

# The cost of support for stable foster care placements

A research project undertaken by the University of Melbourne and Monash University with Barnardos Australia

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## **Executive Summary**

This project aimed to establish the financial cost to child welfare agencies of supporting long term foster care, permanent care and special needs adoptive placements of children who have been placed in alternative families through the child protection system. It is anticipated that the information, which does not currently exist in Australia, will be useful when placement agencies are negotiating with state governments for recurrent funding where the emphasis is on ensuring stability for children. Instability of placement is one of the major problems of the care system, and is thought to contribute to the persistently poor outcomes of children growing up in care.

An ancillary aim of the project was to estimate the amount of time spent by caregiving families (foster and adoptive) on tasks associated with maintaining the placement. It is hoped that this information will result in greater understanding by policy makers of the time required in foster care and other long term placements in which children have increasingly complex needs and disturbed behaviours.

The project trialled a methodology useful in determining caseloads in other areas of child welfare. Workers, managers and carers kept daily diaries for a period of nine months, recording tasks associated with maintaining the placement. Government costing of caseworkers' hourly rates was then used to establish the support costs of each child.

The project involved a partnership between the University of Melbourne, Monash University and Barnardos Australia. Although a self-contained study in its own right, the project is also viewed as a pilot for a possible larger study at a later stage involving comparative data to be sought from organisations in other States and Territories.

### **Summary of findings**

#### ***Worker average hours and costs<sup>1</sup>***

Findings include that on average a placement in the study required 3 hours and 32 minutes of worker and manager time per five days of work. However, there was considerable variability between the groups studied and also within each group. For example, significant differences in worker time were found, with worker time per individual case ranging from an average of 1 hour and 33 minutes per week to 6 hours and 41 minutes per week.

Average costs per day in 2008-09 were: \$127.12 for children in the first year of placement; \$114.25 for children whose placements were seen as unstable; \$165.80 for children whose placements were at risk of disruption; \$61.70 for the adolescent group;

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<sup>1</sup> The observations of worker time did not show recruitment processes, however recruitment of carers is reflected in the NSW recognised casework costs applied to worker time.

\$58.42 for children whose placements were seen as stable; and \$57.67 for placements proceeding to adoption.

Workers spent most time on contact with the children and carers, followed by time spent on administration and supervision, with smaller amounts of time spent liaising with health and legal professionals and school-related tasks.

***Carer hours over and above 'ordinary' parenting***

Carers in the study spent an average of 55 minutes per day (or approximately 6 hours 22 minutes per seven day week) on activities over and above ordinary care of children. The average number of hours per day varied substantially according to the individual child, with the maximum recorded being 4 hours 23 minutes per day above ordinary parenting tasks. Averaging across individuals within study groups, carer time was highest for cases in the first year of placement where the carer average time was close to 2 hours per day. The weekly group average ranged between 2 hours 30 minutes per week (Stable group) and 13 hours per week (First Year group).

The tasks which took the greatest time were access visits, meeting with caseworkers, school and tutoring related matters, counseling and medical appointments, and organizing respite care.

Not surprisingly, more time was spent on children with more difficult health and behavioural issues. Placement with a long term care plan without adoption took a greater amount of time, on average, than those with adoption.

## **The research and its context**

*The cost of support in foster care and other long term placements* was a research project in which the fieldwork was undertaken over nine months in 2008-09 by Barnardos, the University of Melbourne and Monash University. The project evolved from a networking process under the auspice of the Australian Research Alliance for Children and Youth (ARACY). The project itself was funded by the Ian Potter Foundation.

The context of this research is the Australian child welfare system which is operating under considerable stress, demonstrated by the following:

- Increasing numbers of abused and neglected children are entering the 'out of home care' system – approximately 34,000 children were in out of home care across Australia in 2008-2009 (Australian Institute of Health and Welfare, 2010)
- Foster carers are leaving the system in greater numbers than those entering (DHS, 2003).
- Placement agencies anecdotally report inadequate resources to support children and caregiving families.
- When placements fail and children are returned to the system for re-placement, this is an expensive and arduous process, emotionally and financially (O'Neill, 1993; O'Neill, 1997).
- Outcomes are generally poor. For example, in Victoria over a five-year period children and young people experienced low stability in care with an average of 3.4 foster placement changes; and 23% of children had five or more placements (DHS, 2003, p.59). There was little planning for children in care, and their contact with their social worker could be very limited. Similar results are reported in a series of studies undertaken in South Australia (Delfabbro, King & Barber, 2010). In one of these studies (Gilbertson & Barber, 2004), 56% of children in care did not have current case plans to indicate that their futures were being actively considered. As few as 50% of children were seen by their social workers on a monthly basis, and 53% of young people had experienced at least one change of social worker in the preceding twelve months. Only 32% of young people were involved in the development of plans, and only 49% had a plan which included maintaining contact with their family. Fewer than half had participated in a case review in the preceding twelve months.

The situation appears little different in other Australian states. For example, in an earlier New South Wales study, Cashmore and Paxman (1996) report that young people in long term care had an average of 3.9 social workers, 6.5% having experienced as many as 10 social workers over the time they were in care, and a substantial number did not know the name of their social worker. Over this same period, Aboriginal children were frequently in placements which did not allow them to maintain their cultural identity (Australian Institute of Health and Welfare, 2008; CAFWAA, 2007 p.32; Queensland Aboriginal and Torres Strait Islander Child Protection Partnership, 2007).

