Pathways of Care Longitudinal Study (POCLS)

How to build positive relationships and foster family time for children in out-of-home care

Key messages

This Evidence to Action Note provides an overview of children and young people's[1] relationships with their birth family and carers from the Pathways of Care Longitudinal Study (POCLS). It also provides new evidence that spending time with family while in out-of-home care (OOHC) is associated with children's socio-emotional wellbeing. The Note is intended to be a resource for policy makers and practitioners.

This Note focuses on children (aged 7 -17 years) who were in the same placement during the first five years of OOHC (corresponding to the first three waves of the POCLS data collection). Overall, children's views about their relationships with their carers were very positive with the vast majority indicating that they were 'happy' or 'very happy' living in their current carer household and that their carers help them to 'feel part of their family'. Most carers also reported that they felt 'very close' to the child, with no significant differences between relative/kinship and foster carers or by children's cultural background.

Overall, the findings indicate that spending time with family and having positive relationships with carers and birth family members are associated with better socio-emotional outcomes of children.

The NSW Practice Framework Standards puts a strong focus on family connection and provides guidelines to build best practice for nurturing lifelong bonding for children in OOHC (Standard 5). The research findings from the POCLS underpin the current Practice Standards reinforcing the importance of children's connection with birth family through family time as well as building positive relationships with the carers.

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

Communities and Justice

NSW GOVERNMENT

Children's relationships with their birth family and carers: key insights from the POCLS

Children's relationships with their carers

The majority of children are 'happy' or 'very happy' living in their current carer household.

- Most carers reported that they felt 'very close' to the child.
- Children aged 7–17 years indicated that the people who they wanted to see more were their parents, siblings and grandparents, in that order, as well as their friends.

Children's relationship with their birth family

Children who had 'at least monthly' contact were much more likely to have a good relationship with their family than children with less frequent contact.

- Children living with relatives or kin were more likely to have frequent contact ('at least monthly') with their birth family members compared to children in foster care.
- Children were more likely to have family time with their mothers (80%) than with their fathers (50%) during the first 5 years in OOHC.
- 90% of children in foster care had supervised family time with their parents.

Family time and children's socio-emotional wellbeing

Children who spent time with both or at least one parent had better socio-emotional wellbeing than those who had no family time with either parent.

Children's socio-emotional wellbeing was associated with:

- co-placement with siblings
- having family time with siblings
- placement with relative/kinship carers
- having a positive relationship with the carers
- having their contact needs met for maintaining their birth family relationships
- having close relationship with their mother.

Note: In the POCLS, 'family time' is defined by 'contact' between children and birth family members where contact is predominantly face to face, that is, in-person contact. The level of family time is measured by the frequency of contact. The study does not collect data on the location of family time or measure the quality of family time.

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Family contact, relationships and socio-emotional development

Children's relationships with the people who care for and about them are the building blocks of their development and essential for their socio-emotional wellbeing. Those relationships are, however, more complicated for children in OOHC (Cashmore & Taylor, 2020). These children need to develop relationships with the people they are now living with, who may be relatives or kin or unrelated foster carers. They also need to understand and navigate their relationships with their parents, siblings and other members of their birth family. How they manage this is very likely to change over time and to differ for children who are removed as infants or very young children and those who are older with already well established relationships with parents and siblings.

A number of aspects of children's experience in OOHC are likely to contribute to their feelings of security and to their socio-emotional development and well-being. These include: the warmth and parenting style of their caregivers,[2] the opportunity and 'permission' for children to have contact with their birth family and with others who are significant to them, the age at which they enter OOHC, whether they are in relative/kinship or foster care and the continuity of that placement.

Children in OOHC spending time with their birth family is a complex and contentious issue, and there is considerable policy and practice debate about the amount of contact children should have, with whom, under what circumstances, and whether it should be face-to-face and supervised. The frequency and type of family time and the likelihood that children will return home are all likely to affect children's relationships and their longer-term outcomes.

