



Pathways of Care Longitudinal Study (POCLS)

Culturally and Linguistically Diverse Children in Out-of-Home Care: Safety, Developmental Outcomes, Connections to Family and Culture

Key Messages

This Evidence to Action Note provides an overview of the experiences and outcomes of culturally and linguistically diverse (CALD) children and young people¹ in out-of-home care (OOHC) from the Pathways of Care Longitudinal Study (POCLS). In particular, this Note presents findings about CALD children's characteristics; child protection backgrounds and experiences in OOHC; developmental outcomes; relationships; and connection to their family and culture ([POCLS Research Report 20](#)).

Using the POCLS counting rule ([Technical Report 12](#)), children's cultural background can be defined as CALD, Aboriginal, Aboriginal-CALD and Other Australian. In this Note, however, a binary variable i.e. CALD and non-CALD was used for comparison purposes where Aboriginal-CALD children were excluded from most analyses due to small numbers. Please see the [full report](#) for more information.

Summary of Findings

- Almost two in five CALD children entered OOHC aged below 3 years.
- Prior to entry to OOHC, CALD children received fewer Risk of Significant Harm (ROSH) reports compared to non-CALD children.

¹ The term 'children and young people' has been used interchangeably with 'children' unless otherwise specified.

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- During the first five years of OOHC, a higher proportion of CALD children were predominantly placed in foster care compared to non-CALD children.
- Overall, CALD children had similar levels of developmental outcomes compared to non-CALD children over the five-year period since entering OOHC.
- Carers reported that many CALD children in OOHC had little exposure to their birth language and had little access to cultural and religious activities or connections to their culture and cultural communities. Carers also reported that about a quarter to a third of CALD children did not identify with their cultural background.
- CALD children were less likely than non-CALD children to have contact with both of their parents and with the siblings they were not living with.

The [NSW Practice Framework Standards](#) puts a strong focus on ‘culturally safe’ practices with diverse communities by showing respect for cultural values and practices and seeking to understand the family’s cultural worldview (Standard 3). The research findings from the [POCLS Research Report #20](#) underpin the current Practice Standards reinforcing the importance of understanding different cultural factors that are associated with positive care experience, wellbeing and enhanced close relationships for CALD children in OOHC.



Age at entry to OOHC



Almost **40%** of CALD children entered care for the first time aged between 0-35 months

16.8% aged 3-5 years
25.6% aged 6-11 years
18.4% aged 13-17 years

Child protection backgrounds



More than half of CALD children (**55.0%**) had less than five ROSH reports prior to entry to OOHC.

CALD children were reported for:

- physical abuse (**67.6%**)
- neglect (**63.6%**)
- parental drug and alcohol abuse (**49.2%**)
- psychological risk (**47.9%**)
- domestic violence issues (**47.5%**)
- sexual abuse (**13.8%**).

Placements in the first five years since entering OOHC



- **54.8%** of CALD children had foster care as their first predominant placement².
- More than half of CALD children (**54.1%**) had up to three distinct placements³.
- Almost one third of CALD children (**31.8%**) were restored to birth parents and **9.5%** were on guardianship orders during the first five years since entering OOHC.

Developmental outcomes



Developmental outcomes for CALD children were generally similar to non-CALD children on a range of outcomes including physical health, cognitive/learning ability and socio-emotional wellbeing.

Cultural connections and identity



Carers reported that:

- around a quarter to one third of CALD children did not really identify with their cultural background.
- many CALD children had little exposure to their original language, cultural history and religious practices or cultural activities.

Birth family contact



CALD children tended to be less likely to have contact with birth parents (their mother, father, and both) and siblings they were not living with compared to non-CALD children.

² Predominant placement type refers to the type of placement with the longest duration within a care period.

³ Distinct placements exclude non-permanent placements (such as respite and emergency) of less than seven days, as well as a return to a previous caregiver.

Culturally and linguistically diverse children in OOHC

Australia has a rich mix of people from culturally and linguistically diverse backgrounds. According to the 2021 census data, the proportion of Australian residents that are born overseas or have a parent born overseas has continued to increase and is now at 51.5%. NSW has remained the most popular state to live in, with 34% of the population born overseas. The top five countries of birth in NSW other than predominantly English-speaking countries are: China, India, Philippines, Vietnam and Nepal. After English the most common languages spoken are Mandarin, Arabic, Cantonese and Vietnamese ([Department of Communities and Justice \(DCJ\) Multicultural Plan 2022- 2025](#)).⁴ In NSW, CALD children in OOHC mirror this representation within the general population.