- The long term financial cost of *not* supporting children and carers adequately has been estimated as very high (\$738,741 per person) in terms of inadequate education, access to mental health services and involvement with the justice system (Raman, Inder & Forbes, 2005).

## **Aims of the research**

The short term aims of the project were to document:

- The costs associated with agency support of children who have been placed in alternative caregiving families (foster and adoptive families) through the child protection system.
- A methodology for establishing the amount of time spent by caregiving families on tasks associated with maintaining placements.

The longer term aim of the project is to provide placement agencies, governments and other funding bodies with data on the costs of supporting placements.

The practice issues/questions which have informed the design of the research are:

- How much time does it take agencies to support placements, taking into account variables such as child's age at placement, complexity of background, gender, number of previous placements, length of placement, degree of disability etc?
- What is the cost of a placement disruption and is it more cost effective to provide children with greater placement support to avoid these financial and human costs?
- What are the primary tasks required to achieve permanency and how much do these cost?
- The time imposts on foster carers of caring for children with a range of complex needs
- The level of manager support needed in placements for different types of children
- Variability during the course of the research in resources required for each placement.

## Review of the literature

This project was initially conceptualised as a study of the cost of placement disruptions.<sup>2</sup> However, as disruptions cannot necessarily be predicted, it was decided that the research would look at the cost of support in a range of placements which were seen to be on a continuum - from requiring routine support to needing intensive support. If a placement did experience difficulties or disrupt during the research period, the support provided would be recorded.

There is an extensive literature on support in the area of home based care. Much of this derives from qualitative research with carers reporting on the kinds of support which they value (see O'Neill, 2003 for a review of this). Less often there is research which shows that if support is provided, a range of negative outcomes are less likely to occur. For example, Raman et al (2005) present data which shows that when young people have had support in the two years after they leave care, they are less likely to be involved with the police and justice system; and when they have had support targeting accommodation or housing, they are more likely to be in the workforce and involved in their community.

There is growing Australian and international research attention being paid to costing issues in welfare programs. This research centres around five main themes, each of which will be examined in turn:

- The financial cost of current programs to the state
- Comparing the cost of one practice option with another option
- The cost (financial and psychological) of current programs and life situations to individuals
- The issue of underfunding and what a properly resourced program should provide
- Current funding for programs related to projected demand for future funding

### *The financial cost of current programs to the state*

Costing of programs can use either a 'top down' approach (dividing total expenditure by units of activity such as bed days) or a 'bottom up' approach which allows a consideration of the impact of various factors (e.g. child related or service-related) on costs over specific time periods (Ward, Homes and Soper, 2008; see also Cost Calculator for Children's Services – [www.ccfcs.org.uk](http://www.ccfcs.org.uk)).

Top down research undertaken in Australia is exemplified by the Productivity Commission's 2010 Report on Government Services which presents comparative figures (by state) on the cost of out of home care – see Table 15A.3 [www.pc.gov.au/data/assets/pdf\\_file/0006/93966/61-chapter15.pdf](http://www.pc.gov.au/data/assets/pdf_file/0006/93966/61-chapter15.pdf).

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<sup>2</sup> Earlier work on costing disruptions was undertaken by one of the researchers in the early 1990s (see O'Neill, 1993).

Another example of top down research was undertaken recently by Selwyn and Sempik (2010) who report that the costs of adoptions (recruiting and training parents; and supporting placements) between 2004 and 2007 in the UK were an average of £32,861 for local authorities and £37,200 for voluntary (non-government) agencies.

This review also covers examples of research which has been undertaken using a bottom up approach:

Ward et al (2008a; 2008b),<sup>3</sup> in their prospective longitudinal study in the UK, undertook a detailed bottom up study of 478 children over 20 months. Time spent on eight placement processes (from care planning to leaving care transition) was estimated through focus groups undertaken with professionals in local authorities. Variations in cost (due to a range of issues, such as travel distance, salary costs, child's disability, number of visits etc) were taken into account to arrive at the costs involved in placing and supporting different kinds of children. Costs for the 20 month period (2006-07) ranged from £49,377 for a child with no additional support needs to £60,938 for a young offender to £69,139 for an unaccompanied asylum seeker to £138,357 for a child with disabilities. When some of these categories were combined, the cost soared – e.g. £180,918 per 20 months for a child with emotional/behavioural difficulties and offending behaviour; and £451,362 per 20 months for a child with a disability, emotional/behavioural difficulties and offending behaviour. The authors note however, that the overall costs are thought to be substantially underestimated, because legal costs and the cost of recruiting carers have not been included, together with the costs of senior managers. Planned future refinements to this model include the cost of health, mental health and education services.

- Allphin, Simmons and Barth (2001) have looked at the cost of placing children in adoptive placements in California. Social workers took part in a weekly time study (over 3 months) and/or a focus group. The cost of an adoption was US\$19,000 in 1997-8 dollars.
- Selwyn, Quinton, Sturgess and Baxter (2006) followed up 130 older children who had been case planned for adoption in the 1990s. Case files were read and the majority of carers interviewed. These researchers found that the cost of finding a family and placing a child for adoption was £12,075, while the cost of supporting the placement until the adoption was finalised was a further £6070.
- Selwyn, Frazer and Quinton (2006), utilising data from the same study of 130 children's files, report on the financial costs of a range of delays from a child's time of entry into care to the time of the 'best interest adoption decision' (i.e. decision to proceed with a case plan of adoption). The average cost to Social Service Departments in 2002 (not total care costs as other agencies were involved) ranged from an average of £8,904 (if a child was in foster care for up to 26 weeks), to an

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<sup>3</sup> This research has led to the development of the UK Cost Calculator for Children's Services – [www.ccfcs.org.uk](http://www.ccfcs.org.uk)

average of £94,511 (for children who had spent five years in foster care), with an overall average of £39,469.

