[Stuart Malcher] Importantly, can I start by acknowledging, today I'm coming to you from our central office for DCJ, which is located on the lands of the First Nations people of the Ashfield area, and that's the Wangal people of the Eora Nation, and my deepest respects to First Nations Elders past, present, and to emerging and future leaders. Obviously, I'd also like to extend that respect to Aboriginal colleagues joining us today and our many Aboriginal colleagues working in this sector across the state of New South Wales, and, you know, it goes also without saying, but today we'll be talking about, you know, data and the experience of Aboriginal children who are tragically over-represented in the child protection and out of home care systems, and so much of what we need to focus on today is achieving better outcomes for First Nations children who are in out of home care and hopefully can be prevented or restored out of out of home care. So, again, a massive thank you for everyone coming back. I'm very excited to see the guest list. It doesn't appear that we've had a major drop-off, so I'll take that as a vote of confidence that yesterday was a useful discussion, and it certainly was from my perspective. A bit of background, which I covered off yesterday morning, but just to flag that these POCLS Roundtables, the first one yesterday, today, and then Thursday, Friday this week, we'll be looking at the 16 research papers that were produced by national and international leading academics, and this is in place of the POCLS Roundtables that would've been held in the last year. So, yesterday, we covered off child development, wellbeing, and children with a disability. Today, we'll be focusing on cultural connections and family time. A slight plug, if I can, we have a lunch and learn tomorrow, focused on all things education, and then on Thursday, we'll have the Roundtable, focused on Education and Youth Justice, and Friday, focusing on Casework and Support. So, our intent today, very much the same, we have got five presenters, who will be giving us the findings and insights out of their research. We'll then move to some discussion, where we can hopefully, you know, share and unpack that insights, and by the end of today, we would very much like to have some concrete actions that we can take forward for policy, practice and system consideration, that we can then work with our Evidence to Action group to hopefully translate that evidence into better outcomes for the service system. So, if we sort of turn our attention to today's discussion, you know, really focusing on cultural connections and family time, we proposed, I guess, a problem statement to really centre the discussion and some of the presentations to follow, which hopefully we can help answer as we unpack throughout this morning. So, the problem statement we proposed is that it's important for children and young people living in out of home care to be supported to develop a positive personal identity. How are we fostering lifelong connections for children in out of home care with their birth families and their communities? So, you would've received, in the papers that came out, I think, last week, a summary of the presentations, so hopefully you've had a chance to look through those, and now I will invite our first presenter, which is Professor Paul Delfabbro, rejoining us today, so I'll just do a quick introduction. Again, if everyone can please hold their questions to the end, after we've had our five presentations, and then we can start to unpack the findings that we're about to listen to. So, Paul is going to be presenting on wellbeing and cultural connections for Aboriginal children. In terms of background, Paul works at the School of Psychology at the University of Adelaide and has degrees in Commerce, Economics, and a PhD in Psychology. He's published extensively in many areas, including Psychology of Gambling, Child Protection, and Child Welfare, and with that, can I invite Paul to take over? Thanks, Paul.

[Paul Delfabbro] Great, thanks, Stuart. Can everyone hear me okay? All clear? Great. Alright, well, one of the reports, which we prepared as part of the POCLS study, was a study specifically looking at Aboriginal children in care, so this provided the opportunity to do a literature review of what we know about Aboriginal children in care. It's surprising, there haven't been a lot of reports which have put all that information together in one place. There's lots of really good work out there. So, for me, it was a very useful exercise to try and find out what we know and what we don't know, and, of course, much of the studies we read from literature in Australia tends to be in the general population, so we have to look to see how well those results generalise to a study where all the children are in out of home care. So, you will see some differences between what you see in this study perhaps and what you see in some of the more general community studies, because you're comparing groups in the community. So, the principle focus of the research we did, I talked about some of the developmental outcomes yesterday, which suggests that, as some other speakers mentioned, you don't see very large differences between Aboriginal and non Aboriginal children in developmental trajectories so far in the POCLS study. However, that's within the context of a massive over-representation of Aboriginal children in care. So, my presentation today is just looking at the other side of the research, which, of course, which is fundamentally linked to the developmental outcomes, and that's the cultural connections. Now, we're all aware, of course, that the New South Wales Government, as with all Governments in Australia, tries to comply with the Aboriginal Placement Principle to respect cultural connections in whatever way it can, and the POCLS study does provide a way of looking at that from different angles and from different respondents. So, for example, we've got the ability at the objective data level to say, well, what percentage of Aboriginal