The information in this Evidence to Action Note is based on a report that focuses on children aged 7 years and older[3] and their relationships with their carers and with members of their birth family, particularly their siblings. It considers changes over time from Wave 1 to Wave 3 (from 1–2 years to 5–6 years in OOHC), and how these changes are associated with children's socio-emotional development and wellbeing (Cashmore & Taylor 2020). It provides new evidence to inform OOHC policy and practice to improve the socio-emotional wellbeing outcomes of children who experienced maltreatment and entered care.

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[2] The term 'caregivers' includes birth parents, foster carers, relative/kinship carers, guardians, adoptive parents and residential care workers. The term 'carer' is used in this Note for foster and relative/kinship carers and reflects findings that were conducted with this subgroup.

[3] The POCLS sample is not representative of all children and young people in OOHC. It is important to consider the population that the sample was drawn from when considering the generalisability of the findings. The analyses in this Note are based on children in relative/kinship care and foster care. The small number of adolescents in residential care were excluded because of the small cell size. The results in this report for comparisons across waves are based on two main groups of children: children for whom there are data for all three waves (n = 882) and a subset of that group, children who were in the same household for all three waves (n = 767). The majority of children in this analysis is based on children in stable placements. Further analysis examining family contact for children who change placements is required. The language used in this Note reflects the language/categories used in the original measure (e.g., normal range, total problems).

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How are relationships and socio-emotional development measured in the POCLS?

Closeness of relationships

Children aged 7 to 17 years indicated who they felt close to, and to what extent, using an activity adapted from the Kvebæk Family Sculpture Technique (Cromwell, Fournier & Kvebæk, 1980; Gardner, 1996, 2004). In this activity, the child places a figure to represent him/herself on a board, and then selects figures to represent other people and place them according to how close they feel to them. The first set relates to the people the child is living with in their current placement; while the second set relates to the people children are not living with but whom they consider to be 'important and special people' in their lives. The placement of the figures on the board provides a visual representation of children's perceived emotional closeness to the people they identified.

Carer's emotional responsiveness

The Emotional Responsiveness scale from the Parenting Style Inventory (adapted version PSI-II) (Darling & Toyokawa, 1997) was used to characterise children's (aged 7-17 years) relationships with their carers. The scale consists of five items. Each item asks children how often does their carer: 'Help you out if you have a problem', 'Listen to you', 'Praise you for doing well', 'Do things with you that are just for fun' and 'Spend time talking to you'. Each item is scored on a five-point scale where the response categories range from 'Always' = '1' to 'Never' = '5'. The items are then reverse coded, with a higher score indicating a better parenting style.

Socio-emotional development

Caregiver and/or teacher reports of children's behaviour were measured using the Child Behaviour Checklist (CBCL) (Achenbach & Rescorla 2000, 2001) for children aged 3 to 17 years. Three different subscale scores were measured for socio-emotional development: internalising, externalising and total problems behaviour scores. The internalising measure captures emotional problems such as anxiety, mood disturbance and somatic complaints; while the externalising measure captures problems including rule breaking and aggressive behaviours. The total problems score is the sum of all items including internalising, externalising, and other syndromes and other problems (for e.g., sleep problems, eating problems, thumb sucking etc). Based on the scores, children's behaviours were categorised into 'normal', 'borderline' or 'clinical' range. Children's scores in the borderline range indicate a need for ongoing monitoring and support while those in the clinical range indicate a need for assessment and professional support. Lower scores indicate fewer reported problems.

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Summary of key findings

Note that all findings are based on children aged 7-17 years who have not changed placement from Wave 1 to Wave 3 (first five years of OOHC) except for the findings related to children's socio-emotional wellbeing, which took into account placement changes.

Children's reports of their relationships with their carers

Overall, children's views about their relationships with their carers during the first five years of OOHC were very positive, with the vast majority (98%) reporting they were 'happy' or 'very happy' living in their current household and that their carers 'help them to feel part of their family' (80%). There was very little variation over time in reported relationships with carers. These findings are consistent with national data (Australian Institute of Health and Welfare, 2016, 2019).