### ***Comparing the cost of one practice option with another option***

In the USA considerable work is being undertaken to compare the costs of different practice options. For example:

- Barth, Lee, Wildfire and Guo (2006) compared the relative costs of foster care and adoption for a statistically matched group of children and found that adoption achieved significant savings.
- DePanfilis, Dubowitz and Kunz (2008) compared the cost effectiveness of two variants of a child neglect prevention program and found that while the 3 month intervention was more cost effective in achieving some of the intended program outcomes (risk, protective factors and child safety), the 9 month intervention was more cost effective in achieving other outcomes (positive changes in the child's behaviour over time).
- Courtney (1998) compares the high cost of foster care with the lower per capita cost of financial assistance to poor families and argues that these two areas of funding should be seen as inter-related.

In Australia, cost comparisons have also been explored in a different area of child welfare and family law. The Columbus Pilot Project, undertaken by the Family Court in Western Australia, was an action research project and formative evaluation, involving an interdisciplinary collaborative team. The project has sought to develop a methodology for comparing the costs of an individualised case management process with the costs of a trial in situations in which child abuse and family violence has been alleged or identified by Officers of the Court. Complexities identified include the impossibility of accurately predicting which cases will come to trial and which will settle prior to trial – and therefore how to determine average costs (Murphy & Pike, 2003).

### ***The cost of programs and life situations to individuals***

Attempting to quantify the life outcomes of a group of people is undoubtedly complex. In their report for the Centre for Excellence in Child and Family Welfare, Raman and Forbes (2008) detail a range of negative outcomes (both financial and psychological) experienced by 77 people who were raised in institutions in Victoria. Areas such as health, education, income, employment and personal relationships for this group were compared with general population data obtained from the 2001 census data, Australian Bureau of Statistics.

### ***The issue of underfunding and what a properly resourced program should provide***

In Australia, there has been increasing interest in documenting the amount of work actually covered by government funding, as well as the true cost of programs compared to the funding received.

Practitioners such as Driesma (2008) draw our attention to funded case manager-client ratios which cannot achieve the level of quality required by the funding body.

There has also been increasing interest in documenting the true cost of programs compared to the funding received. McHugh's in-depth work (2002a, 2002b) on the actual costs of raising children in foster care, compared to each state's subsidy rates, shows the disparity between them.

Allied to this work is the further issue of appropriate resourcing – for example, not only providing foster carers with full reimbursement of their costs, but also payment for their services (McHugh, 2003). Although there are mixed views on this possibility from foster carers, recent qualitative research with 30 foster mothers has found that, on average, foster children require three more hours per day of 'extra' care than non-foster children (this is largely made up time spent on the relationships with the children, the agency and the birth family). In addition, carers have 'opportunity costs' – loss of employment/superannuation and less finances etc (McHugh, 2006).

### ***Current funding for programs related to projected demand for future funding***

In the USA, there is increasing attention being paid to benefit-cost analyses of both prevention and intervention programs (see Plotnick & Deppman, 1999 for a discussion on benefit-cost analyses in child welfare).

The Centre for Excellence in Child and Family Welfare conservatively estimates that \$738,741 could potentially be saved 'if the life outcomes for a young person who has left care can be improved to equal those of the general population' (Raman et al, 2005, p. 43). This potential amount covers savings in child protection, health, mental health, drug and alcohol services, police services, justice/corrective services and housing (Forbes, Inder and Raman, 2006).

### ***Summary of research literature***

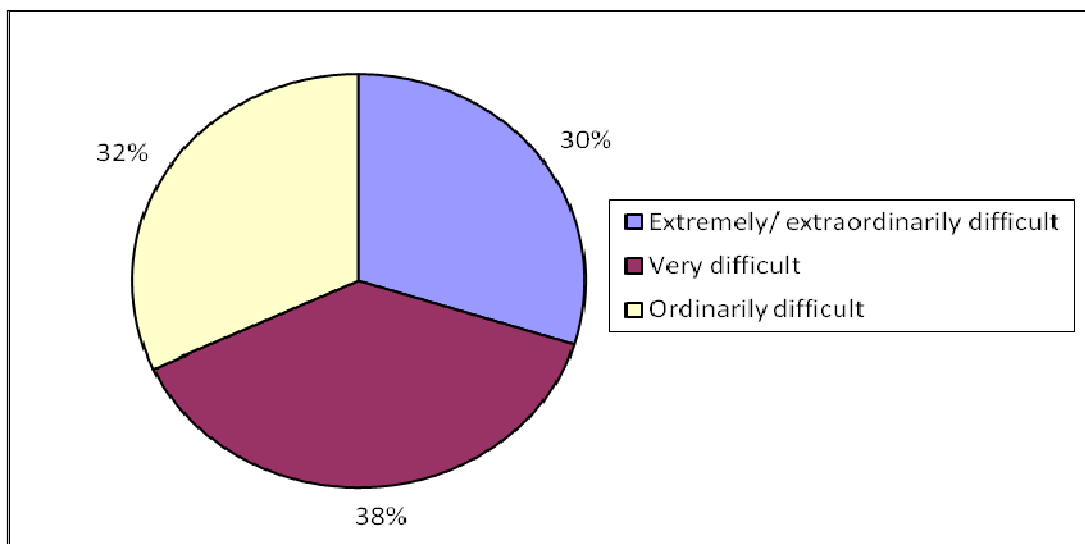
This review of the research literature on costing issues in welfare programs has covered five themes - the financial cost of current programs to the state; comparing the cost of one practice option with another option; the cost (financial and psychological) of current programs and life situations to individuals; the issue of underfunding and what a properly resourced program should provide; and current funding for programs related to projected demand for future funding. The current project, undertaken at Barnardos NSW, sits mainly within the first body of research, in that it details the professional time commitment, and consequent financial costs of a program. However, it also sits within the third body of research, in that it covers the time commitment costs for carers.