children are placed with Aboriginal families? We can also look at the contact rates, so what's the quality and frequency of contact of Aboriginal children with their families? Then we've also got some more general, more subjective questions, where we ask the respondents, well, how well is the system maintaining various forms of cultural connection, and the POCLS dataset contains a number of studies which ask things like, you know, are they having any contact with, you know, birth families, with their cultural communities, their country, language, cultural celebrations, other events, those sorts of things, and Judy, I think, will be talking about some of her work, which is looking more at the family dynamics and structures, and how that might play out in out of home care. So, looking at these different levels, so for example, when we look at the very broad placement percentages, you find that less than 50% of the children who identify as having an Aboriginal heritage in the system are placed with Aboriginal families. So, that's the first thing we note, so that's clearly something of policy interest. When we look at the quality of the placements, in general, the respondents indicated, and this is usually the carers and some of the caseworkers, they indicated that they're reasonably happy with the quality of placements provided for Aboriginal children, and when we look at family contact, it's generally the case that the contact rates are reasonably similar to non Aboriginal children, and as I said before, yesterday, that the outcomes in care are relatively similar. The major issues, which emerge when we look at the data in more detail, is it's not quite clear, given that many Aboriginal children have, you know, a heritage that's Aboriginal or non Aboriginal, how many of those are cultural contacts. This is something that was pointed out by the Aboriginal team, in fact, that we don't know what percentage of the contacts are occurring with Aboriginal family members. So, that's one of the areas which I think this research indicates we need to place more focus and perhaps look more qualitatively at those cultural connections. When we look at the data on the reported cultural connections, we find that most of the respondents, the carers and the caseworkers, are reasonably optimistic about the extent to which Aboriginal children are having contact with their birth families and communities of origin, but how reliable is that subjective appraisal? Does it meet the community standards that, you know, if you are in the Aboriginal community, you have an understanding of what appropriate cultural connection looks like? Are those subjective appraisals or cultural connections meeting those sorts of standards? And so, the results superficially suggest that something is being done, but we need to know more about whether that meets those sort of standards. The other challenge, I guess, which has been documented, I know, in Victoria in some detail, is that it's often very hard to find placements for Aboriginal children, and even harder sometimes to find placements when they break down, and some of the clear policy, practice and implications arising from this initial bit of work is that it appears we need to be more vigilant about the status of Aboriginal placements. So, we need more support, for example, from Aboriginal organisations to identify suitable carers. We need to be able to monitor placements which might have impending breakdowns so that some planning goes into working out other suitable Aboriginal placements, or at least placements which are suitable for Aboriginal children. That might take some time, and so having Aboriginal agencies involved proactively, I think, is very important for making those transitions a lot better because there's always a danger. We've talked yesterday about placement moves, and placement moves are difficult things to study because sometimes you can look and see a lot of placement changes, but often they can occur at three or four in short succession, then there can be long periods of stability, and so, an interesting, I guess, area of study in the POCLS study is looking at whether having, you know, a placement breaking down every six months is worse, and I think it probably is, than having, you know, three or four choppy ones, where you're trying to set up a long-term placement, and then it's stable for a longer period, because the average long-term placement changes will be the same for both situations. So, I think the broad implication is to what extent the contact we are seeing with Aboriginal families, particularly those where there is a mixed ancestry, whether there is appropriate cultural connection with the Aboriginal side of the family, and I think this is a sensitive issue, but one which we have to look at. So, I think that the refining at this stage provides obvious guidance for the role of Aboriginal services, but also it suggests that POCLS has some additional research avenues, which can look at these issues in a bit more detail, and I think some of the other speakers may well have done some more work since this work to elucidate some of those things. So, I'll leave it there and keep it very high level, but I think that summarises the main focus of what we found, and on Friday, I'll be talking about some of the differences due to kinship versus non-kinship care. So, thanks everyone.

[Stuart Malcher] Thank you, Paul. I was furiously taking actions out of that, so I've got a few things we'll come back to out of that presentation. Thanks again. Next, can I please invite Dr. BJ Newton to speak to us, and she'll be talking to us on restoration in Aboriginal children. Just by way of introduction, BJ Newton is a proud Wiradjuri woman and the inaugural Associate Dean, Indigenous, of the Faculty of Arts, Design and Architecture and Senior Research Fellow at the Social Policy Research Centre within University of New South Wales. BJ specialises in qualitative inquiry, indigenous research methods, and child protection research and policy. Thank you, and over to you, BJ.