The child's ratings of their relationships with carers were also positively correlated with their assessments of their carers' emotional responsiveness to them. Children who rated their carers as being more emotionally responsive were more likely to say they were 'happy' living in their current home, and that their carers help them to 'feel part of the family'. There was little difference in carers' emotional responsiveness across waves and by children's placement type, Aboriginality and culturally and linguistically diverse (CALD) backgrounds.

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Children's reports of their 'closeness' with people they are living with and not living with

• Children indicated they felt closer to their birth parents and to their female relative/kinship or foster carer, and then their siblings, than to others. There were differences by age, with 9 to 11 year olds indicating more closeness to family than younger children (7–9 year olds) and adolescents (12–17 year olds).

• Children who reported being 'happy' or 'very happy' in their current placement also indicated they felt significantly closer overall to those they were living with, and to others they selected as 'special and important' to them with whom they were not living with.

• Children who felt their carer/s tried to help them 'feel part of their family' also placed themselves significantly closer overall to the other members of that carer household.

• After being in care for 18 months (Wave 1), children indicated that the people who were 'special and important' to them and that they wanted to see more were their parents, siblings and grandparents, in that order, as well as their friends.

• Children's reported feelings of closeness to the people they were living with, and also to people they were not living with but selected as 'special and important' to them did not differ in relation to placement type, the child's gender, Aboriginality, time since entering care, time in their current placement, and whether they changed households.

Carer reports of child's relationships with members of the carer household and birth family members

• A majority of both foster and relative/kinship carers reported that they knew the children in their care 'very well' and that the children were 'very settled' and 'going well'. They also indicated that they were 'very close' to the child, and that the child was also close to the other carer and children in the household.

• Carers' ratings of the extent to which children have a 'good relationship' with each of their family members did not differ significantly over time, by the length of time the child was in that placement, and whether they were living with any siblings. There were also no differences by Aboriginality.

• Relative/kinship carers were more likely to report that children had a good relationship with their mother across waves compared to foster carers. However, the difference was not statistically significant.

• Relative/kinship carers were significantly more likely than foster carers to report that children also have a good relationship with their father, their maternal and paternal grandparents, aunts and uncles and cousins.

• Foster carers were much more likely than relative/kinship carers at each wave to indicate that the children in their care had a good relationship with no-one from their birth family.

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Sibling relationships and co-placements

More than half the children had at least one sibling living with them in the same carer household at Wave 1 (58.4%), Wave 2 (51.0%) and Wave 3 (56.4%). Children in relative/kinship care were more likely to be living with at least one sibling, and to be in larger sibling groups, than children in foster care. However, a similar proportion of children placed in relative/kinship carers and foster care were reported by their carers to have a good relationship with their siblings.

Family time with different family members

Children were more likely to have family time with their mothers (80%) than with their fathers (50%) in the first five-year period after entering OOHC. Between 10–20% of children at each wave of data collection reportedly did not have contact with their mother or their father. Carers reported that very few parents or children did not want contact.