## Research Site: Barnardos Find-a-Family program

The Find-a-Family (FAF) program provides specialist foster care for children who have either experienced multiple disruptions in foster care and are categorised as 'hard to place', or are babies and toddlers with complex family backgrounds who have no possibility of returning to their birth parents' care. Find-a-Family also focuses on placing large sibling groups and children who require culturally specific placements as these are children who frequently have the greatest difficulty being placed. FAF is run by Barnardos Australia, a non-Government charity established in 1984. There are two programs, one in New South Wales (the location for this study) and one in Australian Capital Territory.

All children and young people in the program have 'completed' Court proceedings which have determined that they will live away from their birth family until they have reached independence. Care plans are either for permanent foster care or adoption. Adoption is the care plan for up to half the children in the program and the average age at legal finalisation of the adoption is 10 years. In keeping with SNAICC guidance (SNAICC 2008) and Aboriginal cultural views on adoption, FAF would not normally accept an Aboriginal child into care. A few Aboriginal children do enter the program, for example where the family has specifically requested this, or non-Aboriginal siblings are already in FaF, or where cultural heritage is determined after entry.

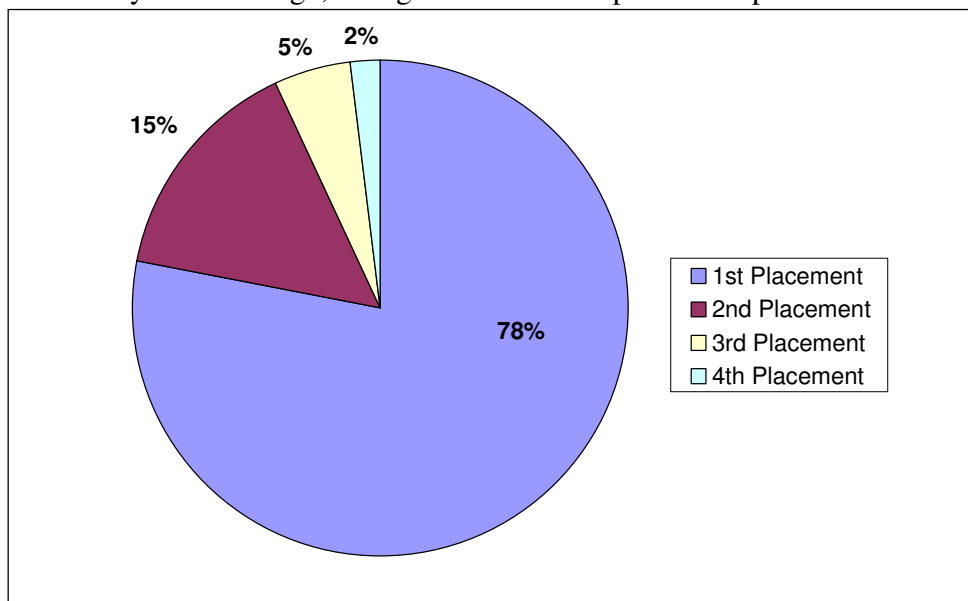
The behaviour of the children in the FaF program is most frequently classified as extremely difficult or difficult, as shown below in Figure 1. These descriptors are similar to those in the service contract for the program by Department of Community Services, which covers the carer payment rate in which 35% of children require a standard allowance, 42% are classified as having extra needs and 23% receive the highest category of payment.



**Figure 1:** Classification of children in foster placements in 2008 by severity of ‘care type’. Number of children = 151.

FaF represented a good site for this study as a standardised case management system is used by all caseworkers and the program has well documented care stability rates and independently assessed outcomes for children. FAF was among the first programs accredited by the NSW Children’s Guardian (see standards: [www.kidsguardian.nsw.gov.au](http://www.kidsguardian.nsw.gov.au)). Accreditation measures a high standard of policy and practice, and is assessed by independent auditors five yearly, with additional annual file audits on performance in particular areas such as health or participation. The program utilises the Looking After Children system in electronic format ([www.lacproject.org](http://www.lacproject.org)). The use of LAC has been studied not only in relation to service users (Tregeagle and Mason 2008), but also in relation to workers and managers (Nygren, Hyvonen et al. 2009). Stability rates for placements and outcomes have been subject to independent research through a University of New South Wales ten year longitudinal study of children in the program (Fernandez 2006a; Fernandez 2006b; Fernandez 2007; Fernandez 2009). Further details of the practice principles underpinning the program can be found in Appendix A.

The FaF stability rates are high, as Figure 2 shows for permanent placements :



**Figure 2:** Stability of children currently in Barnardos Permanent or Adoptive Care or who exited the program to adoption or independent living October 1984-February 2008 (N=365). This is the rate at which children found a permanent family in their first or subsequent permanent placements. The reasons for instability, i.e. having to move placements, include children who are unhappy or unsafe in placement, or carers who are unable to cope.

