



Certainty for Children, Fairness for Families?

Appendix 3:
Child Protection and Contracted Case
Management Workforce Survey

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Overview of the Child Protection and Contracted Case Management Workforce Survey

The *Child Protection and Contracted Case Management Workforce Survey* (the survey) was an online survey of child protection practitioners and supervisors and contracted case managers and supervisors working in an out-of-home care (OOHC) program conducted in the early months of 2019. It explored worker's experiences of the effectiveness of different aspects of the amendments that were made to the CYFA 2005 in 2014 (the permanency amendments).

The survey had mostly closed-ended questions (i.e., individuals were asked to respond to statements on a 5-point Likert-type scale), but also had some sections where responders could type in their own words to follow up on responses given to the closed-ended questions. To gauge what had changed since the permanency amendments came into effect, some items were only asked of responders who had been working in a child protection or OOHC program for at least six months at the time the permanency amendments were implemented (that is, they could compare the situation before and after the amendments). The survey is included in Attachment A.

The specific questions that the survey addressed were:

- What advice and training did child protection practitioners and supervisors receive regarding the permanency amendments and the new child protection case planning framework?
- How effective do child protection practitioners and supervisors and contracted case managers and supervisors think different aspects of the permanent amendments¹ are in achieving their objectives?
- What barriers have child protection practitioners and supervisors and contracted case managers and supervisors experienced to the implementation of the child protection case planning framework, the cultural planning framework, and supporting parents for reunification within the prescribed timelines?

¹ Child protection case planning framework, cultural planning framework, suite of children's court orders, timelines for reunification, guidance for the Court when making protection orders and permanent care order contact conditions.

- Have there been unexpected or unintended outcomes from the permanency amendments?
- Do child protection practitioners and supervisors feel case planning and child protection decision-making is better or worse since the permanency amendments?
- To what extent do perceptions of the permanency amendments vary according to worker characteristic (sector, role, gender, years in role, age, education, Indigeneity, location)?

All (then approximately 2,000) child protection practitioners and supervisors employed by the Department of Health and Human Services (DHHS)² and case managers and supervisors employed by mainstream and Aboriginal community service agencies contracted to deliver case management services during the child protection order stage were invited to participate in an online survey.

An email from the authors was forwarded to workers via the four DHHS operating divisions and CEOs of funded Aboriginal and mainstream community service agencies. This expectation of Aboriginal and mainstream agencies was consistent with their service agreement.

Sample

A total of 372 professionals participated in the survey (56.8% DHHS, 18.1% mainstream agencies, 25.1% Aboriginal agencies).

Table 1 below shows the child protection and contracted case management workforce survey sample characteristics.

² On 01 February 2021, the DHHS was separated into the Department of Families, Fairness and Housing (DFFH) and the Department of Health (DoH). The DFFH includes the DHHS portfolio of Child Protection.

Table 1.

The Child Protection and Contracted Case Management Workforce Survey: Sample Description (N=372)

Sample characteristics	%
Female	76.2
Aboriginal	8.5
Sector	
• DHHS	56.8
• Mainstream agency	18.1
• Aboriginal agency	25.1
Work role (DHHS responders)	
• CP practitioner	62.6
• Team leader/practice leader	22.7
• Senior leader	14.6
DHHS operational area (all responders):	
• North	17.5
• West	17.8
• East	18.3
• South	43.3
• State-wide or Divisional role	3.2
Workers managing cases involving Aboriginal children only	21.4
Workers with less than 5yrs experience	40.5
Working in a child protection or OOHC program for at least six months at the time the permanency amendments were implemented on 01 March 2016	59.0
Age	<i>M</i> =39.2 years

Source: Child Protection and Contracted Case Manager Workforce Survey

Analysis

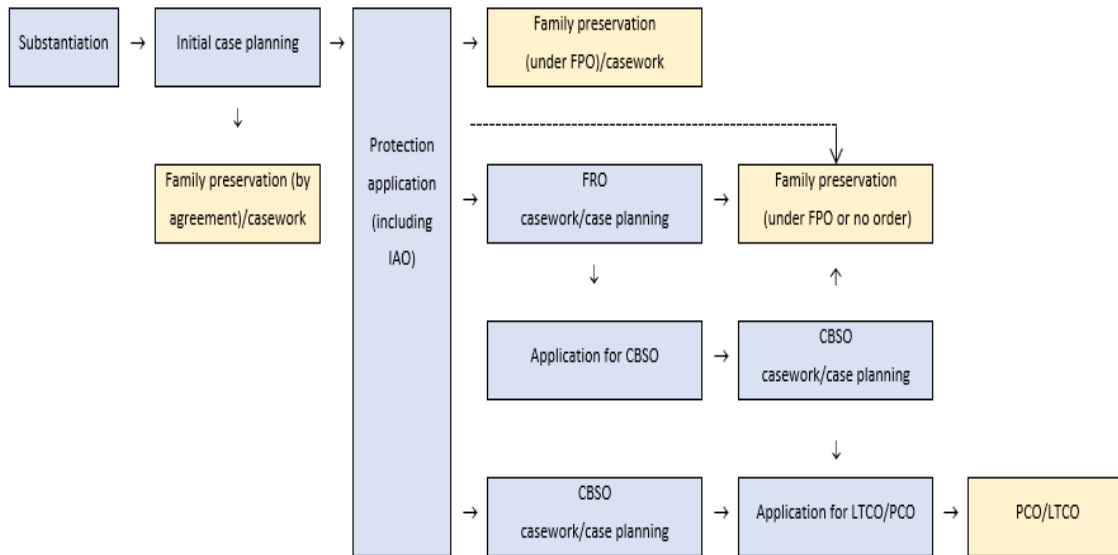
Descriptive statistics were used to address the research questions. Text data were exported into Microsoft WORD where manual coding and thematic analysis was undertaken.

Results

To aid the interpretation of results, a permanency pathways diagram was constructed (Fig. 1). The results are presented according to the different stages in the permanency pathway.

Fig. 1.

Permanency Pathway Stages



Initial Case Planning Stage

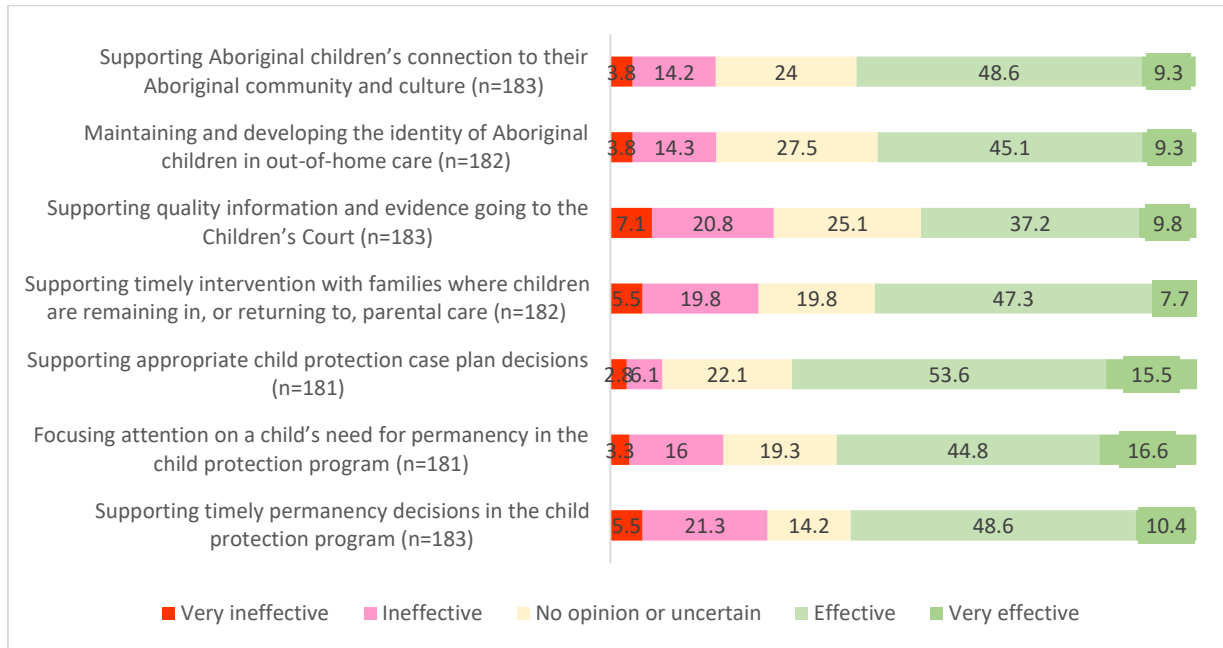
In conjunction with a new range of Court orders, the permanency amendments created a new child protection case planning framework. This required the first version of the case plan to be developed at substantiation and one case plan for each child. The new child protection case planning framework also included the requirement that all Aboriginal children placed in OOHC have a cultural support plan that addresses their cultural needs. This has been the current case planning framework since 1 March 2016.

Intended Outcomes

The new case planning framework was intended to support earlier and permanency focused case planning, timely intervention with families where children are remaining in/returning to parental care, and higher quality information/clearer evidence in protection applications. The requirement that all Aboriginal children in OOHC have a Cultural Plan was intended to maintain and develop the child’s Aboriginal identity and encourage the child’s connection to his/her Aboriginal community and culture (s176 CYFA). In the survey, DHHS responders were asked whether they thought the new case planning framework was effective in achieving these objectives. The results are presented in Fig. 2 below.

Fig. 2.

% Responders Who Agree/Disagree that the Case Planning Framework Has Been Effective in Achieving Key Objectives (DHHS Responders)

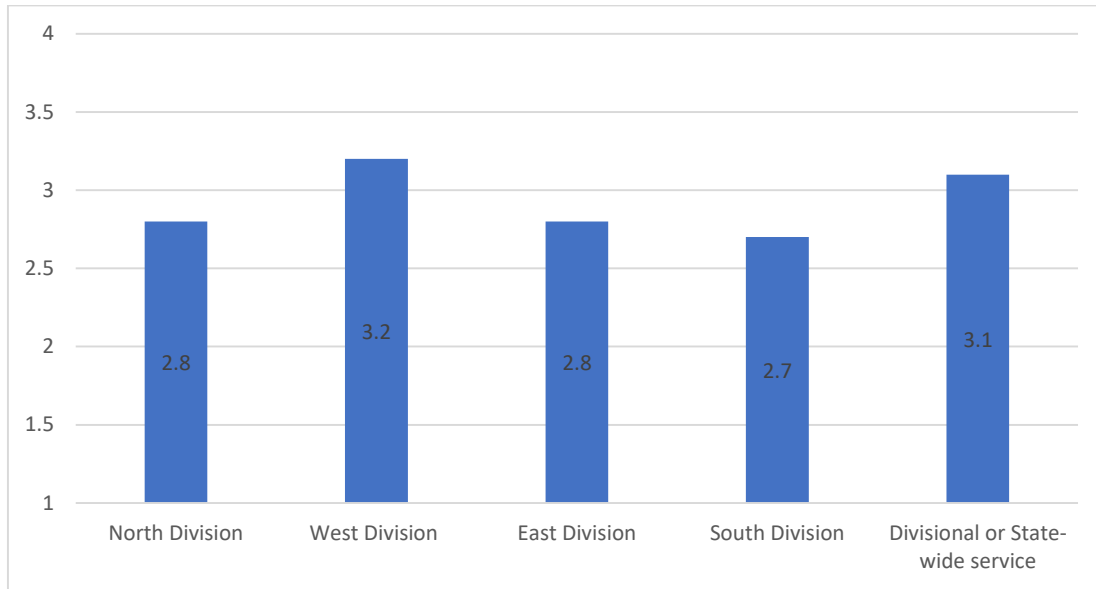


Source: Child Protection and Contracted Case Management Workforce Survey

The mean of the seven item scores included in Fig. 2 above was calculated to show the variation by DHHS Division (Fig. 3).

Fig. 3.

Mean of Items Related to the Effectiveness of the Case Planning Framework by DHHS Division (n=171) (DHHS Responders) (High Scores = More Effective)



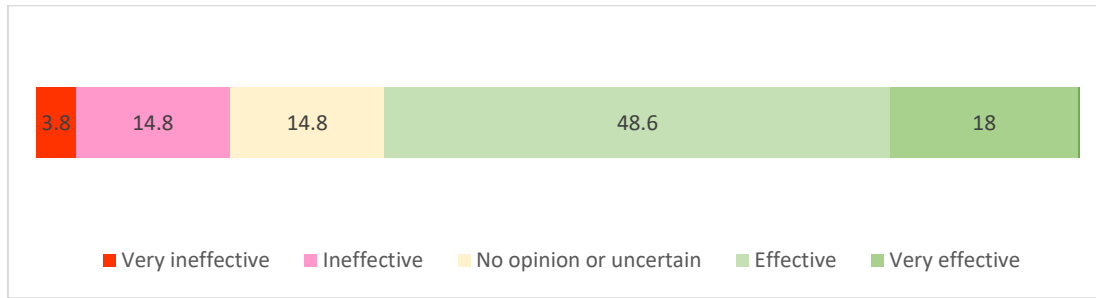
Note: 'No opinion or uncertain' response category excluded from these analyses.

Source: Child Protection and Contracted Case Management Workforce Survey

The survey also explored the extent to which DHHS responders agreed/disagreed that the case planning framework was effective in making the purpose and direction of the child protection intervention clear to birth parents and children (Fig. 4). The mean item score on the effectiveness of the case planning framework in making the purpose of the child protection intervention and protection orders clear to birth parents and children is shown by DHHS division in Fig. 5.

Fig. 4.

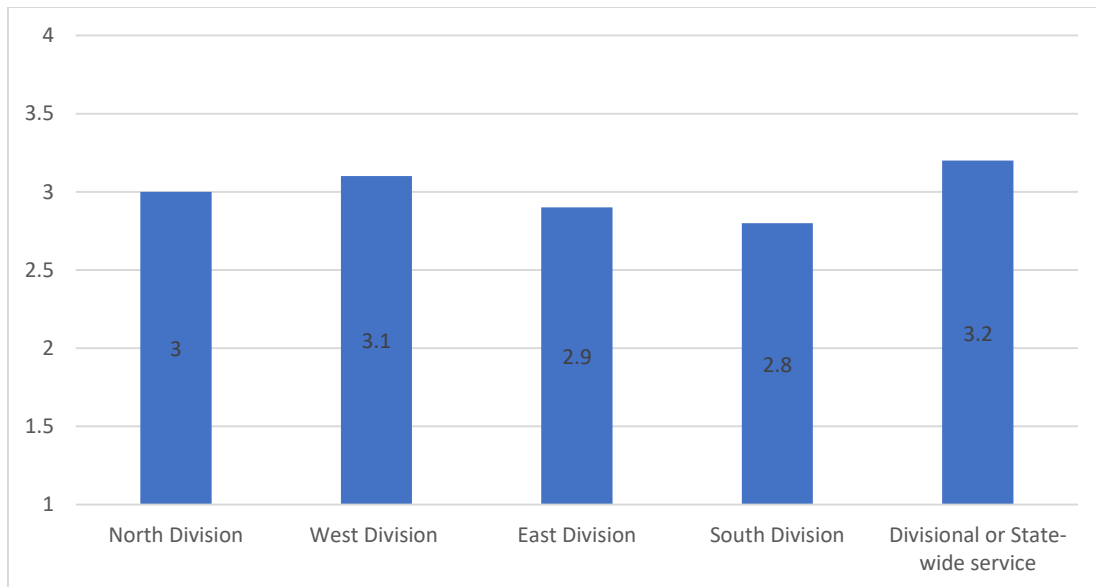
% Responders who Agree/Disagree That the Case Planning Framework was Effective in Making the Purpose and Direction of the Child Protection Intervention Clear to Birth Parents and Children (n=183) (DHHS Responders)



Source: Child Protection and Contracted Case Management Workforce Survey

Fig. 5.

Mean of the Items Measuring the Effectiveness of the Case Planning Framework in Making the Purpose and Direction of the Child Protection Intervention Clear to Birth Parents and Children by DHHS Division (n=162) (DHHS Responders) (High Scores = More Effective)



Note: ‘No opinion or uncertain’ response category excluded from these analyses.

Source: Child Protection and Contracted Case Management Workforce Survey

The positive impact of earlier case planning on parent’s understanding of the purpose and direction of child protection intervention was also reflected in the open-text responses:

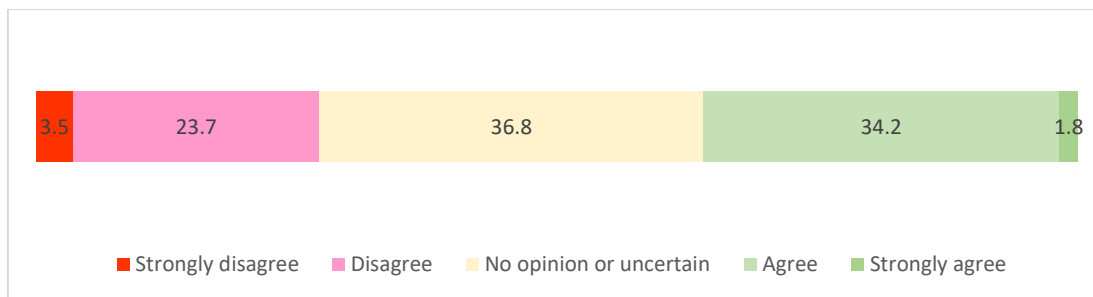
“It [case planning in the initial phases of child protection intervention] has had a positive impact on clarifying for families exactly what is expected of them”.
(DHHS, senior child protection practitioner)

Unexpected/Unintended Outcomes

One concern relating to earlier case planning identified a priori was that case plans could not be developed within 21 days with adequate input (or consultation) from the child, their family, relevant community, and professionals. Responses to two items on these unintended outcomes are presented in Fig. 6 and Fig. 7.

Fig. 6.

