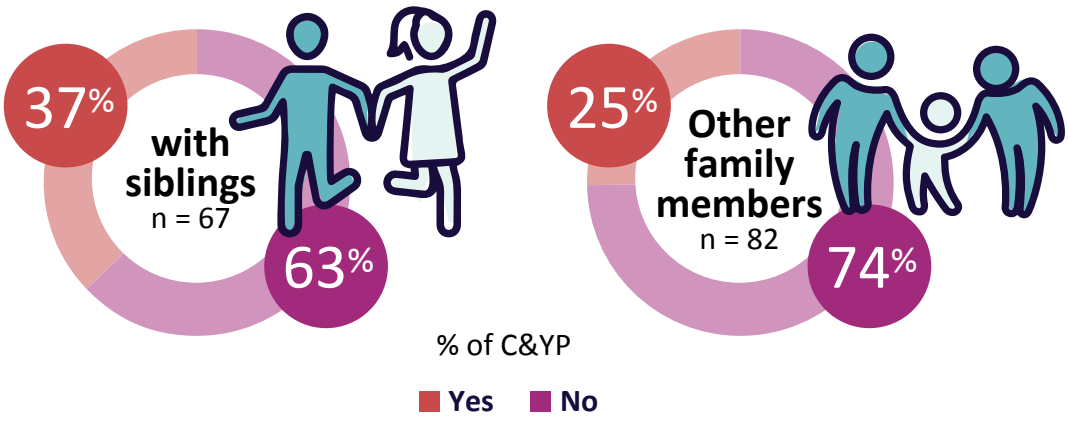
### *3.4.1 The proportion of children and young people who have contact with family*

The *CYPFS* identified that 37 per cent of C&YP wanted to change contact arrangements with their siblings and 26 per cent of C&YP reported they wanted to change contact arrangements with other family members (see *Figure 28*). C&YP without siblings or who have siblings that live with them were excluded from analysis. These rates are lower in comparison to CREATE's 2018 study where 50 per cent of C&YP reported that they wanted more contact with their siblings and 30 to 40 per cent of C&YP wanted more contact with family members.

All 25 C&YP who wanted to change contact arrangements with their siblings wanted to see their siblings more often. Most C&YP (n=20) stated they wanted to increase sibling visits. Additionally, one C&YP wanted to have a sleepover with their siblings, one C&YP wanted face-to-face visits in place of virtual visits, and three C&YP wanted to live with their siblings. These responses suggest that the frequency of sibling visits should be reconsidered. Whilst it is important to recognise the requests to increase sibling contact, this may not be beneficial for all children. For that reason, decisions to instigate or increase sibling contact should be considered on a case-by-case basis (Townley 2022). Regarding contact with family members, 19 C&YP wanted to see their family members more often and one C&YP mentioned they were considering the thought of changing contact. The responses suggest the frequency of family visits should be reconsidered for those C&YP who would like to increase contact with family members. Recent findings suggest that there are long-term benefits for children in OOHC maintaining contact with birth families, despite the short-term emotional challenges presented as a result of working through emotions like anger, resentment, and sadness (Townley 2022).

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). As such, details on the C&YP who have reported wanting to change their contact with siblings and/or family members 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 is in line with their individual case plans. It should also be noted that DFFH 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.

**Figure 28 – Percentage of C&YP that want to change contact arrangements with siblings or other family members, April 2022**



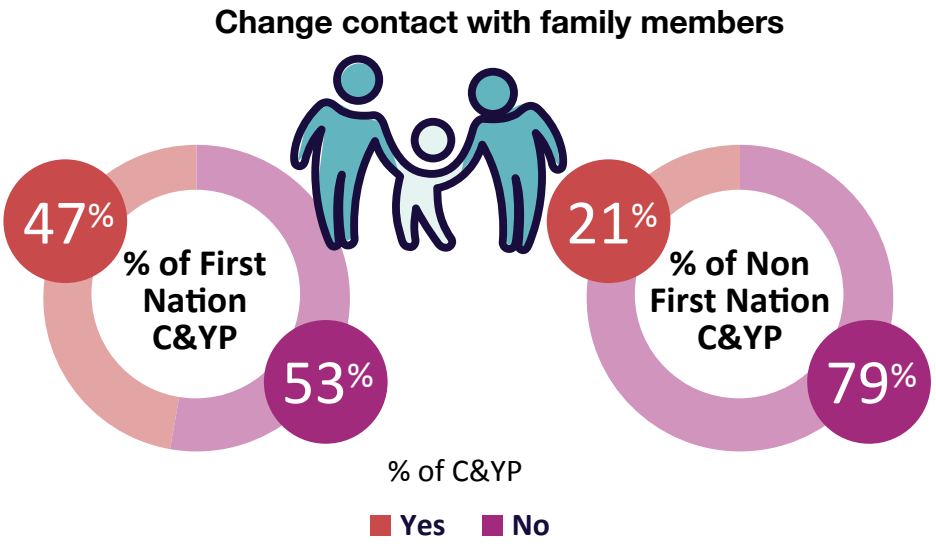

*Note: Percentages may not add up to 100 per cent due to rounding*

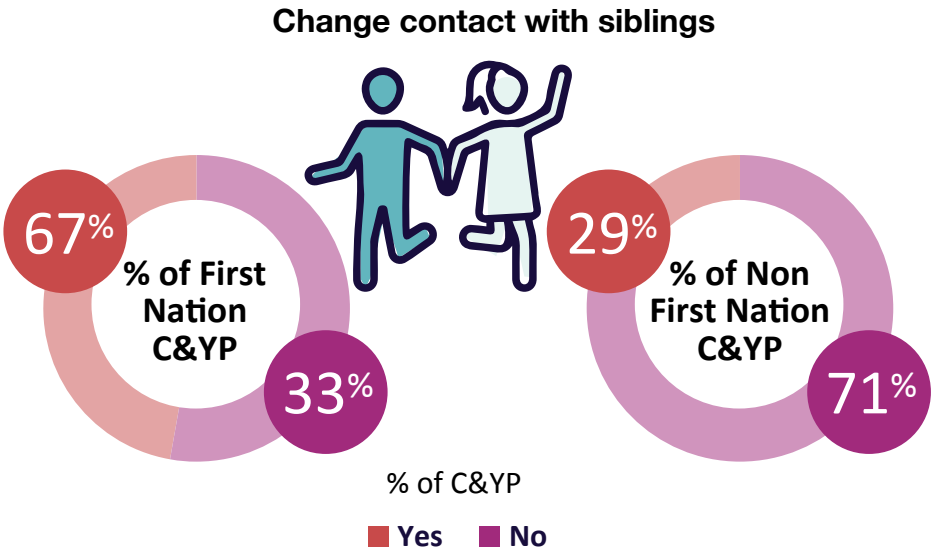
67 per cent of First Nations C&YP (10 C&YP) wanted to change contact arrangements with their siblings (*see Figure 29*). This is a 24 per cent increase since 2020-21. In comparison, 29 per cent of non-First Nations C&YP (15 C&YP) reported they wanted to change contact arrangements with their siblings. This is a two per cent decline since 2020-21.

47 per cent of First Nations C&YP (seven C&YP) wanted to change contact arrangements with family members compared to 21 per cent of non-First Nations C&YP (14 C&YP) (see Figure 29). The percentage of First Nations C&YP who wanted to change contact arrangements with family members increased by nine per cent since 2020-21. Like sibling contact, there was a nine per cent decline of non-First Nations wanting to change contact arrangements with their family members. These findings highlight that First Nations C&YP are more likely to want to change something about contact with siblings and/or family members in comparison to Non-First Nations C&YP. These findings also demonstrate a growing gap between First Nations and non-First Nations C&YP regarding the satisfaction with the frequency of contact with siblings and family members.

TFCO had the highest percentages of C&YP who wanted to change contact with their siblings and family members (*refer to Appendix 1 for a breakdown by program*). 64 per cent of C&YP in TFCO programs wanted to change something about contact with their siblings and again 64 per cent of C&YP in TFCO also wanted to change something about contact with family members. It was identified that the TFCO C&YP surveyed (93 per cent) had been on placement for two or less years. The decreased time on a TFCO placement is due to the nature of the program where C&YP live with a trained treatment foster carer for a short period of around six to 12 months.

**Figure 29 – Comparison of First Nations and non-First Nations who want to change contact arrangements with siblings or other family members, April 2022.**



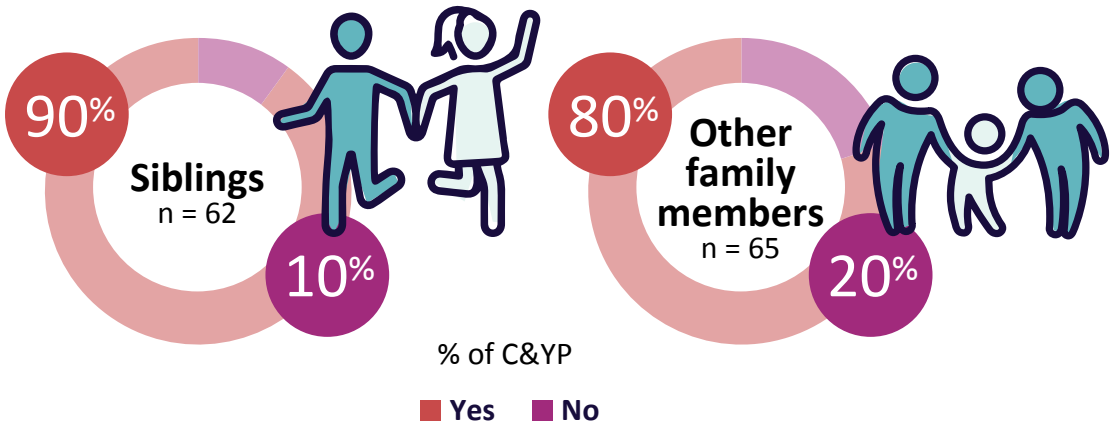



Compared to TFCO, Foster Care, Circle Program and Kinship Care- Case Contracting had less than 40 per cent of C&YP who wanted to change something about the contact with their family members and siblings (*refer to Appendix 1 for a breakdown by program*). Contrary to the C&YP in TFCO, 29 per cent of C&YP in Foster Care were in placement for two or less years. All C&YP in Kinship Care – Case Contracting, and the Circle Program were in placement for two or more years. Of the two C&YP in Kinship Care - First Supports, one C&YP reported they wanted to change contact with their siblings. Both C&YP did not want to change contact with their family members. Interestingly, both C&YP were in the program for less than two years (this is expected, due to the nature of the program). Of these programs, on average, 34 per cent of C&YP wanted to change something about the contact with their siblings and 19 per cent wanted to change something about the contact with their families. These findings indicate that C&YP who have been on placement for longer than two years, may either already have contact arrangements established with siblings and family members, or they are contact with their contact arrangements and family situation as they have had the time to adjust to their living situations.

For First Nations C&YP, developing cultural identity is imperative to achieving positive psychological outcomes (Bullen et al. 2015). Contact with birth families can contribute to a C&YP's cultural development by improving understanding of their culture and family history. *The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP)* requires that C&YP who are placed with non-First Nations carers maintain connections to their family, community, and cultural identity (Secretariat of National Aboriginal and Islander Child Care (SNAICC) 2017).

The First Nations Cultural Connections Review identified that 90 per cent of First Nations C&YP had regular contact with their siblings in care (see *Figure 30*). This is a three per cent increase since the previous reporting period. Six C&YP did not have regular contact with their siblings in care. Three C&YP were excluded from the analysis as they did not have any siblings. The barriers to regular contact included C&YP declining contact with their siblings, challenges with another agency, siblings being unknown and in the process of being identified, and one carer feeling threatened by their C&YP's birth family. It was also reported that for one C&YP, a connection with their siblings was being established at the time of the review. Of the C&YP who were in contact with their siblings, 38 per cent were living with their siblings whilst the remaining 47 per cent had weekly to monthly contact. The type of contact ranged from either face-to- face (66 per cent), virtual (seven per cent) or a combination of both (27 per cent).

**Figure 30 – Percentage of First Nations C&YP who have *contact* with family members, April 2022**




80 per cent of First Nations C&YP had regular contact with their families. Family members included parents, grandparents, cousins, aunties/uncles and other extended family members or kin. These percentages excluded siblings in care. This is a 21 per cent increase since 2021. The frequency of contact ranged between weekly to yearly and was either face to face or virtual.

13 C&YP (20 per cent) did not have contact with any of their family members. Program staff advised that this was commonly due to child protection risks included in the C&YP case plans, C&YP declining contact with family members, challenges with another agency, family members being unknown or family members being uncontactable/declining to engage. It was also reported that in two instances, Child Protection was responsible for facilitating contact with family members.

Of the 52 C&YP who reported they were in contact with First Nations family members, most C&YP (87 per cent) were in contact with their parents. 62 per cent were in contact with their grandparents, 50 per cent were in contact with their cousins, 56 per cent were in contact with their aunties and uncles and 54 per cent were in contact with other extended family members or kin. 21 per cent were in contact with all family members (parents, grandparents, cousins, aunties/uncles and other extended family members or kin).

The percentage of First Nations C&YP that had contact with their siblings in care has decreased since 2021 for Foster Care – ACT, Foster Care – West VIC and TFCO – QLD (see Figure 31). Program Leadership advised that this decrease was attributed to changes in circumstances of C&YP and contact plans controlled by an external agency. TFCO – VIC was the only program that reported an increase in sibling contact (50 per cent in 2021 to 100 per cent in 2022) but it should be noted that just one C&YP was reported on in this review in comparison to two C&YP in 2021. The percentage of C&YP who had regular contact with their siblings remained the same for Foster Care - South, and the Circle Program.

All First Nations C&YP in TFCO – NSW had contact with their family members (excluding siblings in care) (see Figure 32). Foster Care – ACT, Foster Care – South VIC, Foster Care – West VIC all saw an increase in the per cent of C&YP in regular contact with family members (excluding siblings in care) since 2021. The Circle Program – South and TFCO – QLD had the same percentage of C&YP in contact with their family members. TFCO – VIC was the only program with a decline, however there was only one C&YP reported for in the 2022 review.