Staffing of FAF is based on a caseload of 6.7 children per ‘Full Time Equivalent’ (FTE) Notional Worker. Within the program, there are managers and specialist recruitment workers who do not have a caseload, therefore the average number of cases held by a caseworker in this research was actually an average of 10. (See Appendix A for the Practice Principles of the FaF program).

The cost of each Full time Equivalent (FTE) notional worker position (for the period of this project) has been determined by the NSW government, the funding body for Find-a-Family, at \$163,480 p.a. This figure does not include carer payments. It also does not include contingency payments which cover such costs as additional education, health and recreational activities.

<b>Caseworkers – Indicative Unit Cost per FTE</b>	<b>Low Range</b>	<b>High Range</b>	<b>Indicative Cost</b>
<b>Unit Labour Costs (per FTE)</b>			
Caseworker Base Salary	\$47,900	\$58,540	\$53,220
Direct Supervisor Allocation	\$10,390	\$12,690	\$11,540
Admin and Other Indirect Support Allocation	\$18,670	\$22,810	\$20,740
Salary Oncosts	\$13,370	\$16,340	\$14,851
<b>A. Total Unit Labour costs</b>	<b>\$90,330</b>	<b>\$110,380</b>	<b>\$100,350</b>
<b>Unit Non-Labour Costs (per FTE)</b>			
Motor Vehicle			\$13,240
IT/Computer			\$4,920
Telecommunications			\$1,310
Stationery/postage/printing			\$1,610
Depreciation and Equipment Maint.			\$1,960
Staff Training			\$3,630
Accommodation			\$10,360
Corporate Overheads & Other			\$26,100
<b>B. Total Unit Non-Labour Costs</b>	<b>\$56,820</b>	<b>\$69,440</b>	<b>\$63,130</b>
<b>Total Loaded Cost per FTE (A+B)</b>	<b>\$147,150</b>	<b>\$179,820</b>	<b>\$163,480</b>
Labour Cost Factor			61%
Non-Labour Cost Factor			39%
Total Available Hours			1,626
% of time – non client related			20%
Service Hours Available			1,301
<b>Cost Per Direct Client Hour</b>	<b>\$113.1</b>	<b>\$138.2</b>	<b>\$125.6</b>

**Table 1:** Cost of FTE Notional Caseworkers In Out Of Home Care – From Costing Manual for Child and Family Services in New South Wales 2008-9 'Out of Home Care Services', Department of Community Services ([www.community.nsw.gov.au](http://www.community.nsw.gov.au)).

## **Research design**

This study involved the maintenance of daily time diaries by carers and workers over a nine month period from November 2008 to August 2009. The purpose of the worker records was to establish the amount of time spent supporting children in a range of placements. The purpose of the carer records was to estimate the amount of time spent by caregiving families (foster and adoptive) on tasks associated with maintaining the placement (excluding everyday parenting tasks).

Caseworkers and carers of an initial twenty five children in the Barnardos Find-a-Family program maintained these records (see Appendices B and C) over the nine month period (Caseworkers and one of the carers of a further two children maintained these diaries for 6 months and 8 months respectively). The findings and costings were analysed by an econometrician and explored by a research and practitioner team.

### ***Characteristics and sample of children and young people in this project***

Twenty-seven children and young people were studied, representing 15% of the Find-a-Family program in November 2008. The characteristics of children in the study were roughly the same as the wider Find-a-Family program. Although a purposeful sample was used, there was nevertheless a relatively even spread of gender and age. Twelve were male and fifteen were female. Six of the children were under 5 years of age, five were 5-9 years, 8 were 10-14 years and 8 were fifteen plus.

Children studied were identified as having special needs according to the 4 categories used by the NSW funding body:

- 10 were 'Care': in which behaviour was defined as ordinarily difficult for foster care
- 8 were Care+1: behaviour 'very difficult'
- 6 were Care+2 and 3 were Care+2+: behaviour extremely to extraordinarily difficult.

Seventeen children in the study were therefore designated as having special behavioural needs. Children and young people entered care with 0-6 identified health issues,<sup>4</sup> (average 1.7). The most common problems were ADHD and mental health problems. Twelve of the sample required extra assistance with their education, 9 were reported to be performing at or above average and six were in childcare or pre-school, with no reported developmental delays.

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<sup>4</sup> These were collected as part of Essential Information Records – Part 1(EIR1) of the Looking After Children Electronic System (LACES )- see [www.lacproject](http://www.lacproject) and included: ADHD, anaemia, asthma, autism spectrum disorders, cerebral palsy, developmental disability, diabetes, drug/alcohol/depression, eczema, emotional disturbance, epilepsy, hay fever, hearing loss, HIV, learning, physical/motor, ear, sensory, visual, other.

The children and young people had been in care (with Barnardos or another agency) for an average of 6.2 years, including the current placement, with a range of 1 to 14 years (note that five of the sample were specifically chosen because they were in their first year of placement). Excluding the current placement, children had been in 105 placements (including prior to entry to Barnardos) with an average number of 3.8 previous placements each (range 1-8 previous placements). Twenty-one were currently using respite care (placement with another carer at least once per month). Nine had a care plan of long-term care with adoption, one was moving to independence and the remaining care plans were for long-term foster care (this proportion is also broadly representative of the program as a whole).

Only 2 children/young people did not have contact with a parent or other important person from their past. The most usual contact arrangements were 4 contact visits with mothers each year.<sup>5</sup> In addition there were contact visits with fathers, extended family and previous carers and 14 of the sample also had active contact with siblings.