Figure 1. Percentage of children in relative/kinship care and foster care with face-to-face time with their parents by wave (for children in all three waves)
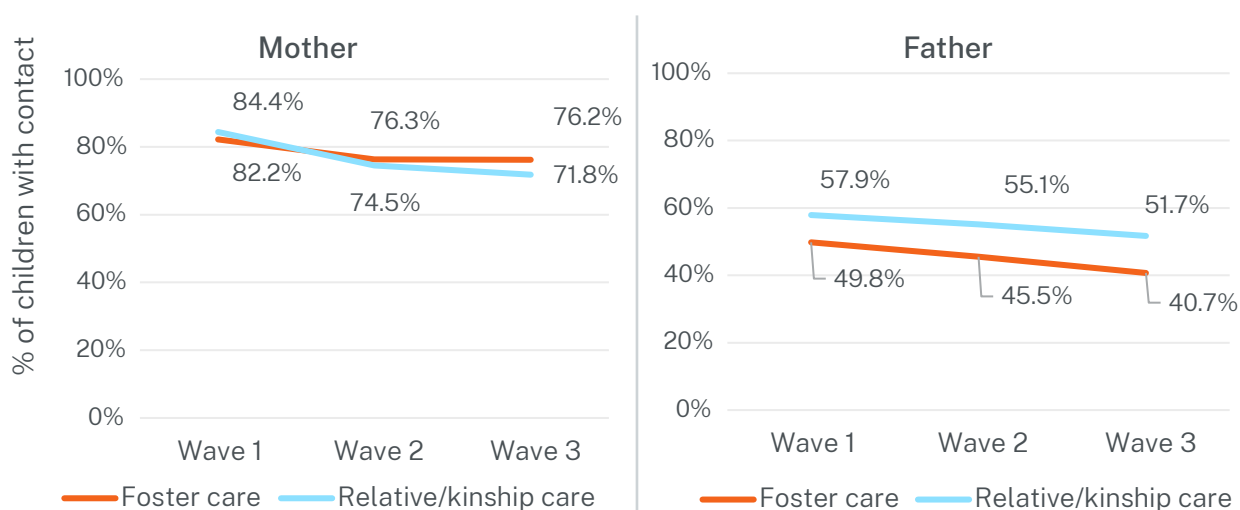
* Based on children who participated in all three waves for comparability

In addition to family time with their parents, around a third of children in relative/kinship care had face-to-face family time with both maternal and paternal relatives compared with fewer than 15% of children in foster care.

More concerning, 40% of children in foster care did not spend any time with maternal or paternal relatives compared with 12–18% in relative/kinship care. Note, spending time with maternal relatives is more likely if children are living with their maternal relatives, and similarly for paternal relatives.

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Frequency of family time (face-to-face/in-person contact)

Children living with relatives or kin were significantly more likely than children in foster care to have more frequent contact ('at least monthly') with their mother, father and siblings, and with their grandparents, aunts, uncles and cousins they were not living with.

Figure 2. Percentage of children in relative/kinship care and foster care with 'at least monthly' face-to-face contact with their mother and father by wave (for children in all three waves)
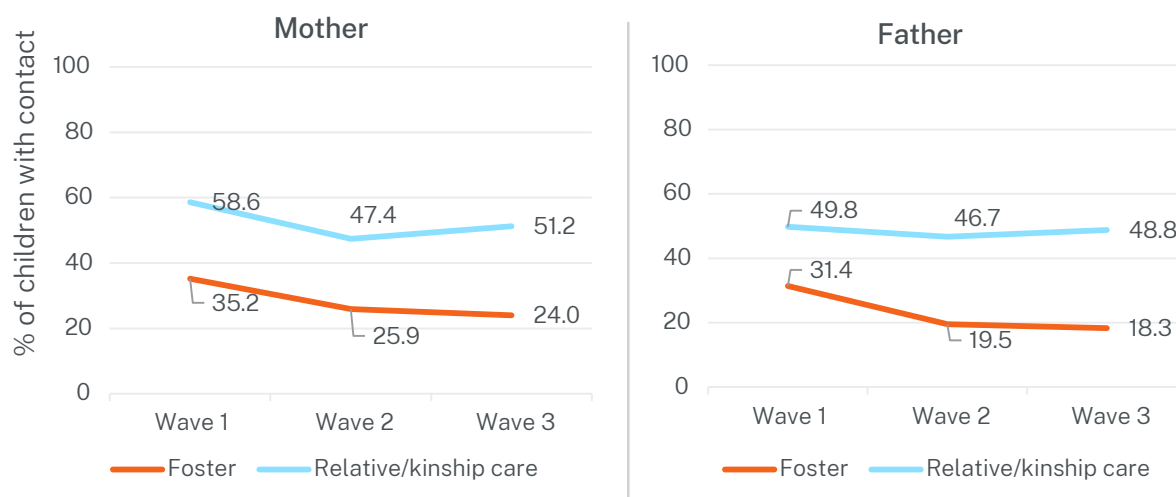
* Based on children with information for all three waves

Children who had 'at least monthly contact' were much more likely to have a good relationship with each of their family members than children with less frequent contact.