[BJ Newton] Thank you. Good morning, everyone. Thanks for having me here today. I join you on unceded Dharawal land of the Gweagal clan. It's a real privilege to be doing this research. Restoration is something that we don't talk enough about, is highly under-researched, and something that we really need to build more evidence about, so it was a real privilege and honour for me to be able to use this, to use this data to be building more evidence for our Aboriginal children in care and our families who are furiously trying to get our children back, so, I'll talk about the research that we did. So, the aim was to investigate the rate of restoration for Aboriginal children in POCLS, the factors that influence restoration for Aboriginal children, the experiences of parents whose Aboriginal children had been restored, and the experiences of Aboriginal children and young people. So, we had two streams of research methods, a qual and a quant stream using different datasets. So, for the quantitative sample, we used all Aboriginal children in New South Wales on final care and protection orders by April 2013, which we call the Final Orders cohort. There were 1,018 Aboriginal children on these orders, and we used DCJ admin data to track the trajectory of these children and compare the circumstances of children who have been restored to their parents with those who were not restored. For the qualitative sample, we used participants in the POCLS Survey cohort. There were 586 Aboriginal children in this cohort, and we explored interview data from Aboriginal children and their caseworkers, parents whose Aboriginal children had been restored and participated in at least one interview, and this was 39 parents, which included 32 mothers and 7 fathers. So, turning to the key findings, the research indicated that once on final orders, restoring Aboriginal children to their parents is highly unlikely. The rate of restoration for Aboriginal children in the POCLS final orders cohort is 15.2%, or 155 children of the 1,018 that were removed. The average time in care for these children who had been restored was nearly two and a half years. For Aboriginal children on the final orders in the final orders cohort, just more than half, or nearly 54%, were in care at Wave 4, and nearly 14% had moved on to guardianship orders. Aboriginal children under 2 were also much more likely to remain in out of home care or move on to guardianship orders. So, these are not unexpected findings, but they are important in that they demonstrate a disconnect between policy and practice, given that restoration is the priority permanency outcome for children. The POCLS study also offered a rare opportunity to learn about what parents say they needed prior to removal and to better support the restoration process. So, parents reported that they would have liked more engagement and support from child protection agencies prior to their children being removed so that they were aware that their children were at risk of being removed. Many parents said that they had no prior contact with DCJ or that they were unaware that their situation was so serious that removal was actually a risk, and this was reflected in the quantitative data, which showed that about 40% of children were placed in out of home care following just one, or none, substantiated ROSH report, and that over half of the children were under 2 years old when they were removed. This demonstrates the need for more evidence about the circumstances for Aboriginal children coming into care, including the decision making processes for child protection workers and experiences of parents. During removals, parents described caseworkers and Police Officers as having a lack of respect and compassion for parents, and indeed the children in this deeply painful experience. Many parents describe child protection caseworkers as being sneaky at the time of removal, giving examples such as caseworkers separating them from their child in hospitals and child protection officers in distracting them while the removal was carried out. The Aboriginality of carers didn't seem to make an impact on whether children remained in out of home care or were restored. Slightly more children were in foster care placements prior to their restoration as opposed to kinship or relative care. However, more research is needed to identify whether there is a correlation between placement type and restoration and the pathways to restoration from different placement types. The research has also demonstrated the importance for caseworkers to identify placements and carers that will support restoration and the need for caseworkers to have the capacity to support placement changes that increase their likelihood of restoration, and I illustrate this within the example provided by a caseworker, which I discuss in the report. So, in one case, the child was placed with non Aboriginal foster carers. Both parents had unsupervised monthly contact visits with their child over weekends, where they also saw extended family. The parents wanted to apply for a Section 90, and they told the child they wanted to apply for restoration, and the child also wanted to return home to their parents. In the meantime, the carers moved the child five hours away, off the traditional country, without discussing their plans with community services or the child's parents. So, here the foster carer's decision to move five hours away did not support the child's transition to restoration, which required more contact visits with the family. The caseworker further indicated, and this is a quote, that "kin assessments have been identified every case plan and nil work has been completed because staff have