**Figure 31 – Percentage of First Nations C&YP in regular *contact* with Siblings in Care as reported by Case Managers/Therapists, 2017-2022**

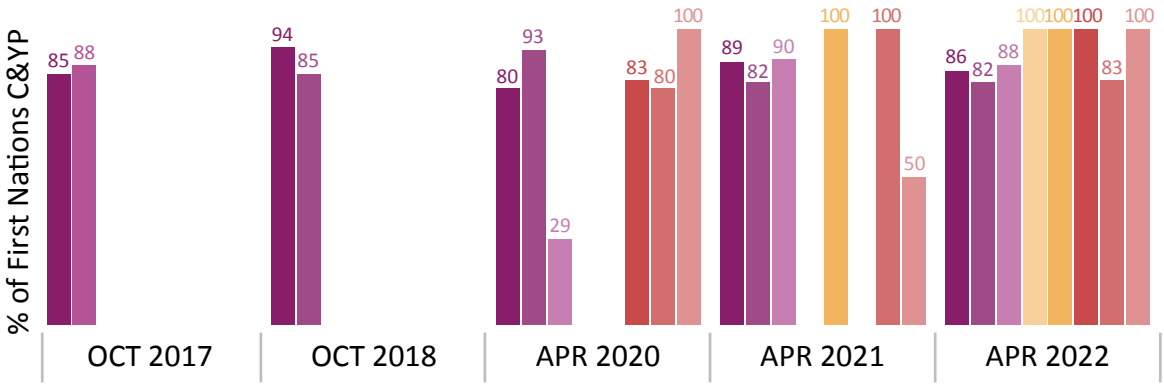
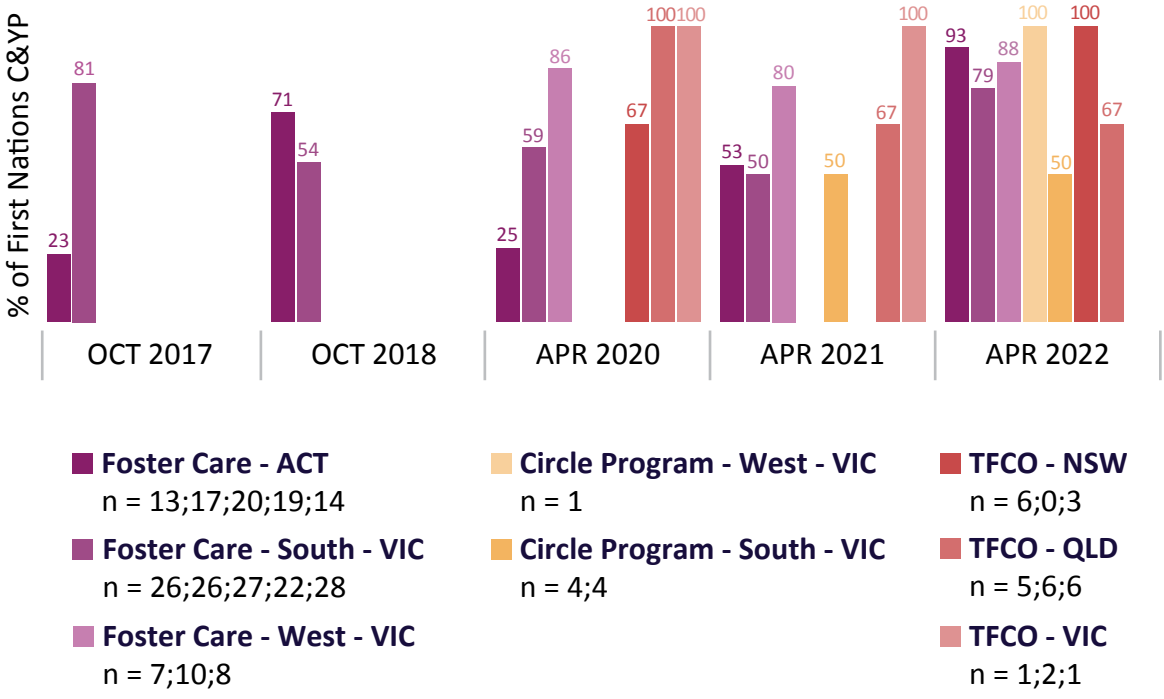
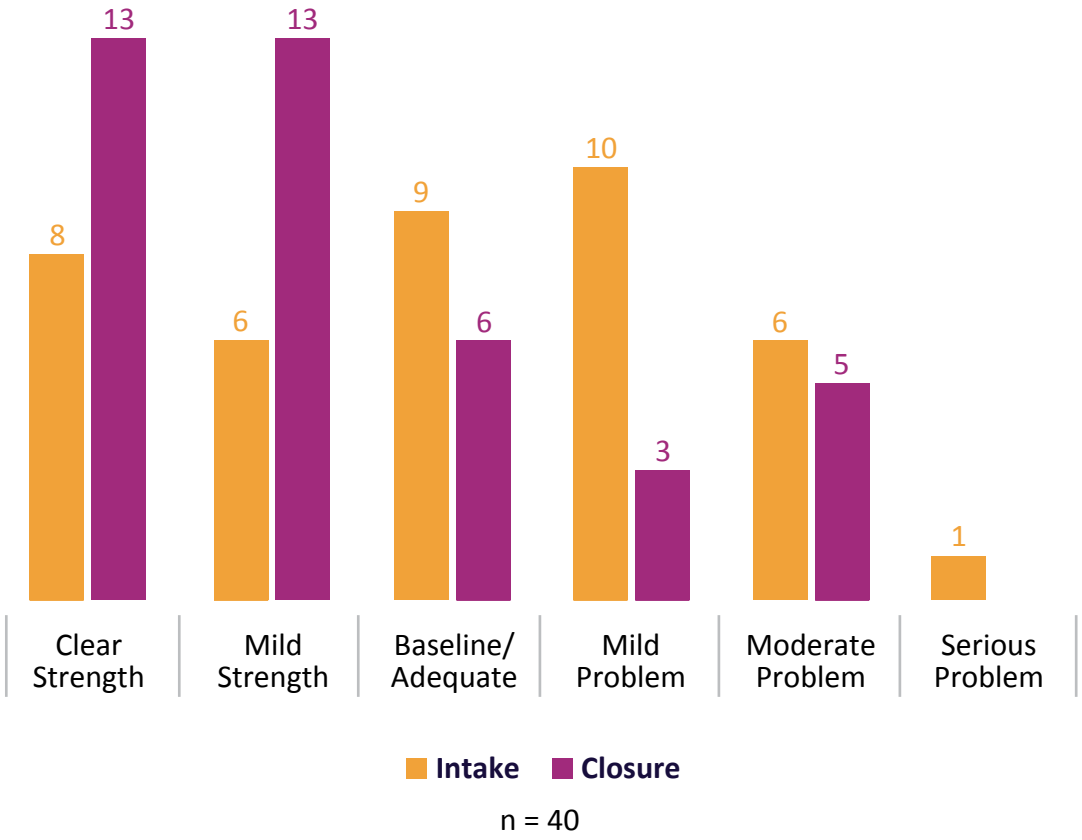



**Figure 32 – Percentage of First Nations C&YP in regular *contact* with Family Members as reported by Case Managers/Therapists, 2017-2022**



The NCFAS was used by two programs (Kinship Care – First Supports and TFCO) to assess improvements to overall Family Interactions. For Kinship Care - First supports, the NCFAS was used on all C&YP who exited the program. For TFCO, the NCFAS was used when the C&YP returns to their birth family, or on a case-by-case basis when the aftercare option is with kinship families[15]. The NCFAS is not administered to all C&YP in the TFCO program as not all C&YP return to their birth or kinship families. Families from Kinship Care -Fist Supports and TFCO who had an assessment undertaken at both intake and closure were included in the below analysis.

**Figure 33 – Number of First Supports families with *improvements* to Family Interactions**



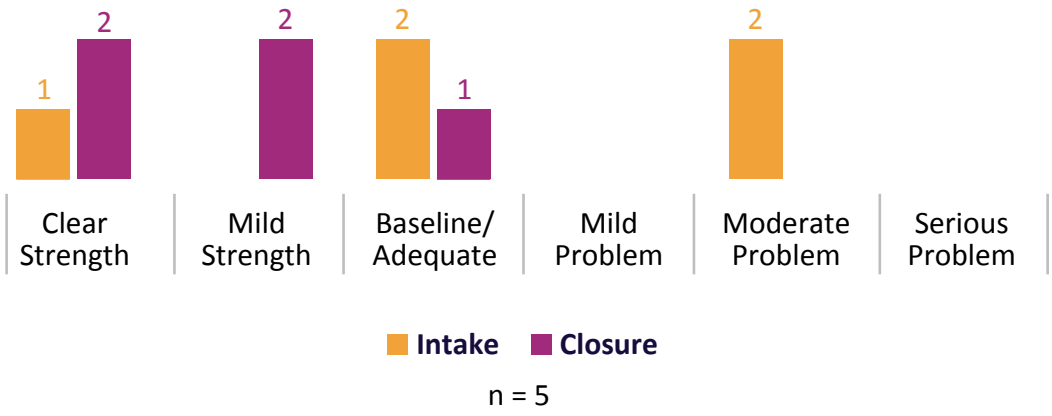

In Kinship Care – First Supports, 40 families completed the subscales within the overall Family Interaction domain. Improvements to Family Interactions was evident as 26 families had a clear strength or mild strength rating at program closure compared to 14 families at program intake (see *Figure 33*).

Prior to intervention, ten families had a mild problem rating, six families had a moderate problem rating, and one family had a serious problem rating (see *Figure 33*). At program closure, 10 of these families had either a baseline/adequate rating (three families), mild strength rating (four families), or a clear strength rating (three families). Program Leadership advised that these improvements were attributed to the support provided which assisted these families to make changes and improvements in their interactions with each other. Four families sustained a problem rating at program closure (two families sustained a mild problem rating and two families sustained a moderate problem rating). One family had a slightly improved problem rating (moderate problem at intake and mild problem at closure). Further, two families had a decline in their problem ratings and went from a mild problem rating at intake to a moderate problem rating at program closure. Interestingly, one family had a significant deterioration in their rating where they moved from a clear strength rating at program intake to a moderate problem at program closure.

15 *This refers to instances where complexities or issues around family functioning have been identified within kinship families.*

There are five families within TFCO (VIC, NSW, and QLD) who completed the subscales within the overall Family Interaction domain. Prior to intervention, two families had a moderate problem rating, and two families had a baseline/adequate rating (see *Figure 34*). By program closure, all families had either a clear strength, mild strength, or baseline/adequate rating. One family had a decline in ratings where their intake score was a clear strength, but by program closure their score decreased to baseline/adequate rating. Program leadership advised this was due to challenges with siblings in their current home environment.

**Figure 34 – Number of TFCO families with *improvements* to Family Interactions**




n = 5

## 3.5 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

### *3.5.1 The proportion of children and young people who feel connected with their culture and the community in which they live*

Overall, 53 per cent of C&YP surveyed reported they felt either 'A Lot' or 'Quite a Bit' in touch with their culture. This is an 11 per cent increase since March 2021.

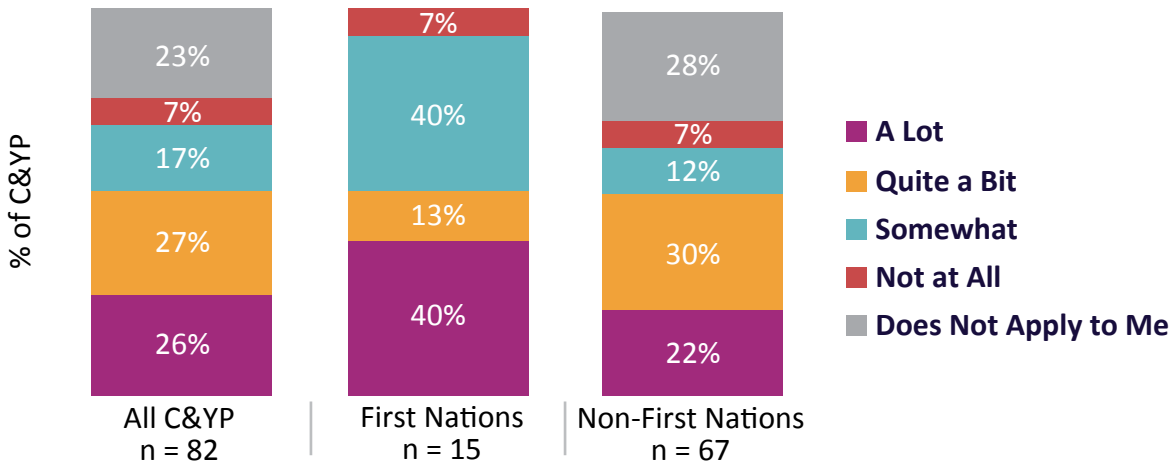
53 per cent of First Nations C&YP felt either 'A Lot' or 'Quite a Bit' in touch with their culture and community. These rates have increased by seven per cent since 2021. These responses are greater than those reported in CREATE's 2018 study where approximately one third of First Nations C&YP felt strongly connected to their culture and community. These responses are also higher compared to a study conducted by McDowall (2016) where just under a third of First Nations C&YP reported being quite or very connected to their culture and community. 47 per cent of First Nations C&YP felt either 'Somewhat' or 'Not at All' in touch with their culture. This is a 16 per cent increase since 2021. These responses are greater than both CREATE's 2018 study (where 30 per cent reported little connection) and McDowall's 2016 study (where just under 30 per cent felt little or no connection).

52 per cent of non-First Nations felt 'A Lot' or 'Quite a Bit' in touch with their culture and community. This has increased by 15 per cent since 2021. Altogether there were six C&YP who felt 'Not at All' in touch with their culture and community. These children were from various cultural backgrounds including Australian, Asian, European, Middle Eastern, and Aboriginal. One C&YP reported that they did not know their cultural background. These C&YP were from either Foster Care – VIC South, Foster Care – VIC West, and TFCO QLD. (*Refer to Appendix 1 for breakdown by program*). Program leadership will investigate this further and determine strategies for improving C&YP's connection to their culture and community.

Most C&YP (80 per cent) who felt 'Somewhat' or 'Not at All' in touch with their culture were aged 11 years and older. Program staff advised that adolescent C&YP were likely to feel less in touch with their culture as a result of spending most of their lives in the OOHC system without consistent connection to their culture. Program staff mentioned that these C&YP often require coaching to positively engage in activities that connect them to their culture. Additionally, it was also reported that C&YP who felt 'Not at All' in touch with their culture were placed with carers who had limited knowledge of their culture.

28 per cent (19 C&YP) believed that the question did not apply to them. These C&YP were from Foster Care –South VIC, Circle Program – South VIC, Circle Program – West VIC, TFCO QLD, and Kinship Care- Case Contracting Services (*refer to Appendix 1 for a breakdown by program*). Each of these C&YP were non-First Nations. 14 of these C&YP had either Australian, Middle Eastern or American cultural background. Three of these C&YP reported that they did not know their cultural background and two C&YP reported that they do not identify with any cultural background.

**Figure 35 – Percentage of C&YP who feel in touch with their *culture* and community, April 2022**

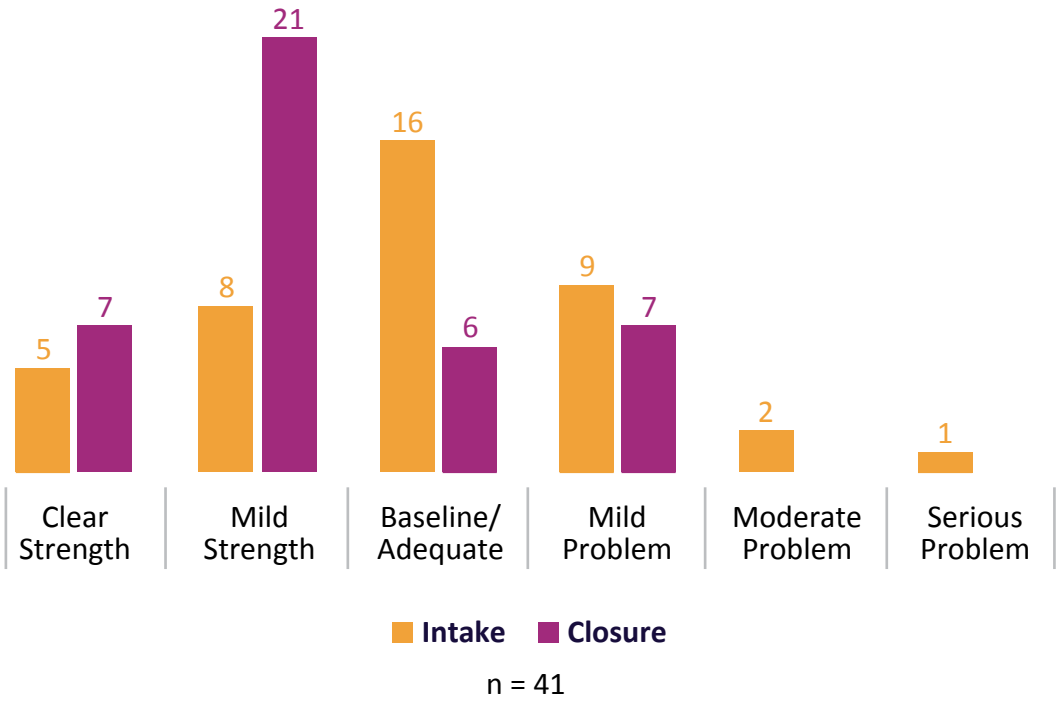



*Note: Percentages may not add up to 100 per cent due to rounding*

### *3.5.2 The proportion of children and young people who are connected with their culture and the community in which they live*

The NCFAS was used by two programs (Kinship Care – First Supports and TFCO) to assess improvements to Social Community/Life. For Kinship Care - First supports, the NCFAS was used on all C&YP who exited the program throughout the reporting period. For TFCO, the NCFAS was used when the C&YP returns to their birth family, or on a case-by-case basis when the aftercare option is with kinship families[16]. The NCFAS is not administered to all C&YP in the TFCO program as not all C&YP return to their birth or kinship families. Families from Kinship Care -Fist Supports and TFCO who had an assessment undertaken at both intake and closure were included in the below analysis.