Type of family contact

The predominant form of family time most children had with their parents and the siblings they were not living with was supervised and face-to-face/in person. It remained the main type of contact for children in foster care across all three waves, with fewer than 10% of children having unsupervised time with either parent at any wave.

Both parents were much more likely to have unsupervised time when the children were in relative/kinship care than in foster care. While fathers were less likely than mothers to have family time with children in relative/kinship care, those who did were more likely to have unsupervised time than mothers. The circumstances for this, such as the child protection history and placement type (such as whether placed with paternal relatives), need further examination.

Children in relative/kinship care were more likely to have face-to-face time with adult members of both their maternal and paternal extended family they were not living with than children in foster care.

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Supervised face-to-face time was maintained at the same level for children in foster care over the first five years in OOHC. Unsupervised contact was less common but increased over time for children in relative/kinship care.

Overall, only about 10% of children had overnight stays with any of their family members, and that was most often with their grandparents, and then their aunts/uncles and cousins. Only 2–3% had overnight stays with either of their parents, but this increased to 9% by Wave 3 for children in relative/kinship care. Overnight stays were very rare for children in foster care.

Children were more likely to have telephone contact with their mothers (19%) and fathers (15%) than with other family members, and it increased over time. There was minimal contact (2–5%) via email, social media or video calls, even for siblings or cousins.

Carer reports regarding contact

Most carers were positive about children's contact with their family members and this tended to increase from Wave 1 to 3 (from about two-thirds to three-quarters of carers).

Carers who reported that they had a positive relationship with the child's birth family were more likely to report that the child was positive about contact with their mother or father. Carers' views about whether the child had a good relationship with their mother or father were significantly related to their ratings of children's emotional states before and after contact with that parent.

Relative/kinship carers were more likely than foster carers to report that children were excited or positive about contact before and after the last contact visit. Foster carers of Aboriginal children were somewhat less positive than other carers about how well contact was meeting the child's needs for maintaining birth family relationships.

Overall, around 80% of carers indicated that the needs of the child in maintaining their family relationships were being met 'very well' or 'fairly well' at each wave. The odds of children's needs being met well were four to seven times greater if they were having frequent contact ('at least weekly') with their mother, father and siblings.

Carers indicated that their main concerns about family time were parents cancelling or not showing up, parents' inappropriate behaviours, and an adverse impact on the child. It is worth noting that while some carers reported problems with parents' behaviour and with parents not 'showing up' for contact, they were more likely to say that children needed *more* contact rather than *less* contact with their parents to meet the child's needs for a relationship with members of their birth family.

Family time, relationships and children's socio-emotional wellbeing

Relationships with family and carers

Overall, the findings indicate that family time and positive relationships with carers and family are associated with better socio-emotional outcomes for children.

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However, it should not necessarily be assumed that all contact is positive; it may be stressful and distressing for some children, and at different times. Specifically, children in relative/kinship care had better socio-emotional outcomes with significantly lower CBCL externalising (e.g., rule breaking and aggressive behaviours) and total problems scores than children in foster care.

- Carers who reported their own parenting style to be warmer and less hostile also reported that the children in their care had lower CBCL total problem scores than those who reported to have worse parenting style.

- The more emotionally responsive children rated their carers to be, the lower their CBCL internalising scores.

- Children who indicated they were 'very happy' living in their current placement also had lower CBCL externalising scores compared to children who reported they were 'not happy' living in their current placement.

- Children whose carers indicated that contact was meeting the needs of the children for maintaining their family relationships, and that contact was not having an adverse impact on the children, had significantly lower CBCL scores and better socio-emotional wellbeing.