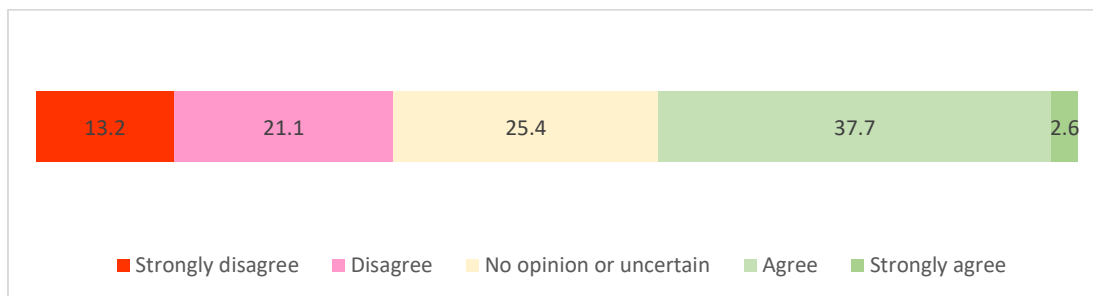
% Responders Who Agree/Disagree That it has Been Easier to Engage Families (and Children) in Age-Appropriate Ways in Case Plans (n=114) (DHHS Responders who had Been Working in a Child Protection Program for at Least Six Months Prior to the Amendments)



Source: Child Protection and Contracted Case Management Workforce Survey

Fig. 7.

% Responders Who Agree/Disagree That it has Been Easier to Involve Aboriginal Programs and Services in Case Plans (n=114) (DHHS Responders who had Been Working in a Child Protection Program for at Least Six Months Prior to the Amendments)



Source: Child Protection and Contracted Case Management Workforce Survey

Barriers to Effective Implementation of the Case Planning Framework

Several potential barriers to effective implementation of the case planning framework were explored in the survey. The results are presented in Fig. 8.

Fig. 8.

% Responders Who Thought Key Factors had a Positive/Negative Effect on Implementation of the Case Planning Practice Requirements (DHHS Responders)

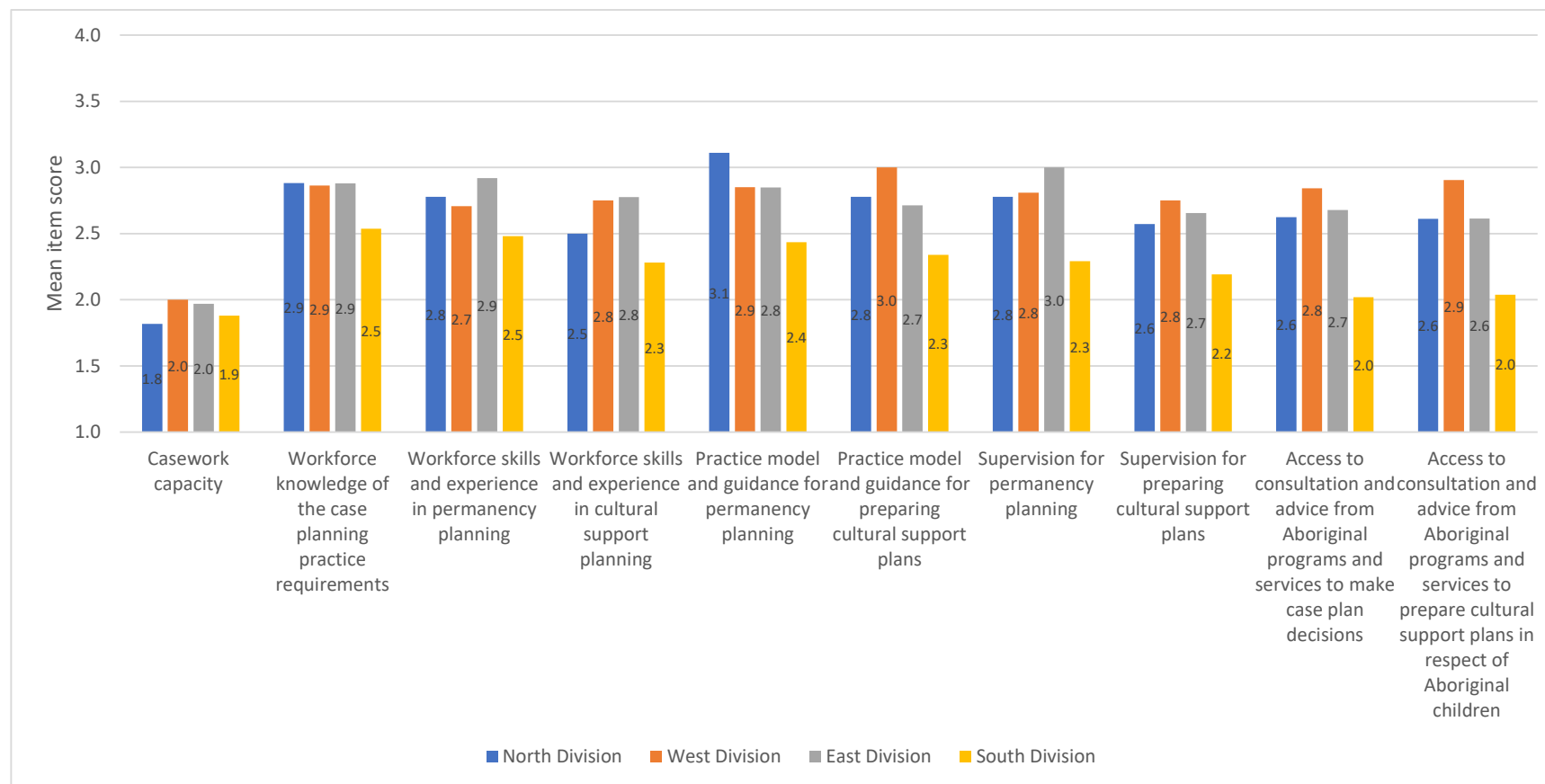


Source: Child Protection and Contracted Case Management Workforce Survey

The mean of the 10 item scores included in Fig. 8 above was compared by DHHS division (Fig. 9).

Fig. 9.

Means of Item Scores on Key Factors That Had a Positive/Negative Effect on Implementation of the Case Planning Practice Requirements (n=170) (DHHS Responders) (High Scores = Positive Effect)



Source: Child Protection and Contracted Case Management Workforce Survey

The negative effect of casework capacity on the timeliness of case planning was a key theme in the open-text survey responses:

“More expectation and workload of members of investigation and response with no real improvement in resources”. (DHHS, senior child protection practitioner)

“Resource issues continue to impact the capacity of child protection practitioners to do the planning in a timely way, but it is still so much better than it used to be”. (DHHS, team leader, adoption, and permanent care team)

“Whilst case planning has improved there are too few case planners to meet the demand”. (DHHS, senior leadership role)

Another case planning barrier mentioned in the open-ended text responses was difficulty accessing the Aboriginal Child Specialist Advice and Support Service (ACSASS), including Lakidjeka, for consultation when making significant decisions about Aboriginal children:

“Lakidjeka not returning calls, VACCA not having convenors to convene AFLDMs [Aboriginal family led decision making meetings]”. (DHHS, team manager)

“... inadequate resources in Lakidjeka”. (DHHS, senior leadership role)

“ACSASS have too few workers ...”. (DHHS, senior leadership role)

“Due to under resourcing in ACCOs child protection struggle to have ACCOs in the case planning/decision making space”. (DHHS, senior leadership role)

“We have great difficulty in consulting with Aboriginal programs and services. Calls and emails are not returned and often we are making decisions without their input”. (DHHS, senior leadership role)

Summary of Findings at the Initial Case Planning Stage

On balance, a higher proportion of DHHS survey responders felt the case planning framework was effective/very effective in achieving key objectives than responders who felt the case planning framework was ineffective/very ineffective. Key objectives include supporting appropriate and timely case plan decisions, higher quality information/clearer evidence in protection applications, timely interventions with families where children are remaining in, or returning to parental care, and Aboriginal children's cultural connection and identity as well as helping to formulate goals and tasks to implement case plans. A slightly lower proportion of responders in the DHHS South division agreed that the case planning framework had a positive effect on key objectives compared to responders in other DHHS divisions.

In terms of potential unintended impacts of the policy requirement that case plans must be endorsed within 21 days of substantiation, a roughly equal proportion of DHHS responders who had been working in a child protection program for at least six months prior to the amendments agreed/strongly agreed, and disagreed/strongly disagreed that it had been easier to engage families and children and Aboriginal programs and services in case planning, suggesting an overall neutral impact of the timeframes on the inclusion of families, professionals and community members.

Finally, 62% of DHHS responders indicated that they thought casework capacity had a minor or major negative impact on implementation of the new case planning framework. Responders in the South division reported more challenges implementing the case planning framework, especially in relation to accessing advice and case consultation from ACSASS. The challenge in accessing advice and case consultation from ACSASS due to capacity issues in the program was also a theme in the open-text responses.

Protection Application Stage

Section 276 of the CYFA was amended in 2014, requiring that an interim accommodation order (IAO) must not be made if the Court is satisfied that a protection order (PO) can be made (s262(5A) CYFA).

Intended Outcomes

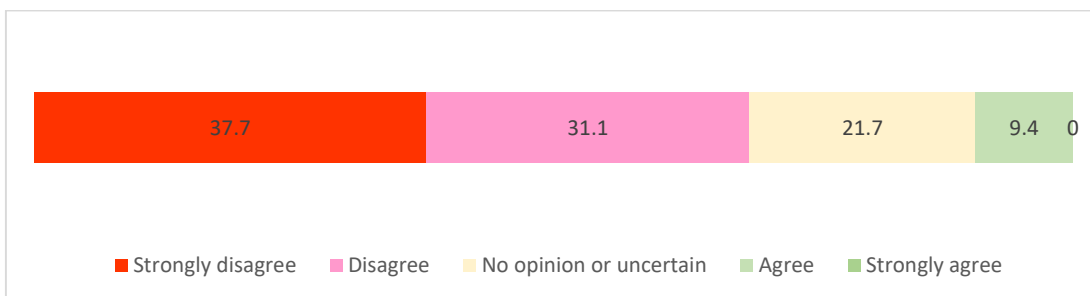
The intention of the restriction on the making of an IAO was to help bring about timelier resolution of protection applications and earlier implementation of reunification case plans where this was the permanency objective.

Timelier Resolution of Protection Applications.

DHHS responders were asked whether the restriction on the making of an IAO had been effective in resolving protection applications, reducing delays in finalising protection applications and whether there had been fewer Court hearings in relation to protection applications. Results are presented in Figs. 10-15.

Fig. 10.

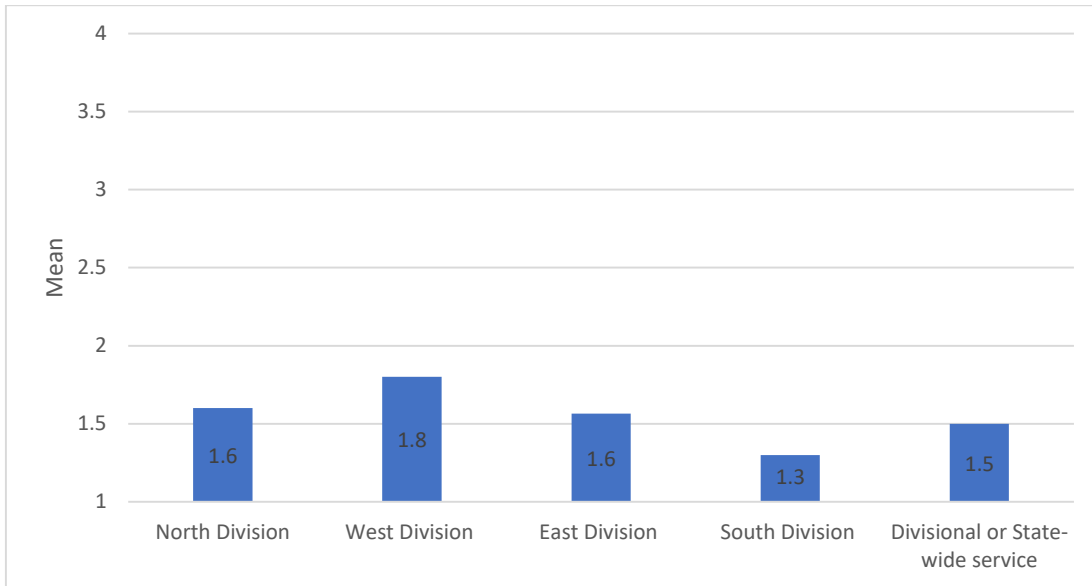
% Responders Who Agree/Disagree that Interim Accommodation Orders are More Easily Resolved (n=106) (DHHS Responders who had Been Working in a Child Protection Program for at Least Six Months Prior to the Amendments)



Source: Child Protection and Contracted Case Management Workforce Survey

Fig. 11.

Mean of the Item Asking Responders Whether They Agree/Disagree that Interim Accommodation Orders are More Easily Resolved by DHHS Division (n=106) (DHHS Responders Who Had Been Working in a Child Protection Program for at Least Six Months Prior to the Amendments) (High Scores = More Agreement)

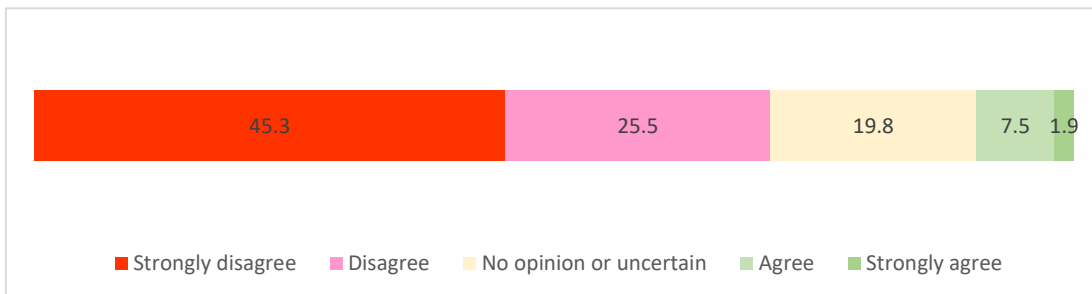


Note: 'No opinion or uncertain' response category excluded from these analyses.

Source: Child Protection and Contracted Case Management Workforce Survey

Fig. 12.

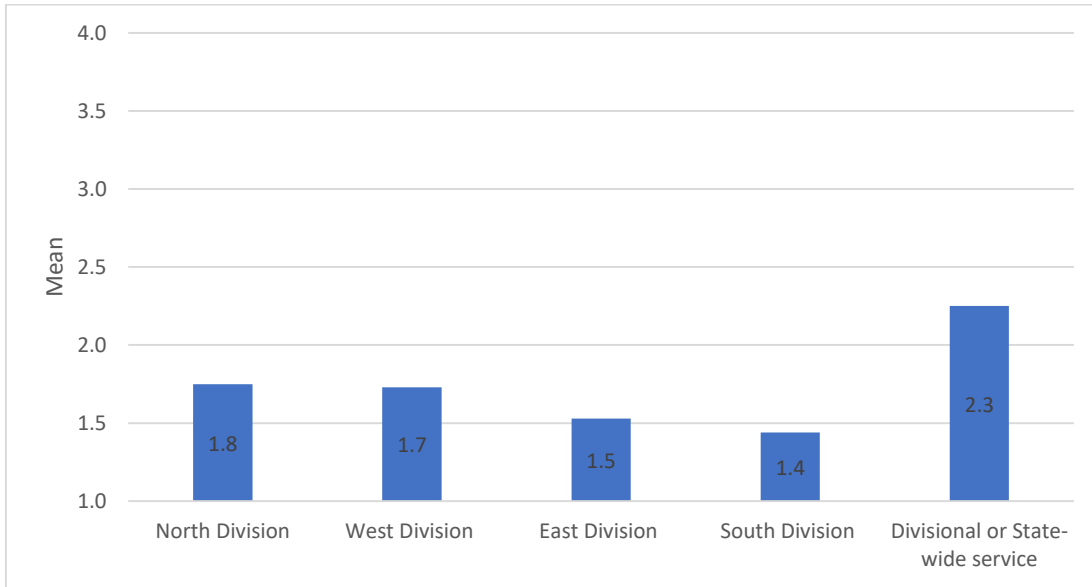
% Responders who Agree/Disagree That There Have Been Fewer Delays in the Finalisation of Protection Applications (n=106) (DHHS Responders Who Had Been Working in a Child Protection Program for at Least Six Months Prior to the Amendments)



Source: Child Protection and Contracted Case Management Workforce Survey

Fig. 13.

Mean of the Item that Asked Responders Whether They Agree/Disagree That There Have Been Fewer Delays in the Finalisation of Protection Applications by DHHS Division (n=85) (DHHS Responders Who Had Been Working in a Child Protection Program for at Least Six Months Prior to the Amendments) (High Score = More Agreement)

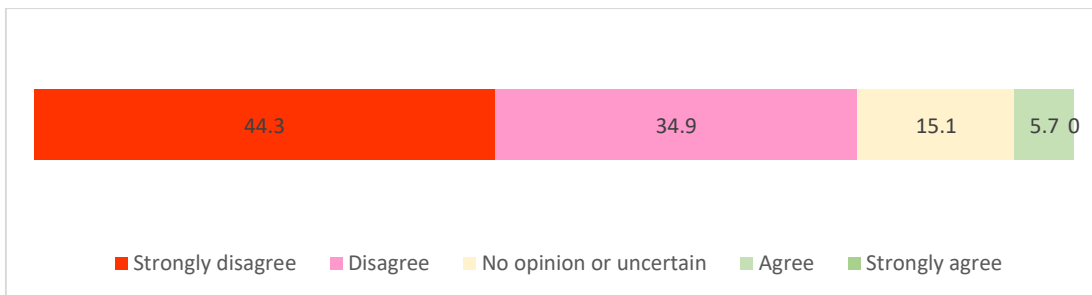


Note: 'No opinion or uncertain' response category excluded from these analyses.

Source: Child Protection and Contracted Case Management Workforce Survey

Fig. 14.