**Figure 36 – Number of Kinship Care- First Supports *families* with improvements to Social and Community Life**




n = 41

In Kinship Care – First Supports, 41 families completed the subscales within the Social/Community Life domain. Improvements to social/community life was evident as 28 families had a clear strength or mild strength rating at program closure compared to 13 families at program intake (see *Figure 36*).

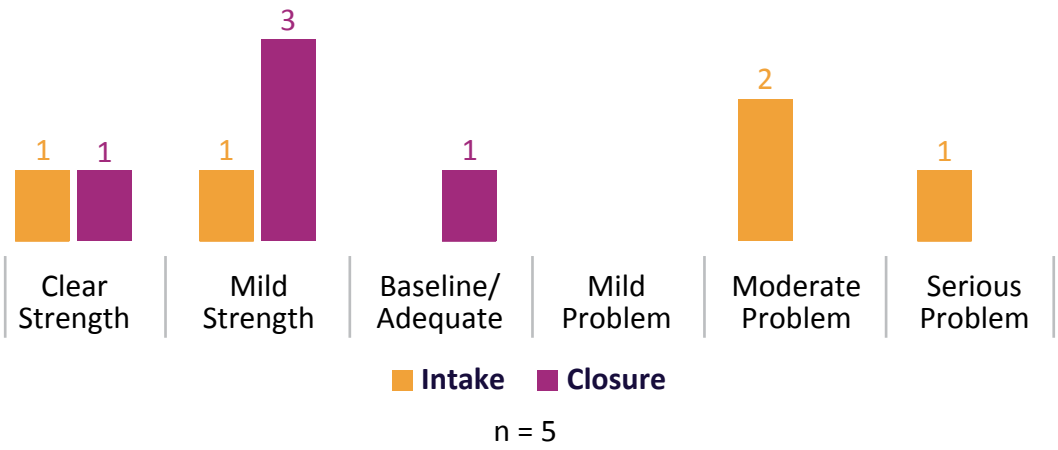
Prior to intervention, nine families had a mild problem rating, two families had a moderate problem rating, and one family had a serious problem rating. At program closure, seven of these families had improvements to their ratings with either a baseline/adequate rating (two families) or a mild strength rating (five families). Three families sustained a mild problem rating at program closure. Two families had a slightly improved problem rating (one family moved from moderate problem at intake to a mild problem at closure and the other moved from a serious problem at intake to a mild problem at closure). Interestingly, one family moved from a mild strength rating at program intake to a mild problem rating at program closure.

16 *This refers to instances where complexities or issues around family functioning have been identified within kinship families.*

There are five families within TFCO (VIC, NSW, and QLD) who completed the subscales within the overall Social/Community Life domain. Prior to intervention, two families had a moderate problem rating, and one had a serious problem rating. At program closure, all three families had either a mild strength rating or a baseline/adequate rating.

Two families maintained their ratings (either mild strength rating or clear strength rating) at both intake and closure.

**Figure 37 – Number of TFCO families with improvements to *Social* and Community Life**




The First Nations Cultural Connections Review identified that 65 per cent of First Nations C&YP participated in weekly Aboriginal activities in their homes. This was a three per cent decline since 2021. The programs that saw an increase in the participation in weekly Aboriginal activities within the home were Foster Care – ACT, Foster Care - West VIC, and TFCO- QLD. The percentage of C&YP in Foster Care South - VIC and Circle Program - South VIC participating in weekly Aboriginal activities within their homes declined by 50 per cent and 18 per cent respectively since the last review.

Of the 23 C&YP who were not participating in weekly cultural activities, seven C&YP were participating in cultural activities on a less frequent basis. The 16 C&YP who did not participate in any Aboriginal activities within the home, did not participate due to C&YP declining participation, the age of the C&YP (aged 5-7), challenges with carers, Covid-19 restrictions, mental health barriers, and challenges with support workers.

**Figure 38 – First Nations C&YP's participation in *weekly* Aboriginal activities within the home**

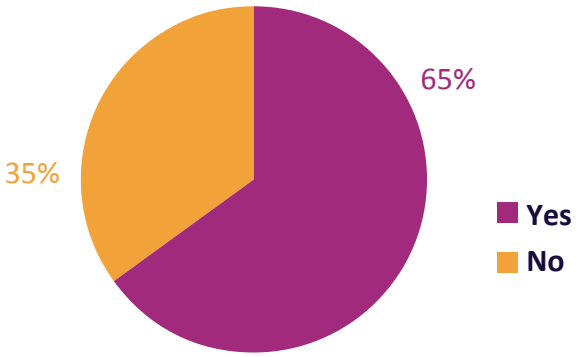


**Figure 39 – First Nations C&YP's participation in *weekly* Aboriginal activities within the home by program, 2021-2022**

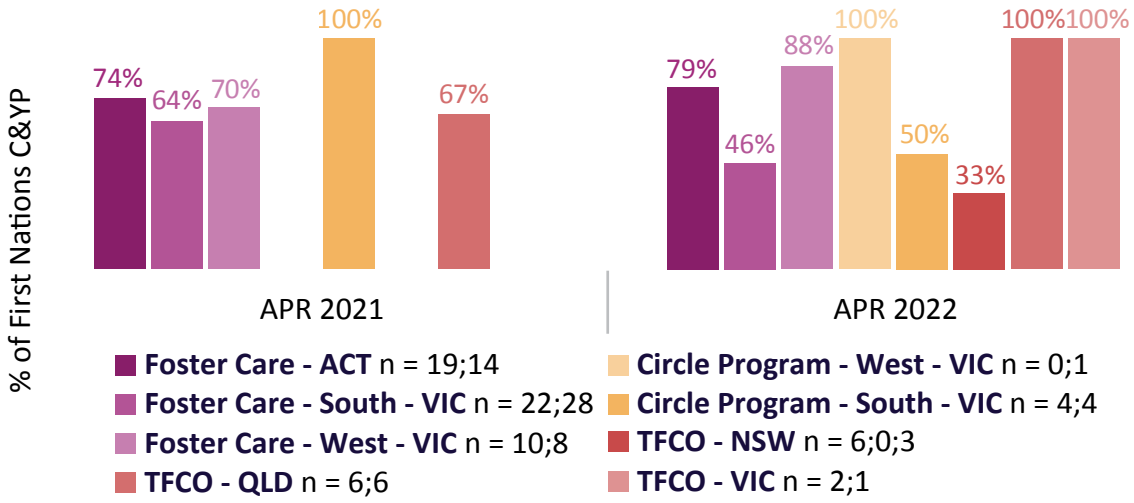
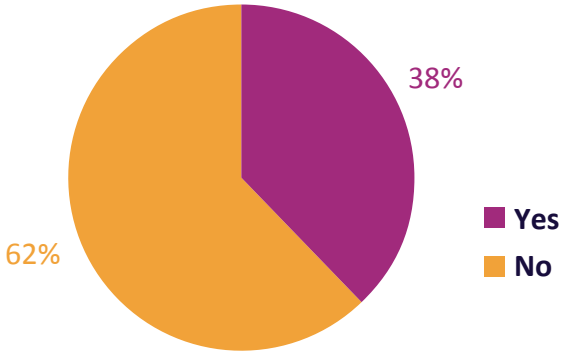



**Figure 40 – First Nations C&YP's *monthly* attendance at Aboriginal community gathering events or activities outside the home, April, 2022**




38 per cent of First Nations C&YP participated in monthly community gathering activities and/or events. This is a 10 per cent decline since the last review.

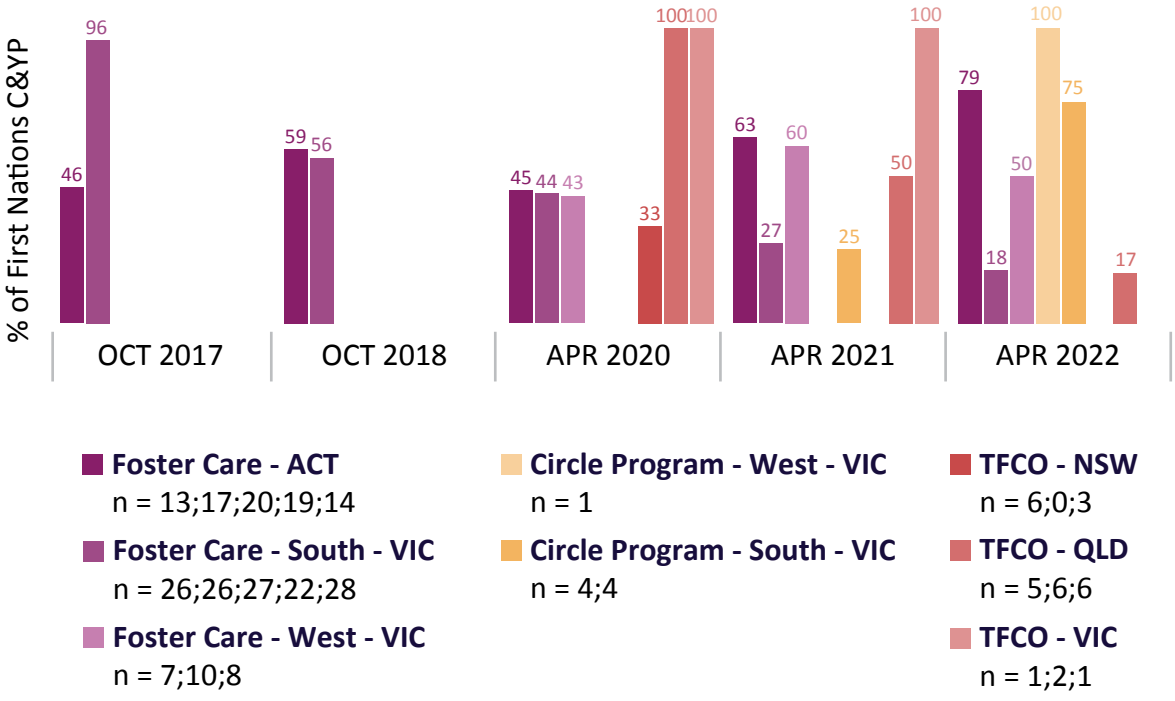
Since the last review there was an increase in First Nations C&YP participating in monthly community gathering activities and/or events for C&YP in Foster Care – ACT and Circle Program South – VIC (see *Figure 41*). However, there was a decline in the percentage of First Nations C&YP participating in monthly community gathering activities and/or events for C&YP in in Foster Care – South VIC, Foster Care- West VIC, TFCO – NSW, TFCO - QLD and TFCO- VIC.

Of the 40 C&YP who did not participate in monthly community gatherings or events outside of the home, 11 C&YP were reported to have attended community gathering activities and/or events outside of the home, but not monthly.

Covid-19 had a significant impact on C&YP's attendance in community gathering activities and/or events as 40 per cent of C&YP who did not participate in monthly activities/events attributed their lack of attendance to the impact of lockdowns and restrictions. The 24 C&YP who did not attend monthly community gathering activities and/or events had barriers attending these activities/events such as challenges with carers, mental health challenges, challenges with social workers, placement location where gatherings are not easily accessible, and C&YP declining to attend.

Prioritising the development of First Nations C&YP's connection to culture is beneficial as a connection to culture and community will help First Nations C&YP develop their identity, feel connected to their culture, and develop their spirituality (FaHCSIA & NFIWG 2011). While carers have responsibility, it is imperative that caseworkers increase their involvement and expertise to directly facilitate and coordinate opportunities for First Nations C&YP to participate in cultural activities/events as well as build the capacity of carers to positively connect First Nations C&YP to their culture (McDowell, 2016).

**Figure 41 – First Nations C&YP monthly *attendance* at Aboriginal community gathering events or activities outside the home, 2017-2022**

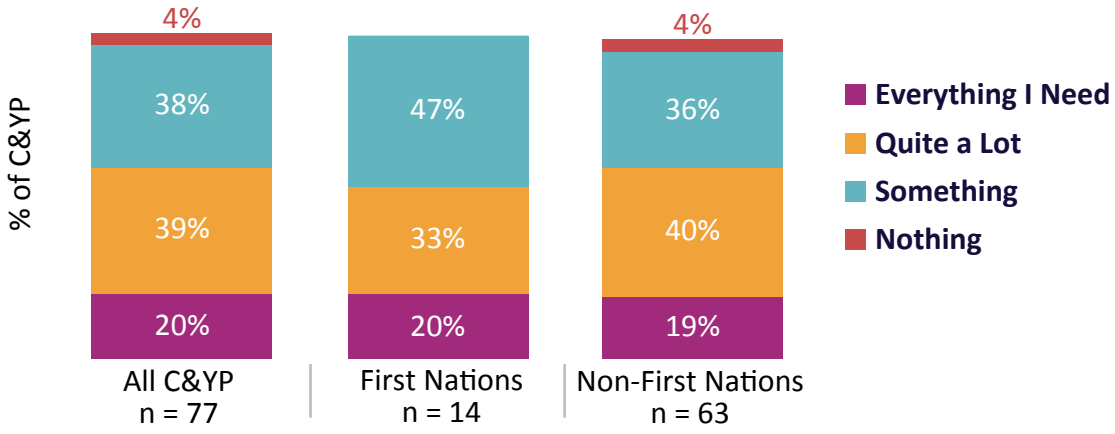


### *3.5.3 The proportion of children and young people who have knowledge of their family history, background, and traditions*

53 per cent of First Nations C&YP knew 'Everything they Need' or 'Quite a Lot' about their birth family (i.e., family history, background, and traditions). This is a nine per cent decrease since the last review. 59 per cent of non-First Nations C&YP reported they knew 'Everything they Need' or 'Quite a Lot' about their birth family. This rate increased by eight per cent since 2021. Kinship Care - Case Contracting had the highest percentage (85 per cent) of C&YP reporting they knew either 'Everything they Need' or 'Quite a Lot' about their birth family (*refer to Appendix 1 for a breakdown by program*). This higher rate is largely attributed C&YP being placed with family members where access to family history, background, and traditions is readily available due to the nature of the program.