- Children who were living with their siblings in the carer household had significantly lower CBCL total problem scores than those who were not, whether or not they had contact with siblings outside their home. Children who were having contact with their siblings (either living in the same or outside the household) had significantly lower CBCL internalising and total problems scores compared with those who have no siblings or no sibling contact.

- Children reported by their carers to react more negatively to their last contact with their mother/father (e.g., more anxious or distressed) had higher CBCL internalising problem scores.

- There was no significant association between the frequency of contact children had with their parents and their grandparents and their socio-emotional wellbeing.

Placement stability

Children who changed placements at least once during the first five years of OOHC had significantly higher total problems behaviour scores than children who remained in the same household. Children who stayed in the same household from Wave 1 to Wave 3, and children who changed placements early in their care trajectory (in Wave 2) had stable or decreasing behaviour problems over the first five years since entering OOHC.

Aboriginal children

Aboriginal children comprised about 35% of the children in the interview cohort across the first three waves of the POCLS. At each wave, there were more Aboriginal children in foster care (54%, 50% and 47% at Wave 1, 2, and 3 respectively) than in relative/kinship care (45%, 41% and 30% at Wave 1, 2 and 3). Just over one in three Aboriginal children in foster care at each wave were placed with an Aboriginal carer/s. Aboriginal children were generally more likely to be part of larger families and more likely than non-Aboriginal children to be living with siblings.

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There were more similarities than differences between Aboriginal and non-Aboriginal children in their experience of relationships with carers and birth family members while in OOHC.

There were no significant differences between Aboriginal and non-Aboriginal children in relation to:

- how close they indicated they felt to members of either their carer household or to members of their birth family

- how close the carers of aboriginal and other children said they were to the children in their care

- how well they thought the children were getting on

- how close the children were to other children in the household.

However, there were some differences:

- Aboriginal children aged 7–17 years were more likely to say that they were 'happy' in their placement than non-Aboriginal children in both foster care and relative/kinship care.

- Both foster carers and relative/kinship carers of Aboriginal children self-reported more warmth and less hostility in their parenting style than the foster carers of non-Aboriginal children.

- Foster carers of Aboriginal children were more likely to be concerned about parents cancelling or not showing up for family time than foster carers of non-Aboriginal children.

- The positive association between children living with siblings in OOHC and their socio-emotional wellbeing is stronger for Aboriginal children than for non-Aboriginal children.

Implications of the research to improve child outcomes

This Note presents evidence from the POCLS that underpins the current Department of Communities and Justice (DCJ) policy and practice to help children achieve better outcomes. In particular, this note provides evidence that supports the NSW Practice Framework Standard (Standard 5) regarding building children's connection with birth family members and highlights new evidence on improving children's socio-emotional wellbeing through family time.

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); Rules and Practice Guidance; Aboriginal Cultural Capability Framework; Aboriginal Case Management Policy (Operational Rules and Practice Guidance) and most importantly - Practice Framework. Particularly, the strategies reflect current practice advice and mandates that outline required activities in casework practice.

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Strategies to support children

Life Story Work

Life Story Work begins when DCJ first becomes involved with a 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 the children to have a meaningful understanding of their story, strengthen their identity and maintain connections to their birth family and culture. Therefore, it is important that caseworkers view children and young people as experts in their culture and seek to understand their culture, people, community, places and practice that are important to them through Life Story Work.

Family Finding

Practice approaches such as Family Finding can help children to build safe connections to family and enduring relationships. To achieve this, these are some important steps for the practitioners to consider:

- look for connection for children from the moment they meet them and start by asking the child who is 'special and important' to them pending age and maturity
- form respectful and collaborative partnerships with families to support children
- build a Lifetime Network, which includes family members who have committed to support the child throughout their life.

Cultural Plan

It is important for Aboriginal and/or Torres Strait Islander children in care, to have a meaningful and child-led cultural plan as part of their Care Plan. For children to continue to grow with a strong sense of cultural identity, Cultural Plans are tailored to a child's specific cultural needs. Important things to include in a Cultural Plan include:

- evidence that culturally appropriate consultations were completed in the development of the Cultural Plan
- how the child will be supported to participate in cultural activities to promote their cultural development and preserve their cultural identity
- any culturally appropriate services significant to the child that were identified when talking with the child, their family, kinship network and community elders or representatives.