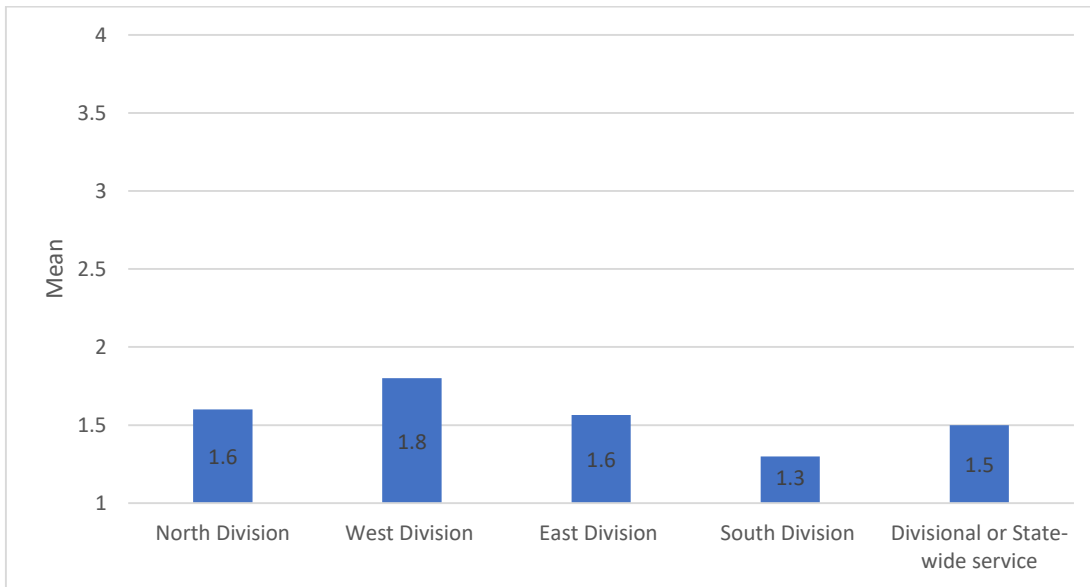
% Responders Who Agree/Disagree That There Had Been Fewer Court Hearings in Relation to Protection Applications (n=106) (DHHS Responders Who Had Been Working in a Child Protection Program for at Least Six Months Prior to the Amendments)



Source: Child Protection and Contracted Case Management Workforce Survey

Fig. 15.

Mean of the Item Asking Responders Whether They Agree/Disagree That There Had Been Fewer Court Hearings in Relation to Protection Applications by DHHS Division (n=90) (DHHS Responders Who Had Been Working in a Child Protection Program for at Least Six Months Prior to the Amendments) (High Score = More Agreement)



Note: 'No opinion or uncertain' response category excluded from these analyses.

Source: Child Protection and Contracted Case Management Workforce Survey

The protracted time children spend on IAOs was a dominant theme in the open-text responses:

“Sometimes children are often on IAOs for significant periods of time before FROs are being made and then the FRO is only a short FRO”. (DHHS, senior leadership role)

“We have children who have been on IAOs for in excess of 12 months”. (DHHS, senior leadership role)

“... in some cases, children have been subject to IAOs (and roll overs of these) for up to 18 months”. (DHHS, senior leadership role)

“Children are on IAOs a lot longer, there are a lot more IAO contests and the children have generally been in care more than 12 months before a final order is made”. (DHHS, senior leadership role)

Summary of Findings at the Protection Application Stage

A much higher proportion of DHHS responders who had been working in a child protection program for at least six months prior to the amendments ($n=106$) disagreed/strongly disagreed that IAOs were more easily resolved and that there were fewer delays in resolving protection applications post-amendments than responders who agreed/strongly agreed (69% and 70.8% compared to 9% and 21.7% respectively). The majority of DHHS responders also disagreed/strongly disagreed that there were fewer Court hearings in respect of protection applications (79% who disagreed/strongly disagreed compared to 6% who agreed/strongly agreed). It appeared that more responders in the South division disagreed/strongly disagreed on these points. The length of time children were subject to IAOs was also a clear theme in the open text responses.

Implementation of Family Reunification Case Plan Stage

The permanency amendments introduced a 12-month timeframe for achieving family reunification for children in OOHC and allowed an additional 12 months where the Children’s Court is satisfied there is a real likelihood of safe reunification with a parent in that time (s.294A CYFA).

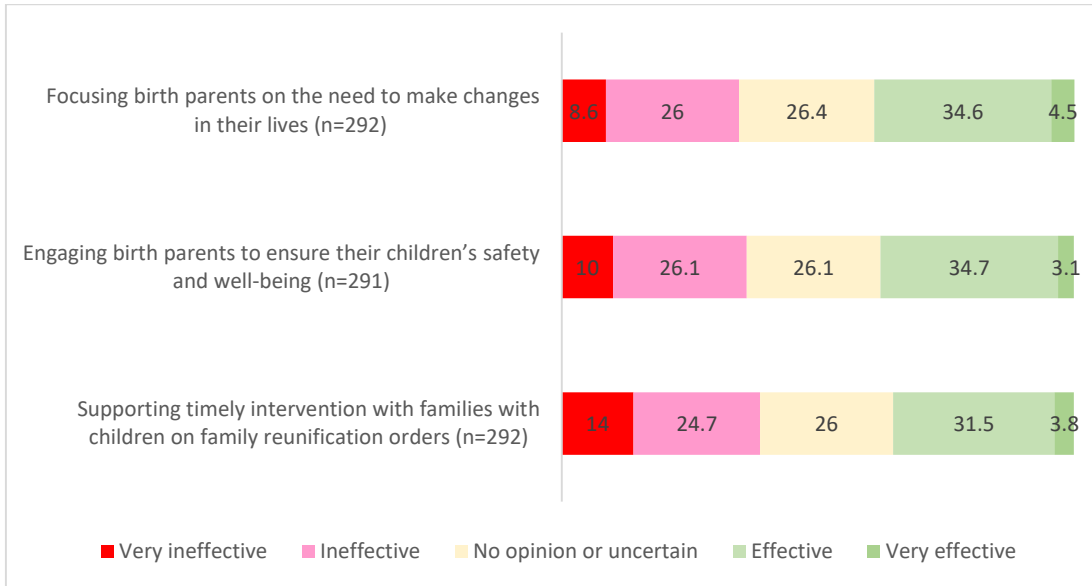
Intended Outcomes

Timely Reunification Casework.

All survey responders were asked to rate the effectiveness of the time limits on family reunification in promoting timely work with families. Results are shown in Figures 16-19 below.

Fig. 16.

Effectiveness of Time Limits on Reunification in Promoting Timely Work With Families to Achieve Reunification (All Responders)

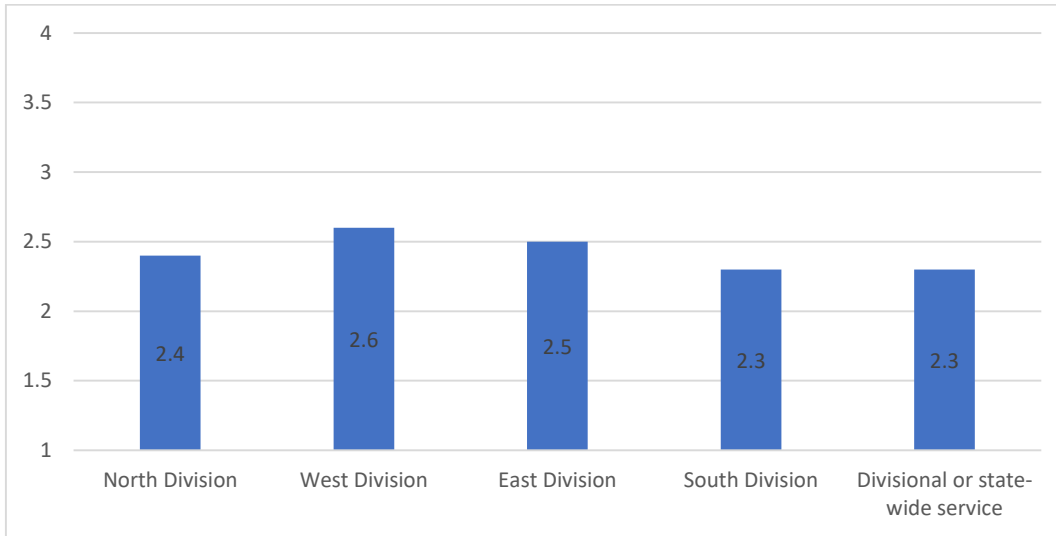


Source: Child Protection and Contracted Case Management Workforce Survey

The mean of items included in Fig 16 is reported by DHHS division and sector in Figs 17 and 18 below.

Fig. 17.

Mean of Three Items Measuring the Effectiveness of Time Limits on Reunification in Promoting Timely Work With Families to Achieve Reunification by DHHS Division (All Responders) (n=224) (High Scores = More Effective)

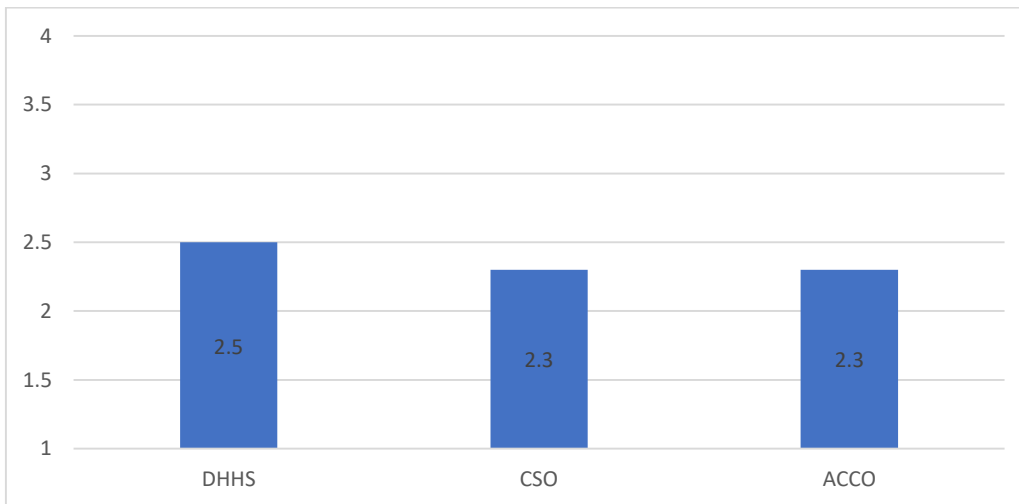


Note: 'No opinion or uncertain' response category excluded from these analyses.

Source: Child Protection and Contracted Case Management Workforce Survey

Fig. 18.

Mean of Three Items Measuring the Effectiveness of Time Limits on Reunification in Promoting Timely Work With Families to Achieve Reunification by Sector (All Responders) (n=224) (High Scores = More Effective)

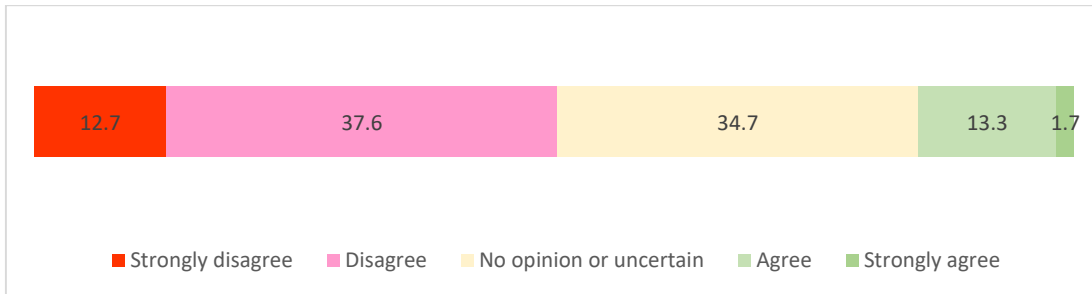


Note: 'No opinion or uncertain' response category excluded from these analyses.

Source: Child Protection and Contracted Case Management Workforce Survey

Fig. 19.

% Responders Who Agree/Disagree That More Parents are Receptive to Receiving Help to Address Child Protection Concerns (n=173) (All Responders who had been Working in a Child Protection or OOHC Program for at Least Six Months Prior to the Amendments)



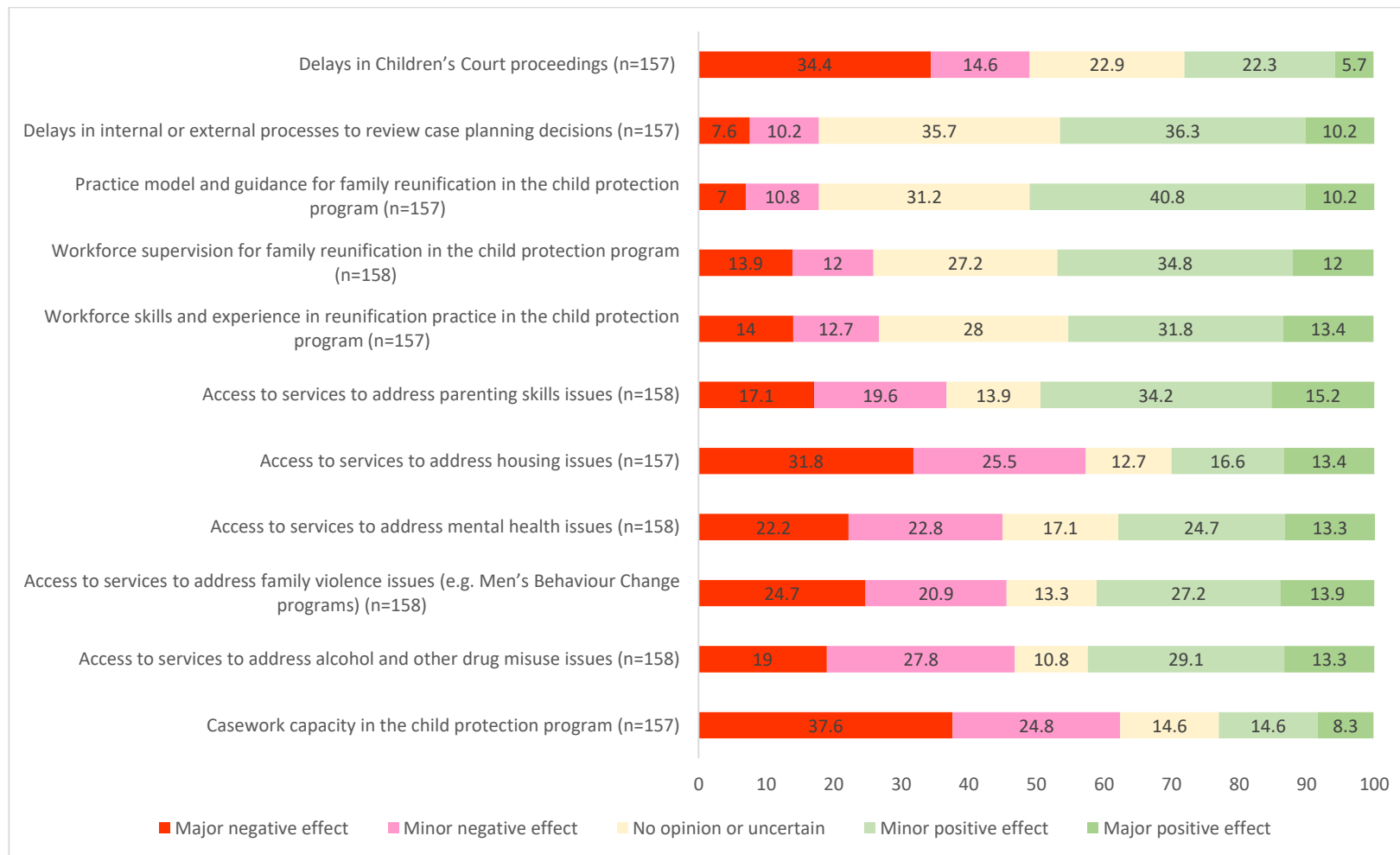
Source: Child Protection and Contracted Case Management Workforce Survey

Barriers to Timely Family Reunification

Fig. 20 below shows the factors that DHHS survey responders thought influenced timely family reunification in either a positive or negative way.

Fig 20.