Consistent with 2021, no First Nations C&YP reported they knew 'Nothing' about their birth family. Four per cent of non-First Nations C&YP reported they knew 'Nothing' about their birth family. This rate decreased by two per cent since 2021. Of the three C&YP who reported they knew 'Nothing' about their birth family, two C&YP had an Australian background and one C&YP had an Asian background. These C&YP were from Foster Care – South VIC, Circle Program – South VIC and TFCO – QLD (*refer to Appendix 1 for a breakdown by program*). The C&YP from Foster Care – South VIC and Circle Program – South VIC were in their placement for over two years and the C&YP in TFCO- QLD was in their placement for less than three months.

**Figure 42 – Percentage of C&YP who have *knowledge* of their birth family, April 2022**




*Note: Percentages may not add up to 100 per cent due to rounding*

Program staff shared many barriers to providing C&YP with knowledge of their family history, background and traditions. These included challenges contacting relevant departments to obtain information, limited information of C&YP's birth family, short staffing of state cultural practice officers together to obtain this information together with lack of other resources to identify this information.

These responses demonstrate an ongoing need to ensure C&YP in IHC have opportunities and resources to improve knowledge of their family history, background, and traditions. This is particularly imperative for C&YP in TFCO, Foster Care, Circle Program, and Kinship Care- First Supports where at least 40 per cent of C&YP reported they knew 'Something' or 'Nothing' about their family history, background, and traditions. It should be noted that only two C&YP from Kinship Care - First Supports participated in the survey and therefore the 50 per cent statistic represents one C&YP. The information of the C&YP who reported knowing 'Something' or 'Nothing' was provided to program managers so that tailored strategies can be identified to improve knowledge and understanding.

## 3.6 Children and young people are supported in planning for leaving care

*3.6.1 The proportion of children and young people who feel they are supported in planning for leaving care*

**Figure 43 – Percentage of YP who feel they are *involved* in their leaving care plan and arrangements, April 2022**

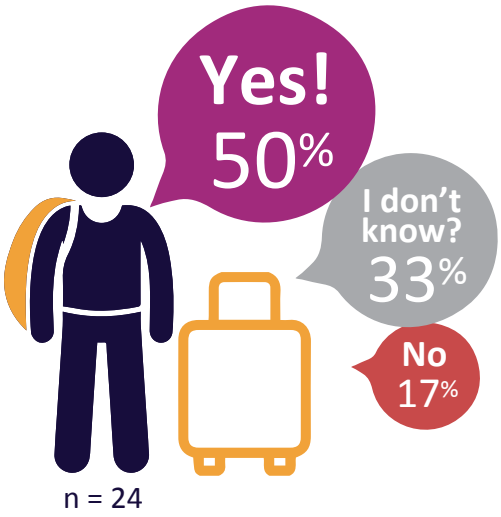
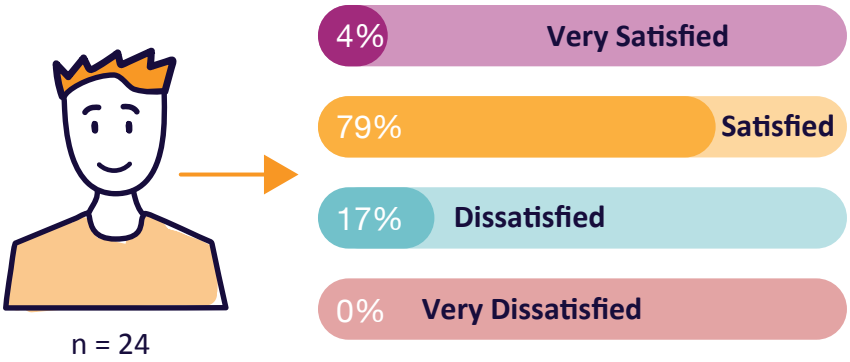



**Figure 44 – Percentage of YP who are *satisfied* with their leaving care plan and arrangements, April 2022**

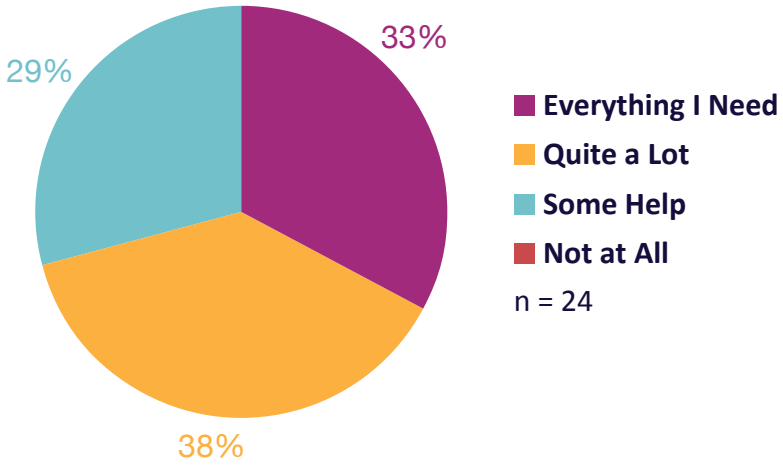



50 per cent of young people felt involved with their leaving care plan and arrangements (see *Figure 43*). This rate has declined by five per cent since 2021 though, it should be noted that there were 14 more young people aged between 15 and 17 who participated in last year's CYPFS. Four young people felt that they were not involved with their leaving care plan and arrangements. Two of these young people were from Foster Care – South VIC, one was from Circle Program – South VIC and the fourth was from Foster Care – West VIC (*refer to Appendix 1 for breakdown by program*). Three of these young people were in placement for more than two years, with one young person in placement for less than six months. After consultation with program staff, it emerged that the leaving care plans for each of these young people were either yet to commence or, were in the early stages of commencement as these young people were aged between 15 and 16 years old.

Eight young people did not know whether they were involved in their leaving care arrangements. These young people were from either Circle Program – South VIC, Circle Program – West VIC, Foster Care – South VIC, and Kinship Care - Case Contracting. Five of these young people had a disability where three had a functioning age below 15 years old. Program staff advised that the disabilities of these young people may have impacted their understanding of the question. For the remaining three young people, program staff stated that two of these young people were yet to commence their leaving care plan arrangements due to their age (aged between 15 and 16) and one young person was declining engagement in their leaving care plan as they had no desire to leave their current placement.

Most young people (79 per cent) felt 'Satisfied' with their leaving care plan and arrangements and one young person (four per cent) felt 'Very Satisfied'. Four young people (17 per cent) felt 'Dissatisfied' with their leaving care plan arrangements. These young people were from Foster Care – South VIC, Foster Care – West VIC, Circle Program – South VIC, and TFCO – NSW (*refer to Appendix 1 for a breakdown by program*) and two young people were on placement for less than two years. Of the four young people who felt 'Dissatisfied', three young people also felt that they were not involved in their leaving care plan and arrangements. Program staff advised that these young people may feel 'Dissatisfied' as their leaving care plan and arrangements had not commenced yet due to their age (aged between 15 and 16 years old). One young person had a recent placement breakdown after their TFCO placement concluded. Program staff advised they were currently working on matching this young person to a new after care family.

**Figure 45 – Percentage of YP who are *satisfied* with their leaving care plan and arrangements, April 2022**




In the 2018 AIHW study, 64 per cent of young people felt they were getting the help they needed to make decisions about their future. Results from the CYPFS displayed a higher rate where 71 per cent of young people felt that they get 'Everything they Need' or 'Quite a Lot' of help with decision making about their future. Despite the higher rate compared to national standards, these results have declined by 15 per cent since the 2021 CYPFS. Seven young people (29 per cent) felt they get 'Some Help' with decision-making regarding their future. These young people were from Foster Care – South VIC, Foster Care – West VIC and Kinship Care- Case Contracting (*refer to Appendix 1 for breakdown by program*) and, four had at least one disability condition and a functioning age below 15. Five of these young people also felt either not involved or unsure whether they were involved in their leaving care plan and arrangements or, were dissatsfied with their leaving care plan and arrangements. Interestingly, two young people felt both involved and satisfied with their leaving care plan and arrangements. Consultation with program staff identified that both of these young people were currently facing challenges in their placement which resulted in a decreased focus in assistance making decision about their future. Program staff advised that one young person only just started participating in future planning.

92 per cent of young people who felt involved with their leaving care plan and arrangements were also either 'Very Satisfied'or 'Satisfied' with their leaving care arrangements. Further, all young people who felt involved with their leaving care plan and arrangements also felt they received either 'Everything they Need' or 'Quite a Lot' of help with decision making about their future. Overall, there was a mixed percetion on whether young people had enough help to make decisions about their future. The above information has been provided to program leadership for further investigation.

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

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

- *Setting goals*
- *Where they live*
- *School and learning*
- *Their future*
- *Leaving care plan and arrangements*

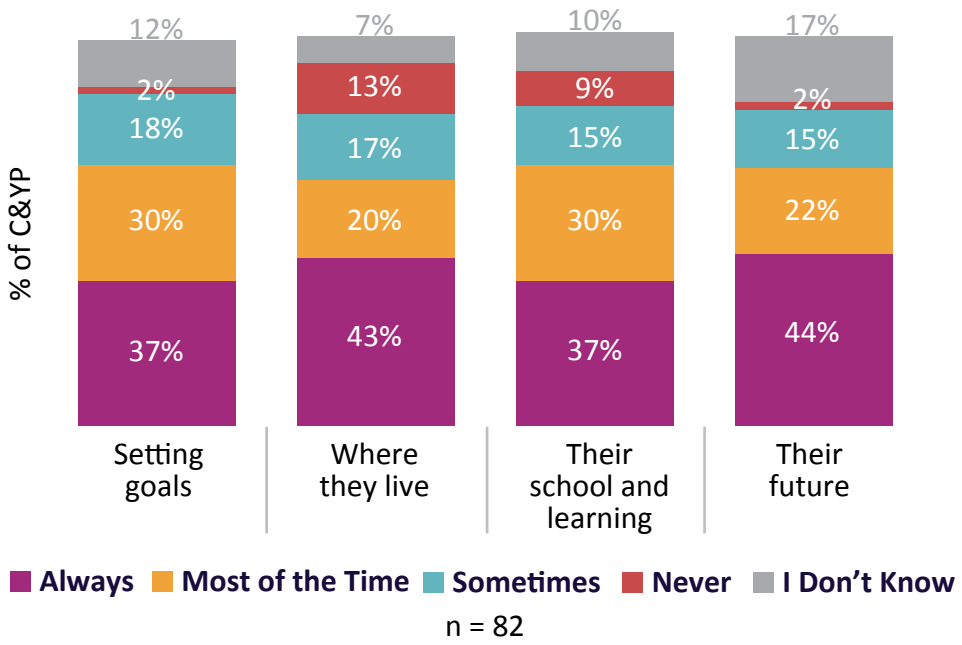
Article 12 of The Convention requires that C&YP are provided the opportunity to participate in decisions that affect them. For C&YP in OOHC, participation in decision making can be challenging as these C&YP often become passive recipients of what the system can deliver to them (Mitchell 2016). Participation in decision making is often an indicator of how safe and supported C&YP feel sharing their views and concerns to others (CREATE, 2020). To improve the confidence of C&YP to participate in decisions that affect them, increased support including encouragement from a trusted person, space to speak and share thoughts, consistent opportunities to share opinions, and feedback that thoughts are valid is considered valuable.

There are numerous benefits when C&YP participate in decision-making such as an increased positive sense of self, feeling competent, understanding of the thoughts and feelings of others, and a preparation for decision-making in adulthood (McDowell 2016). For organisations, C&YP's participation in decision making can lead to innovation, the development of programs in line with the needs of C&YP, as well as the implementation of processes to enable participation for all C&YP.

In line with these findings, OzChild recognises that the voices and ideas of C&YP can provide invaluable insights about their experiences in IHC and how their needs can be met. Their insights have been captured through the *CYPYFS*.

In AIHW's 2018 study, two in three C&YP (66 per cent) reported that 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. Similarly, CREATE's 2018 study identified that 68 of C&YP felt they had a say (at least reasonably often) about decisions affecting their lives (McDowall 2018). Results in *Figure 46* are comparable with both studies, however there were some minor differences that should be noted. The 2018 AIHW study was broader and focused on whether C&YP had opportunities to have a say on decisions that have an impact on their lives, and that they feel listened to. The 2018 CREATE study specifically focused on whether C&YP had opportunities to have a say on decisions in relation to their education, family contact, and placement changes. The CREATE study also used a six-point Likert-scale compared to the *CYPFS* which used a four-point Likert scale. Both studies had a larger number of participants (between 2,400 – 2,500 for each study).

**Figure 46 – Frequency of C&YP who participated in *decision* making, April 2022**




67 per cent of C&YP who participated in OzChild's annual *CYPFS* felt that they participated in decisions relating to their school and learning and setting goals at least 'Most of the Time'. Similarly, 66 per cent of C&YP felt they participated in decisions relating to their future at least 'Most of the Time'. In comparison, C&YP were less likely to feel they participated in decision making 'Most of the Time' in relation to where they live (63 per cent). These findings are comparable to CREATE's 2018 study where C&YP felt they had a say in decisions at least 'Reasonably often' mostly about their education and family contact and less often about placement decisions (McDowall 2018).

Compared to the 2021 CYPFS, this is a six and seven per cent decrease in C&YP who felt they participated in decision-making at least 'Most of the Time' relating to their future, setting goals, and in relation to school and learning. The percentage of C&YP who felt they participated in decision-making relating to where they live at least 'Most of the time' remained unchanged.

Since 2021, there were increases in the percentages of C&YP who felt they 'Sometimes' or 'Never' participate in decision-making in relation to setting goals (two per cent), where they live (one per cent) and their future (seven per cent). There was only a slight decrease (one per cent) of C&YP who felt that they 'Sometimes' or 'Never' participate in decision making relating to their school and learning.

The older the survey participants were, the more likely they felt they participated in decision-making affecting their lives. For example, between 70 and 90 per cent of C&YP aged 15-17 reported that they either 'Always' or 'Most of the Time' participated in decision-making, compared to 30 and 60 per cent of C&YP aged 8-10. This trend is in line with the 2021 *CYPFS* and CREATE's 2018 study where older respondents felt more involved in decision-making.

Further analysis identified that C&YP with a disability were less likely to feel they participated in decision-making impacting their lives. This was evident as just 45 per cent of C&YP with a disability felt they either 'Always' or 'Most of the Time' participated in decision-making relating to where they live, compared to 72 per cent of C&YP without a disability. This was similar for decision- making relating to school and learning where 58 per cent of C&YP with a disability felt that they either 'Always' or 'Most of the Time' participated in decision-making, compared to 72 per cent of C&YP without a disability. Program staff advised that this discrepancy could be due to C&YP with a disability exhibiting challenges interpreting the question. Despite this, these differences demonstrate a need for accommodations in the presentation of decision-making conversations and these should be considered for C&YP with differing abilities.

A higher percentage of C&YP in TFCO felt that they 'Never' participate in decision making in relation to where they live or their school and learning, in comparison to other IHC programs (43 per cent and 29 per cent respectively) (*refer to Appendix 1 for a breakdown by program*). Specifically, these C&YP were from TFCO- QLD, and it emerged that most C&YP who responded 'Never' were aged ten or below. One C&YP was aged between 11 and 14, but they had a functioning age of below eight years old. Program leadership advised that this could be due to the nature of the TFCO program where C&YP change schools and homes at the commencement of their placement. Program supervisors mentioned that these responses could also be due to the younger ages of the C&YP where they may have a limited understanding of the process around decision-making or the literal interpretation of the question (i.e., they understood where they live to be the geographic location).