There is limited data on CALD children in OOHC, partly due to incomplete/inaccurate recording of CALD information in the Department of Community and Justice (DCJ) administrative system (ChildStory), noting that these fields are not mandatory. The POCLS provides new evidence to strengthen the delivery of culturally appropriate and sensitive services to CALD children and their families, which has received an increased focus in DCJ.

[The National Standards for OOHC 2021](#) promote safety and stability of placements for children in OOHC, acknowledging the importance of belonging and identity (Standard 1). They include a requirement flowing from Australia's obligations as a party to the [United Nations Convention on the Rights of the Child](#), that all children in OOHC should be able to maintain connections to their culture, language, religion and community ([Article 20](#)). For CALD children in OOHC, this could involve maintaining connections to religious practices and spiritual traditions, connection to community and participation in significant cultural events, culturally appropriate diet and practices around dress, hair care and grooming customs, promoting awareness of heritage, the capacity to speak a birth language, and maintaining a positive cultural and personal identity for children in care.

The NSW [Child Safe Standards for Permanent Care](#) (Standard 4: Identity) reflects this requirement to maintain meaningful connection with community, culture, language and identity, and applies to CALD and Aboriginal children. The [NSW Practice Framework](#) also includes 'Standard 3: Culturally safe practice with diverse communities' to maintain a CALD child's connections to their birth family and culture, and to develop a positive cultural identity, to support a positive care experience.

⁴ DCJ has ongoing commitment to cultural diversity by embedding the multicultural principles of the [NSW Multicultural ACT 2000](#) in its workforce and organisational culture. The [DCJ Multicultural Plan 2022-25](#) aligns with this goal and advances the commitment to people of culturally and linguistically diverse backgrounds.

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There have been debates over the past few decades on the practice of cultural matching in OOHC placements and the perceived benefits in terms of cultural maintenance and wellbeing. Several researchers argue that the quality of placements, and skills and capacities of caregivers, are critical to help children to navigate and maintain connection to their family, culture and community irrespective of the carer's cultural backgrounds (POCLS Research Report 20). In NSW, cultural matching between a CALD child and carer(s) is often considered alongside Care and Cultural Planning⁵. A better understanding of CALD children and their experiences in OOHC will inform OOHC policy and practice to ensure that interventions, services, and support are targeted, culturally responsive and appropriate.



⁵ Cultural Planning: identifies the cultural needs of the child or young person; outlines how a child is going to be immersed in their culture to maintain and support their cultural identity, language, spirituality and religion, connection and sense of belonging to family, community, Country and culture; helps ensure that important cultural and family information is maintained for any child who is too young to contribute to their own cultural support plan or for a child who does not want to identify with their community or culture; includes information that should inform ongoing practices and processes related to cultural support planning, life story work and sustained casework for the child.

How cultural background, developmental outcomes and connection to culture are measured in the POCLS?

The POCLS survey contains validated questions and standardised measures answered by children and their caregiver. Standardised measures allow an individual's development to be compared with their peers in the general population, and also allows researchers to track change overtime. It is important to take cultural considerations into account when using standardised measures with children from minority cultures. The standardised measures used in the POCLS were selected in 2010 from existing high-quality studies so that the POCLS sample could be compared with other Australian general population studies and international longitudinal studies involving OOHc populations. At this time, measures of child development had not been tested for validity and reliability with Aboriginal children in Australia.

Cultural background

The cultural background of the POCLS children can be determined through two main data sources - DCJ administrative records (ChildStory) and survey data collected directly from caregivers and children aged 7-17 years over multiple waves (noting that reported CALD status has changed over time for some children).

The POCLS has developed a counting rule to provide accuracy in reporting the cultural background of children over time ([POCLS Technical Report Number 12](#)). The child is counted as being of Aboriginal and/or CALD status if they were identified as such in the administrative data at Wave 1 or Wave 2 or by the carer at Wave 3. Children can be identified as CALD, Aboriginal, Aboriginal-CALD, or Other Australian. This Note uses child's cultural background information from the DCJ administrative records only and in most cases Aboriginal-CALD children are excluded due to their small numbers. For comparison purposes, a binary variable (CALD and non-CALD) is used throughout the Note.