not been supported to do the assessment." So, just to reinforce this point, going back to the data more broadly, both parents and children highlighted the importance of maintaining family relationships in out of home care. Many children wanted their parents to continue to be involved in their lives and preferably living with them. This indicated that most children still very much saw their parents as a big part of their lives and they want this to be supported and encouraged in out of home care placements. Likewise, parents were very clear that frequent contact with their children in an environment that helps to stimulate interactions between parents and children is very important for maintaining relationships and to support parents to feel mentally prepared and attend contact visits. In the restoration process, parents wanted more support in the transition to restoration and in the early stages of restoration so they could better practically and psychologically prepare for their children's return. Only half of the parents reported receiving casework support post restoration, and even though some did not want this support, the onus needs to be on services to provide the opportunity for service provision. Caseworkers also commented that departmental policies, resource constraints, and an inability to engage parents limited their ability to support parents while children were in out of home care and following restoration. So, just to sum up the key take home messages, the chances of restoration for Aboriginal children after being on permanent care orders is very low, particularly for children who enter care under 2 years of age. Aboriginal children who were placed in foster care were slightly more likely to be restored, though Aboriginality of the carer did not make a difference, but further research is needed to understand the relationships between placement type and restoration. Parents generally lacked information and support at the point of removal and needed to have better access to services and support for successful transition to restoration, and this is particularly significant as both the quantitative data and reports from parents demonstrated that many children had limited contact with child protection systems prior to removal and more contextual evidence is needed to make better sense of this finding, and finally, both parents and their children discuss the importance of frequent, quality contact to maintain their relationships. I'll leave it there, thank you.

[Stuart Malcher] Keeping them safe at home couldn't be more important now and as much as ever, but with, hopefully, an increased focus and a drive to see change in the very near future, so I think important findings to keep us all focused in that work. Can I please continue through our Agenda, and next, I'm going to call on Professor Judy Cashmore, who will be talking to us about Children's Relationships with Caregivers and Birth Family. Just by way of background and introduction, a bit of feedback, Professor, Do you mind muting yourselves? Playback, perfect, thank you. Professor Judith Cashmore is a PhD in Developmental Psychology and a Master's Degree in Education. Her research concerns children's involvement in civil and criminal proceedings and other processes in which decisions are made about children's lives. She has longstanding experience in socio-legal research, law, developmental psychology, social work, criminology, and children's rights, and again, very grateful for you presenting to us today. Over to you, Judy. You need to unmute Judy. Sorry, we were just managing a bit of feedback before. Mara's onto it. Oh, there you go.

[Judy Cashmore] Yep. Okay. All right. Thanks very much, Stuart. I apologise for not being able to be there yesterday, would like to have heard that, but will listen to the recording, if that's available. Look, I'm just going to follow up and concentrate on two aspects, and that's the critical importance of children's relationships when they're in care. Well, children's relationship whether or not they're in care, but for children in care, they're trying to manage two sets of different, and sometimes conflicting, relationships, both with the family they're living with and with their birth family, and other people who are significant to them. So, the main aspect of the reports that I'm talking about are how that plays into children's socio-emotional development, and we had different ways of measuring that. One of the limitations of the study in the sense is that some of the things we're talking about here, they come through, and what I'm focusing on is the interviews, with carers and with children, and so we're talking about the carers' views and perceptions about how time with family works. We don't have real measures around birth families, measures which would, if they go back home, we do, and we could possibly follow that through, but what we already knew, and is quite consistent, is that the children in relative kin care were more likely to have contact or face to face time with parents, siblings, and with other extended members of their family, grandparents, aunts, uncles, cousins, etcetera, that they're not living with, and so they had contact with more family members across all waves. They were also more likely to be living with siblings, and their carers also reported that they were likely to have a good relationship with family members. There is, of course, some of the problems that the carers report, there are three main problems they report, and difficulties with the parents and their behaviour is one. Them not showing up as expected for visits is another, and the impact, what they see as the impact or the adverse impact