Aligned with the above, the age of C&YP may have impacted the responses as on average, 35 per cent of C&YP aged between 5-7 reported 'I Don't Know' whether they participated in decision making, compared to four per cent of young people aged 15-17. For future CYFS, the question wording will be reviewed, and the age groups this question is administered to in future years will also be considered.

C&YP in Kinship Care- Case Contracting had the highest percentage of C&YP who felt they at least 'Most of the Time' participate in decision-making (between 60 and 90 per cent) (*refer to Appendix 1 for a breakdown by program*). Program leadership attributed the higher rates to the programs focus on involving C&YP in all decisions that affect them. Further, program leadership also mentioned that C&YP may feel more comfortable participating in these conversations as these C&YP are placed with their families instead of carers.

The responses indicate that a considerable number of C&YP are not entirely involved in decision-making. Research has identified that a supportive relationship with a caseworker/therapist can significantly influence participation in decision-making (van Bijleveld et al. 2015). Further, ensuring that C&YP feel that their thoughts and concerns are recognised can also increase participation in decision-making (McDowall 2018).

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

*3.8.1 The proportion of foster carers and kinship carers who report that they feel satisfied with OzChild's:*

- *Overall support*
- *Communication*
- *Training*

**Figure 47 – Carer satisfaction with OzChild's Overall Support, April 2022**

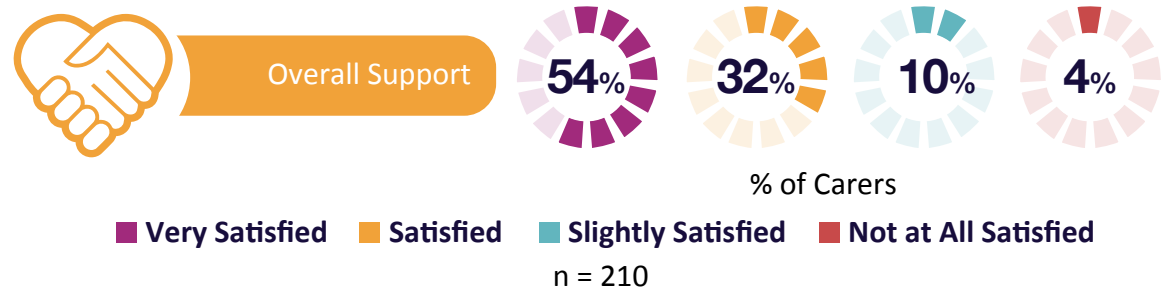
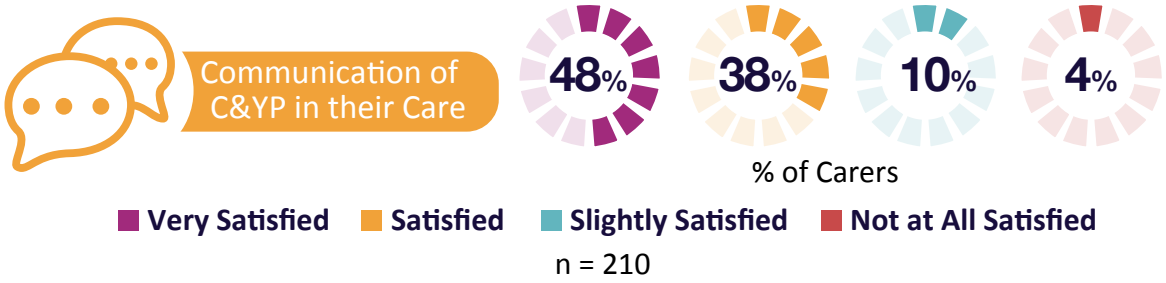



**Figure 48 – Carer satisfaction with OzChild's Communication, April 2022**

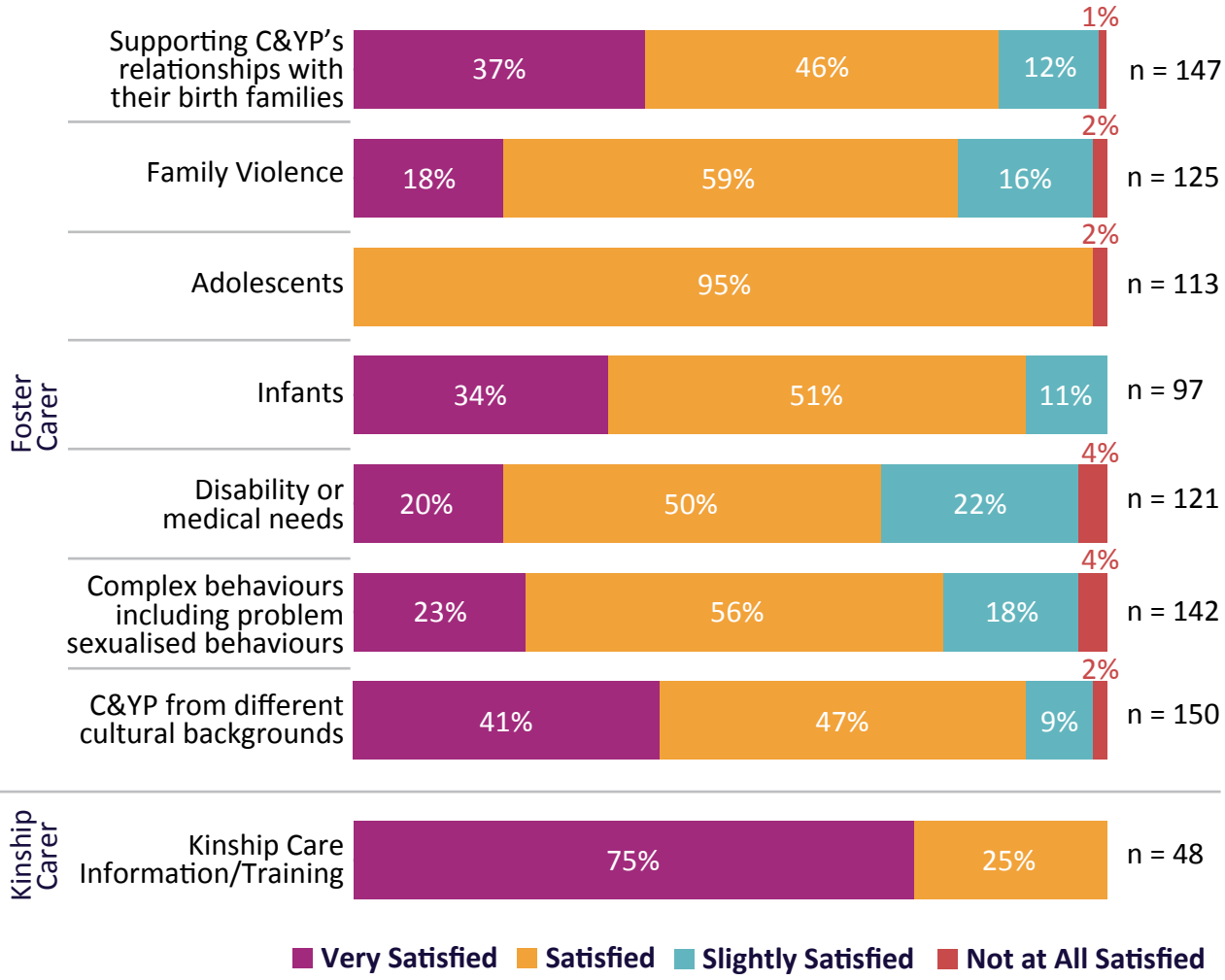



The indicators under this outcome have been aligned with the foundations (support, communication, relationship, and respect) of OzChild's *Thriving Families Carer Strategy (The Strategy*). The purpose of The Strategy is to provide exceptional home-based care for C&YP to thrive by empowering and supporting carers. It should be noted that not all *Carer Feedback Survey* responses were analysed for the purpose of this report. This report only focused on key questions relating to the foundations.

86 per cent of carers felt either 'Very Satisfied' or 'Satisfied' with the overall support (e.g., responsiveness, follow through in a timely manner, emotional support) provided by OzChild. This is a seven per cent decline since 2021. All carers from Kinship Care - Case Contracting were either 'Very Satisfied' or 'Satisfied' with the overall supported provided by OzChild (*refer to Appendix 1 for a breakdown by program*). Seven carers (four per cent) felt 'Not at All Satisfied' with the support provided by OzChild. All carers were from Foster Care. It should be noted that Foster Care had the highest participation rate (n=115) of carers and due to the larger sample size, the likelihood of dissatisfaction is greater. Feedback from these carers indicated that this was primarily due to staff unresponsiveness and timeliness of follow through. Additionally, carers reported that case worker deficiencies in knowledge, experience, and support and understanding also contributed to their dissatisfaction.

86 per cent of carers felt either 'Very Satisfied' or 'Satisfied' with the communication on C&YP in their care (e.g., contact arrangements, meetings, transport, case planning) (see *Figure 41*). This has improved by 5 per cent since 2021. As above, all carers from Kinship Care - Case Contracting were either 'Very satisfied' or 'Satisfied' with the communication on the C&YP in their care (*refer to Appendix 1 for a breakdown by program*). One carer from Kinship Care - First Supports and seven carers from Foster Care - VIC were 'Not at All Satisfied' with OzChild's communication of C&YP in their care. Feedback from these carers indicated that this was due to the same reasons above in relation to satisfaction with OzChild's overall support. Additionally, carers reported that they would appreciate increased involvement in meetings and case management planning, case worker consistency, increased visits from case workers, and sufficient notice and flexibility for meetings, respite and contact visits. Two carers who felt 'Not at All Satisfied' mentioned that the absence of contact, empathy, and support from case workers resulted in feeling as though OzChild were not considering their best interests.

**Figure 49 – Carer satisfaction with OzChild's *training*, April 2022**




*Note: Percentages may not add up to 100 per cent due to rounding*

All kinship carers reported that they were either 'Very Satisfied' or 'Satisfied' with the information provided by OzChild to support them to meet the needs of C&YP in their care (see Figure 49). This is a five per cent increase since March 2021. Though, it should be noted that there were 47 Kinship carers who responded to the Carer Feedback Survey in 2022 compared to 79 in March 2021.

163 foster care and TFCO carers participated in this year's *Carer Feedback Survey* and each carer had the opportunity to rate their satisfaction of the training provided to them by OzChild. It was understood that not all carers would have participated in all the training offered (the training may not have been relevant to their placement or situation) so carers had an option to select 'Not Applicable' for each training question so they could be removed from analysis to enable an accurate comparison of satisfaction between various types of training provided.

On average, 82 per cent of foster care and TFCO carers were either 'Very Satisfied' or 'Satisfied' with the various types of training offered by OzChild. This is a two percent decline since March 2021. The percentages varied between 70 per cent to 95 per cent depending on the type of training. Carers were more likely to feel less satisfied ('Slightly Satisfied' or 'Not at All Satisfied') with the 'Disability and medical needs' and 'Complex behaviour including problem sexualized behaviour' training. These findings suggest the need for robust training on these complex (and often challenging to navigate) areas.

Carers who felt satisfied with all training they participated in mentioned the training was comprehensive, realistic, supportive, and was delivered frequently. Carers mentioned they appreciated the amount of training offered as well as the diversity of the training. The shift to online training during the Covid-19 lockdowns was appreciated with carers welcoming the flexibility that online training provides.

The one to four per cent (three to nine in each category) of carers who felt 'Not at All Satisfied' with at least one training mentioned that their lack of satisfaction was primarily due to not enough training sessions being offered, training not relevant to their carer situation, training sessions not being offered at convenient times for carers, and repetitive content.

Comments from carers suggested a need to incorporate the following in the training provided by OzChild:

- Training focused on carer responsibilities
- Increased training opportunities for carers
- Options to participate in training from other agencies/providers
- Face-to-face training sessions to enable connection among carers
- Facilitate training during the day or in the evening
- Increased training focusing on disability, complex sexualized behaviour, complex behaviour in C&YP aged 2-5
- Advanced training options, rather than just the mandatory entry level training
- Follow up training sessions.

Examples of specific comments included:

"Training offered is good for new or inexperienced carers. I would like to see more advanced training for carers with children with complex needs"

"I think more training for the placement families would be beneficial."

"More training around complex behaviours (ages 2 to 5) would be appreciated."

"Prefer face to face training."

"No training provided for disability or medical needs but ironically we have a special needs person in our care."

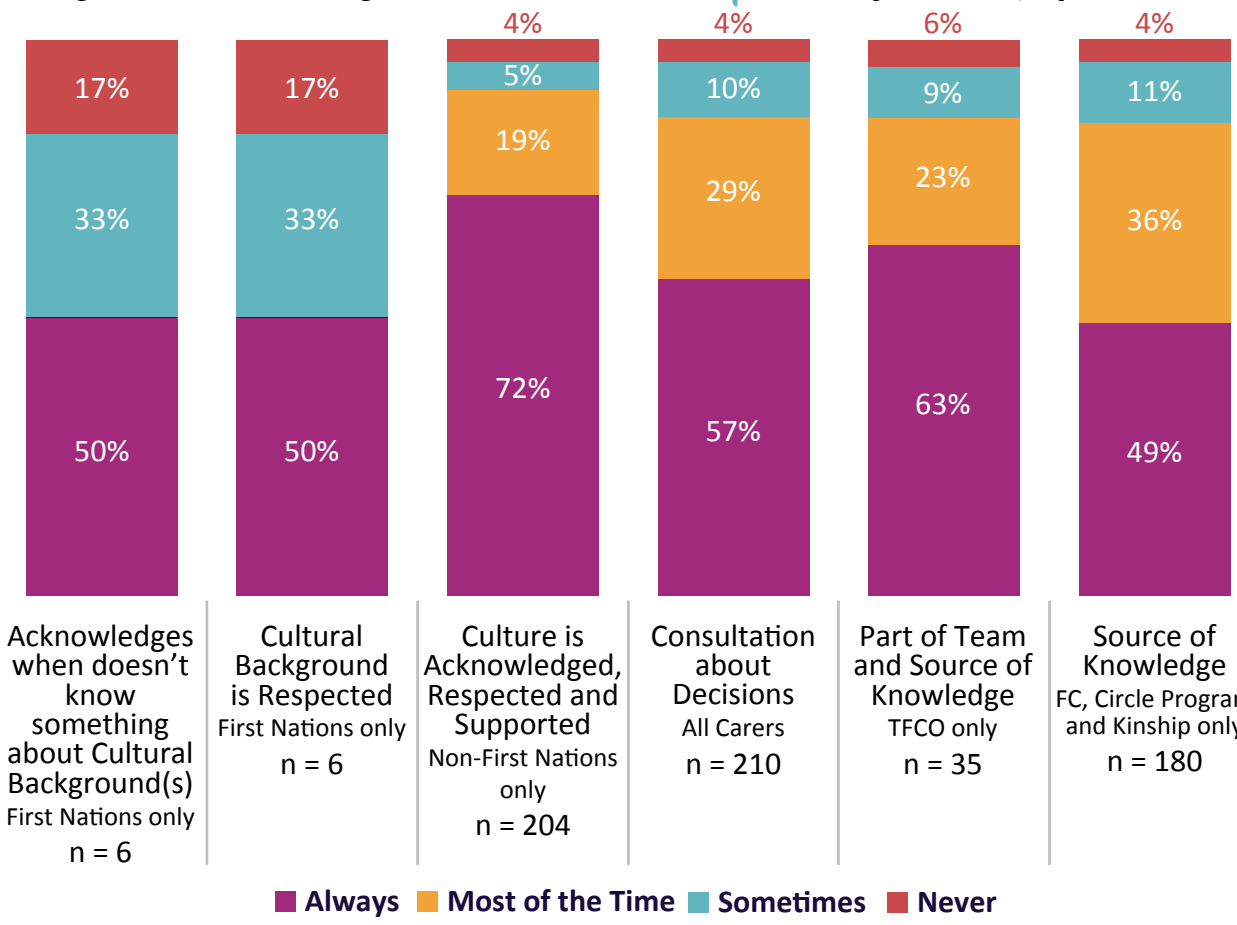
"…it would have been nice to have the follow up sessions after we had all had a placement."