Developmental outcomes of children

Several developmental and socio-emotional wellbeing measures were administered during the carer and/or child interviews, the caseworker survey and the teacher survey. Some of these measures were based on carer, teacher and caseworker reporting (third-party observations), while others required children three years and older to answer questions or complete tasks ([POCLS Technical Report 8](#)).

Physical health

The physical health of the child was rated on a 6-point scale from 1 = Excellent to 6 = Very poor. Carers were also asked whether the child had an illness or medical condition diagnosed by a medical practitioner and expected to last six months or longer.

Socio-emotional wellbeing using the Child and Behaviour Checklist (CBCL)

The CBCL was completed by carers and teachers of children aged 3–17 years. Versions validated and normed for use for 18 months to five years of age and 6–18 years of age were used. The CBCL yields subscale scores for a range of conditions and competencies, but the principal focus for the current study was the two composite syndrome profiles: Internalising behaviours and Externalising behaviours. Internalising includes the anxious-depressed, withdrawn-depressed and somatic complaints syndrome scales. Externalising captures external behaviours including rule breaking and aggressive behaviours. The CBCL Total Problems score is the sum of the 1 and 2 responses on specific items of the CBCL. The CBCL scores can be presented in a raw score format; as standardised T-scores; and children can be classified as falling into clinical, borderline and non-clinical ranges.

Cognitive ability using the Matrix Reasoning Test from the Wechsler Intelligence Scale for Children (WISC-IV)

Children aged 6–16 years completed 35 matrix reasoning items from the WISC-IV as a measure of logical reasoning or fluid intelligence.

Verbal ability using the Peabody Picture Vocabulary Test (PPVT-IV)

The PPVT of verbal knowledge is administered to children aged three years and older in the POCLS. There are 228 items with different starting points for children of different ages. The test yields raw scores based on correct answers and errors, as well as standardised scores ($M = 100$, $SD = 15$) for different ages. Scores higher or lower than the reference point of 100 indicate the extent to which the child's vocabulary compares with peers.

Connection to culture

To collect information about children's connection to their birth culture, carers of CALD children were asked about the child's experiences and activities which would help them maintain a connection with their cultural background⁶. These included whether the child:

- maintained his or her birth name
- practised his or her birth language
- discussed his or her cultural identity and heritage with the carer
- socialised with the cultural community
- maintained an understanding of his or her religion
- observed religious practices
- attended key cultural and religious festivals and celebrations
- ate food that is appropriate for the culture and religion.

⁶ This note does not present results for Aboriginal children. The questions related to connection to culture and additional questions were asked for Aboriginal children and new questions have been added at subsequent waves of data collection.

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Carers were also asked, in general, if the child was maintaining a connection with his or her cultural background (Yes/No); about the carer's ability to support the child to maintain connections with his or her culture (Not at all to Very well); and the extent to which the child identifies with their culture (Not at all to Very well).

Carer emotional responsiveness

To assess carers' emotional responsiveness, children aged 7-17 years were asked to respond to questions about their carers using a rating scale to indicate how often the carer helped them if they have a problem, listened to them, praised them for doing well, did things with them that are just for fun and spend time just talking to them. The response options range from 'Always' to 'Never' (adapted from Parenting Style Inventory, PSI-II).



Summary of key findings

CALD children's characteristics, child protection backgrounds and experiences in OOHC

This section presents results based on the DCJ administrative data for the POCLS children.