on children is the third and most important. One of the things we also need to look at is that, and I think I know I will be talking about this later, and it's very important, is that it's not, there are particular groups of children, and we need to focus on what happens for different groups of children rather than just on the overall findings per se, but that tells us one part of the story, and what I know we'll talk about will tell you another part of the story with different types of analysis. The other thing we do need to look at is the children who don't have contact with either parent, and particularly if they're not in care, in relative kin care, and if they're not in contact with either and their siblings or living with their siblings as well. The other aspect that's important and, I think, hasn't had a lot of play, and we talked about this before, is that fathers are much less likely than mothers to have contact with or time with their children, but when it does occur, it tends to be positive. Now, in terms of interpreting that, it's likely there's some sort of selection effect, in other words, the fathers who have more positive relationships with the carers are more likely to have contact, and that's true for children who are living with their paternal grandparents, for example, but it also indicates, and again, coming back to specific groups, the children that more effort might be needed to engage fathers in those relationships and maintaining those relationships. Fathers were also more likely to have unsupervised contact than mothers were, and much more so, not surprisingly, I guess, when they're living with, when the children are living with relative kin carers and paternal relatives. The other thing I think we haven't looked a lot at is the different means by which we can keep children in contact with members of their family when that can't happen on a face to face basis, or can't easily, and that includes children in jail, sorry, children with a parent in jail, and of course, we've just been through two years of COVID restrictions. So, there are a lot of other ways in which that can happen, but in terms of what we've seen in the POCLS study, that's minimal, and in terms of policy and practice, that might be one of the low-hanging fruits, is to try to support other forms of contact and then use that to actually support face to face time. I'll give a bit of a plug here too to a study that my colleague, Professor Amy Conley Wright, is leading and I'm involved in, which is Fostering Lifelong Connections, and that's basically what we're talking about, and different ways in which that can happen and trialing it as action research, and there'll be some more coming out about that study soon. The other aspects, I mean, not surprisingly, where carers say that they're having fewer problems in terms of managing contact, contact tends to be more frequent, or time tends to be more frequent and more consistent, and the carers are likely to say that it's meeting the child's needs very well or fairly well, with the clear exception of foster carers of Aboriginal children, and that's clearly something that needs to be followed up. Now, again, clearly, there's likely to be a selection effect and some possible feedback loops, that if you have more time and you have more engagement, you're likely to have fewer problems, but we also know that where there's less hostility between the carers and the family members, that the impact on children is seen to be more positive and that it's more likely that children are doing better in terms of socio-emotional problems. That's one of the end outcomes that we're looking for, is that children will, you know, fare better, and we know that that's the case if they're living with siblings, if they have contact with at least one parent, and that their carers say that it's meeting their needs well. So, just summing up that part of it, I think it's important to see this as a summative relationship, children need both. They need a good, positive relationship with the people they're living with, and one of the best predictors of how well they were doing in socio-emotional problems is if their carers self-reported more warmth in their parenting style and less hostility, and the children also saw that to be the case, but it's not a one-size-fits-all, and I know who can talk to that, but we certainly know that that has a payoff in terms of the security of the placement and children's socio wellbeing. So, we know that if children can stay in the same placement, if they can live with their siblings, if they can have time with both parents, with their fathers, and that it's working well in terms of meeting their needs, as reported by the carers, then the children are doing much better, and as I said, that's part of the long term game, but some of the implications there are about family finding, to be more extensive and to be more culturally appropriate, and more real matching to try and place siblings together and to support both the carers and the birth family members in terms of maintaining those connections. So, I'll leave it at that for this part, and I think that the other part that I'd be going on to talk about is just how this varies in terms of the CALD paper, so I can follow on with that.

[Stuart Malcher] Thank you, Judy, and again, a range of important findings for us to consider. I'm just, again, scribbling furiously for the discussion to come, but yeah, don't go too far. So, can I please invite Paul Delfabbro to join Professor Judy Cashmore, and they'll now be speaking to us jointly about wellbeing and cultural connections for culturally and linguistically-diverse children. Thank you, Paul and Judy.