*3.8.2 The proportion of foster carers and kinship carers who feel:*

*- Respected by OzChild*

*- Satisfied with their overall relationship with OzChild*

**Figure 50 – Percentage of carers who feel *respected* by OzChild, April 2022**




*Note: Percentages may not add up to 100 per cent due to rounding*

In the Carer Feedback Survey, 'Respect' was broken down into six questions to capture the perspectives of all carers irrespective of their First Nations status and program (see *Figure 50*).

The survey responses identified the following:

- 83 per cent of First Nations carers felt that OzChild 'Always' or 'Mostly' acknowledged when they did not know something about their cultural background.- 83 per cent of First Nations carers felt that their cultural background was 'Always' or 'Mostly' respected.
- 91 per cent of non- First Nations carers felt that Oz Child 'Always' or 'Mostly' acknowledges, respects, and supports their culture.
- 86 per cent of all carers felt that OzChild 'Always' or 'Mostly' consulted them about decisions that may affect them.
- 86 per cent of TFCO carers felt 'Always' or 'Mostly' a part of the team and referred to as a source of knowledge about the needs of the child or young person.
- 85 per cent of Foster and Kinship carers (excluding TFCO carers) 'Always' or 'Mostly' felt they are referred to as a source of knowledge about the needs of the child or young person.

There were six First Nations carers who responded to the Carer Feedback Survey. Of the 204 non-First Nations carers, 24 per cent were from various cultural backgrounds other than Australian. This was similar to 2021 where 22 per cent of carers were from various other cultural backgrounds other than Australian.

Since 2021, these responses display an increase of First Nations carers who felt that OzChild acknowledged when they did not know something about their cultural background (33 per cent) as well as an increase in perception of OzChild's respect for their cultural background (eight per cent). There was a slight decrease in the percentage of non-First Nations who felt OzChild acknowledges, respects, and supports their culture (92 per cent to 91 per cent). There was also a three per cent decrease in the percentage of all carers who felt that OzChild either 'Always' or 'Mostly' consults them about decisions that may have an impact on them. There were decreases in the percentage of TFCO carers who felt part of the team and referred to as a source of knowledge (five per cent) and a decrease in Foster and Kinship Carers who felt they are referred to as a source of knowledge (three per cent). Although these decreases are small and could be a result of the change of the number of carers who responded to this year's survey in comparison to 2021 (201 compared to 210). These should still be investigated by programs to ensure carers are feeling respected and acknowledged.

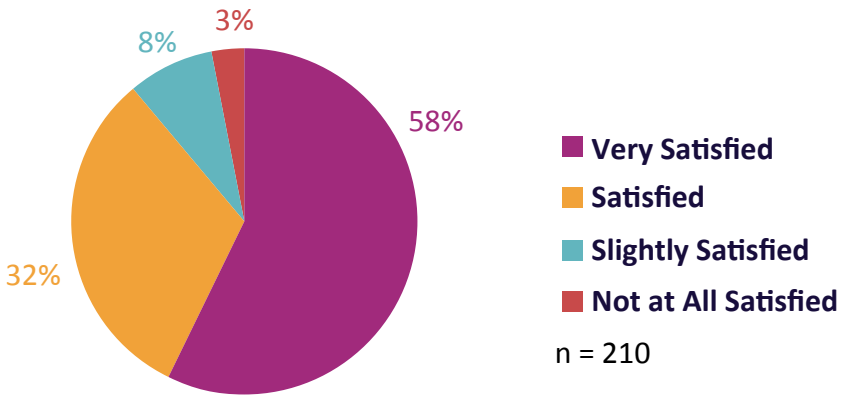
Five carers reported that they were never consulted about decisions that may affect themselves, the child/young person and/or their family, never felt a part of the team and never felt like their family's culture was acknowledged, respected, and supported. These carers were from TFCO and Foster Care –VIC. Three of these carers had an Australian background and two had another cultural background. These responses have been given to program leadership to follow up and investigate.

90 per cent of carers felt either 'Very Satisfied' or 'Satisfied' with their overall relationship with OzChild. This is a five per cent decline since March 2021 where this rate increased by eight per cent. Continuing the trend, all carers from Kinship Care- Case Contracting were either 'Very Satisfied' or 'Satisfied' with their overall relationship with OzChild (*refer to Appendix 1 for a breakdown by program*). All three per cent (six carers) of carers who felt 'Not at All Satisfied' were from Foster Care. These carers felt they were not valued or respected, felt it was difficult to advocate for C&YP in their care, felt excluded from meetings, and felt a continued lack of empathy and support. Additionally, it was mentioned that their C&YP's culture was often not acknowledged.

Interestingly, five of these carers who were 'Not Satisfied' with their overall relationship with OzChild also felt 'Not at All Satisfied' with the overall support and communication regarding the C&YP in their care. Three of these carers also felt they were not consulted about decisions that may affect themselves, child/young person and/or their family, their culture was not acknowledged, respected, or supported and that they were not referred to as a source of knowledge about the needs of the children and/or young people in their care.

As this report only focused on some key questions relating to The Strategy's foundations, carer survey responses have been provided to the program managers and Dhiiyaan Mirri (responses relating to First Nations carers) to analyse and identify relevant actions to improve support, communication, respect, and relationships with carers.

**Figure 51 – Percentage of carers who were satisfied with their *overall* relationship with OzChild, April 2022**




*Note: Percentages may not add up to 100 per cent due to rounding*

# Appendix 1

## Detailed Methodology

### Quantitative

#### *Validated outcomes tools*

- Strengths and Difficulties Questionnaire (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 behaviour.
    - For C&YP in Foster Care, Circle Program and Kinship Care- Case Contracting, the SDQ was undertaken at intake, at 6-monthly (under 5 years) or yearly (5 and above years) intervals and at closure.
    - For C&YP in Kinship 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.
- North Carolina Family Assessment Scale (NCFAS) (Kinship Care – First Supports and TFCO only) – This measure is used to assess family functioning. In this report, the overall family safety, overall child well-being, overall family interactions and overall social and community life domain was reviewed. The NCFAS was undertaken at intake and closure.

#### *Outputs*

- Placements data (Foster Care – VIC, Circle Program – VIC, Kinship Care- Case Contracting, Kinship Care – First Supports, and TFCO)
- Permanency data (all programs except for Foster Care – ACT and TFCO)
- Program graduation data (TFCO only)
- Attendance at School (all programs except for Foster Care – ACT, Kinship Care – First Supports and Lead Tenant - VIC)
- Numeracy and Literacy minimum requirement achievements (all programs except for TFCO, Foster Care – ACT, Circle Program West)
- Health and Developmental Assessment Data (all programs except Foster Care – ACT and Lead Tenant – VIC)
- Dental Assessment Data (all programs except Foster Care – ACT and Lead Tenant – VIC)
- First Nations Cultural Connections Review (Foster Care – VIC and ACT, Circle Program – VIC and TFCO – NSW, QLD and VIC)) – The purpose of this review was to determine whether cultural support has been provided to First Nations C&YP in relation to the key Aboriginal well-being domains. This data was collected during April 2021. The domains reviewed within this report include Health (First Nations C&YP who had received a 715 Aboriginal and Torres Strait Islander Health Check within the last 12 months), Culture and Connections (participation in regular aboriginal activities within the home and community) and Home and Environment (regular contact with First Nations siblings in care and other family members)

### *Feedback Surveys*

- Children and Young People Feedback Survey

  - 82 C&YP aged 5-17 years from IHC programs (except for Foster Care – ACT) participated in OzChild's annual CYPFS between 21 March 2021 and 22 April 2022. C&YP in all programs except for in TFCO and Kinship Care First Supports, were case contracted. This program was out of scope for C&YP in Foster Care - ACT as they are part of a broader Barnardo's team within the consortium. Certain aspects of the survey, that align with the Standards, have been captured in this report. Questions were presented in either a Yes/No format (contact with family, leaving care arrangements, adult support person) or Likert scale (safety, physical health, connection with culture, family story, participation in decision making).

- Carer Feedback Survey

  - 201 carers from IHC programs (except for Foster Care – ACT) participated in OzChild's annual Carer Feedback Survey between 21 March 2022 and 22 April 2022 (*refer to Appendix 1 for carer participant demographics*). 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.

## Quantitative

### *Consultation with program staff and leadership (except for Foster Care – ACT)*[17]

### *Feedback Surveys*

- Children and Young People Feedback Survey

  - There were free text fields where C&YP had the opportunity to provide explanations of survey answers

- Carer Feedback Survey

  - There were free text fields where carers had the opportunity to provide explanations of survey answers

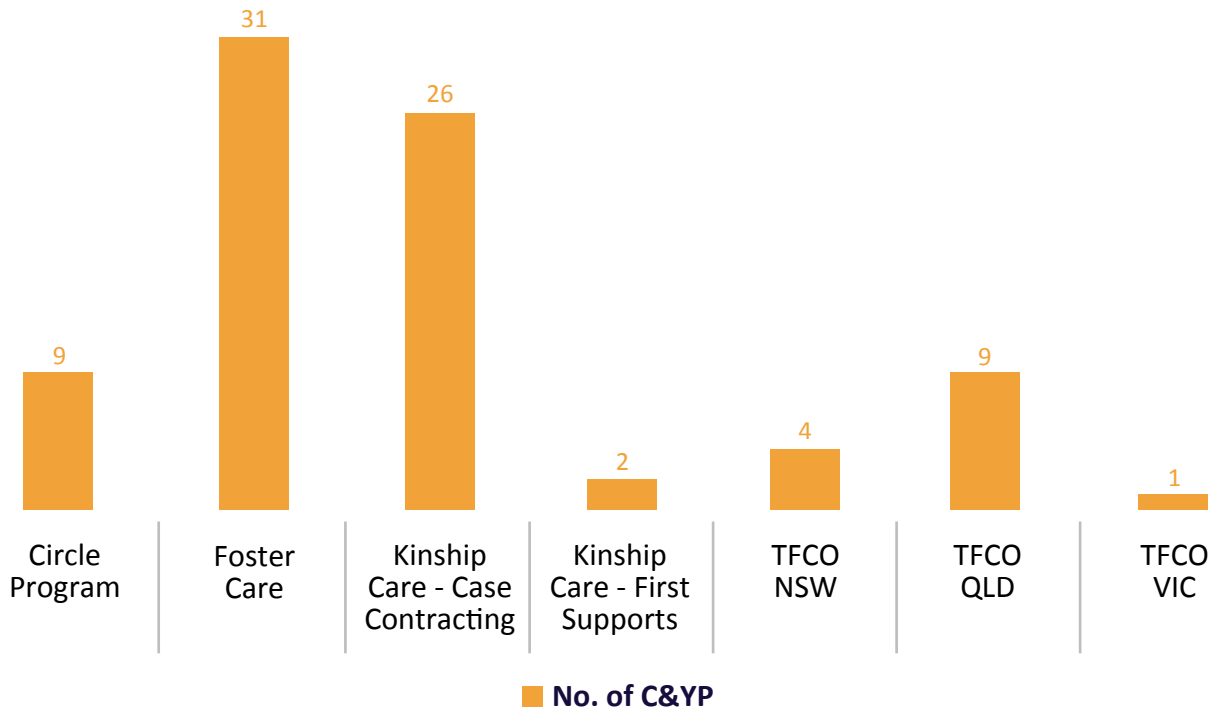
Appendix 1

*17 There were ongoing challenges contacting Foster Care – ACT to coordinate a time gain clarification and further insight of data.*

# Appendix 2

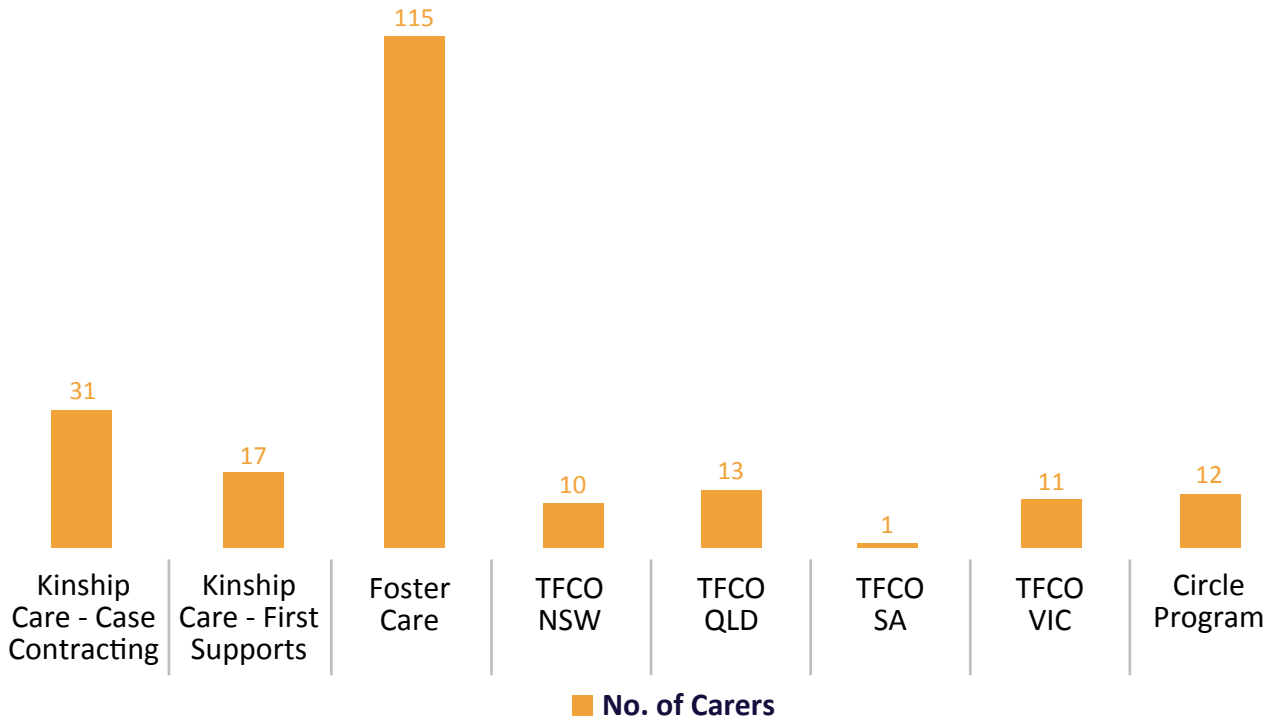
## C&YP survey participant demographics

**Figure 52 – Number of C&YP who participated in the C&YP Feedback Survey, April 2022**




## Carer survey participant demographics

**Figure 53 – Number of Carers who participated in the Carer Feedback Survey, March 2022**



## Permanency

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

**Table 7 – Per cent of *Foster* Care Placements Per Program**

| Referral Service | Less than 2 Placements | 3 or more placements | 3 or more placements |
|---|---|---|---|
| Kinship Care - Case Contracting | 100% | 0% | 100% |
| Kinship Care - First Supports | 100% | 0% | 100% |
| Circle Program - VIC | 100% | 0% | 100% |
| Foster Care - ACT | 91% | 9% | 100% |
| Foster Care - VIC | 89% | 11% | 100% |
| TFCO - NSW | 100% | 0% | 100% |
| TFCO - QLD | 94% | 6% | 100% |
| TFCO - VIC | 90% | 10% | 100% |