- **DCJ Districts:** The area with the greatest proportion of children from a CALD background is South Western Sydney District (28.1%) followed closely by Western Sydney and Nepean Blue Mountains (25.7%) and South Eastern, Northern and Sydney (24.8%).
- **Age at entry:** For CALD children, the most common age of entry to OOHC was 0-35 months (39.2%), followed by 6-11 years (25.6%), 13-17 years (18.4%) and 3-5 years (16.8%).
- **ROSH reports prior to entry:** More than half (55.0%) of CALD children had less than five ROSH reports while a quarter (24.0%) had 5-9 reports. A small proportion (2.1%) had more than 25 ROSH reports.
- **Types of ROSH reports involving parental issues:** While a large proportion of CALD children had ROSH reports involving domestic violence issues (46.4%) and parental drug/alcohol abuse (42.7%), a lower proportion had ROSH reports for parental mental health issues (22.4%).
- **Types of ROSH reports involving maltreatment issues:** Around two-thirds (67.6%) of CALD children had a history of ROSH reports involving physical abuse, while 60.8% had a history of neglect, 47.1% had a history of psychological risk and 17.7% had a history of sexual abuse.
- **OOHC placement type:** Just over half of CALD children (54.8%,) experienced foster care as predominant type of placement during their first care period, followed by relative/kinship care (32.5%) and residential care (3.0%).
- **Placement changes:** More than half of CALD children (54.1%,) had two or three distinct placements over the first five years since first entering OOHC.
- **Exits and re-entry:** Of the CALD children who left OOHC before their 18th birthday, the rate of re-entry to OOHC was 10.8%. More than one-third (36.8%) of these children re-entered OOHC within 3-6 months.
- **Restoration and guardianship:** Just under one third of CALD children were restored (31.8%) and 9.5% went on to guardianship orders during the first five years since first entering OOHC.

Developmental outcomes of CALD children in OOHC

The results in the following sections are based on the first-hand experiences collected from children and their caregivers for the POCLS. Overall, the developmental outcomes for CALD children over a five-year period since entering OOHC for the first time were generally similar to non-CALD children.

Physical health

- Children’s physical health was rated as good to excellent by the majority of carers and was similar by cultural background.

Socio-emotional wellbeing

- The socio-emotional wellbeing (as measured by the CBCL mean scores for Internalising behaviours, Externalising behaviours and Total Problem behaviours) of CALD and non-CALD children was in the normal range across time.
- There were no significant differences across waves within or between CALD and non-CALD groups in any of the scores.

Cognitive/learning ability

- Verbal ability for all children as measured by the PPVT-IV was within the normal range across time.
- CALD children performed slightly better than non-CALD children on cognitive reasoning as measured by the WISC-IV, noting that these differences were small and within the normal range.

Cultural connections and identity for CALD children in OOHC

Table 1 shows that some levels of cultural connections were maintained. Carers reported that birth names were generally maintained (95.2% across all three waves), discussion on cultural identity and heritage took place for most (78.6% across all three waves), and culturally relevant food was generally being provided (more than 80% across all three waves).

However, carers reported that up to half of CALD children were living in OOHC arrangements with little exposure to their birth language, and a quarter to a third had little access to cultural or religious activities or connections to their cultural communities.

Table 1: Carer report of cultural connections for CALD children (n=42) across waves

	Wave 1 %	Wave 2 %	Wave 3 %
Birth name maintained	95.2	95.2	95.2
Birth language maintained	64.2	54.8	47.6
Discussion on cultural identity and heritage	78.6	78.6	78.6
Socialise with community	66.7	66.7	64.3
Cultural history	66.7	64.3	47.6
Religious practices	73.8	71.4	61.9
Cultural practices	61.9	66.7	64.3
Cultural food	86.7	83.3	81.0

Note: Findings needs to be treated with caution because of the low sample size in the CALD group.

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For children in late childhood or older, carers reported that about a quarter to a third of children did not identify with their cultural background (26%, 31% and 30% in Wave 1, Wave 2 and Wave 3 respectively). The remainder were reported to have some degree of identification.

The majority of carers of CALD children reported being confident about their ability to maintain cultural connections. Almost 95% of carers indicated that they were able to do this 'very well' or 'fairly well' by the Wave 3 interview.

CALD children's relationship with their carers

Overall, carers were very positive about how close they were to the children in their care. There was a consistent trend for a high proportion of carers of CALD children to report that they were 'very close' to the child – 84.7%, 93.6% and 88.0% at Wave 1, Wave 2 and Wave 3 respectively.

CALD children, along with non-CALD children, rated their carers' emotional responsiveness as being very high which indicates a positive parenting style.

CALD children's contact with their birth family

Carers were asked to indicate which family members children had contact with (people they were not living with), how frequently, and the type of contact.