[Paul Delfabbro] Right, thanks. Thanks, Stuart, and once again, I think I'm off mute, so all good. Yeah, so once again, I'll start with the high-level stuff, and I think Judy will probably have some more nuanced discussion around some of the general points, which I'll make. So, I'm involved with some similar research actually over here in South Australia with John Lynch's team, just looking at, you know, big datasets and linked data, and it's a challenge to do research with CALD population because it's very hard to define what we mean, and when I was thinking about this research, I was thinking of, you know, people from refugee backgrounds, but of course, in fact, it could be quite broad, so we have to sort of interpret these results, being mindful that we might need more detailed analysis of different cultural groups within the broad classification. So, what we looked at was to compare the developmental trajectory, in fact, there were a number of different aspects of research, but I looked in particular at the developmental outcomes for CALD children in comparison with those from Aboriginal backgrounds, and also other Australian children, and we looked at things like their, you know, psychological wellbeing and development over time, so, you know, child behaviour checklist, some of those brief cognitive measures. We looked at some of their risk factors, the ROSH reports, as they came into care and looked at other broader things, such as number of placement changes and family contact and other similar variables. In general, the findings suggested that children from CALD backgrounds come into care with fewer problems. In other words, they are likely to come into care at a very young age, so it appears they come into care very early. We do know from broader out of home care research that very early entry into care, while it has a negative consequence in that children often stay in care much longer, I think this correlated with greater permanency and stability of care. So, it does appear that this population's one of those groups who are coming to care quite early, and we know that, you know, infants are one of those cohorts who are growing in numbers in care, and it's one of the explanations for the significant growth in the number of cases in care. The children from CALD backgrounds, the predominant reason for them coming to care was physical abuse, but compared to other children from non CALD backgrounds, they had lower rates of parental drug and alcohol use, domestic violence, sexual abuse, and neglect, so they always appeared to come from less complex families, at least just at the very broad level. They had a high number of distinct placements compared to other children, though, as I mentioned before, we don't know whether that's, you know, there are concentrated placements in a short period as the system was trying to find suitable placements for them or whether that refers to instability that's maintained over time, which, as I said, probably can be more problematic. Overall developmental outcomes for children from a CALD background are reasonably similar to the other groups, but there was some evidence of better socio-emotional development on some of the measures. For example, for the child behaviour checklist, they had lower percentages of children in the clinical range. We found with some of the analyses that some of the associations you see in other parts of the population are also born out in this population, so, for example, if you have a large number of placement changes, the outcomes tend to be not so good. Yeah, children, yeah, the children who changed households didn't have such good outcomes, and also, we found that children's emotional wellbeing was consistently associated with how positive carers were about the contact that was being received with birth families, and generally, the relationships that the children had with the carers were quite good, with the CALD children. Some of the other issues related to the carers' views about cultural connections. I think most of the carers did say that, or at least a third of the carers said that they weren't confident that the children were identifying with their cultural background. This is why it's, again, a complicated issue, because it might be that the child has a family that's one cultural background and another family member who's a different cultural background, and we haven't asked the children to say, well, what, you know, cultural identity do you really adhere to, and that's something which I think needs further work in this area because we don't really know what children want. So, in general, I think, Judy will probably speak in more detail about it, the carers of children with a CALD background are consistently more likely to say that they were quite close to the child, so there are good relationships between these children and the carers. Generally, a sense that the level of placement contact with the birth family was quite good. The recommendations coming from this, I guess, do relate to, you know, a broader sense of the range of cultural backgrounds that the system has to deal with. Australia is quite a difficult place to do this because we tend to have 1% of this cultural group, 1% of that cultural group, and 2% of that cultural group. It's very diverse, often not like in some parts of the world, where you can say, you know, it's, you know, 40% this population and 60% that population. It's a bit more complicated, and so looking at efficient ways in which to represent that cultural diversity in an efficient way is quite challenging. The study also didn't talk much about parents from, you know, recent migrants or refugee backgrounds who might have come into care. That wasn't the focus of these investigations, but we certainly know in other parts of Australia, and that may well be the case in Sydney, that we need to look more carefully at those young people as a particular population, as distinct from broader children who we classify as CALD. I think there are obvious implications here for engaging agencies and services who have culturally relevant services, people who can interact with parents who might not be from an English speaking background in the whole relationship between them and the care system, and obviously, there needs to be more work looking at placements and what we can do about finding placements that are going to, where it's appropriate, maintain some of those cultural connections. I might leave it there because Judy will probably have some more detailed, more nuanced discussion, but hopefully that gives you a general sense of what my chapter in that report was about.