Factors Influencing Timely Reunification (DHHS Responders)



Source: Child Protection and Contracted Case Management Workforce Survey

Open-text survey responses (all responders) reinforced the negative impact lack of access to reunification support services had on timely family reunification:

“Parents who have had their children removed do not have adequate or timely support”. (ACCO practitioner)

“... there is a gap in our system that does not allow for parents to be properly supported once their children are removed”. (CSO practitioner)

“... there are big wait lists for services in rural areas”. (DHHS, advanced child protection practitioner)

“Initial intake to drug and alcohol services, housing and men’s behavioural change can often have a long wait list”. (DHHS, senior child protection practitioner)

“There are no effective programs that are targeted to address family violence offenders therefore the problem is not addressed Violent offenders who have had years of trauma are asked to change their behaviours with short term programs is just a waste of resources”. (DHHS, advanced child protection practitioner)

One respondent remarked that some Aboriginal parents will be unable to address protective concerns within the reunification timelines due to the extent of their individual and community needs and a lack of understanding of the challenges facing Aboriginal people within the child protection service:

“... there are still clear disadvantaged communities who need more intensive support and some department workers are not properly trained or have an understanding of what the disadvantages Aboriginal communities are facing. It’s fair to say that some families or individuals from Aboriginal communities are set up for failure by the department”. (ACCO practitioner)

Lack of capacity in the child protection service and case planning and case management skills to support parental change, especially when needs are complex, were perceived to have a negative impact on timely reunification:

“Child protection practitioners are crisis driven in their practice and overwhelmed with the number of cases and the complexity”. (DHHS, team manager)

“DHHS is not responsive to planned and agreed decisions with cases being unallocated and lack of timely response to mobilise seamless case management”. (CSO practitioner)

“... child protection staff are not skilled in developing effective reunification transition plans for children or parents Staff workload capacity prevents the hands-on work of implementing transition plans”. (DHHS, senior leadership role)

“As child protection practitioners we have continued to be deskilled. Our staff don’t even recognise they can assess parenting capacity, they don’t believe they can develop reunification plans or assess them, they always seek outside referrals to TAP or PASD ...”. (DHHS, practice leader)

“Team manager and workers are still struggling to case plan using the 12-month permanency guidelines The team manager level is too inexperienced with regard to case planning, meetings, minutes and documentation [and] this filters to workers. We still hear around the office ‘it hasn’t been two years’. This is a constant battle and goes to the experience of the management level, which is limited. We have team managers and senior practitioners who have been working for four years and have never been given education assessment-based training to convene meetings and to set case plans that are meaningful”. (DHHS, practice leader)

The perception of DHHS responders (above) that children are spending longer on IAOs was thought to have specific consequences for implementation of reunification case plans. As one DHHS worker in a senior leadership role remarked:

“Parents focus on the fight at Court rather than commencing treatment to address issues. Funding tied to the FRO means that many parents not eligible as IAO in place”. (DHHS, senior leadership role)

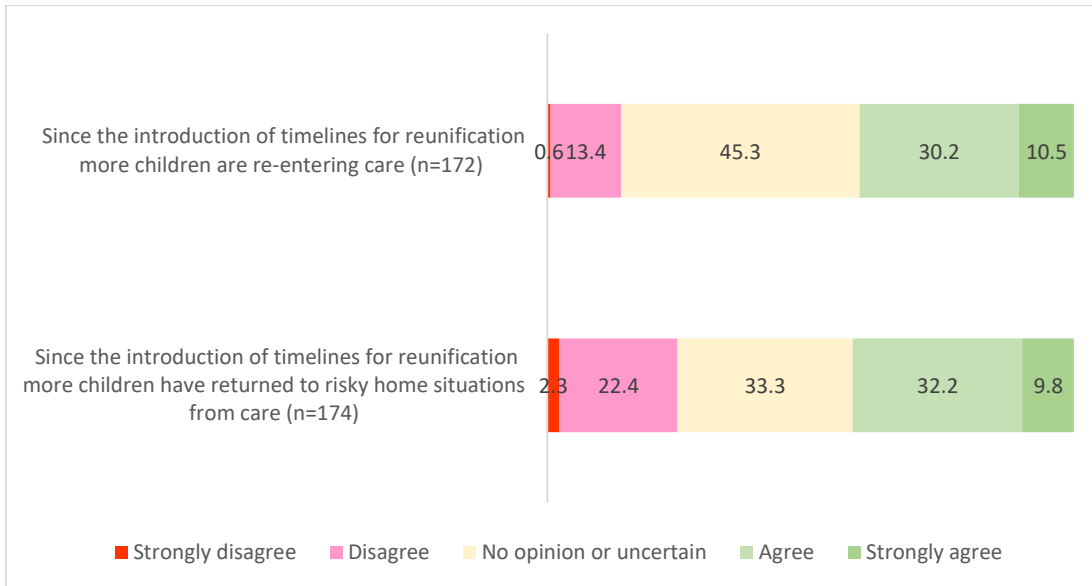
Unintended Outcomes

Children Returning to Risky Home Situations.

Items were included in the survey to assess whether timelines for planned reunification result in children returning to risky home situations or re-entering OOHC (Fig. 21). Fig 22 shows the mean of summed items included in Fig. 21 by DHHS division.

Fig. 21.

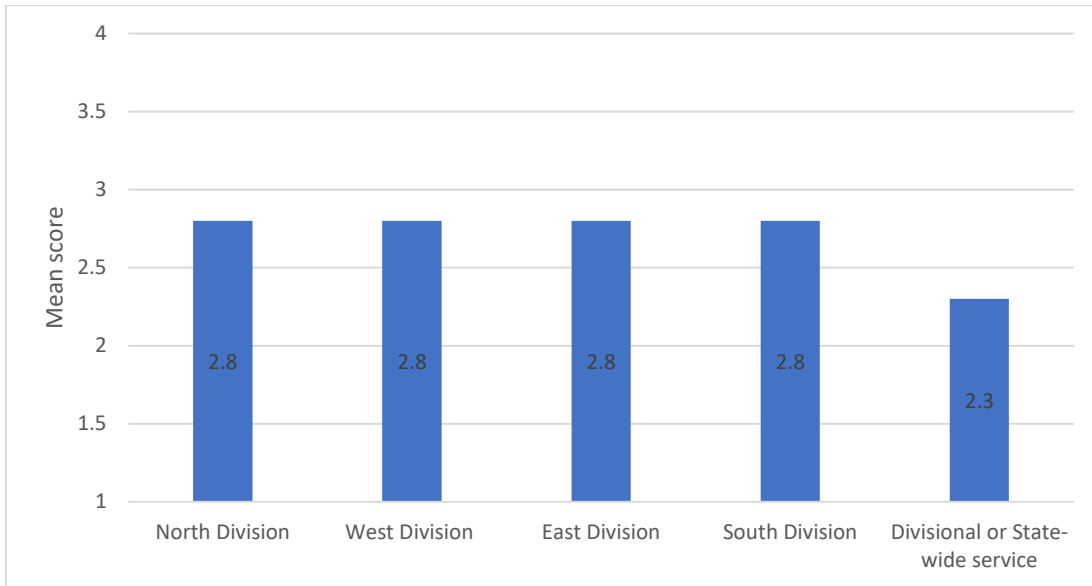
% Responders Who Agree/Disagree That the Timelines for Reunification Have Resulted in Children Returning to Risky Home Situations or Re-Entering OOHC (All Responders who Had Been Working in a Child Protection or OOHC Program for at Least Six Months Prior to the Amendments)



Source: Child Protection and Contracted Case Management Workforce Survey

Fig. 22.

Mean of Two Items Related to the Impact of Timelines for Reunification on Children Returning to Risky Home Situations and Re-Entering Care by DHHS Division (All Responders Who Had Been Working in a Child Protection or OOHC Program for at Least Six Months Prior to the Amendments) (High Scores = More Agreement)



Note: ‘No opinion or uncertain’ response category excluded from these analyses.

Source: Child Protection and Contracted Case Management Workforce Survey

Open-text survey responses also indicate some responders are seeing children returning to risky home situations from care following the amendments:

“More children have been returned home with significant protective concerns being unaddressed to prevent the need to move to permanent care or final orders”.
(DHHS, senior leadership role)

“Parents are empowered by the Court proceedings where children are returned with significant risk factors still present”. (DHHS, senior leadership role)

“We have seen many children returned to parents when the protective concerns have not been addressed”. (DHHS, senior leadership role)

“Court often returns children despite child protection assessment of harm and there is no transition back into the home or supports in place”. (DHHS, senior leadership role)

“Magistrates still making decisions to reunify children when it is evidently unsafe, which has resulted in supreme Court appeals”. (DHHS, senior leadership role)

“Lack of workers/case drift and/or parents’ inability to evidence either successful change or unsuccessful change within the 12-24 months resulting in unplanned and unsupported fast reunifications home at the end of the timeline”. (CSO practitioner)

A respondent from an Aboriginal agency reported that active risk following reunification is related to poor transition planning:

“Poor transition phases for re-entering the family home”. (ACCO practitioner)

Summary of Findings at the Implementation of Family Reunification Case Plan Stage

Approximately the same proportion of DHHS responders disagreed/strongly disagreed (38.7%) and agreed/strongly agreed (35.3%) that the legislated time limits on family reunification had supported timely work with families, suggesting that there has been no difference overall on the implementation of reunification case plans. Just over half (50.3%) of responders disagreed/strongly disagreed that parents are more receptive to receiving help to address protective concerns compared to 15% who agreed/strongly agreed (just over one-third were uncertain or neither agreed/disagreed), once again suggesting the permanency amendment had not led to an improvement in this regard. There was very little variation in the data when the results were disaggregated by DHHS division and sector. Several factors appeared to act as

a barrier to the implementation of reunification case plans. It is noteworthy that 49% of responders felt delays in Court proceedings had a major or minor negative effect on timely reunification, while 62.4% of responders felt a lack of capacity in the child protection program had a major or minor negative effect on timely reunification. Responders also felt access to services and supports had a major or minor negative impact on timely reunification. This was also a theme that emerged in the open text responses.

In terms of unintended consequences from the time limits in reunification, a higher proportion of DHHS responders agreed/strongly agreed the time limits on reunification resulted in more children re-entering care (40.7%) and returning to risky home situations (42%) compared to responders who disagreed/strongly disagreed (14% and 24.7% respectively). However, perhaps due to the short follow-up time, 45.3% and 33.3% of respondent indicated that they were uncertain/had no opinion on the impact of the time limits on OOHC re-entry and children returning to risky home situations.

Application for Care by Secretary Order Stage

The permanency amendments created a hierarchy of permanency objectives in order of preference as appropriate in the best interests of the child (family preservation, family reunification, adoption, permanent care, long-term OOHC) and a new range of Children's Court orders that are aligned with the hierarchy of permanency objectives (family preservation order, family reunification order, care by Secretary order, permanent care order and long-term care order). In determining whether to make an order where the child will be in OOHC (family reunification order, care by Secretary order or long-term care order), the permanency amendments require the Children's Court to have regard to advice from the Secretary about: the likelihood of permanent reunification; the outcome of previous attempts to reunify any child with the parent; if a parent has had another child permanently removed, the desirability of an early decision about permanent care; the benefits of a care by Secretary order to facilitate alternative arrangements for permanent care (beyond 12 months in OOHC where reunification is not realistic and there is no permanent care arrangement available); and the desirability of making a permanent care order if the child is placed with the intended permanent carer.

These changes were intended to work together with changes that strengthened the best interests principles of the CYFA 2005 about the possible harmful effects of delay (s10(3)(fa) CYFA) and the desirability of reaching permanency decisions as expeditiously as possible (s10(3)(f) CYFA) to reduce delays in achieving permanency for children whether through timely reunification, or if not, through permanent alternative care.

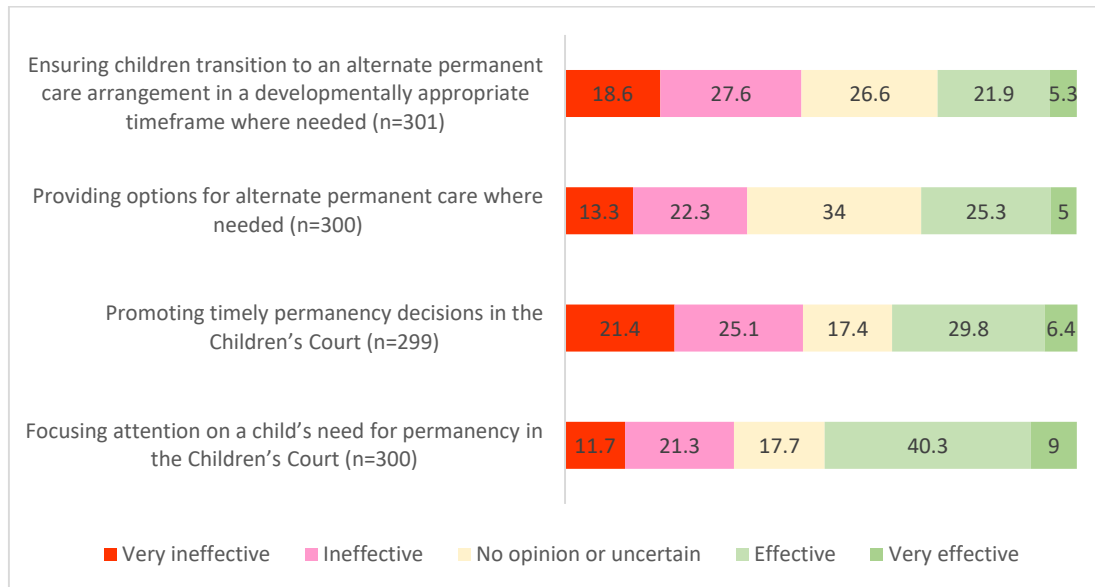
Intended Outcomes

Timelier Decisions That Reunification is Unachievable.

Fig. 23 below shows the proportion of all responders who felt the new suite of Children's Court orders were effective/ineffective in transitioning children to permanent alternative care where needed.

Fig. 23.

Effectiveness of the Suite of Court Orders in Promoting Decisive Permanency Decisions and Transitioning Children to a Permanent Alternative Care Arrangement Within a Developmentally Appropriate Timeframe (All Responders)

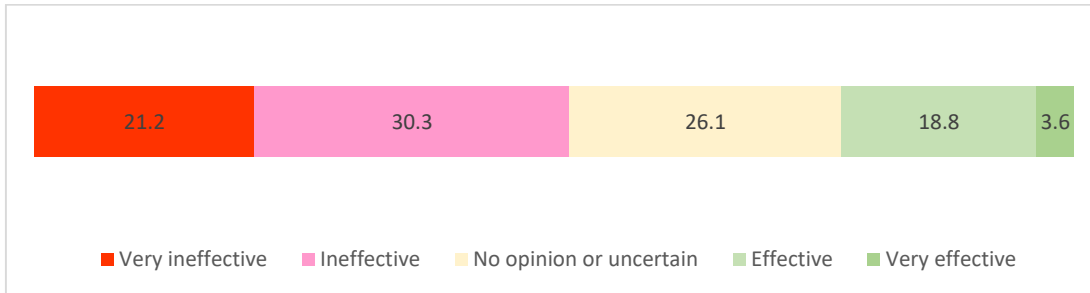


Source: Child Protection and Contracted Case Management Workforce Survey

Fig. 24 below show the extent to which DHHS survey responders rated the effectiveness of the requirement to have regard to advice from the Secretary in ensuring decisions regarding permanent alternative care are made in a timely fashion where needed.

Fig 24.

% DHHS Responders Who Felt the Requirement to Have Regard to Advice From the Secretary was Effective/Ineffective in Ensuring Decisions Regarding Alternate Permanent Care are Made in a Timely Fashion Where Needed (n=165) (DHHS Responders)

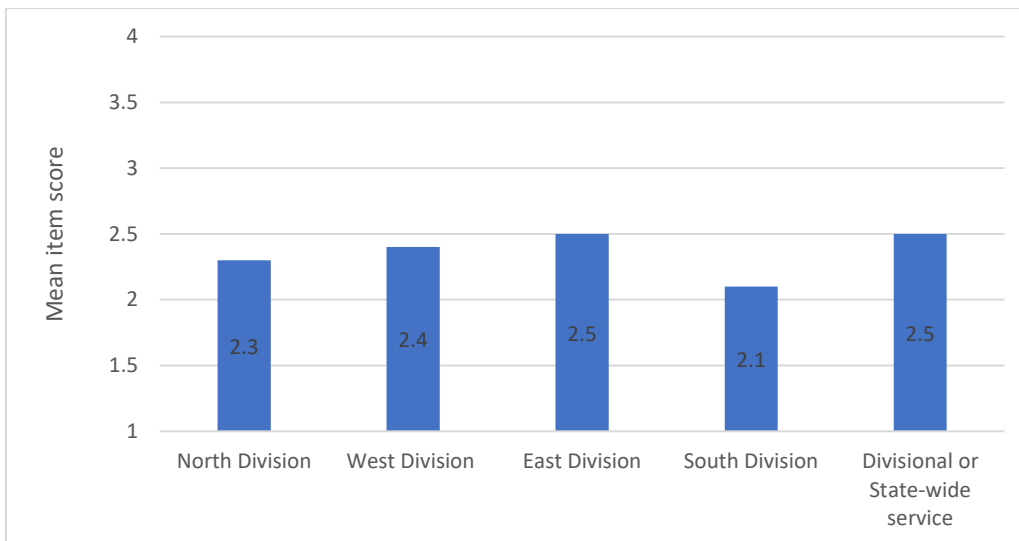


Source: Child Protection and Contracted Case Management Workforce Survey

Figs 25 and 26 shows the mean of the five items included in Fig. 23 and Fig. 24 by DHHS division and sector (DHHS responders).

Fig. 25.

Mean of Five Items on the Effectiveness of the Suite of Court Orders and Requirement to Have Regard to Advice from the Secretary in Promoting Decisive Permanency Decisions and Transitioning Children to a Permanent Alternative Care Arrangement Within a Developmentally Appropriate Timeframe by DHHS Division (DHHS Responders) (High Scores = More Effective)

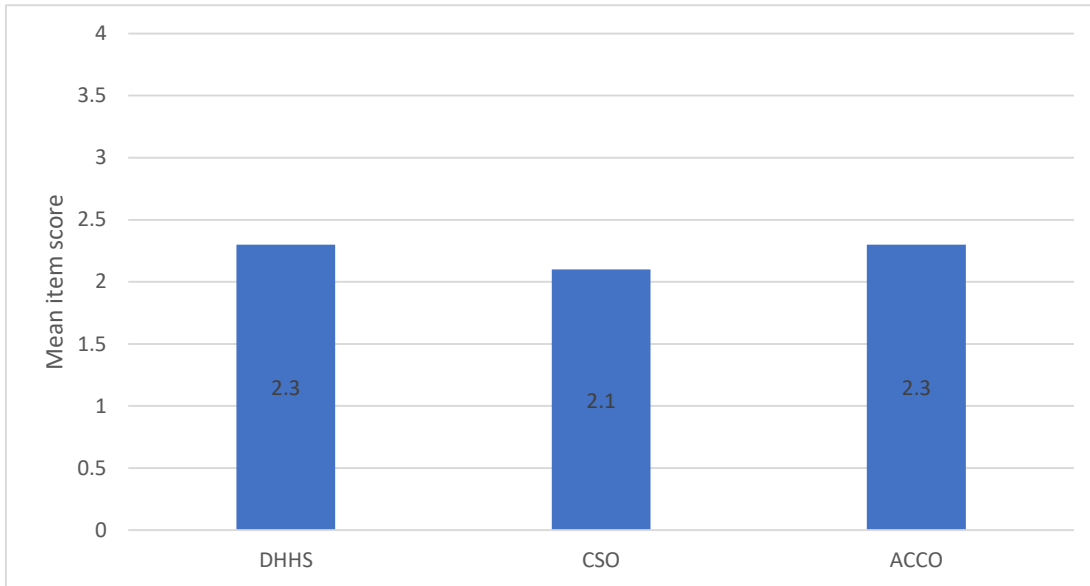


Note: 'No opinion or uncertain' response category excluded from these analyses.

Source: Child Protection and Contracted Case Management Workforce Survey

Fig. 26.