- Children were most likely to have contact with their mother, followed by their father, siblings, and other relatives. CALD children tended to be less likely to have contact with both of their parents (their mother, father and both) than children of non-CALD background
- CALD children were also less likely to have contact with siblings they were not living with than children from non-CALD backgrounds at all three waves. However, when interpreting this result, it is important to take into account that CALD children placed in relative/kinship care were more likely to be living with their siblings, and to have no siblings outside their carer household than CALD children in foster care and non-CALD children in relative/kinship care. This suggests that relative/kinship carers were more likely to take a sibling group of CALD children compared to foster carers and non-CALD relative/kinship carers.
- CALD carers were more likely to report that CALD children had a good relationship with their birth fathers (but not with other family members) than non-CALD carers.

Implications of the research to improve child outcomes

This Note presents evidence from the POCLS that underpins the current DCJ policy and practice to help CALD children achieve better outcomes. In particular, this note provides evidence that supports the NSW Practice Framework Standard (Standard 3) regarding culturally safe practices with diverse communities and highlights findings on CALD children's developmental outcomes and connection to birth family and culture in OOHC.

The following section discusses strategies to improve child outcomes in line with the legislation, NSW Child Safe Standards for Permanent Care and informed by the DCJ Permanency Case Management Policy (PCMP) and most importantly, the Practice Framework. The strategies reflect current practice advice and mandates that outline required activities in casework practice.

Strategies to support children

Life Story Work

Life Story Work begins when DCJ first becomes involved with any child and their family and helps the practitioners to collect information and make sense of the child and family's story. Life Story Work supports children to have a meaningful understanding of their story, strengthen their identity and maintain connections to their birth family and culture. For CALD children, it is particularly important that caseworkers view the children as 'experts' and seek to learn from them about their culture, language, people, community, places and religious practices that are important to them and incorporate this into Life Story Work. Where a child does not identify with their cultural background (as did about a quarter to a third of the POCLS CALD children) caseworkers can help to build this connection by exploring aspects in their Life Story Work.

Finding Family

Practice approaches such as Family Finding and Family Group Conferences can help CALD children to build safe connections with their family and culture. To achieve this, these are some important steps for practitioners to consider:

- Look for connection from the moment they meet the child and start by asking the child who is 'special and important' to them, pending age and maturity.
- Form respectful and collaborative partnerships with CALD families to support children.
- Build a Lifetime Network, which includes family members who have committed to support the child throughout their life.
- Engage with relevant community services organisations in the finding family process.

Finding family could have a wide scope and include, but not be limited to grandparents, aunts/uncles, older siblings, cousins, kinship structures and people with child-rearing responsibilities beyond the immediate family group.



Cultural Support Plan

Children in care who come from a CALD background must have a Cultural Support Plan as part of their Care Plan. This includes asylum seekers, refugees and new migrant children. For CALD children to continue to grow with a strong sense of cultural identity, the Cultural Support Plan needs to be meaningful and tailored to a child's specific cultural needs. However, for Aboriginal-CALD children in OOHHC, it is extremely important that they also have a separate Aboriginal Cultural Plan, or a plan that supports cultural needs and connects on both sides of the child's family. An effective Cultural Support Plan could include the following:

- Evidence that multicultural consultations⁷ were completed in the development of the plan. Purposeful cultural consultation assists caseworkers to make informed assessments and develop casework plans which are culturally appropriate and build on the strengths of a family and their community supports.
- Information about how the child's cultural needs and interests will be met while in care and how they will be supported to participate in their cultural and religious activities.
- Any culturally appropriate services significant to the child that were identified when talking with the child, their family, kinship network and community representatives.

It is also important to consider that the child's Cultural Support Plan is reviewed annually with the child, their family, and carers. Multicultural caseworkers can also help in providing cultural consultation in the review process.

⁷ Cultural consultation is not just about looking for information to identify culturally-appropriate services. It involves engaging genuinely in the process and seeking specific knowledge, skills and assistance to make sure that practice meets the needs of the family. Multicultural Caseworkers provide cultural consultation.

Case Plans include Contact with Siblings not in the Placement

POCLS provides evidence that CALD children were more likely to be placed with siblings, but CALD children were also less likely to have contact with siblings they were not living with than Aboriginal and Other Australian children. It is therefore important to consider and promote placement with siblings and relationships with siblings the child is not living with.