Twenty-four children/young people had siblings in one or more other situations (either other placements or with birth family members), i.e. only three children did not have other siblings living elsewhere. Eight children were placed with their siblings, but 5 of these also had other siblings living elsewhere. Of the children and young people who had siblings living elsewhere, there were often multiple foster placements or kinship situations: six had siblings in kinship care, twenty-two had siblings in other foster care, one had deceased siblings and four had independent siblings or siblings where there was no record of whereabouts. This means that contact with siblings tends to be a large part of the work of the agency and carers.

An assessment of relevant work experience of the workers who participated in this project was undertaken, as it was thought that this may have affected the amount of time spent on the placement. Worker experience (based on years of experience within Barnardos, together with salary levels) was mixed: 10 were novice workers, 9 were experienced workers and 8 were senior workers. All workers completed the same case management system documentation (LAC) and each had the same level of supervision (monthly one-two hours with their immediate supervisor).

### ***Methodology***

The project documented over a nine month period the amount of professional time, administrative tasks and associated carer time, over and above ordinary parenting tasks, for an initial stratified sample of 25 placements. Stratified sampling methods were used to ensure that the 5 groups of children identified with particular support needs were represented in the study. The 5 individual placements selected within each group were then chosen at random, subject to the constraint that no staff member would be required

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<sup>5</sup> See Barnardos Australia Monograph 50 (2008) 'Establishing Permanency for children - the issues of contact between children in permanent foster care and their birth families'

to participate on more than one placement, and that caregiving families agreed to participate (see section on limitations below). The 5 pre-determined study groups are:

- **Adolescent group:** 5 adolescents in permanent placements
- **First Year group:** 5 first year placements
- **Unstable group:** 5 placements where staff members were concerned about the stability of the placement at the commencement of the project
- **Stable group:** 5 placements which were considered to be in a 'stable/average' category – i.e. potentially a control group
- **Adoptive group:** 5 pre-adoptive placements (i.e. where the placement was intended to proceed to adoption).

Three of the groups (First year, Unstable and Adolescent) are associated with placements expected to require relatively large support costs as well as increased risk of placement breakdown. The remaining two (Stable and Adoptive) are of interest for both comparison purposes and due to the particular focus of the FaF program.

Two further children were added partway through the study- the **Extra Group**, in order to capture more information on placements that were stressed and therefore vulnerable to disruption. These two placements were studied in the same way as the other 25, except that they were only studied for periods of 8 months for one child and 6 months for the other.

It was intended that the analysis would establish the average cost of support per child over nine months, including any placement disruptions (in which case the costs incurred in moving the child to a new placement would be included in the analysis. It should be noted that the time spent on recruitment of carers was not captured through the diaries, however recruitment of carers is reflected in the NSW recognised casework costs applied to worker time.

For each child/caregiving family in the sample, the workers involved recorded on a daily basis the time spent (in approximate 15 minute time slots) and with whom it was spent (see Attachment B).. Data was recorded on a database by an administrative worker within Barnardos and the original de-identified data collection forms (each child identified by his or her study number) posted to Monash University for cost analysis.

Foster and adoptive parenting of children with complex needs is seen as requiring considerable more time and energy than is the case for most other children. In each family, one of the caregivers was therefore also asked to keep a daily diary (Attachment C) recording all tasks *beyond* ordinary parenting activities. These diaries recorded the amount of time (in approximate 15 minute time slots) the carers spent on:

- Maintaining contact with the birth family
- Significant meetings associated with the placement, such as with medical and education professionals

- Particular activities (e.g. sporting and/or social) required by the child because of special needs
- Facilitating respite
- Time spent relating to a child's suspension from school

This data was recorded on a database by an administrative worker within Barnardos and posted, de-identified, to Monash University for cost analysis.

A working group of academic, practice and policy professionals met regularly by teleconference to co-ordinate data development and analyse findings. In addition, members of this group met face to face in Melbourne or Sydney four times during the course of the study.

### **Limitations of the methodology**

Like all research studies there are strengths as well as limitations in the methodology. A number of issues therefore need to be taken into account:

- a) The study provides detailed time and motion data from workers and carers over a nine month period. By definition, the numbers of cases in the study needed to be limited. An initial 25 cases (with two further additions partway through the study) were selected using purposeful sampling at the outset of the study to ensure that a group of cases from five different categories of children and young people were represented in the sample. In taking five cases from each category there may be children who are atypical in each of the categories. The data therefore provides depth about a case over nine months rather than breadth in the category. This will influence the extent to which the data can be generalised.
- b) The data required workers, managers and carers to fill in daily diary sheets over a nine month period. While a high level of compliance was achieved, the data is dependent upon the consistency of detailed reporting. There will therefore be some variability in the compliance with diary entry by all participants. Regular follow up and feedback by researchers and managers supported a high level of compliance, but of course does not ensure 'perfection'.
- c) A related issue was the 'other' category completed by workers and carers. During the analysis of results, it became clear that participants had been inconsistent in how this category was completed and the information was used cautiously.
- d) The choice of participants was initially based on categories, but subsequently on which dyads of workers and carers were most likely to keep diaries accurately. It is therefore possible that the most conscientious carers were included in the study.
- e) The study is based in one community sector organisation in NSW, Barnardos Australia, which implements a particular model of foster care. This model works on the basis of a high level of support, particularly in the first year of placement. Not all foster care organisations are able to work with this model of support. Furthermore each state in Australia provides different baseline levels of funding for children in out of home care and this may affect the generalisability of the