[Judy Cashmore] Thanks, Paul. I'd agree with all that you said in terms of those limitations and the issues around cultural matching, etcetera. So, I'd just like to start by just talking about what were the significant differences that we found, and so, one of the strengths of POCLS is that different people are able to analyse the data with slightly different measures that go into their analyses, but the consistency is pretty clear across it, and children, relative kin carers of CALD children were more likely to report that children that they were caring for had a good relationship with their mother, with their maternal aunts and uncles, not the paternal, cousins, than CALD children in foster care. In other words, it extends what I was saying before, about the differences between children in relative kin care and foster care, but it's specific to these CALD children. They were also more likely to say that the children had a better relationship with their birth fathers than non CALD carers were, and the CALD children were more likely to be, as I said again, in terms of the relative kin care, they were more likely to be living with their siblings and to have no siblings live elsewhere than children in the other cultural groups and than children, CALD children, in foster care. The analyses that we did actually looked at the four groups and the complications that Paul was just talking about, so Aboriginal children, CALD children, children who were both CALD and Aboriginal, and children who were neither. So, we did a four group analysis. If we look at what was not significant in terms of children's views, how close and special children said that their members of their family, specific members of their family, were to them weren't associated with what type of placement they were in, what their cultural background was, or their time in their current placement, and coming back to what Paul was talking about in terms of those placement changes, I think it is highly likely and something we do need to do more analysis on and look at, is that the length of time that they have and the stability that they have is what percentage of time they've been with that particular carer, because the research that Marina Paxman and I did a while back, Wards Leaving Care, was that those who had at least 75% of their time with one carer or one family, or carer, were doing much better than those who weren't, and that might be, as Paul talked about, that they needed a certain amount of time to get settled. If children were asked about their relationship with their carers, again, there were very few differences by cultural background. There were no differences in terms of how happy the children said they were in their current placement, and both the children's and the carers' ratings of how warm and the degree of hostility of their parenting were not associated with any cultural background, and interestingly, the children's and the carers' ratings were not associated with each other either. Just moving on then to looking and just reiterating a little of what Paul had said, just to say that the children who had the higher socio-emotional and behavioural, both externalizing and total, problem scores, were those in foster care, if they changed placements, and where their carers self-reported more hostility. Those who were lower, much lower, were with carers who had more warmth and the carers were also of CALD background, and that brings up the point that Paul was making about matching because we only know that they were CALD, we don't know whether they were a specific, matched ethnic and language group and so on, and clearly, that has to be very important. Perhaps it's likely they were, but we don't have that data. We don't have that information currently to say that. They also were better adjusted in terms of less problems if their carers were more positive, the same thing that's been said before, and if they were live-in, so all of this goes across those issues. So, interpreting the findings, going back again to what Paul said before, these children were more likely to have entered care at a younger age and to have had fewer ROSH problems, and have parents who had parental substance abuse, domestic violence, and neglect as the problems leading to the child's entry to care. So, they come in with less of that background problem than other children. They were more likely to be in relative kinship care, and they're more likely to be living with siblings, so it's not surprising then that perhaps the CALD children and those with CALD carers had fewer socio-emotional problems, and so, again, the issue is the relationship with both their carers and with their family members and the relationship between them, the carers and the family members, and I'll leave it at that. Thank you.

[Stuart Malcher] Thank you again. We'll just mute for the playback, thanks. Thanks again, Judy, and thanks again to Paul. If I can now turn to our final presenter for this morning, so we have Dr. Aino Suomi to speak to us on the patterns of family time over time, and Aino is a Research Fellow at the Institute of Child Protection Studies at the Australian Catholic University. She's an internationally recognised, early career researcher in the fields of child protection, family impacts of addiction. Aino has designed and led significant research that has contributed to the evidence, policy and practice with vulnerable populations, including family violence, court-based child protection, family impacts of gambling, and families in out of home care system in Australia. So, thanks very much for joining us, and over to you, Aino. Still on mute. There you there? Do you mind, if you could just unmute. There we go, perfect!