Mean of Five Items on the Effectiveness of the Suite of Court Orders and Requirement to Have Regard to Advice from the Secretary in Promoting Decisive Permanency Decisions and Transitioning Children to a Permanent Alternative Care Arrangement Within a Developmentally Appropriate Timeframe by Sector (DHHS Responders) (High Scores = More Effective)



Note: 'No opinion or uncertain' response category excluded from these analyses.

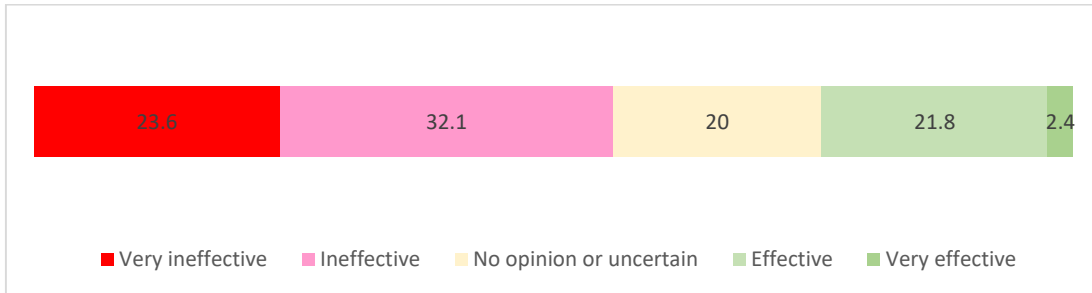
Source: Child Protection and Contracted Case Management Workforce Survey

Survey responders were also asked whether the requirement to have regard to advice from the Secretary when making protection orders was effective in ensuring decisions regarding family reunification are made only when the safe reunification of the child is likely to be achieved.

Results are presented in Fig. 27 below.

Fig. 27.

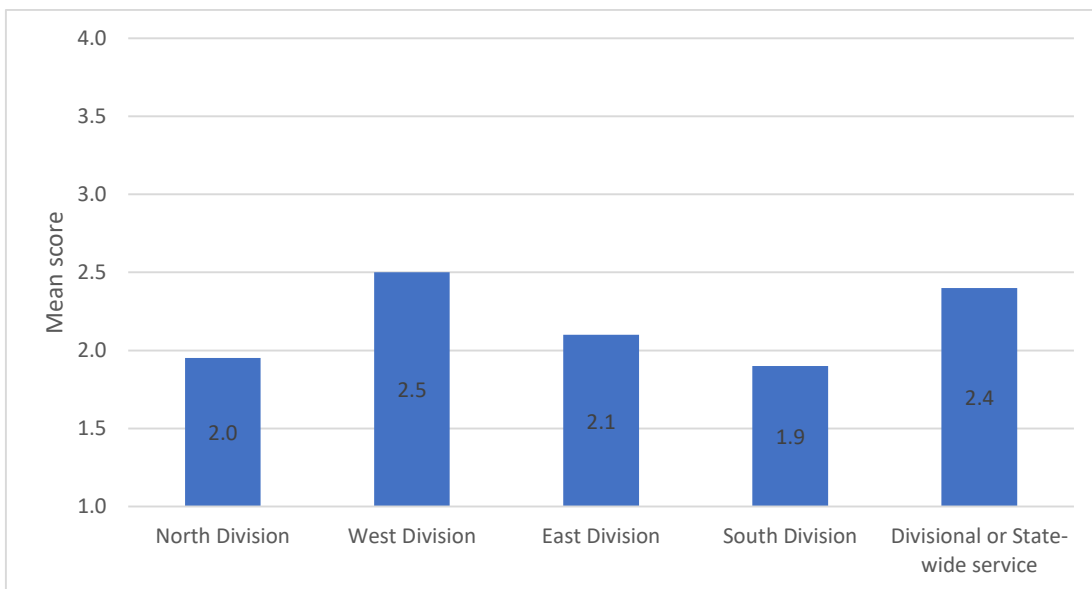
Effectiveness of the Requirement to Have Regard to Advice from the Secretary in Promoting Reunification Decisions Only When Safe Reunification is Likely to be Achieved (n=165) (DHHS Responders)



Source: Child Protection and Contracted Case Management Workforce Survey

Fig. 28.

Mean of Item Asking About the Effectiveness of the Requirement to Have Regard to Advice From the Secretary in Promoting Reunification Decisions Only When Safe Reunification is Likely to be Achieved (DHHS Responders) (n=165) (High Scores = More Effective)



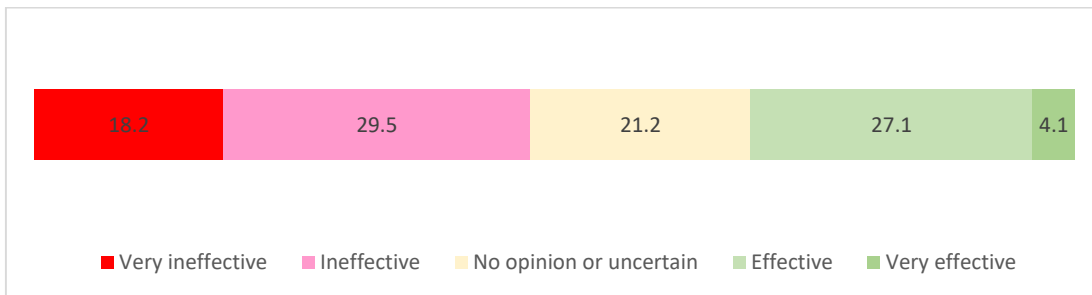
Note: 'No opinion or uncertain' response category excluded from these analyses.

Source: Child Protection and Contracted Case Management Workforce Survey

Responders across all sectors were asked to rate the effectiveness of the legislated family reunification timelines in preventing children from drifting in OOHC. Results are presented in Fig. 29. Results disaggregated by sector are presented in Fig. 30.

Fig. 29.

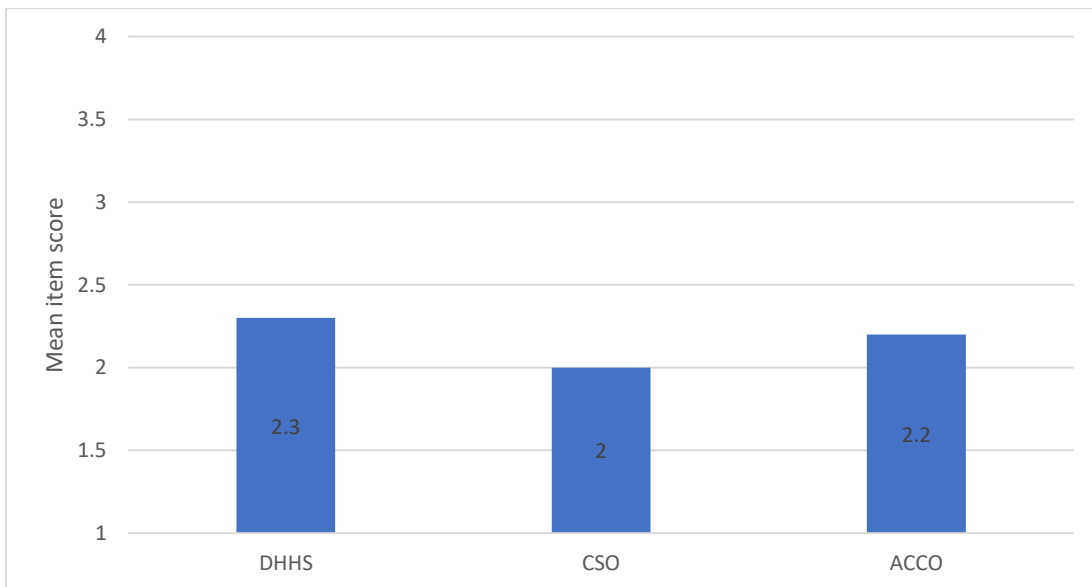
Effectiveness of the Reunification Timelines in Preventing Children From Drifting in OOHC (n=292) (All Responders)



Source: Child Protection and Contracted Case Management Workforce Survey

Fig. 30.

Mean Score on the Item Asking About the Effectiveness of the Reunification Timelines in Preventing Children From Drifting in OOHC by Sector (n=292) (All Responders)



Note: 'No opinion or uncertain' response category excluded from these analyses.

Source: Child Protection and Contracted Case Management Workforce Survey

Open-text responses supported results presented in Figures 29 and 30 above, that a large proportion of DHHS workers disagreed that the suite of Court orders, the requirement to have regard to advice from the Secretary when considering making a protection order and legislated timelines for reunification were promoting decisive reunification decisions and preventing children from drifting in OOHC. Several participants remarked on practices designed to extend the length of a FRO past 24 months in continuous OOHC:

“Solicitors appear to seek additional hearings to delay final orders, especially where long-term orders are sought”. (DHHS, team manager)

“A much higher number of cases are progressing to contest as a way for legal reps to extend the order [FRO] past the two years”. (DHHS, senior leadership role)

“My view is that the Court and parties will often delay settling on a care by Secretary order due to concerns that there are no conditions on the order”. (DHHS, senior leadership role)

Summary of Findings at the Application for Care by Secretary Order Stage

Several items were included in the questionnaire to determine whether responders felt various changes, including the new suite of Court orders, the requirement to have regard to advice from the Secretary when making protection orders and the reunification timelines, were effective in promoting timelier decisions to transition children to permanent alternative care when needed. By and large, responders did not feel the changes were effective in this regard. Responders from mainstream community service organisations and DHHS responders in the South division felt the changes were slightly less effective than others. Further, a theme that emerged in the open text responses was that legal representatives for parents were attempting to continue an existing FRO beyond the 24-month legislated timeline by booking conciliation contests or contest hearings.

Implementation of Permanent/Long-Term Care Case Plans

While the survey did not include closed-ended questions relating to the implementation of permanent/long-term case plans, systemic barriers to timely alternative permanent care during this stage were identified in the open-ended question responses.

Barriers to Transitioning Children to Permanent Care Orders

Responses to open-ended questions identified a number of possible reasons for delays in transitioning children to permanent care orders, including; a shortage of permanent care placements (because placement agencies are concerned about losing foster carers and carers are concerned about the lack of ongoing support to meet children’s needs and managing parental contact), delays in receiving a permanent care cultural assessment report from VACCA’s permanent care program (due to demand pressure issues) and a lack of support for permanent care of Aboriginal children by non-Aboriginal permanent carers. However, case drift, and the lack of active case management by child protection (non-contract) practitioners (especially delays in family finding and assessing prospective permanent carers) were the most dominant themes:

“... decisions are (sometimes) made earlier; but no work is then done on actively seeking alternative permanent care arrangements. Children are still not having all kinship options thoroughly explored and are not having early referrals to the Adoption and Permanent Care program ... there are still long delays in getting effective case plans made, follow up for kinship options, and adequate information to make an assessment”. (CSO practitioner)

“... a significant issue is the lack of exploration of kinship in a timely manner, the kinship team in our area make very little difference to the outcome, they are under resourced, so referrals are waiting for a long time before they are picked up, they identify family, but it is still left up to child protection to complete assessments. Children are left to drift for many months without kinship being explored and resolved”. (CSO practitioner)

“Caseloads and the ability to undertake the work is a major issue”. (DHHS, team leader, adoption and permanent care team)

“Non-contract case management caseworkers have no capacity to prioritise permanency objectives due to high volume of cases and high level of Court matters and contests. By the time cases are transferred to the Contract Team, many cases have not had case plans with permanency objectives being discussed or implemented with family and with foster carers”. (DHHS, advanced child protection practitioner)

Unintended Outcomes

Contrary to comments relating to delays in implementing alternative permanent care case plans (above), some responders suggested that children are being “rushed” into inappropriate permanent kinship care placements:

“Because of the pressure to move children into permanent care so quickly and to keep them in kinship care to maintain their identity, more children are being rushed into permanent care orders with inappropriate kinship carers, without proper assessment and support. Families are being assumed ready for permanent care as soon as the FRO expires and passed to CSOs with active risk, unwilling carers, aged carers, severe overcrowding and no support to have established safe contact arrangements with parents.” (CSO practitioner)

“We have seen a remarkable increase of permanent care orders coming in for investigation due to a number of factors (such as child behaviour etc)”. (DHHS, senior leadership role)

Permanent Care Order Stage

Before including conditions on a permanent care order, the permanency amendments require the Children's Court to have regard to the primacy of the child's relationship with the permanent care family. The permanency amendments limit contact conditions with parents when first made, but not if varied after 12 months, and enable siblings to apply to vary their contact conditions. The permanency amendments require birth parents to obtain leave of the Court to apply to vary or revoke a permanent care order. The permanency amendments require, unless otherwise order, that permanent carers preserve the child's identity, and their connections with their culture and birth family. The permanency amendments require that the Court be provided with a cultural plan for an Aboriginal child (where previously this was at the Court's discretion) and expand the requirement for a recommendation of an Aboriginal agency before making a permanent care order in respect of an Aboriginal child, to include Aboriginal carers (as well as non-Aboriginal carers).

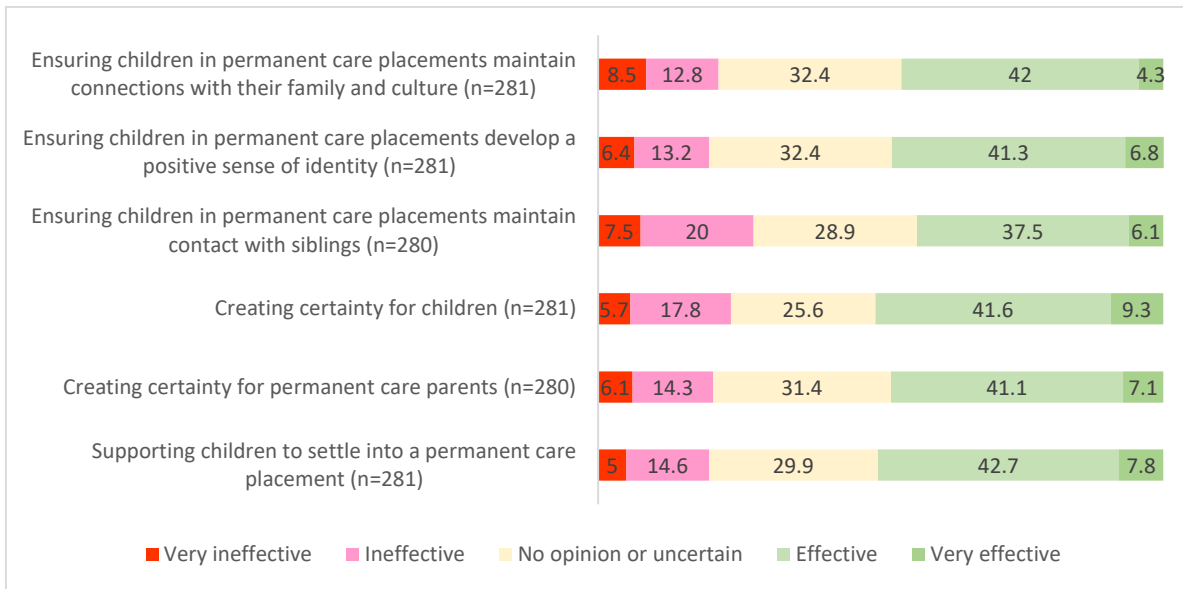
The intention of these changes was to prevent disruptions to permanent care placements caused by applications to revoke and to increase the availability of permanent care placements by ensuring potential permanent carers were not put off by inflexible/conflictual contact arrangements. The changes were also designed to ensure that Aboriginal children were not placed in inappropriate permanent care placements, and that their Aboriginal identity and connection with culture and birth family are supported in permanent care placements.

Intended Outcomes

Figures 31 and 32 below show how effective responders felt the permanent care order provisions are in producing key outcomes, including maintaining children's contact with family and culture, creating certainty for children subject to permanent care orders and their permanent care parents, reducing disruptive family contact, and ensuring Court ordered contact does not dissuade prospective permanent carers.

Fig. 31.

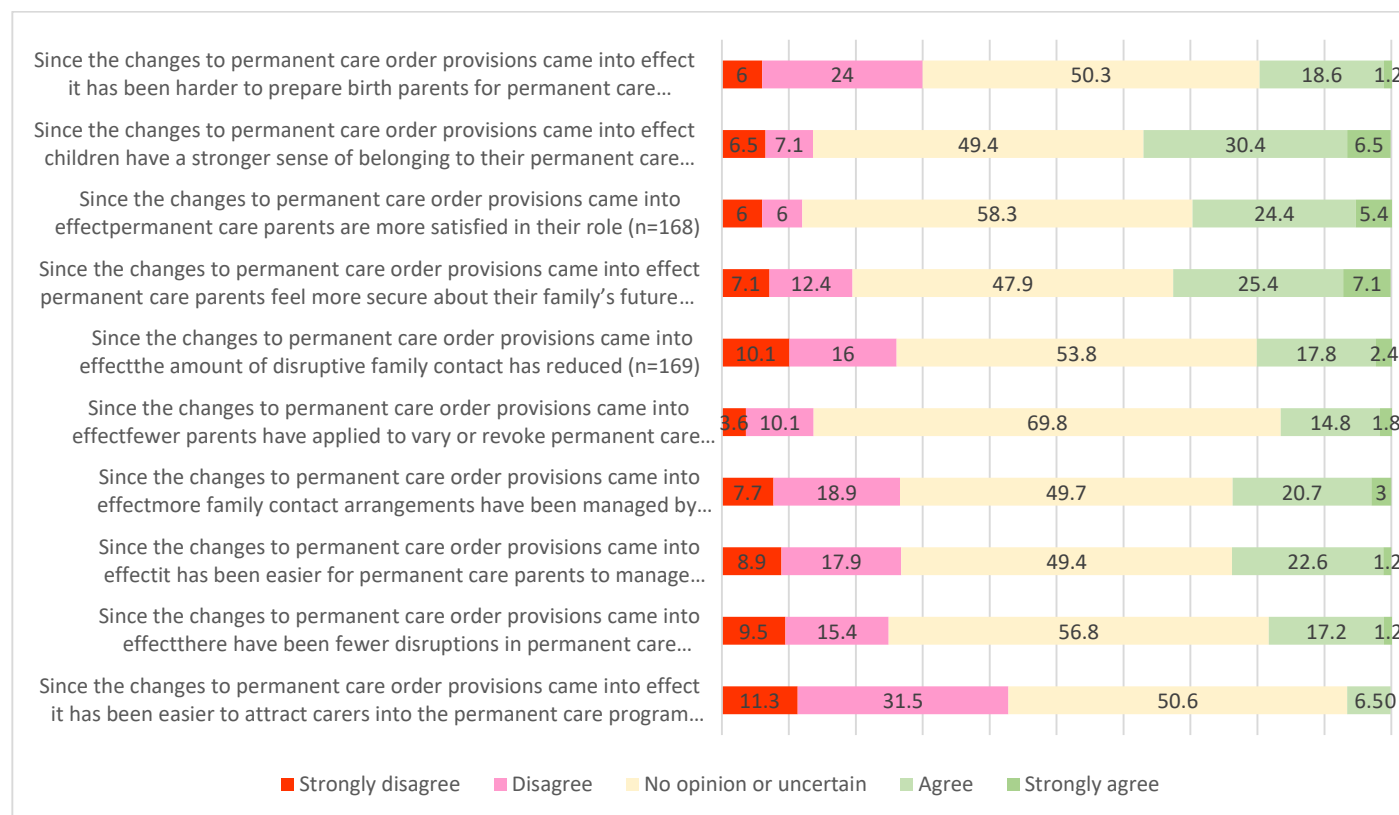
*Effectiveness of the Permanent Care Order Provisions in Improving Permanent Care Outcomes
(All Responders)*



Source: Child Protection and Contracted Case Management Workforce Survey

Fig. 32.