Strategies to support families and train carers

Early Intervention and Preservation Strategies to Support Families

- Connect at risk families to culturally appropriate services and supports including pre-natal classes, parenting programs, support networks, and early intervention and prevention programs, to reduce the number of children entering OOHC and support family preservation.
- Provide training to workers to ensure that early intervention and family preservation programs are culturally responsive. It is essential that workers are trained in cultural competency, have relevant language skills, have strong cultural knowledge about the children and families they work with, and engage with relevant community organisations and interpreter services. In NSW, early intervention services develop strategies in partnership with CALD community organisations and leaders, to actively build a diverse caseworker workforce reflective of the diversity and languages of local communities.
- Provide culturally appropriate information and support to parents in migrant and refugee communities about childhood development and what a child needs to remain safe and thrive at each stage of development.

Supporting Carers in Maintaining Children's Connection to Culture⁸

Carers of CALD children can play an important role in supporting the child's connection to culture and/or religion. The findings from the POCLS show that many CALD children in OOHC have inadequate connections to culture and community. To support carers in maintaining CALD children's connection to culture, the following strategies should be considered:

- Organise pre-placement cultural awareness and competency training for carers of CALD children so that they understand the cultural context of the caring role. Additional training can be facilitated once they commence caring to reinforce learning. This will empower the carers to support the child's connection to culture especially in situations where the carers and child are not culturally matched. Carer training modules should include the perspective of CALD and Aboriginal carers and community.
- Support carers in understanding and demonstrating ongoing respect for the cultural, linguistic and religious needs of the child in their care.

⁸ The Aboriginal and Torres Strait Islander Principles in the *Children and Young Persons (Care and Protection) Act 1998*, sections 11-13, must be applied to all Aboriginal-CALD children and young people.

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- Provide accurate information about the CALD child's family, culture, religion and heritage, which will help the carers to develop cultural knowledge and understand the perspectives and experiences of these children and their families.
- Work with the carer to identify practical strategies to support cultural maintenance and how to deal with discrimination, prejudice and/or racism.
- Link key members of the child's cultural community with the carer to help them to develop culturally safe approaches to engage with the children.
- Connect carers with appropriate cultural and religious networks to enable them to access relevant services.
- Provide information about the specific needs of refugee children and contact details for specific services and support.
- Encourage carers to consider the benefits of family time for CALD children in building and strengthening their relationships with family and connection to community and culture.
- Encourage carers to attend My Forever Family cultural training to learn effective supports for CALD children in their care to develop a positive cultural identity.
- Engage/recruit carers from a diverse range of CALD backgrounds to create opportunity for optimal placements for CALD children. This requires active and sustained collaboration with CALD communities, leaders and service providers.

Strategies to develop casework skills and supervision⁹

Multicultural Caseworkers and Cultural Consultations

Multicultural Services, in the Office of the Senior Practitioner, works to improve the responsiveness of DCJ services to CALD children, young people, families and communities. It provides co-ordination and support to the DCJ Multicultural Caseworker Program. Multicultural caseworkers work directly with their target communities, and support other caseworkers in their own and other Community Services Centres in their work with migrant and refugee families through cultural consultation and secondary casework.

Multicultural caseworkers can assist practitioners to:

- understand the beliefs, values and parenting practices (including discipline styles) within a culture and help practitioners to be more culturally aware, responsive and respectful.
- understand settlement issues and impacts of trauma that are unique to new migrants and refugees.
- build cultural knowledge to help engagement with family members.
- identify culturally appropriate supports, networks and services for the family.

⁹ Compliance with the Aboriginal Case Management Policy should also apply to all Aboriginal-CALD children and young people.

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- learn of cultural traditions and connections to support a child or young person's cultural identity and belonging.
- help families to understand DCJ practice and legislation in care and protection which may be different to the family's country of origin.

Multicultural caseworkers use culture to keep children safe. Therefore, it is important to consider that:

- there is an adequate number of multicultural caseworkers or workers with relevant CALD background and language skills, to work with CALD children and families.
- OOHC service providers, both DCJ and NGOs, recruit caseworkers from culturally diverse backgrounds with consideration of their knowledge and competency to support CALD children.
- caseworkers share knowledge of cultural elements through regular group supervision with multicultural caseworkers as experts in culture to develop caseworkers' capacity and capabilities to deliver culturally responsive trauma-informed practice.