[Aino Suomi] We are there? Hello, good morning. So, this is very exciting for me. Our project was one of the analyses that got funded 2019, so the bulk of the work was finished over a year ago. Yeah, it's just very heart warming that, you know, the governments want to do something with this information that we obviously put a lot of work into, and on a topic that we're pretty passionate about as well, which is family contact or family time, and I'll use those terms interchangeably as well. So, our project on family contact, it really builds on the two notions that family contact or family time is both very important and very contentious in the out of home care space. So, a bit of background, we've done couple of other projects around family contact in Victoria ACT, where I'm based, and New South Wales around how to support caseworkers and parents to kind of build better contact, and run a randomised control trial that was published a couple of years ago around supporting parents in that space as well. This project's really looking at different patterns of contact, and we've found in other studies that there's not, like, a one-size-fits-all solution in terms of policy and practice around contact. So, obviously, kids in out of home care, they're a very heterogeneous group, and the policy should respond better to those needs, those varied needs, based on aid and placement, and socio-emotional needs as well, and at the moment, none of those states in Australia is doing it very well, we don't think, and I think this is a real opportunity to talk about those things. So, I won't go into too much detail about the analysis that we ran, but we focused on three variables, so three outcomes that we know that are important for contact. So, frequency of contact with mums, also quality of relationship with the parent, so mothers, as well as how well the contact arrangements were meeting the needs of the child. We're focusing on the contact with mother because most of the kids had contact with mum, whereas only just over half of the children in the dataset, we had that longitudinal data around contact with father just because they weren't, and Judy was talking about it. I'm still highlighting the importance of contact with fathers, but this analysis in particular was focusing on the mums just to get some baseline, kind of first cut data out there. So, we had the four waves of data, and this is building, a lot of this analysis is building on Judy's work about there's a positive association between frequency of contact and the quality of relationship with the parents, and we also wanted to understand also whether the contact was meeting the needs of the child and was related to those, those two important outcomes. One limitation for this kind of approach, or another limitation, is that we are focusing on the interviews with carers. So, this is all from carers' perspectives, so I'd like you to keep that in mind when I go through. So, what we found using this analysis is that there's five different patterns of contact based on those three outcomes, and this type of analysis, that we call multi-trajectory group modelling, that's what often happens. We found one really good group that had high frequency of contact, they had a positive relationship with mum, and the contact was meeting the needs of the child for family contact, and then we had one group that contact was not going well at all, and these kids also had other problems, like socio-emotional problems. They were less likely to be in kinship care placements. There were more Aboriginal children in those groups. We also found one group where the children, this was the smallest group, the children stopped seeing their parents altogether. So, some of the literature and kind of practice knowledge suggests that sometimes it's okay for children, it's in the children's best interest not to see their parents if there's complications or the parents don't want to be involved. Even for this group, we found that it was that the contact arrangements were not meeting the child's needs for family and family relationships. So, that was kind of, that was a new finding. So, we got one really good group, a couple of quite negative groups, and then, interestingly, we found, and this often happens with the analysis as well, this type of analysis, but we had one group where the contact started positively, with a good relationship with mum and high frequency of contact, and it significantly declined, and then we had another group, where things didn't start off so well, but all those three outcomes improved over time, and this is, it's really interesting, and then, obviously we wanted to look at those two groups a bit more closely. With what we call the declining group is that both carers and children had more socio-emotional problems and psychological distress. They were more complicated kind of families as well. There might have been siblings involved as well, whereas the improving group was quite the opposite. So, there was no kind of complications, if you like, in these families, so they were doing well in all the other kind of outcomes for children and for the carers as well, which is to say, also, that it's really important to not just look at what should be the contact arrangements at the start of the placement, but also doing frequent and kind of standardised assessments of the contact arrangements regularly and over time, and involving the children and the parents and the carers in those plans, and I think New South Wales is doing this a bit better maybe than the other states, but what we are calling for is some kind of standardised approach to this so it doesn't fall on the services, out of home care services, to make those decisions as well, but they can use some tool or tools, they are all doing the same thing, and it's transparent. What else did we find? We found, I think, the main kind of significant finding of this study is that we have to look at subgroups of kids in these cohorts. We need to understand that there's varied needs, it's not one-size-fits-all kind of policy solutions that are going to work out, which makes it complicated, but it's really, really important. Now, the other important implications of our study is that we should provide more supports for the parents. Now, we couldn't, we didn't have any data from the parents for this study, but we know from other studies that even the contact situation is often very, can be traumatic for the parent as well as for the child because being separated from someone that you're used to living with, or someone with who you've got a significant emotional connection can be hard, and then the separation, so, with parents, it's the lead up to the contact, and then the time after contact, and so parents need some simple supports, check in from the caseworkers. Children should be involved in developing these contact plans, age appropriately, of course. Also, caseworkers should be educated, supported to understand what's the purpose of family time or family contact, and in other research, we've found that it's often that the caseworkers perceive those situations as an assessment, so they need to sit in the corner and make notes about, you know, whereas we could really treat these family times or family contact times as a therapeutic situation or a therapeutic opportunity for the children and the parents to develop a positive relationship. Even if the children will never go back to their parents, it's still beneficial, and the benefits obviously will flow to the children eventually, even if it's kind of not there quite yet, and we're not saying that all contact is good, but I think this research really highlights the opportunities that we can have looking at different and varied subgroups of kids in the out of home care sample. So, that's all from me, thank you.

[Stuart Malcher] And thank you again, Aino. Yeah, I think, very informative. Yeah, a number of, yeah, again, a number of important implications for our practice, I think, around family time. Can I just take a moment again to thank all our presenters.