- support model demonstrated in this study. One major difference between Barnardos and other agencies in Australia, is that Barnardos has full case management responsibility (including full parental responsibility), and does not work with a statutory (government) worker. While at one level this may mean Barnardos workers have a heavier burden of responsibility, considerable time is however saved as there is limited liaison time (previously estimated to take up to 25% of the organisation's caseworker time).
- f) One finding from the study highlighted the level of variability across time in terms of the support needs required to prevent disruption and support the stability of the placement. At one level, this may reflect the normal ups and downs of family life where at any one time, one child in a family will require more intensive support than another. However, it needs to be noted that children entering foster care have high levels of vulnerability, trauma and complex needs. Their 'evenness' in responding to everyday life will therefore generally be more variable than their mainstream counterparts.
  - g) A further limitation of the study may be created by 'the research effect'. Interestingly, there were no disruptions in the nine month period for this group of children and young people, even though there were some 'threatened' disruptions, as well as three disruptions (from the study group) within a few months of the end of the study. It must be noted also that one of the categories of children was specifically selected because at the commencement of the study they appeared particularly vulnerable to placement breakdown. While this could have happened to any other 25 selected children, it could be suggested that the daily attention to diary keeping had some effect on the level of attention these children received across the nine month period, even though both carers and workers in feedback sessions argued that from their point of view this was not the case in any obvious way.

Despite these limitations, the study has led to a high degree of accuracy of findings through the use of daily worker and carer diaries, in 15 minute time slots, over a period of nine months.

## **The findings based on the workers' and managers' data**

### ***Introduction***

This section summarises the findings of an analysis of worker diaries collected during the course of the study. From these diaries, the average daily levels of worker time associated with the 27 placements have been obtained.<sup>6</sup> Managers for the placements in the study also recorded hours of direct support and these were included with the worker times. Worker average costs per case are then calculated from these worker<sup>7</sup> average hours. We focus on exploring the differences in worker average hours, associations between the level of worker time according to each study group and other factors relating to individual placements. In addition, the relative time attributable to eighteen categories of worker activity is determined over all cases, and by study group. Large differences in worker time were found, with worker average time per individual case ranging from 19 minutes per day to 80 minutes per day. It is apparent that workers shift activity priorities in response to the needs of individual placements.

### ***Outline of worker data analysis***

Average daily levels of worker time associated with the 27 cases in the study have been studied. From these, costs are calculated by multiplying worker average hours by \$125.60 (see Table 2 for worker average costs).

The findings focus mainly on the time and costs per day associated with:

- The relationship between the average level of worker time and the six separate study groups (the original five - First Year, Unstable, Adolescent, Adoptive, Stable – and the sixth being the Extra group added part way through the study).
- The relationship between the levels of worker time and the type of support activity, both by group and overall.
- The relationship between worker time and:
  1. The gender of the child;
  2. The age of the child;
  3. The number of health issues associated with the child at the start of the placement;
  4. The care category of the placement;
  5. The intended care plan;
  6. The total length of time that the child has been in care;

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<sup>6</sup> Note that worker times do not include recruitment of carers.

<sup>7</sup> Unless otherwise specified, manager times are included in all worker times reported.

7. The length of time that the child has been in the Find-a-Family program;
8. Whether the foster family has support for respite; and
9. Worker experience.

***Worker time overall and by group***

Worker time for each study group and overall is summarised in Table 2 below. The worker average time across all 27 cases<sup>8</sup> was 0.67 hours, or 40 minutes per day.

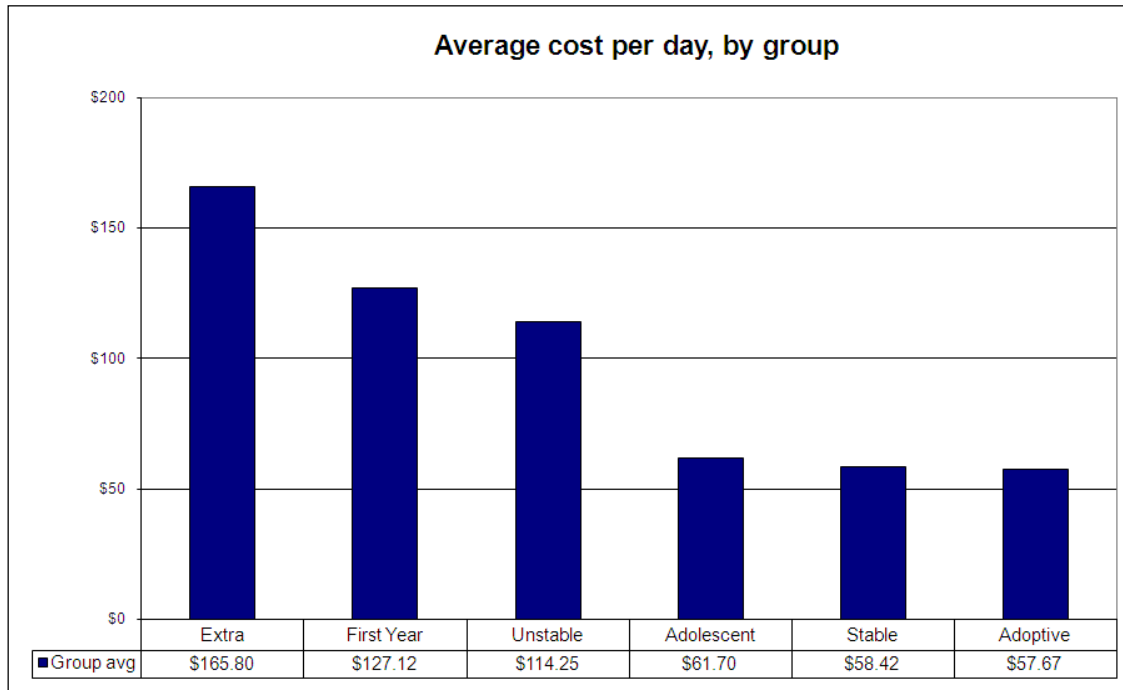
<b>Group</b>	<b>Extra</b>	<b>First Year</b>	<b>Unstable</b>	<b>Adolescent</b>	<b>Stable</b>	<b>Adoptive</b>	<b>All</b>
<b>Average hours across all study days</b>	<b>1.32</b>	<b>1.01</b>	<b>0.91</b>	<b>0.49</b>	<b>0.47</b>	<b>0.46</b>	<b>0.71</b>
<b>Available study days</b>	264	901	877	883	818	894	4637
<b>Total hours across all study days</b>	348.5	911.9	797.75	433.75	380.45	410.5	3282.85
<b>Number of cases in Group</b>	2	5	5	5	5	5	27