Culturally Responsive and Reflective Practice

While working with families from a CALD background, it is paramount that casework supervisors and caseworkers make a genuine effort to understand the family's culture, values and beliefs so that the practice is responsive and tailored to a child's needs. To achieve this, the following strategies need to be considered routinely by casework supervisors and caseworkers:

- Being respectful to cultural differences and being inquisitive about the family's culture by genuinely engaging with the child and family.
- Being aware of their own cultural biases and assumptions. When working across cultures, it is easy to misinterpret what is going on for families, which can lead to missed opportunities. For this reason, it is important that caseworkers actively recognise and monitor their own cultural biases and behaviour. This not only requires self-awareness and critical reflection of their practices and approaches, it also requires the caseworkers to adjust their approach and broaden their knowledge and skills to meet the needs of the children and families.
- Taking time at the beginning of casework with a family to seek cultural advice through multicultural consultation. Caseworkers need to be genuinely engaged in the consultation process seeking specific knowledge, skills and assistance to make sure that their practice meets the needs of the children and families.
- Carrying out regular and meaningful Cultural Support Planning and quality Life Story Work.
- Committing to ongoing professional and personal development of cross-cultural knowledge and skills.

Strategies to improve administrative data

The following strategies should be considered to improve administrative data collected:

- Accurate identification and documentation of culturally diverse families, including the child's cultural background (specifying the birth mother and father's cultural background, using country of birth, main language spoken at home), need to be mandatory in ChildStory and able to be updated as new information comes to light so that adequate resources and appropriate services and supports can be provided.
- Routine reporting of child protection data and cultural diversity in districts would facilitate planning and business cases to ensure the right mix of culturally appropriate interventions are funded to effectively address the needs of culturally diverse communities.

Where to from here?

The aim of the Quality Assurance Framework (QAF) was to collect and provide regular information to caseworkers about each child in OOHC to support and inform their case planning. Initially it was developed and implemented at several pilot sites. However, the expansion of the QAF is now being considered as part of the broader child protection reforms in NSW. The reforms recognise early support services are pivotal to providing better outcomes for children and family.

Policy and practice improvements underway

The NSW Child Safe Standards for Permanent Care 2015 set out the minimum requirements that agencies providing statutory OOHC and adoption services must meet to become accredited in NSW. This process is overseen by the Office of the Children's Guardian.

The NSW Practice Framework and Standards provide caseworkers with guidance about creating enduring and permanent connections for children and young people from diverse cultural backgrounds. Practice approaches such as culturally sensitive 'Family Finding' and 'Family Group Conferencing' are in place to help children to develop and maintain lifelong connections to the family, cultural and communities.

The Permanency Support Program (PSP) Learning Hub has a range of educational resources available to support casework with CALD children and families. Resources include factsheets, face-to-face and online training, webinars and podcasts.

The new Casework Development Program¹⁰ launched in July 2020 is a learning program (17 weeks of online, face-to-face and structured learning opportunities in the Community Service Centres) for new caseworkers. The program includes training on family group conferencing, finding family, cultural connections, family time, cultural support plans.

¹⁰ Transforming Aboriginal Outcomes, Child and Family team reviewed the Casework Development Program and provided advice on each module to ensure that the needs of Aboriginal children and their families are addressed in all aspects of casework.

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The identity and culture casework practice mandate has been updated to provide more robust guidance and clear minimum expectations to caseworkers around cultural planning for children's identity including the development and maintenance of ongoing connections to siblings, family, community and other important people. The contact for children in care practice mandate and supporting documents have been recently reviewed.

As part of the recently established PSP Collaborative Sector Forums, the importance of capturing, analysing and responding to CALD data was highlighted. DCJ has committed to establishing joint data working groups with the sector to ensure access to critical data items to improve outcomes for CALD children. Forum reports also identified the need to reconsider how CALD carers are recruited, and to account for the safe cultural practices that are outside the scope of traditional Western care practices.

An updated draft foster care application guide for DCJ caseworkers includes a section on maintaining ties to culture and was published in 2023.

Funding for a new digital platform to better match children in care to carers was approved in late February 2023. The platform should improve permanency outcomes for children in care, by finding homes with carers who best suit their needs.