## Well-being

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

**Table 8 – Number of *carers* who completed a pre and review/post SDQ for C&YP, by program[18]**

| Program | Approx. no. of C&YP requiring an SDQ | No.of SDQs completed by Carers |
|---|---|---|
| Kinship Care - Case Contracting | 108 | 32 |
| Kinship Care - First Supports | 171 | 44 |
| Circle Program - VIC | 14 | 8 |
| Foster Care - VIC | 208 | 48 |
| TFCO - NSW | 9 | 3 |
| TFCO - QLD | 6 | 2 |
| TFCO - VIC | 5 | 3 |
| **TOTAL** | 521 | 140 |

*Appendix 2*

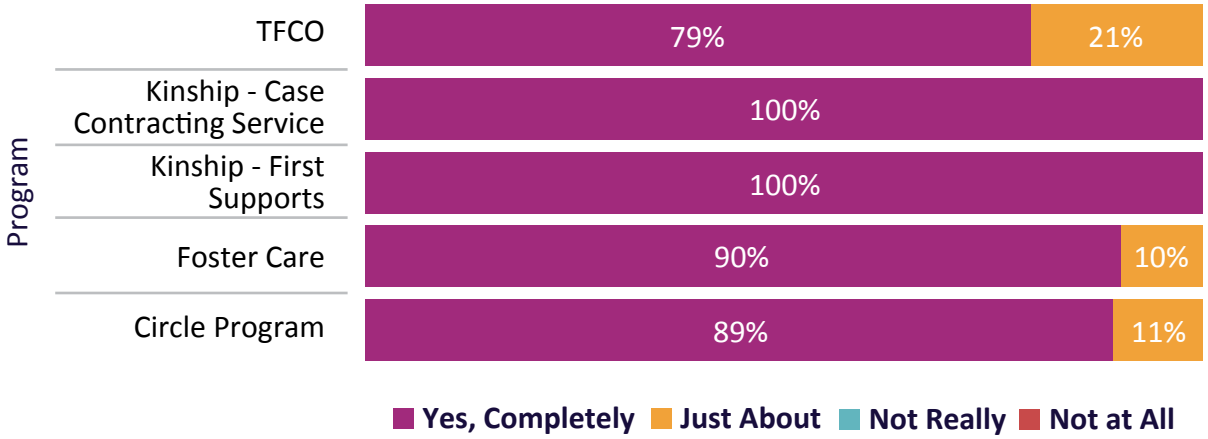
*18 This includes all C&YP in Foster Care, Circle Program and Kinship Case Contracting who have been in a program for at least 12 months during the reporting period five years or older, or six months for those aged 3-4 years old. It also includes all C&YP in Kinship – First Supports who had been in the program for at least six months and C&YP in TFCO who had graduated from the program during the reporting period.*

Appendix 2

## Safety

### The proportion of children and young people in out-of-home care who report feeling safe in their current placement.

**Figure 54 – Percentage of C&YP feeling *safe* where they live by program**




## Well-being

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

**Figure 55 – C&YP who want to *change* something about contact with their siblings by program, April 2022**

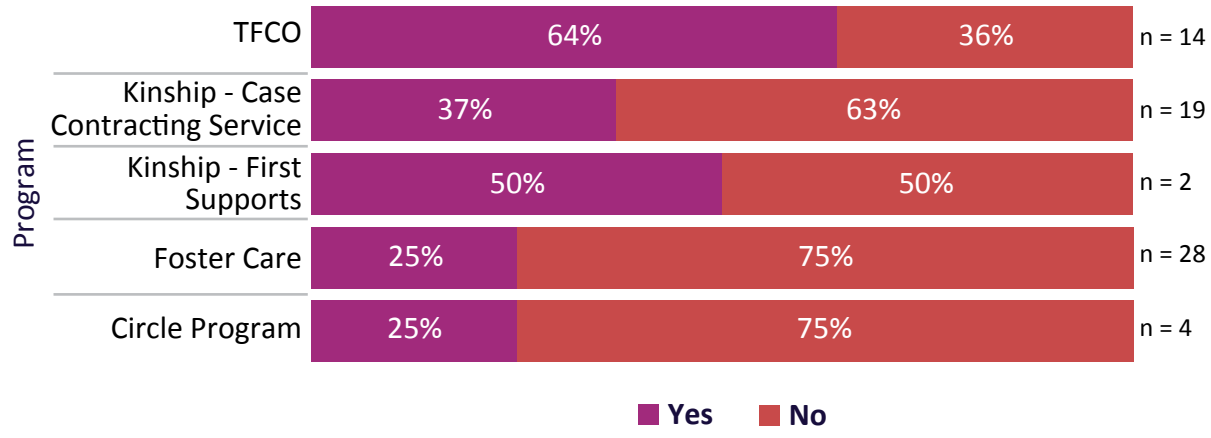
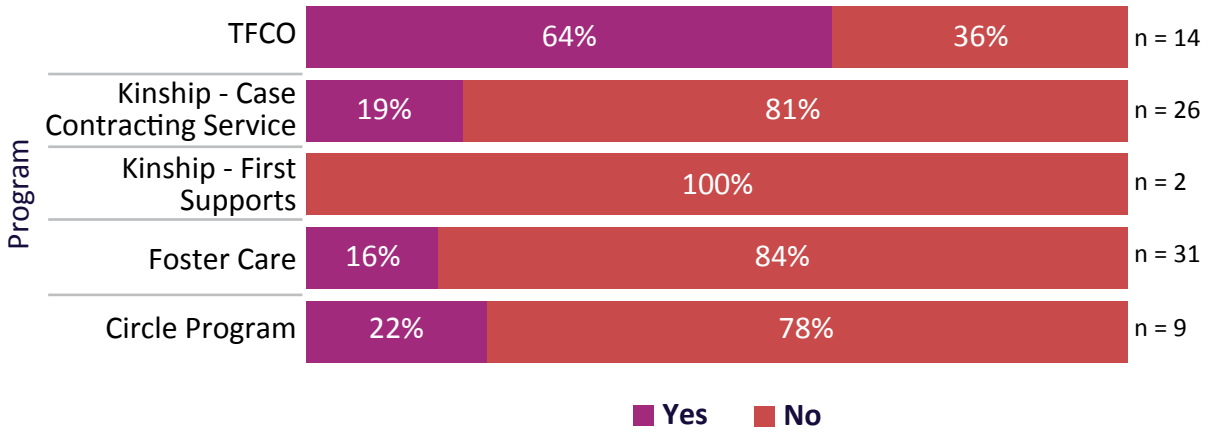



**Figure 56 – C&YP who want to *change* something about contact with other family members by program, April 2022**




*Note: Percentages may not add up to 100 per cent due to rounding*

## Well-being

**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.**

**Figure 57 – C&YP who feel in touch with their *culture* and community by program, April 2022**

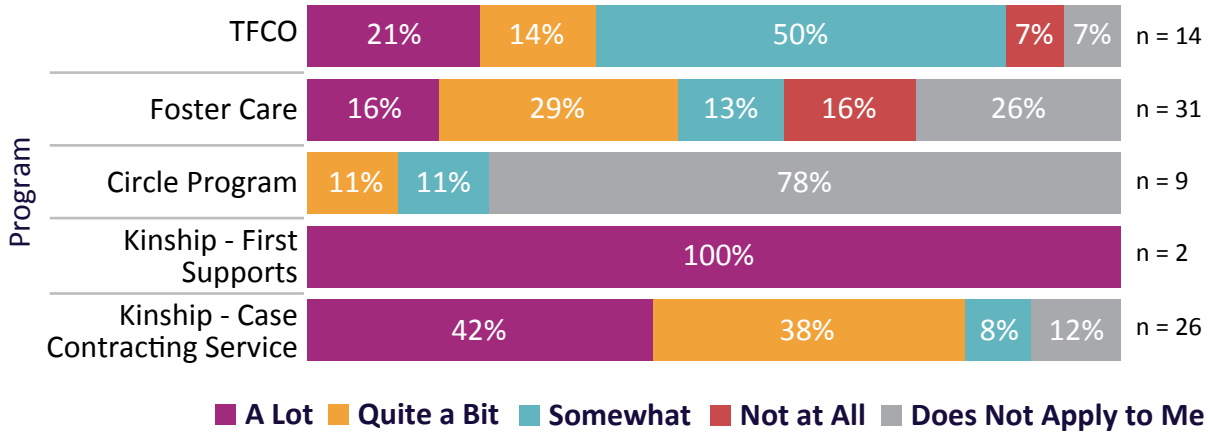
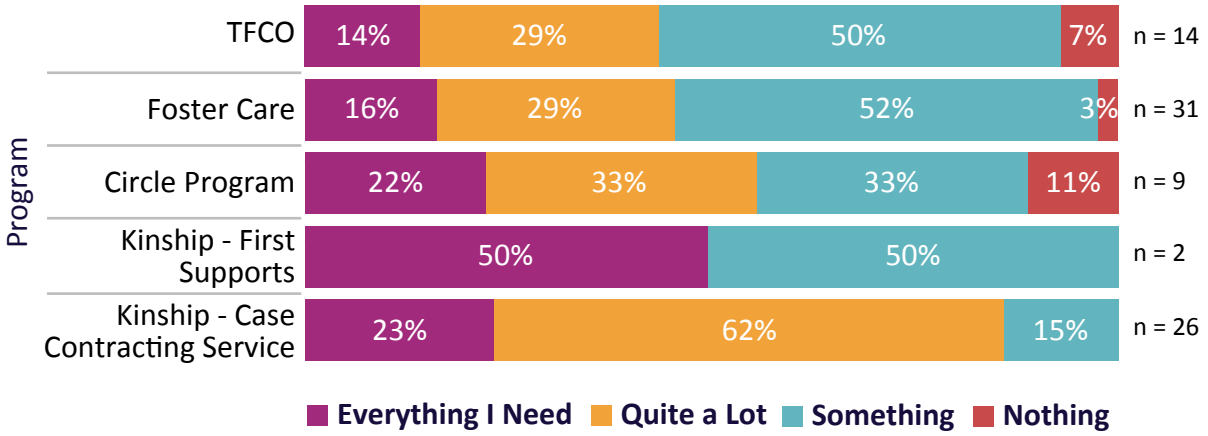



**Figure 58 – C&YP who have *knowledge* of their family history, background and traditions by program, April 2022**




*Note: Percentages may not add up to 100 per cent due to rounding*

Appendix 2

Appendix 2

## Well-being

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

**Figure 59 – Young people who feel they are *involved* in their Leaving Care Plan and Arrangements by program, April 2022**

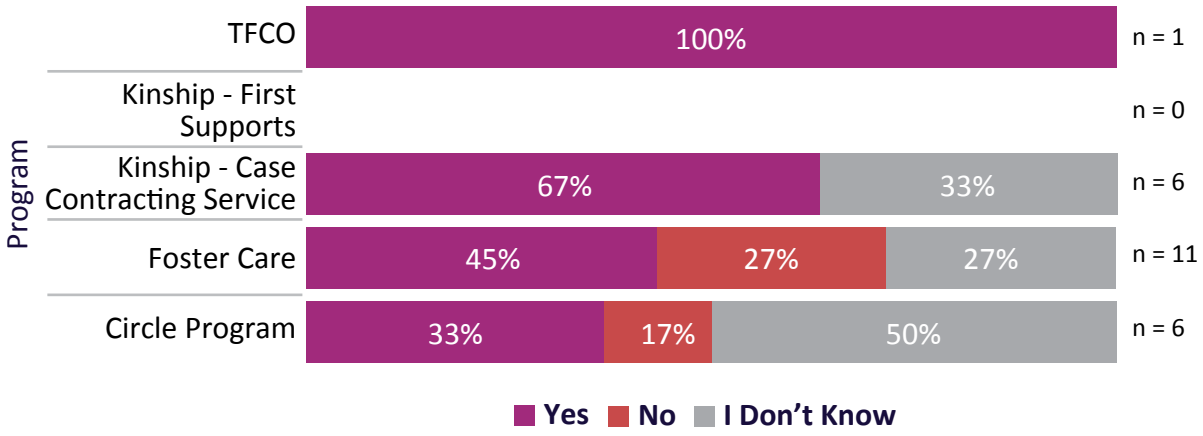



**Figure 60 – Young people who are *satisfied* with their Leaving Care Plan and Arrangements by program, April 2022**

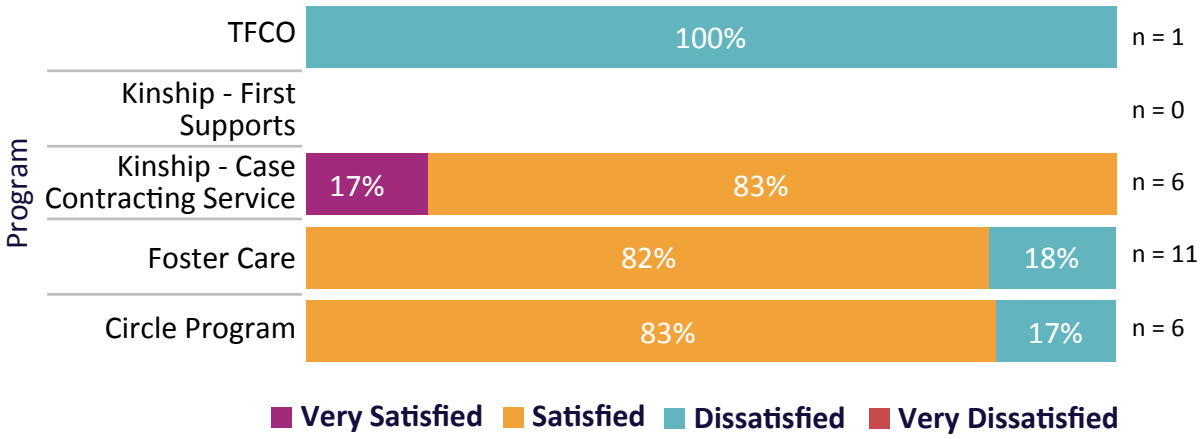
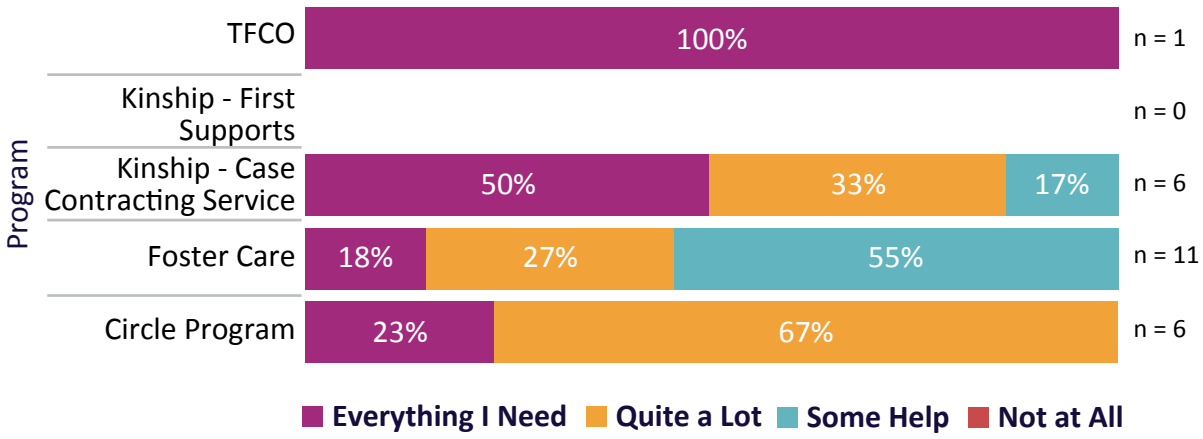