*% Responders Who Agree/Disagree that Changes Have Occurred Following the Introduction of the Permanent Care Order Provisions
(All Responders who had been Working in a Child Protection or OOH Program for at Least Six Months Prior to the Amendments)*

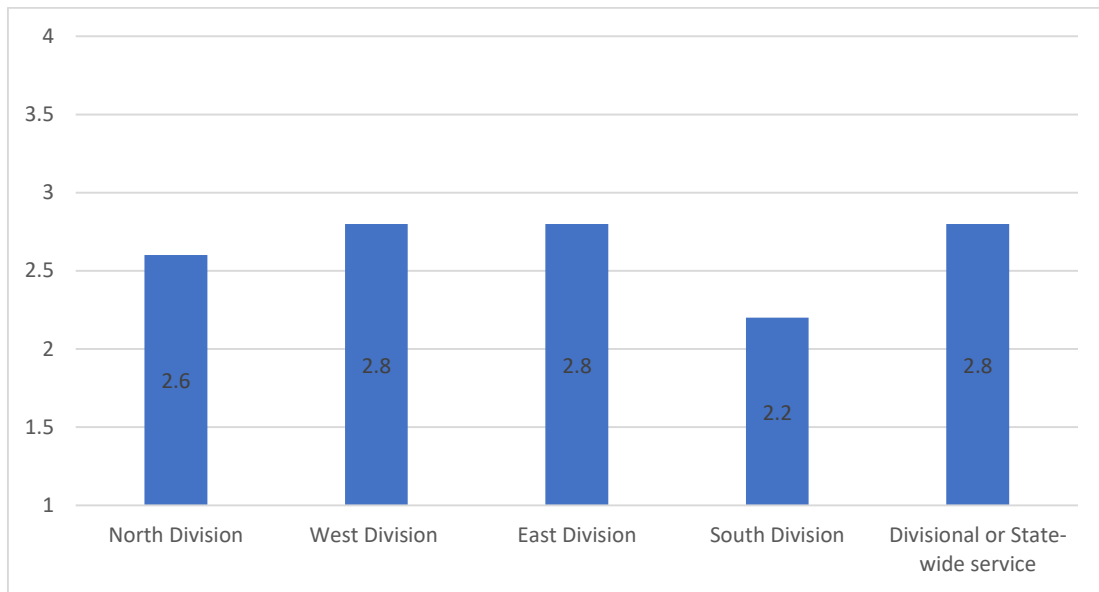


Source: Child Protection and Contracted Case Management Workforce Survey

The mean of 16 items in Figures 31 and 32 above are reported according to DHHS division and sector in Figures 33 and 34 below.

Fig. 33.

Mean of Sixteen Items on the Effectiveness of the Permanent Care Order Provisions in Improving Permanent Care Outcomes by DHHS Division (All Responders) (High Scores = More Effective)

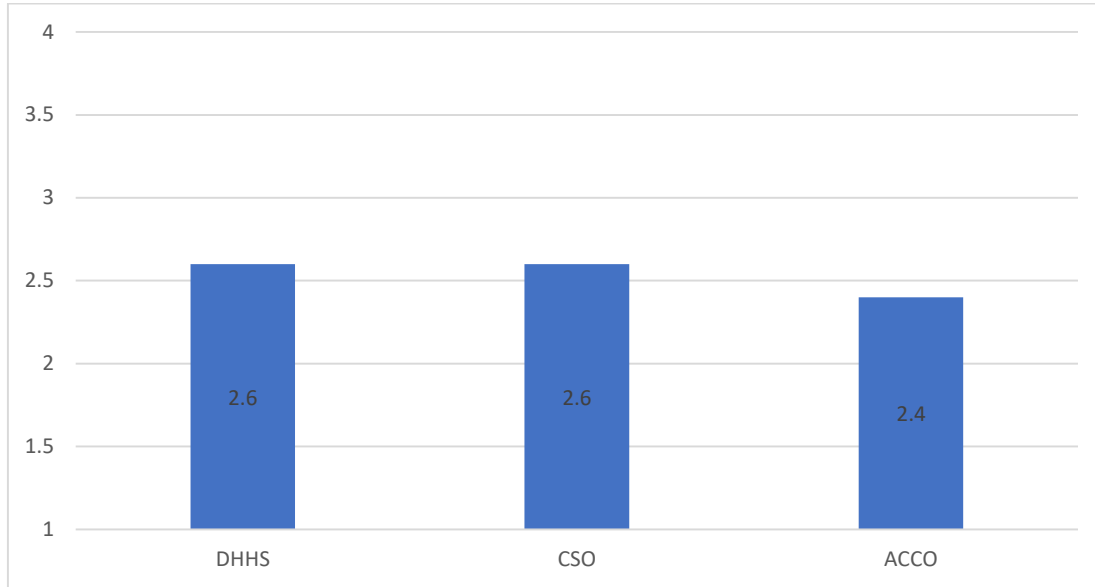


Note: 'No opinion or uncertain' response category excluded from these analyses.

Source: Child Protection and Contracted Case Management Workforce Survey

Fig. 34.

Mean of Sixteen Items on the Effectiveness of the Permanent Care Order Provisions in Improving Permanent Care Outcomes by Sector (All Responders) (High Scores = More Effective)



Note: 'No opinion or uncertain' response category excluded from these analyses.

Source: Child Protection and Contracted Case Management Workforce Survey

Several responses to open-ended survey questions reinforced the positive aspects of the permanent care provisions:

“Permanent carers don't have the worry that orders may be revoked”. (CSO practitioner)

“Children are provided with a sense of direction, security and their feelings of uncertainty for their future are managed in a much more timely manner”. (DHHS, senior child protection practitioner)

“There is still some anxiety for families and children, and exposure to difficult Court processes ... but once the permanent care order is made then generally families and children feel more stable”. (CSO practitioner)

“Four times a year for birth parents is a realistic level for ongoing contact and in our experience has worked well, often being held on school holidays so that if children are impacted by contact visits it can be ameliorated over the rest of the holidays”. (DHHS, team leader, adoption and permanent care team)

Overall, the clarity of expectations through legislation regarding contact on permanent care orders and the expectations of permanent carers to preserve a child's identity and connection to biological family and culture has been a positive addition”. (CSO practitioner)

Summary of Results on the New Permanent Care Provisions

A high proportion of responders indicated that they had no opinion or were uncertain about the effectiveness of the permanent care provisions in achieving anticipated outcomes. This may be because most children who enter care return home, and relatively few practitioners are involved in transitioning children to permanent care. However, responders who expressed an opinion felt the permanent care provisions were effective in enhancing outcomes for children in permanent care placements and their permanent care parents. Responders in the DHHS South division, and responders from Aboriginal organisations, felt the provisions were less effective than other responders. Overall, responders felt the permanent care provisions were ineffective in attracting permanent carers (42.8% disagreed/strongly disagreed compared to 6.5% who agreed/strongly agreed).

All Permanency Pathway Stages

Several questions included in the survey concerned changes (anticipated and unintended/unanticipated) that cut across all stages in the permanency pathway, including Court stages (protection application stage, application for CBSO stage and application for LTCO/PCO stage) and casework/Court order stages (FRO stage, CBSO stage and LTCO/PCO stage).

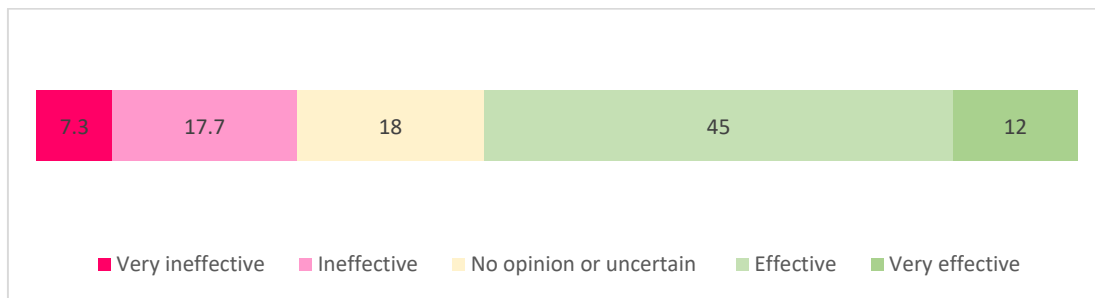
Intended Outcomes

Making the Objective of Child Protection Intervention Clear.

Earlier and better-quality child protection case planning in combination with a new suite of Court orders named to state their objective was intended to make the objective of the child protection intervention clear to families. The survey included an item regarding the effectiveness of new suite of Court orders in making the objective of individual protection orders clear (Fig. 35).

Fig. 35.

% Responders Who Thought the New Suite of Court Orders Were Effective/Ineffective in Making the Objective of Individual Protection Orders Clear (n=300) (All Responders)



Source: Child Protection and Contracted Case Management Workforce Survey

A theme that emerged in the open-ended question responses was that birth parents do not fully understand the legal implications of permanent care orders; that is, that legal guardianship of the child is transferred to the child’s permanent care parent/s, either because they have disengaged from case planning or case planners are not effectively engaging birth parents in a timely way:

“Most parents have disengaged or are unclear on what permanent care means for their children long term and their involvement in their lives. More information needs to be available to provide to birth parents around their rights pre- and post-permanent care”. (ACCO practitioner)

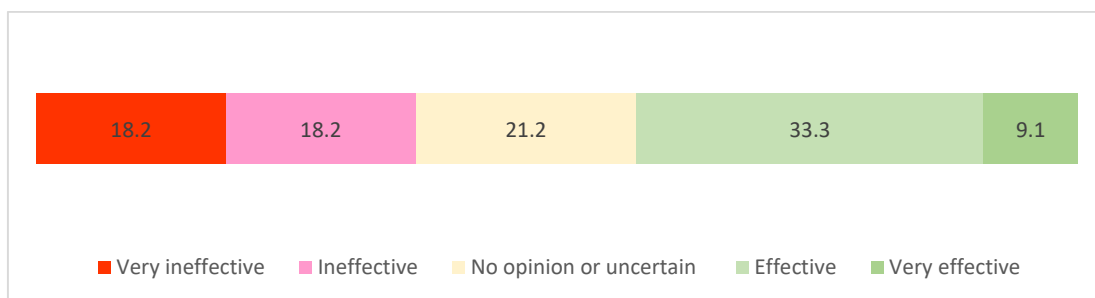
“[parents’] understanding of permanency and the ongoing conversations about permanent care for their child is not happening earlier and this has created issues at times for parents’ understanding and accepting permanency for their child”. (CSO practitioner)

Aligning Permanency Objectives Included in Children’s Case Plans and Protection Orders.

As discussed above, when considering making a protection order, the amendments require the Children’s Court to have regard to advice from the Secretary about a range of matters, including the case plan objectives. These changes were intended to promote alignment between permanency objectives included in children’s case plan and protection orders, reducing delays in case plan implementation. The perceived effectiveness of the pre-requisites for making protection orders in aligning permanency objectives included in children’s case plans and protection orders among DHHS responders is shown in Fig. 36. These results are disaggregated by DHHS division in Fig. 37.

Fig. 36.

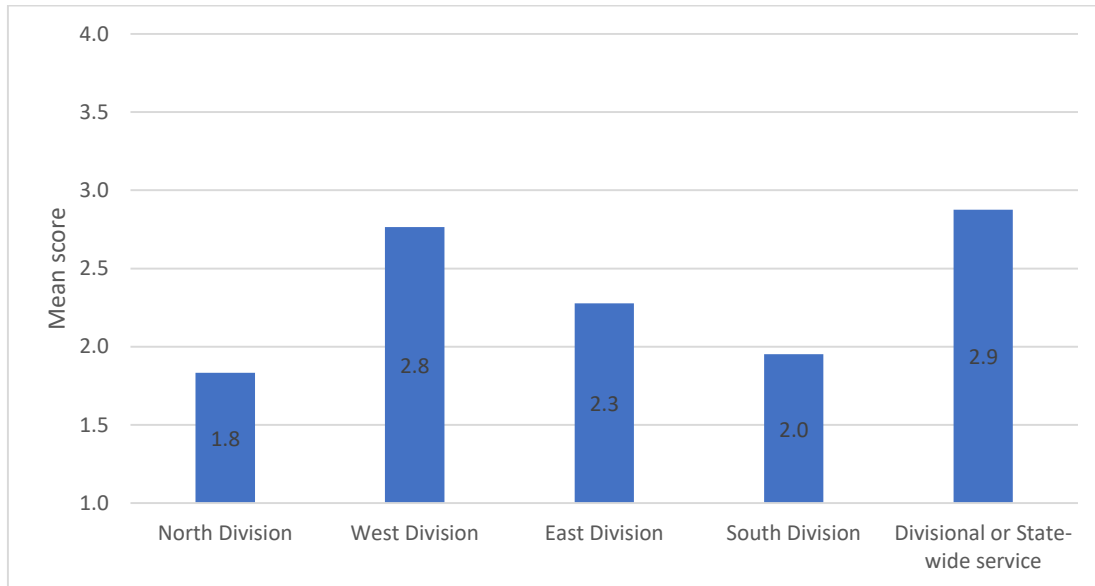
Effectiveness of Pre-Requisites for Making Protection Orders in Promoting Alignment Between the Child’s Case Plan and Their Protection Order (n=76) (DHHS Responders in Role Prior to Amendments)



Source: Child Protection and Contracted Case Management Workforce Survey

Fig. 37.

Effectiveness of Pre-Requisites for Making Protection Orders in Promoting Alignment Between the Child's Case Plan and Their Protection Order by DHHS Division (n=76) (DHHS Responders in Role Prior to Amendments) (High Scores = More Effective)



Note: 'No opinion or uncertain' response category excluded from these analyses.

Source: Child Protection and Contracted Case Management Workforce Survey

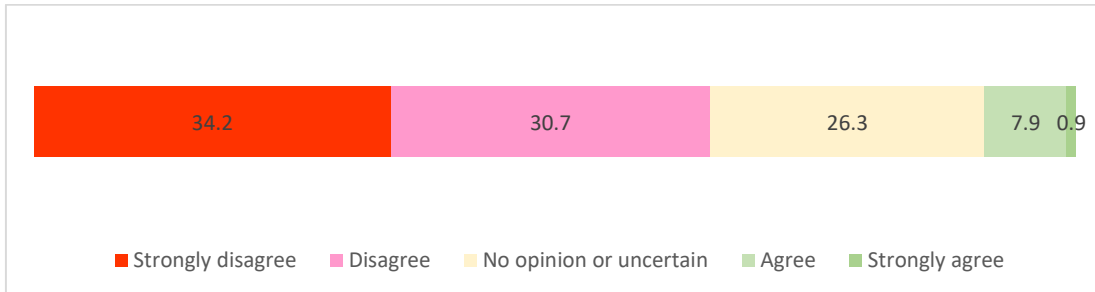
Unintended Outcomes

Court Involvement in Child Protection Case Planning.

Section 166 of the CYFA 2005 provides that the Secretary is responsible for the preparation of case plans, which contain significant decisions and that relate to the present and future care and wellbeing of the child, including where the child lives and with whom they have contact. The survey included one item regarding the involvement of the Children's Court in case planning following the permanency amendments (Fig. 38).

Fig. 38.

% Responders Who Agree/Disagree That There Has Been Less Questioning of Child Protection Case Planning by the Children’s Court (DHHS Responders)



Source: Child Protection and Contracted Case Management Workforce Survey

There was also a strong theme running through the open-text responses that Court hearings were more focused on child protection case planning following the permanency amendments:

“Court hearings have changed so that they are focused on case planning from the bench...”. (DHHS, senior leadership role)

“There has been an increase in case planning from the bench, so matters are being returned to Court more frequently”. (DHHS, senior leadership role)

“Since the permanency reforms I have found that the Children's Court has less faith in child protection as a system and as a result, makes Court cases unnecessarily lengthy by case planning from the bench”. (DHHS, senior child protection practitioner)

“The magistrates do not trust child protection assessments and drag out cases to case plan”. (DHHS, senior child protection practitioner)

“... case planning continues from the bench of the Court and between parents’ solicitors...”. (DHHS, senior leadership role)

“I still find that often Magistrates want to case plan for children rather than looking at recommendations made by DHHS and the workers who are linked in with the family”. (DHHS practitioner)

“There is no regard for case planning ...”. (DHHS practitioner)

A specific example of Court involvement in case planning related to parental contact where the Court was asked to consider an application for a CBSO or a PCO:

“The Court continues to universally adjourn extension of CBSO for CC [conciliation conference] to discuss contact (when order has no conditions and Court has no option) ...”. (DHHS, senior leadership role)

“The Court at times asks for agreements about contact that it has no legal right to ask for”. (DHHS, team leader, adoption and permanent care team)

Contest hearings and case plan disputes.