It is also important to consider a child's connection to country including the land, the water, the skies, and the spiritual. A child may not be on the same land that they were born on; so, it is important to explore country.

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Case Plan for Siblings Co-placement

The POCLS provides evidence that children living with siblings had better socio-emotional outcomes than children not living with siblings. This association was stronger for Aboriginal children. Furthermore, evidence showed that children who spent time with the siblings (living and not living with them) had better socio-emotional wellbeing.

The following strategies needs be considered for Aboriginal children:

- It is important to be proactive in placing siblings together and with family and community, consistent with the placement hierarchy of the Aboriginal Child Placement Principle.

- Where sibling co-placement is not possible, OOHC case plans need to include arrangements to enable the child and siblings to participate in family time ('sibling time') and cultural activities as a sibling group 'on Country' of the family's Aboriginal nation, lands or mob.

Strategies to develop casework skills and casework supervision

Family Time Arrangements

A child's care plan needs to include details of family time arrangements between the child and their birth parents, relatives/kin, friends, and significant others. In making arrangements for family contact and building relationships with birth family members, caseworkers need to:

- listen to children, carers and birth parents about what works and what is needed to support family time

- organise group or individual supervisions that regularly address building enduring relationships with family, kin and community

- encourage
    - more frequent contact as well as overnight stays for children in foster care
    - contact with fathers as fathers are less likely to have contact with their children
    - different types of contact (other than face-to-face) appropriate for the age of the child including low-key contact such as by phone or email
    - unsupervised contact when it is appropriate and safe

- support the child and family members' needs before and after family time.

- conduct appropriate assessment when contact is not working or is too distressing for the child and consider other options

- critically reflect on the practice that has led to the decision-making for the child in care, and seek feedback from children, carers, and birth families and explore whether those decisions, activities or still meet the child's needs.

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In order to enable practitioners to implement these strategies, it is important that caseworkers are:

- trained in culturally sensitive practice to enable them to support family time with children and their birth family

- trained in trauma-informed practice on how to talk to carers, family and children about family time, especially when relationships are difficult

- considering referral or consultation with Psychological or therapeutic support to assist carers and parents to ensure services are put in place to support positive contact.

Strategies to support caregivers

- It is equally important to support carers in encouraging children towards family time[4]. Currently DCJ and NGOs provide training and support services to carers regarding family time arrangements including supporting carers with practical methods in preparing children for family contact occasions.

- For non-Aboriginal carers of Aboriginal children, culturally informative training can help them to understand the cultural context of their caring role and the benefits of family time in maintaining and strengthening the child's relationships with family, significant others, community and culture. Additionally such training can help them to build skills and develop culturally safe and healing approaches to engage with Aboriginal children.

Strategies to improve administrative data

To improve administrative data, it is important to:

- include extractable family contact information in ChildStory for reporting including date of contact, type of contact, who attended and quality rating

- ensure person relationship records are up to date

- monitor the effectiveness of contact arrangements

- implement mandatory reporting of cultural background for both birth parents and the child in ChildStory.

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[4] Please refer to Contact with family and kin on the Caring for Children webiste for more information on carer's role in maintaining and supporting family time

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Where to from here?

Policy and practice improvements underway

The NSW Child Safe Standards for Permanent Care 2015 set out the minimum requirements 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 new Casework Development Program[5] 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 finding family, cultural connections and family time.

The Permanency Support Program (PSP) provides tailored services to vulnerable children. DCJ has commissioned the Permanency Support Program Learning Hub to improve the knowledge and skills of practitioners. Furthermore, as part of the PSP, DCJ has employed 52 Permanency Coordinators who help practitioners work towards permanent homes for children in care, whether that be returning to their parents or a legally permanent arrangement with their carers.