**Figure 61 – Young people who feel they get *enough* help to make decisions about their future by program, April 2022**

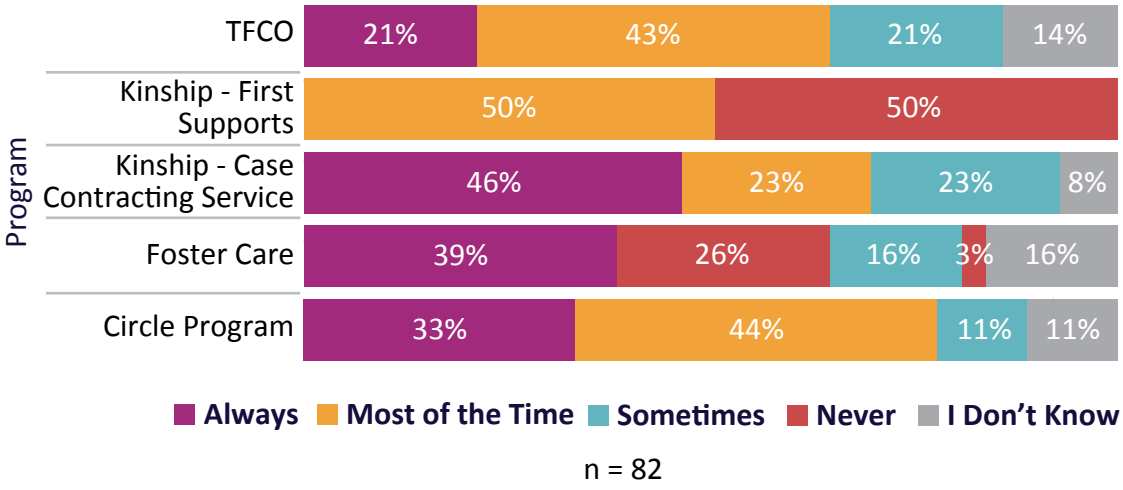



*Note: Percentages may not add up to 100 per cent due to rounding*

## Well-being

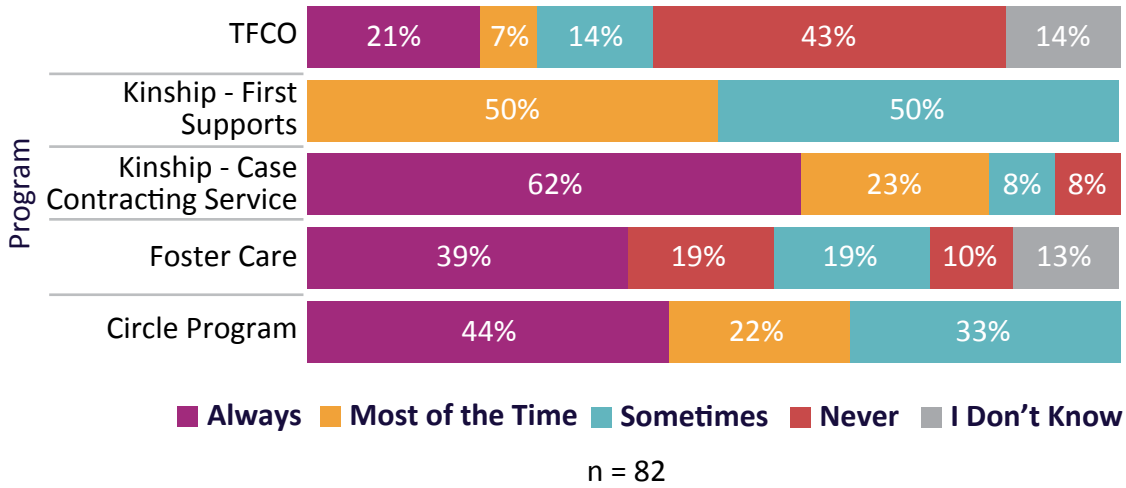
### Children and young people participate in decisions impacting their lives.

**Figure 62 – Percentage of C&YP that *feel* they participate in decisions about setting goals by program, April 2022**




n = 82

**Figure 63 – Percentage of C&YP that *feel* they participate in decisions about where they live by program, April 2022**

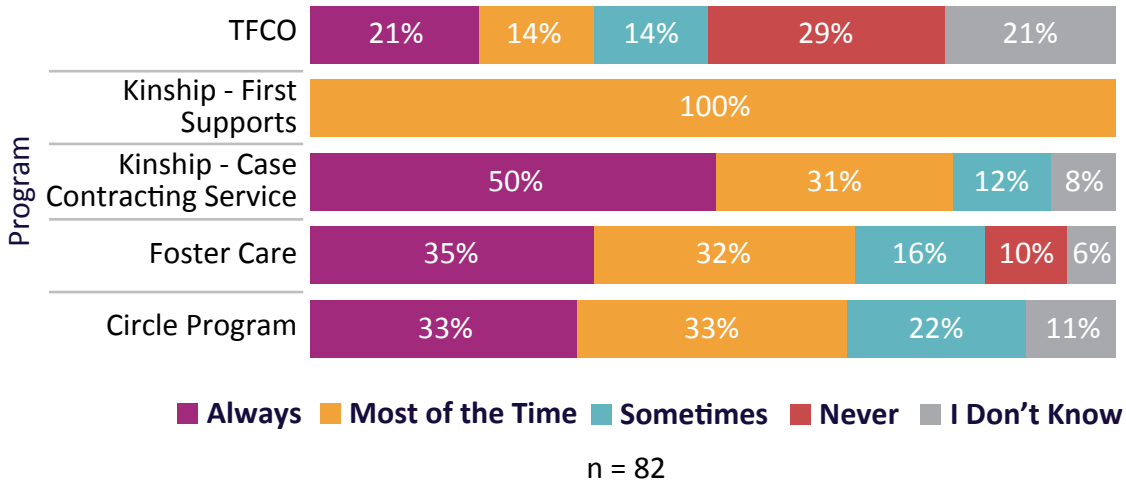



n = 82

*Note: Percentages may not add up to 100 per cent due to rounding*

Appendix 2

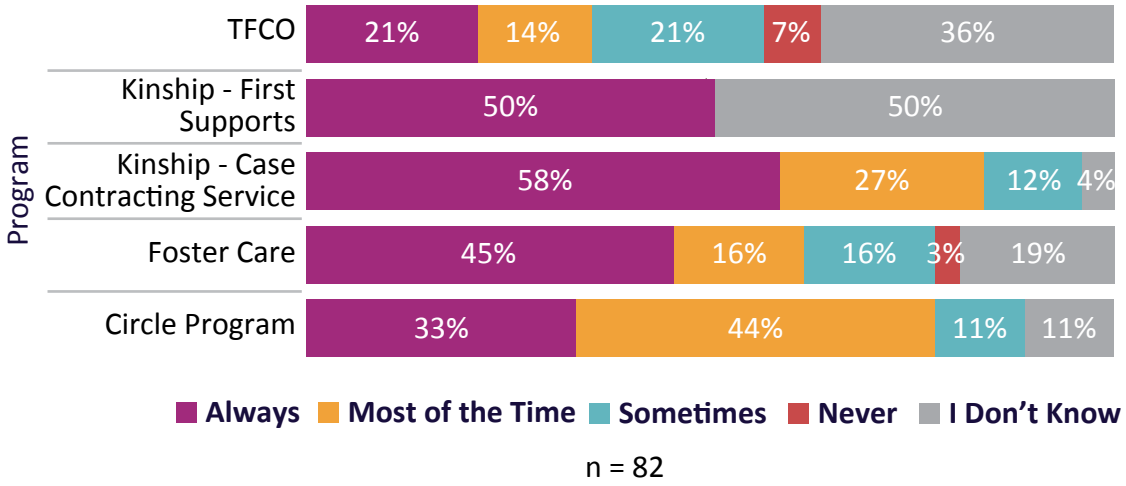
**Figure 64 – Percentage of C&YP that *feel* they participate in decisions about their school and learning, April 2022**




n = 82

*Note: Percentages may not add up to 100 per cent due to rounding*

**Figure 65 – Percentage of C&YP that *feel* they participate in decisions about their future, April 2022**




n = 82

Appendix 2

## Well-being

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

**Figure 66 – Percentage of carers who are *satisfied* with OzChild's overall support by program, April 2022**

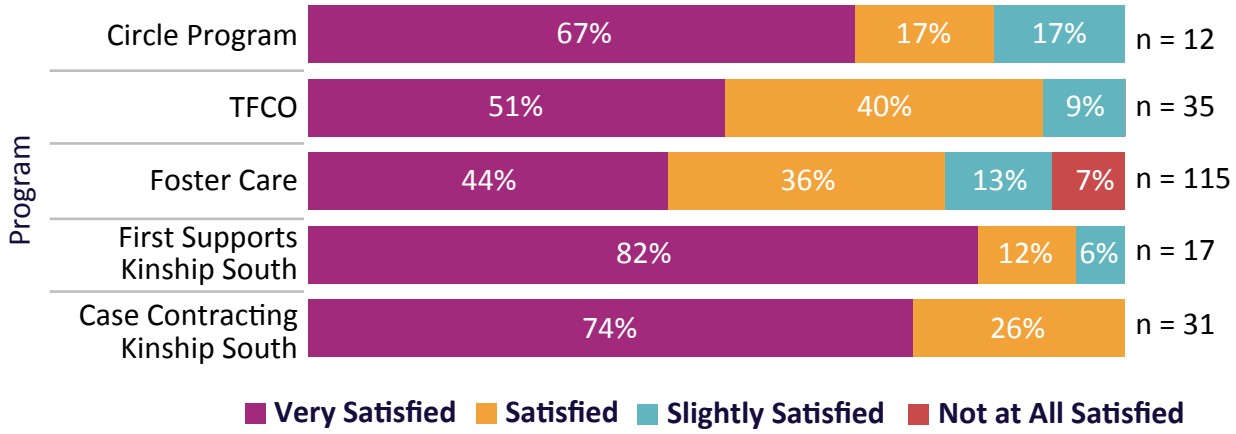



**Figure 67 – Percentage of carers who are *satisfied* with OzChild's communication on C&YP in their care by program, April 2022**

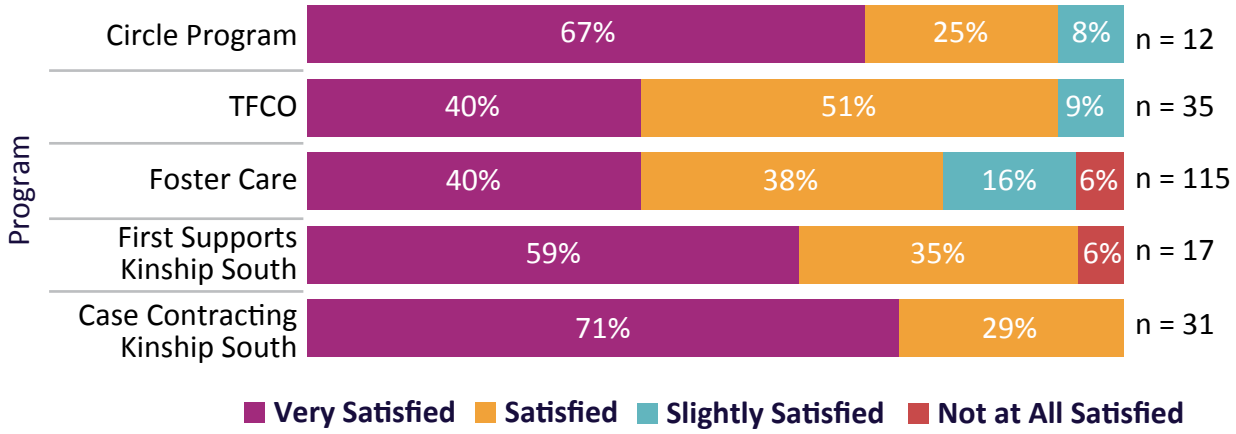
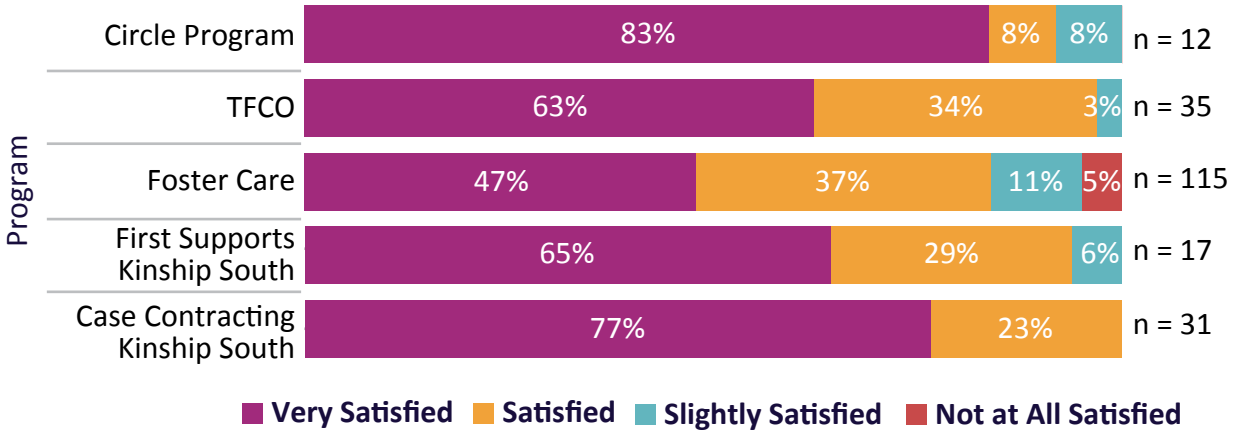



**Figure 68 – Percentage of carers who are *satisfied* with their overall relationship with OzChild by program, April 2022**




Appendix 2

# Acronyms

| | |
|---|---|
| **AIFS** | Australian Institute of Family Studies |
| **AIHW** | Australian Institute of Health and Welfare |
| **ATSICPP** | Aboriginal and Torres Strait Islander Child Placement Principles |
| **CSO** | Community Service Organisation |
| **CYPFS** | Children and Young People Feedback Survey |
| **DET** | Department of Education and Training VIC |
| **DHHS** | Department of Health and Human Services VIC |
| **FaHCSIA** | Department of Families, Housing, Community Services and Indigenous Affairs |
| **IHC** | In-Home Care |
| **NCFAS** | North Carolina Family Assessment Scale |
| **NFIWG** | National Framework Implementation Working Group |
| **NSW** | New South Wales |
| **OOHC** | Out-of-home care |
| **PAT** | Progressive Achievement Test |
| **QLD** | Queensland |
| **SDQ** | Strengths and Difficulties Questionnaire |
| **SNAICC** | Secretariat of National Aboriginal and Islander Child Care |
| **TFCO** | Treatment Foster Care Oregon |
| **VIC** | Victoria |

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