Policy and practice guides and further reading

- [Standard 3: Culturally safe practice with diverse communities \(family resources\)](#)
- [Care and Cultural Planning](#)
- [Information for multicultural families and communities](#)
- [Caring for children from diverse cultural background](#)
- [Practical Tips for carers of CALD children](#)
- [Services, support and programs for migrant families, including interpreting services, legal assistance and more](#)
- [Multicultural NSW](#)
- [DCJ Multicultural caseworkers: using culture to keep children safe](#)

References

- McMahon, T., Mortimer, P., Karatasas, K., Asif, N., Delfabbro, P., Cashmore, J., & Taylor, A. (2021). *Culturally Diverse Children in Out-of-Home Care: Safety, Wellbeing, Cultural and Family Connections. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care*. Research Report Number 20. Sydney. NSW Department of Communities and Justice.
- NSW Department of Communities and Justice (2020). *Identifying the Cultural Background of Children in the Study. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care*. Technical Report Number 12. Sydney. NSW Department of Communities and Justice.
- NSW Department of Communities and Justice (2020). *Measures Manual (Waves 1-4). Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care*. Technical Report Number 8. Sydney. NSW Department of Communities and Justice.

Pathways of Care Longitudinal Study

The Pathways of Care Longitudinal Study (POCLS) is the first large-scale prospective longitudinal study of children and young people in out-of-home care (OOHC) in Australia. The study collects detailed information about the life course development of children who enter OOHC and the factors that influence their safety, permanency and wellbeing. The POCLS links data on children's child protection backgrounds, OOHC placements, health, education and offending held by multiple government agencies; and matches it to first-hand accounts from children, caregivers, caseworkers and teachers. The population cohort is a census of all children who entered OOHC for the first time in NSW over an 18-month period between May 2010 and October 2011 (n = 4,126). A subset of those children who went on to receive final Children's Court care and protection orders by 30 April 2013 (n = 2,828) were eligible to participate in the study. Information about the study and publications can be found on the POCLS webpage.

The POCLS acknowledges and honours Aboriginal people as our First Peoples of NSW and is committed to working with the DCJ Aboriginal Outcomes team to ensure that Aboriginal children, young people, families and communities are supported and empowered to improve their life outcomes. DCJ recognises the importance of Indigenous Data Sovereignty and Governance (IDS & IDG) in the design, collection, analysis, dissemination and management of all data related to Aboriginal Australians. The POCLS will continue to collaborate with Aboriginal Peoples and will apply the DCJ research governance principles once developed.

About this evidence-to-action note

The POCLS data asset is used to improve how services and supports are designed and delivered in partnership with the policy and program areas to improve the outcomes for children and young people who experience OOHC, the support provided to caregivers and families, and the professional development of staff.

This Evidence to Action Note was prepared by the POCLS team at DCJ and the report authors, with input and endorsement from the POCLS Aboriginal Governance Panel and the Evidence to Action Working Group which included Multicultural Services and Settlement Services International.

The findings presented in this Evidence to Action Note are primarily based on a report by McMahon, T., Mortimer, P., Karatasas, K., Asif, N., Delfabbro, P., Cashmore, J., & Taylor, A. (2021). Culturally Diverse Children in Out-of-Home Care: Safety, Wellbeing, Cultural and Family Connections. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 20. Sydney. NSW Department of Department of Communities and Justice.

Recommended citation

NSW Department of Communities and Justice (2024). Culturally and Linguistically Diverse Children in Out-of-Home Care: Safety, Developmental Outcomes, Connections to Family and Culture. Pathways of Care Longitudinal Study: Outcomes for Children and Young People in Out-of-Home Care. Evidence-to-Action Note Number 12. Sydney: NSW Department of Communities and Justice.

Study design

NSW Department of Communities and Justice - Family and Community Services Insights, Analysis and Research; Australian Institute of Family Studies; Sax Institute, Professor Judy Cashmore, University of Sydney; Professor Paul Delfabbro, University of Adelaide; Professor Ilan Katz, University of NSW; Dr Fred Wulczyn, University of Chicago.

Data collection by Ipsos Australia.

Ethics approvals

- University of NSW Human Research Ethics Committee (Approval numbers HC 10335, HC 16542)
- Aboriginal Health & Medical Research Council of NSW Ethics Committee (Approval number 766/10)
- NSW Population & Health Services Research Ethics Committee (Approval number HREC/14/CIPHS/74; Cancer Institute NSW 2014/12/570)
- AIHW Ethics Committee (Approval Number EO2019-1-406)

All the POCLS publications are available on the [POCLS webpage](#)

Pathways of Care Longitudinal Study (POCLS)

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