DCJ is reviewing the Child Assessment Tool (CAT).[6] The CAT helps determine the service type required and level of support to best meet the needs of a child under the Permanency Support Program (PSP).

The NSW Practice Framework and standards provide caseworkers with guidance about creating enduring and permanent connections for children and young people. DCJs Change Together program is a training program available for NGO staff to learn and develop skills to support children.

The Aboriginal Case Management Policy (ACMP) was published in 2018 and it's associated Rules and Practice Guidance in 2019. The policy is currently being implemented and provides a cultural lens across the care continuum identifying structural changes and development of improved practices and processes to deliver better child and family outcomes for Aboriginal communities. The ACMP supports adherence to the Aboriginal Child Placement Principle (ACPP) and the key enablers of the policy provide tools to practically deliver outcomes in line with the ACPP.

The identity and culture casework practice mandate has been updated to provide more robust guidance and clear minimum expectations to caseworkers around case 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.

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[5] 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.

[6] Includes Aboriginal Impact Statement and in consultation with the Transforming Aboriginal Outcomes, Child and Family team.

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Policy and practice guides, resources and further reading

KContact: Keeping contact between parents and children in care

Fostering Lifelong connections

Permanency Support Program

Permanency Support Learning Hub

Permanent Placement Principles

Connections and contact for children in care

Care planning

Case planning

Independent Review of Aboriginal Children and Young People in OOHC in NSW - Family is Culture Review Report 2019.

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References

Achenbach, T.M., & Rescorla, L.A. (2000). *Manual for the ASEBA Preschool forms and Profiles*. Burlington, VT: University of Vermont Department of Psychiatry.

Achenbach, T.M. & Rescorla, L.A. (2001). *Manual for the ASEBASchool-Age Forms & Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.

Australian Institute of Health and Welfare (2016). *The views of children and young people in out-of-home care:) Overview of indicator results from a pilot national survey 2015*. (No. AUS 197). Canberra: AIHW.

Australian Institute of Health and Welfare (AIHW) (2019a). *The views of children and young people in out-of-home care: Overview of indicator results from the second national survey 2018*. (No. CWS 68). Canberra: AIHW.

Cashmore, J., & Taylor, A. (2020). *Family time and relationships: First five years in out- of-home care. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care*. Research Report Number 15. Sydney: NSW Department of Family and Community Services.

Cromwell, R. E., Fournier, D., & Kvebaek, D. (1980). *The Kvebaek Family Sculpture Technique: A diagnostic and research tool in family therapy*. Jonesborough TN: Pilgrimage.

Darling, N., & Toyokawa, T. (1997*). Construction and validation of the Parenting Style Inventory II (PSI-II)*. [Unpublished doctoral dissertation]. Department of Human Development and Family Studies, Pennsylvania State University.

Gardner, H. (1996). The concept of family: Perceptions of children in family foster care. *Child Welfare,* 75(2), 161–182.

Gardner, J. (2000). Living with a child with fetal alcohol syndrome. *The American Journal of Maternal/Child Nursing*, 25(5), 252–257.

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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 (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. The 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 will be 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 Evidence to Action Working Group including representation from CREATE Foundation; Aboriginal Child, Family and Community Care State Secretariat (AbSec); My Forever Family NSW; and the Association of Children's Welfare Agencies (ACWA). This note is intended to be a resource for policy makers and senior practitioners.

The findings presented in this Evidence to Action Note are primarily based on a report by Cashmore, J. and Taylor, A. (2020). How to build positive relationships and foster family time for children in out-of-home care. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 15. Sydney: NSW Department of Family and Community Services.

This note should in read in conjunction with: Birth family contact for children and young people in out-of-home care What does the Pathways of Care Longitudinal Study tell us? December 2016 Evidence to Action Note Number 1.

Recommended citation

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Study design

NSW Department of Communities and Justice 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 I-view Social Research.

Ethics approvals
- University of NSW Human Research Ethics Committee (Approval numbers HC10335, HC16542, HC210985)
- 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)

POCLS webpage

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