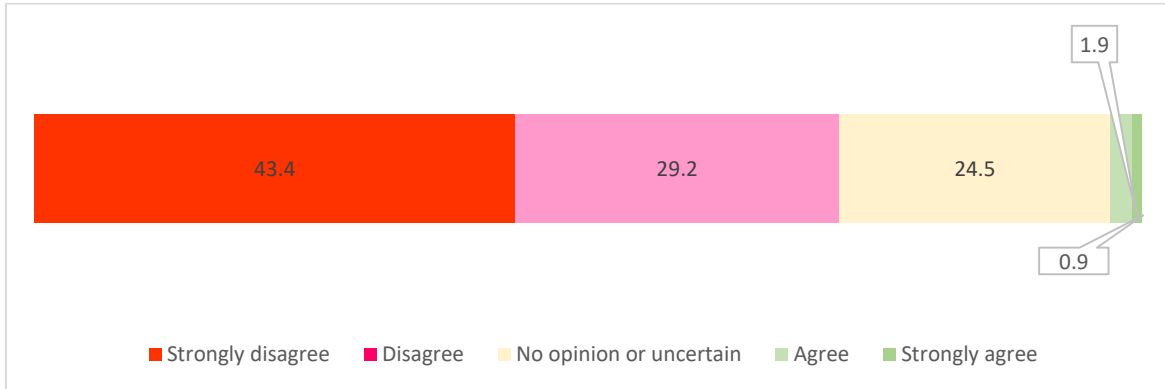
As the new suite of Children’s Court orders limited the ability of the Court to make and extend orders that enable the Court to determine where the child lives and with whom they have contact, there were concerns that this would negatively impact the effectiveness of less adversarial Court processes, such as conciliation conferences, and lead to more contest hearings

(https://www.parliament.vic.gov.au/images/stories/committees/SCLSI/Children_Youth_Families_Bill/23._Childrens_Court.pdf).

Fig. 39 shows the proportion of DHHS responders who agreed/disagreed that there had been fewer contested hearings in the Children’s Court.

Fig. 39.

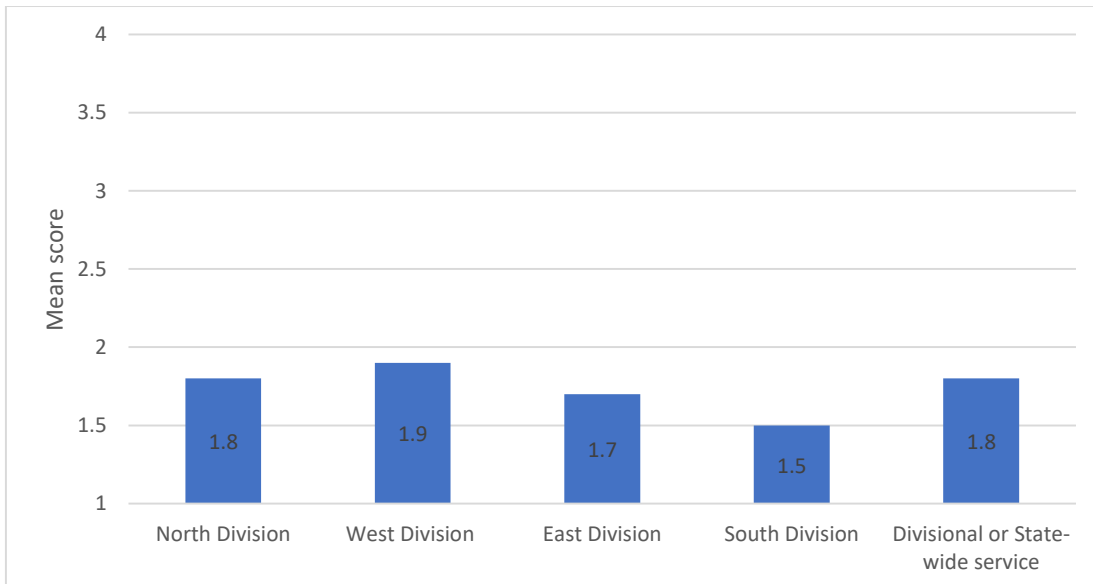
% Responders Who Agreed/Disagreed That There Have Been Fewer Contested Hearings in the Children’s Court Since the Current Range of Court Orders Came into Effect on 01 March 2016 (n=106) (DHHS Responders in Role Prior to Amendments)



Source: Child Protection and Contracted Case Management Workforce Survey

Fig. 40.

Mean Item Score on the Impact of the New Suite of Court Orders on Contested Hearings by DHHS Division (DHHS Responders in Role Prior to Amendments) (High Scores = Positive Impact)



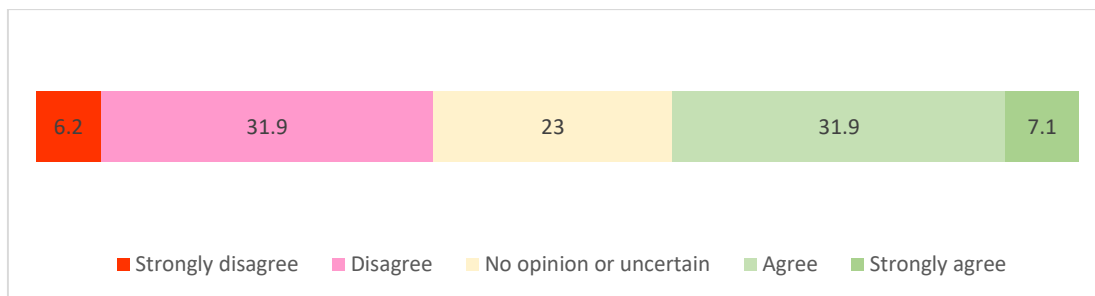
Note: ‘No opinion or uncertain’ response category excluded from these analyses.

Source: Child Protection and Contracted Case Management Workforce Survey

The new case planning framework was designed to support earlier and permanency focused case planning. The survey examined whether this was associated with an increase in case plan disputes (internal reviews or proceedings in the Victorian Civil and Administrative Tribunal (VCAT) pursuant to section 333(1) of the CYFA 2005 (Figures 41 and 42).

Fig. 41.

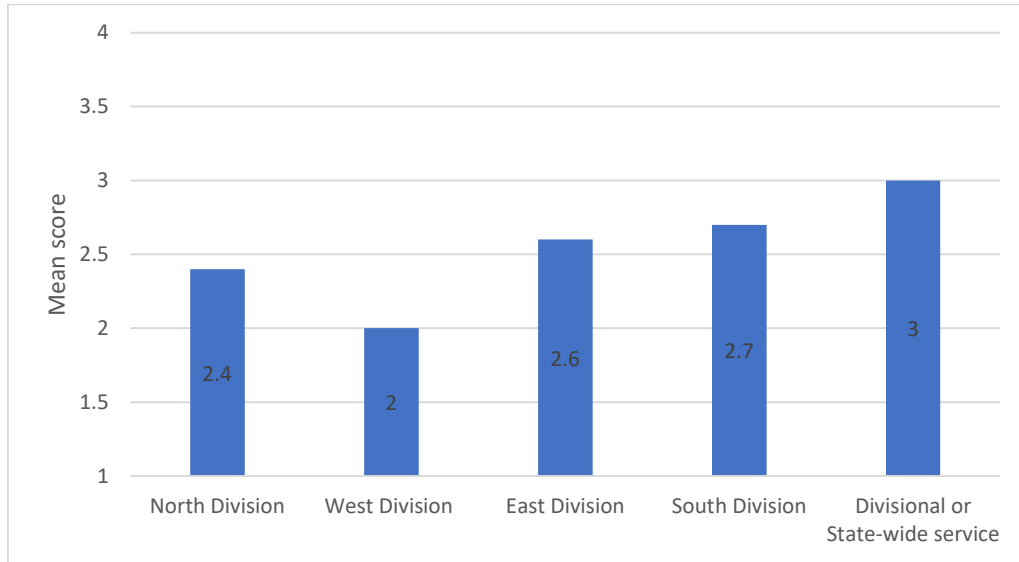
% Responders Who Agree/Disagree That There Have Been More Unnecessary Disputes Between Families and Child Protection Practitioners Over Case Plan Decisions (n=114) (DHHS Responders Who Had Been Working in a Child Protection Program for at Least Six Months Prior to the Amendments)



Source: Child Protection and Contracted Case Management Workforce Survey

Fig. 42.

Mean Item Score on Unnecessary Disputes Between Families and Child Protection Practitioners Over Case Plan Decisions by DHHS Division (DHHS Responders Who Had Been Working in a Child Protection Program for at Least Six Months Prior to the Amendments) (High Scores = Stronger Agreement)

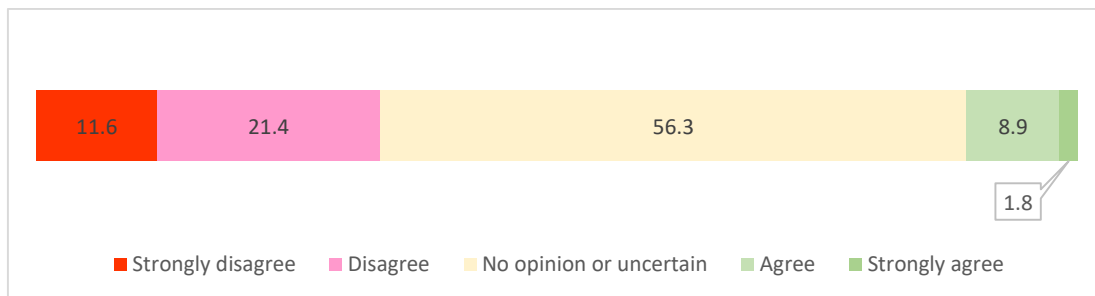


Note: 'No opinion or uncertain' response category excluded from these analyses.

Source: Child Protection and Contracted Case Management Workforce Survey

Fig. 43.

% Responders Who Agree/Disagree That There Have Been Fewer Reviews and Reviews by VCAT of Decisions Made by the Department (n=112) (DHHS Responders Who Had Been Working in a Child Protection Program for at Least Six Months Prior to the Amendments)



Source: Child Protection and Contracted Case Management Workforce Survey

Open-text survey responses also suggest that DHHS workers are experiencing Court as more litigious:

“I feel the Court system has become more litigious as we have strengthened case planning and called things earlier than we did in the past”. (DHHS, senior leadership role)

“There has been ongoing delay in Court proceeding and an increase in contested hearings”. (DHHS, senior child protection practitioner)

“The number of IAO contests have increased and the magistrates allow these to run as if they were final order contests”. (DHHS practitioner)

“There have been more contested matters since the changes, even for children who have been out of parental care for a number of years ...”. (DHHS, senior child protection practitioner)

“More cases are progressing to contest than before the changes”. (DHHS, advanced child protection practitioner)

“Adversarial environment at Court has increased since introduction of this legislation”. (DHHS, senior child protection practitioner)

One DHHS responder in a senior leadership role also made the following observation regarding the role of VCAT³ in reviewing child protection decisions:

“VCAT has no understanding of the permanency reforms and while we make this clear in all our evidence, they continue to hear cases of non-reunification

³ VCAT can review case plans prepared by DHHS under sections 331 and 333 of the CYFA 2005 when internal review processes have not resolved the dispute.

made up to five years ago. There needs to be effective limits put in place with VCAT that support the CYFA changes”. (DHHS senior leadership role)

Court Workload.

Additional adjournments, hearings and conciliation conferences add to the Court workload, which causes delays in progressing cases through to the protection order stage of the child protection process. Some comments made by DHHS workers in open-text survey responses suggest delays may be adversely affecting Court workload:

“Moorabbin Court does not have capacity to host the volume of work being heard there, particularly when there are unnecessary adjournments”. (DHHS, senior leadership role)

“The changes have resulted in a clogged-up court system with matters that drag on in excess of 18 months”. (DHHS, senior child protection practitioner)

Summary of Findings Across all Permanency Pathway Stages

In terms of intended outcomes, a higher proportion of responders (57.0%) agreed/strongly agreed that the new Court orders are effective in helping to make the objective of protection orders clear, compared to responders who disagreed/strongly disagreed (25.0%) (all responders). In terms of the pre-requisites in making protection orders, a slightly higher proportion of responders (42.4%) indicated that they were effective/very effective in promoting alignment between permanency objectives in child protection case plans and Court orders compared to responders who thought they were very ineffective/ineffective (36.4%).

Although the amendments were not considered to have a positive or negative impact on disputes between child protection practitioners and families over case plan decisions, a higher proportion of responders indicated that they disagreed/strongly disagreed that there had been fewer contested matters and fewer internal reviews and reviews by VCAT of decisions made by the department since the introduction of the new Court orders (72.6% responders disagreed/strongly disagreed that there had been fewer contested matters

compared to 2.8% responders who agreed/strongly agreed and 33.0% responders who disagreed/strongly disagreed that there had been fewer internal reviews/VCAT reviews of case plan decisions compared to 10.7% of responders who agreed/strongly agreed). A perceived increase in contested matters was also a dominant theme in the open-text responses.

In terms of Court involvement in case planning, a far higher proportion of responders (64.9%) disagreed/strongly disagreed that there has been less questioning of child protection case planning by the Children's Court, compared to responders who agreed/strongly agreed (8.8%). A perceived increase in Court involvement in case planning, and reduced trust in child protection case planning, was also a dominant theme in the open-text responses.

Conclusion

The *Child Protection and Contracted Case Management Workforce Survey* is one component of the Permanency Amendments Longitudinal Study. It provides a picture of the experiences and perspectives of the child protection and contract case management workforce. While the survey was limited in terms of the overall response rate and was biased towards responders from the DHHS South division (43.3% of all responders), it suggests the amendments may have contributed to earlier and permanency focussed case planning and better understanding among parents of the purpose and direction of child protection intervention. However, responders indicated that, contrary to the intention of the amendments, IAOs may be taking longer to resolve. It was suggested that this was due to Court involvement in case planning, more contested IAOs and increasing demand on the Court (affecting processing times).

Responders indicated that the legislated timeframe for reunification did not have a discernible positive impact on the early engagement of families in work towards reunification or on the timeliness of family reunification. Indeed, the data suggested that longer IAOs and disputes may be disrupting reunification casework.

The data did not provide a clear picture of the impact of the timeframes and other changes in driving timelier decisions regarding alternative permanent care, although the inability to attach conditions to a care by Secretary order was thought to delay the making of a care by Secretary order, either because of disputes between adult parties or processes in Court to negotiate contact and care arrangements (such as the use of Conciliation Conferences).

Overall, responders felt that there were more contested matters, more internal and VCAT reviews of case plan decisions and an increased focus on case planning in the Children's Court since the amendments came into effect.

While there was a perception that some children may be "rushed" into fragile permanent kinship care arrangements, open-ended text responses highlighted factors that may delay implementation of a case plan for a permanent care order or a long-term care order, including a shortage of permanent care placements, delays in receiving a permanent care cultural assessment report from VACCA's permanent care program (due to a lack of capacity to meet demand), a lack of support for Aboriginal to non-Aboriginal permanent care as well as a lack of active case management by child protection practitioners (especially delays in family finding and assessing prospective permanent carers).

A high proportion of responders indicated that they had no opinion or were uncertain about the effectiveness of the permanent care provisions in achieving anticipated outcomes. However, responders who expressed an opinion felt the permanent care provisions were effective in enhancing outcomes for children in permanent care placements and their permanent care parents.

Attachment A: Child Protection and Contracted Case Management Workforce Survey

Permanency
Amendments
Longitudinal Study -
Online survey of child
protection and
contracted case
management

The Permanency Amendments Longitudinal Study



Introduction

In August 2014, significant amendments to the child protection provisions of the *Children, Youth and Families Act 2005* were introduced to ensure children taken into care are found a permanent care arrangement within a timeframe consistent with their developmental needs, and all Aboriginal children in out-of-home care and permanent care benefit from a cultural support plan. The permanency amendments came into effect on 01 March 2016.

The Victorian Department of Health and Human Services has engaged the University of Melbourne with the University of Sydney and the University of New South Wales to undertake the Permanency Amendments Longitudinal Study to determine whether the changes are working as intended. This is a multi-method study, involving quantitative and qualitative components. The Child Protection and Contracted Case Management Workforce Survey is one component of the Permanency Amendments Longitudinal Study.

Your role

1. Do you work for the Department of Health and Human Services (DHHS), a Community Service Organisation (CSO) or an Aboriginal Community Controlled Organisation (ACCO)?
 - DHHS
 - CSO
 - ACCO

2. (If you work for DHHS) Please mark the response that best describes your role:
 - Case practice support worker
 - Child protection practitioner
 - Advanced child protection practitioner
 - Senior child protection practitioner
 - Team manager
 - Practice leader
 - Senior leadership role (includes principal practitioner, deputy area operations manager, area operations manager/assistant director, child protection)
 - Other (please specify) _____

3. (If you work for DHHS) Which of the following best describes the part of the child protection program you work in:
 - Intake
 - Investigation and response
 - Case management
 - Contracting
 - Community based
 - After hours service (AHCPEs or SOS or rural)
 - Child placement (Adoption and Permanent Care)
 - Other (e.g. Area-wide or division-wide role)

4. (If you work for a CSO/ACCO) Please mark the response that best describes your role:

- Caseworker
- Team leader
- Program manager
- Other (please specify) _____

5. Do you work directly with, or manage others who work with: *Mark all that apply*

	Work directly with	Manage others who work with
People making reports to child protection	<input type="radio"/>	<input type="radio"/>
Children about whom a report is being investigated by child protection	<input type="radio"/>	<input type="radio"/>
Children with substantiated child protection concerns who remained in the care of their parents	<input type="radio"/>	<input type="radio"/>
Birth parents of children with substantiated child protection concerns whose children remained in their care	<input type="radio"/>	<input type="radio"/>
Children in out-of-home care	<input type="radio"/>	<input type="radio"/>
Birth parents with children in out-of-home care	<input type="radio"/>	<input type="radio"/>
Carers of children in out-of-home care	<input type="radio"/>	<input type="radio"/>
Permanent carers and prospective permanent carers	<input type="radio"/>	<input type="radio"/>
Parents of children reunified from out-of-home care	<input type="radio"/>	<input type="radio"/>
Children reunified with their parents from out-of-home care	<input type="radio"/>	<input type="radio"/>
People concerned about, or children experiencing, a crisis after hours	<input type="radio"/>	<input type="radio"/>

6. Which of the following best describes the cases you work with?

- I work with/manage cases involving non-Aboriginal children only
- I work with/manage cases involving Aboriginal and non-Aboriginal children
- I work with/manage cases involving Aboriginal children only

7. What DHHS operational area are you based in?

- Loddon Area
- Mallee Area
- Hume Moreland Area
- North Eastern Melbourne Area
- Western District Area
- Central Highlands Area
- Barwon Area
- Western Melbourne Area
- Brimbank Melton Area
- Goulburn Area
- Ovens Murray Area
- Outer Eastern Melbourne Area
- Inner Eastern Melbourne Area

- Outer Gippsland Area
 - Inner Gippsland Area
 - Southern Melbourne Area
 - Bayside Peninsula Area
 - None of the above (e.g. divisional or state-based service)
 - Not sure/don't know
8. How long in total have you been working in child and family welfare, child protection or out-of-home care programs?
- <1 year
 - 2-4 years
 - 5-9 years
 - 10 years or more

The following questions are about the permanency amendments, which introduced changes to the child protection provisions of the *Children, Youth and Families Act 2005*. The permanency amendments were implemented on 01 March 2016.

9. Had you been working in a child protection or out-of-home care program for at least 6 months at the time the permanency amendments were implemented on 01 March 2016?
- Yes
 - No
 - Not sure/don't know
10. (If you have been working in a child protection or out-of-home care program for at least 6 months at the time the permanency amendments were implemented on 01 March 2016) What advice and training did you receive about the permanency amendments before they were implemented on 01 March 2016? *Mark all that apply*
- Written information (e.g. policy and supporting material such as fact sheets)
 - Question and answer session
 - In-person training
 - On-line training
 - Other (please describe)
 - Did not receive information or training about the permanency amendments before they were implemented on 1 March 2016
 - Not sure/don't know

Child protection case planning

These questions are for DHHS workers only. If you work for a CSO/ACCO, please skip to 16.

In conjunction with a new range of court orders, the permanency amendments created a new child protection case planning framework. This required the first version of the case plan to be developed at substantiation and one case plan for each child. The new child protection case planning framework also included the requirement that all Aboriginal children placed in out-of-home care have a cultural support plan that addresses their cultural needs. This has been the current case planning framework since 1 March 2016.

11. (If you work for DHHS) How effective do you think the current case planning framework is in achieving the following objectives:

	Very ineffective	Ineffective	No opinion or uncertain	Effective	Very effective
Supporting timely permanency decisions in the child protection program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making it clear what parents need to do to retain/regain care of their children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focusing attention on a child's need for permanency in the child protection program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making the purpose and direction of the child protection intervention clear to birth parents and children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting appropriate child protection case plan decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting timely intervention with families where children are remaining in, or returning to, parental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting quality information and evidence going to the Children's Court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining and developing the identity of Aboriginal children in out-of-home care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting Aboriginal children's connection to their Aboriginal community and culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. (If you work for DHHS and have been working in a child protection or out-of-home care program for at least 6 months at the time the permanency amendments were implemented on 01 March 2016) Please indicate the extent to which you agree or disagree with the following statements. Since the current case planning framework came into effect:

	Strongly disagree	Disagree	No opinion or uncertain	Agree	Strongly agree
There have been more unnecessary disputes between families and child protection practitioners over case plan decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has been easier to involve families and children (in age appropriate ways) in developing case plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has been easier to involve Aboriginal programs and services in developing case plans (e.g. Aboriginal Child Specialist Advice and Support Service)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	No opinion or uncertain	Agree	Strongly agree
(ACASS), Aboriginal Family-Led Decision-Making (AFLDM))					
It has been easier to formulate goals and tasks to implement case plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There have been fewer internal reviews and reviews by VCAT of decisions made by the department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There has been less questioning of child protection case planning by the Children’s Court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. (If you work for DHHS) Please describe other outcomes (positive or negative) from the current case planning framework that you are aware of:

14. (If you work for DHHS) What effect do you think the following factors have had on implementation of the current case planning practice requirements?

	Major negative effect	Minor negative effect	No opinion or uncertain	Minor positive effect	Major positive effect
Casework capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workforce knowledge of the case planning practice requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workforce skills and experience in permanency planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workforce skills and experience in cultural support planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice model and guidance for permanency planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice model and guidance for preparing cultural support plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision for permanency planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision for preparing cultural support plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to consultation and advice from Aboriginal programs and services to make case plan decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to consultation and advice from Aboriginal programs and services to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

prepare cultural support plans in respect of Aboriginal children					
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15. (If you work for DHHS) Please describe other factors that you think have had an effect (positive or negative) on implementation of the current case planning practice requirements:

The suite of child protection orders

The permanency amendments created a hierarchy of permanency objectives in order of preference as appropriate in the best interests of the child (family preservation, family reunification, adoption, permanent care, long-term out-of-home care) and a new range of Children’s Court Orders that are aligned with the hierarchy of permanency objectives (family preservation order, family reunification order, care by Secretary order, permanent care order and long-term care order).

16. How effective do you think the current suite of child protection orders is in achieving the following objectives:

	Very ineffective	Ineffective	No opinion or uncertain	Effective	Very effective
Focusing attention on a child’s need for permanency in the Children’s Court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promoting timely permanency decisions in the Children’s Court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making the objective of individual protection orders clear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing options for alternate permanent care where needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring children transition to an alternate permanent care arrangement in a developmentally appropriate timeframe where needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. (If you work for DHHS and have been working in a child protection or out-of-home care program for at least 6 months at the time the permanency amendments were implemented on 01 March 2016) Please indicate the extent to which you agree or disagree with the following statements. Since the current range of court orders came into effect on 1 March 2016:

	Strongly disagree	Disagree	No opinion or uncertain	Agree	Strongly agree
There have been fewer delays in the finalisation of protection applications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There have been fewer delays in the finalisation of secondary applications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	No opinion or uncertain	Agree	Strongly agree
The Children’s Court is more focused on a child’s need for permanency and timely decision-making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There have been fewer contested hearings in the Children’s Court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interim Accommodation Orders are more easily resolved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are fewer hearings in relation to protection applications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are fewer hearings in relation to secondary applications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. (If you work for DHHS and have been working in a child protection or out-of-home care program for at least 6 months at the time the permanency amendments were implemented on 01 March 2016) Please describe other outcomes (positive or negative) from the new suite of protection orders that you are aware of:

Making decisions in the Children’s Court

These questions are for DHHS workers only. If you work for a CSO/ACCO, please skip to 22.

In determining whether to make an order, the permanency amendments require the Children’s Court to have regard to advice from the Secretary about: the current case plan; arrangements for siblings; the child’s age and time spent in out-of-home care.

In determining whether to make a family reunification order, care by Secretary order or long-term care order, the permanency amendments require the Children’s Court to have regard to advice from the Secretary about: the likelihood of permanent reunification; the outcome of previous attempts to reunify any child with the parent; if a parent has had another child permanently removed, the desirability of an early decision about permanent care; the benefits of a care by Secretary order to facilitate alternative arrangements for permanent care (beyond 12 months in out-of-home care where reunification is not realistic and there is no permanent care arrangement available); and the desirability of making a permanent care order if the child is placed with the intended permanent carer.

19. (If you work for DHHS) Please indicate how effective you think the Guidance for the Children’s Court is in achieving the following objectives:

	Very ineffective	Ineffective	No opinion or uncertain	Effective	Very effective
Ensures a focus on children’s needs in Children’s Court decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very ineffective	Ineffective	No opinion or uncertain	Effective	Very effective
Ensures decisions regarding family reunification are made only when the safe reunification of a child is likely to be achieved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensures decisions regarding alternate permanent care are made in a timely fashion where needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promotes alignment between the child's case plan and their protection order	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. (If you work for DHHS and have been working in a child protection or out-of-home care program for at least 6 months at the time the permanency amendments were implemented on 01 March 2016) Please indicate the extent to which you agree or disagree with the following statements. Since the introduction of guidance for the Children's Court in determining child protection orders:

	Strongly disagree	Disagree	No opinion or uncertain	Agree	Strongly agree
The Children's Court has considered it when making decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There has been a stronger focus on children's needs in Children's Court decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There have been fewer decisions regarding family reunification when the safe reunification of a child is unlikely to be achieved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There have been fewer delays in relation to protection applications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There have been fewer delays in relation to secondary applications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There has been a stronger alignment between the child's case plan and their protection order	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. (If you work for DHHS and have been working in a child protection or out-of-home care program for at least 6 months at the time the permanency amendments were implemented on 01 March 2016) Please describe other outcomes (positive or negative) from this guidance for the Court when making protection orders that you are aware of:

Timelines for reunification

The permanency amendments introduced a 12-month timeframe for achieving reunification for children in out-of-home care and allowed an additional 12 months where the Children’s Court is satisfied there is a real likelihood of safe reunification with a parent in that time.

22. How effective do you think the legislated timelines for reunification are in achieving the following objectives:

	Very ineffective	Ineffective	No opinion or uncertain	Effective	Very effective
Ensuring timely permanency objectives are achieved for children requiring child protection intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting timely intervention with families with children on family reunification orders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging birth parents to ensure their children’s safety and well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focusing birth parents on the need to make changes in their lives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventing children from drifting in out-of-home care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. (If you have been working in a child protection or out-of-home care program for at least 6 months at the time the permanency amendments were implemented on 01 March 2016) Please indicate the extent to which you agree or disagree with the following statements. Since the introduction of timelines for reunification:

	Strongly disagree	Disagree	No opinion or uncertain	Agree	Strongly agree
More children whose parents have substance misuse issues have been provided with timely alternate permanent care where needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More children whose parents have mental health issues have been provided with timely alternate permanent care where needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More children whose parents have family violence issues have been provided with timely alternate permanent care where needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More children whose parents have an intellectual disability or learning difficulty have been provided with timely alternate permanent care where needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More children have returned to risky home situations from care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	No opinion or uncertain	Agree	Strongly agree
More parents are receptive to receiving help to address child protection concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More children are re-entering care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. (If you have been working in a child protection or out-of-home care program for at least 6 months at the time the permanency amendments were implemented on 01 March 2016) Please describe other outcomes (positive or negative) from the timelines for reunification that you are aware of:

25. (If you work for DHHS) What effect do you think the following factors have on achieving family reunification within the specified timelines?

	Major negative effect	Minor negative effect	No opinion or uncertain	Minor positive effect	Major positive effect
Casework capacity in the child protection program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to services to address alcohol and other drug misuse issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to services to address family violence issues (e.g. Men’s Behaviour Change programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to services to address mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to services to address housing issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to services to address parenting skills issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workforce skills and experience in reunification practice in the child protection program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workforce supervision for family reunification in the child protection program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice model and guidance for family reunification in the child protection program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal or external processes to review case planning decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children’s Court proceedings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. (If you work for DHHS) Please describe other factors that you think effect (positively or negatively) family reunification within the specified timelines:

Permanent care order provisions

Before including conditions on a permanent care order, the permanency amendments require the Children’s Court to have regard to the primacy of the child’s relationship with the permanent care family.

The permanency amendments limit contact conditions with parents when first made, but not if varied after 12 months, and enable siblings to apply to vary their contact conditions.

The permanency amendments require birth parents to obtain leave of the Court to apply to vary or revoke a permanent care order.

The permanency amendments require that permanent carers preserve the child’s identity, and their connections with culture and birth family.

The permanency amendments expand the requirement that the Court be provided with a cultural support plan and the recommendation of an Aboriginal agency before making a permanent care order in respect of an Aboriginal child, to include Aboriginal carers (as well as non-Aboriginal carers).

27. How effective do you think the current permanent care order provisions are in achieving the following objectives:

	Very ineffective	Ineffective	No opinion or uncertain	Effective	Very effective
Supporting children to settle into a permanent care placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating certainty for permanent care parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating certainty for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring children in permanent care placements maintain contact with siblings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring children in permanent care placements develop a positive sense of identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring children in permanent care placements maintain connections with their family and culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. (If you have been working in a child protection or out-of-home care program for at least 6 months at the time the permanency amendments were implemented on 01 March 2016) Please indicate the extent to which you agree or disagree with the following statements. Since the changes to permanent care order provisions came into effect:

	Strongly disagree	Disagree	No opinion or uncertain	Agree	Strongly agree
It has been easier to attract carers into the permanent care program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has been harder to prepare birth parents for permanent care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There have been fewer disruptions in permanent care placements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has been easier for permanent care parents to manage contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More family contact arrangements have been managed by agreement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fewer parents have applied to vary or revoke permanent care orders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of disruptive family contact has reduced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanent care parents feel more secure about their family's future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanent care parents are more satisfied in their role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children have a stronger sense of belonging to their permanent care family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. (If you have been working in a child protection or out-of-home care program for at least 6 months at the time the permanency amendments were implemented on 01 March 2016) Please describe other outcomes (positive or negative) from the changes to Permanent care order provisions that you are aware of:

Demographic

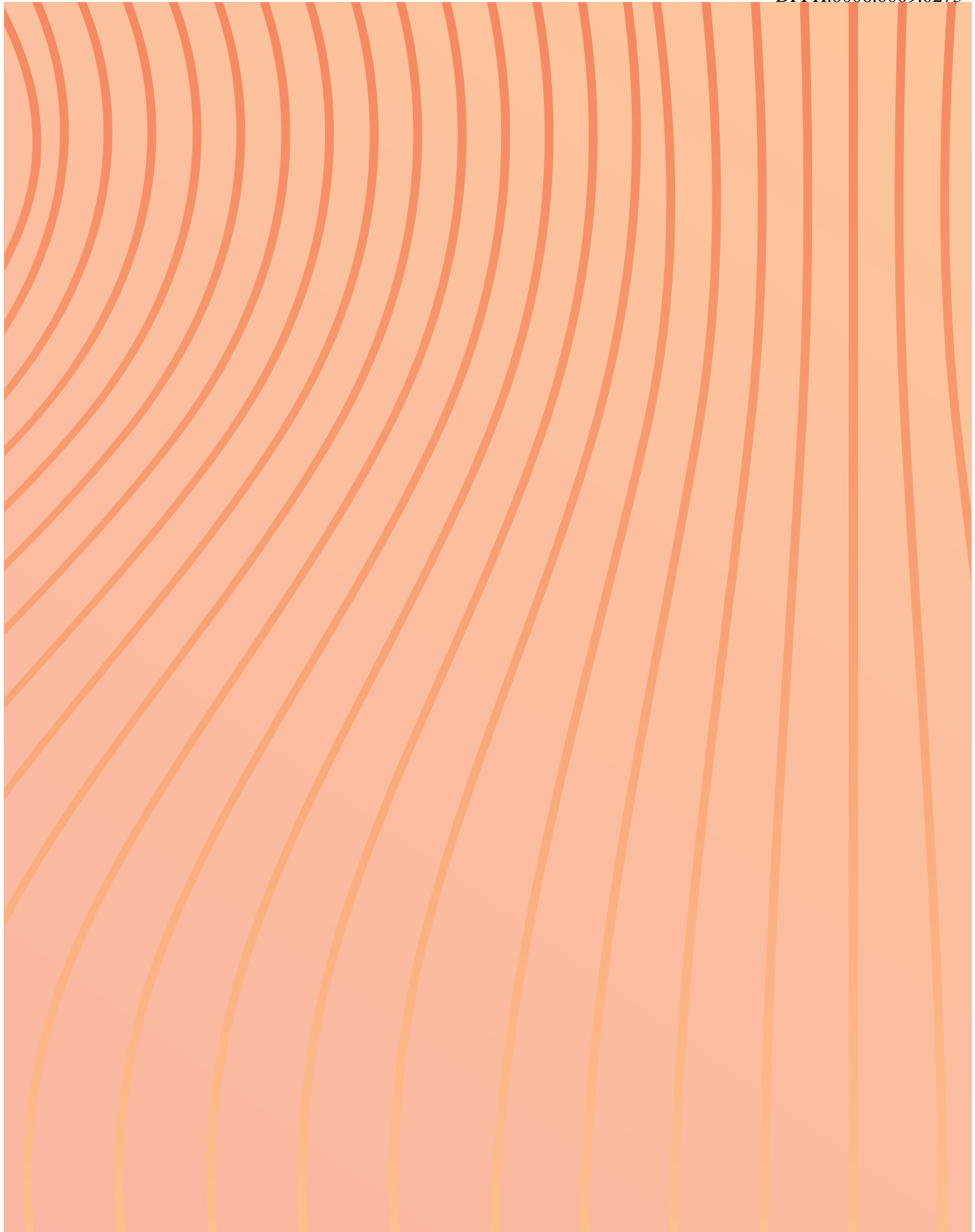
30. Since leaving high school, which of the following have you completed (mark all that apply)
- Degree level qualification or higher in Social Work
 - Degree level qualification or higher in another human services field (e.g. education, psychology, nursing)
 - Degree level qualification or higher in a non-human services field (e.g. science, business)
 - VET level qualification in a human services field (e.g. childcare, youth work, community services, welfare, AOD, mental health)
 - VET level qualification in a non-human services field (e.g. horticulture, business, hospitality)
 - N/A – no post-secondary qualification
31. Are you:
- Male
 - Female
 - Other
32. Are you:
- Aboriginal
 - Torres Strait Islander
 - Both
 - Non-Aboriginal
33. What was your age last birthday? _____
34. If you would like to enter the prize draw to win a movie voucher, please record your email address:
- _____

**Thank you for taking part in the Permanency Amendments Longitudinal Study
Child Protection and Contracted Case Management Workforce survey!**

**Please scan and email your completed survey to sarah.wise@unimelb.edu.au OR
return your completed survey to:**

**Dr Sarah Wise
Department of Social Work
The University of Melbourne
Level 6, Alan Gilbert Building
161 Barry Street
Carlton 3053**





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