**Table 2. Summary of worker hours for each study group, and overall.** Each of columns 2 through 7 relate to the study group named in row 1, with the value of entry in each column given by the description in column 1. The worker average hours per study day for each group in row 2 is highlighted in bold print.

Based on the average 42 minutes per day, worker time was costed at an average of \$88.92 per case, per day, for the study group. However, due to variations in worker average time per day by group, individual costs for cases vary significantly as shown in Figure 3.

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<sup>8</sup> Note that, due to the stratified study design, a simple average across cases is not recommended as an estimate of the overall average worker time for the Barnardos Find-a-Family program.



**Figure 3. Average cost per day, by group.** The overall average cost per worker per day varies by group. Here the worker average hours per case day are multiplied by the representative cost of \$125.60 per hour.

From Table 2 and Figure 3 we can make the following conclusions for this sample:

- a. The Extra, First Year and Unstable groups are associated with the highest level of worker average time.
- b. The worker average time for the Extra group was more than *two and a half times* the average time for the Adolescent group, Adoptive group or Stable group.
- c. The worker average time for the First Year group was *twice* the average time for the Adolescent group, Adoptive group or Stable group.
- d. The worker average time was slightly higher in the Adolescent group than for either of the Adoptive group or Stable group.
- e. The worker average time for the Unstable group was more than twice that of the Adoptive group or Stable group.
- f. The average number of hours per worker per study day can vary considerably even within the same study groups.
- g. Groups with higher average costs per day generally display a bigger range of average costs per day from individual cases.

Other broad conclusions:

- a. Individual cases require a variable amount of support over time, with many days when the worker time is much greater than the daily average would suggest, and correspondingly also days when time spent is negligible. This variability is found across all cases and is not restricted to placements requiring higher levels of support.
- b. The ability to provide intensive support as needed may contribute to the stability of placements.
- c. Determining which placements will require high levels of worker time may be anticipated to some degree. However, it is also true that placements can enter a demanding stage without a great deal of notice, as was the case with the two placements in the Extra group.

### ***Worker time by activity***

Over 80% of the total hours recorded may be attributed to eight worker/manager activities. The eight activity categories are:

- a. Contact with foster carers/adoptive parents (18.4%)
- b. Administration - case notes, reports, etc (15.8 %)
- c. Contact with child/ren only (12.7%)
- d. Manager hours (11.4%)
- e. Contact with carers/children together (10.0%)
- f. Work with birth family (6.5%)
- g. Access arrangements and supervision - birth parents (4.6%)
- h. Adoption related work (4.3%)

The top five activities accounted for nearly 70% of worker time, with three of the five activities dealing directly with the foster carers/adoptive parents and children, either separately or in combination. Administration also featured heavily. In general, the top eight activities accounted for between 80% and 90% of each group's activities.

More specific findings relating to groups include:

- a. The top five activities overall accounted for over 80% of the Extra group worker time. In addition, no time was spent by this group on either access with any relationship, adoption related work, or meetings with other agencies over the period of the study.

- b. Seven of the top eight activities accounted for 77.7% of the First Year group's time. The only activity to be excluded from the group's top eight was adoption related work.
- c. The priorities of both the Unstable and Adolescent groups were quite similar to the First Year group, albeit with relatively more time spent with children by themselves. For both of these groups, adoption related work dropped to a very small percentage of each group's overall times.
- d. Seven of the top eight activities accounted for 87.1% of the Adoptive group's time. The major feature of the Adoptive group is that adoption-related work was the most time consuming activity for this group.
- e. The Stable group is the only other group with notable time spent on adoption-related work, accounting for 10.4% of the group's time. Seven of the top eight activities accounted for 86.4% of the Stable group's time.

It is apparent that workers do shift activity priorities according to the needs of individual placements. It seems that a great deal of time is spent on cases within their first year, with an emphasis on working with the children and their carers. Significant time is also spent on the birth family in terms of support by the worker and access to the children.

When placements are more stable, relatively more time is spent on adoption-related work than during the more unstable periods.

#### ***Worker time and placement characteristics***

Note that we do not make any claims regarding cause and effect, and consider factors only one at a time. With the relatively small number of cases and other limitations of the study, the possibilities to explore interactions of this type are limited.

Worker time and other placement characteristics is summarised below:

- Cases involving male children were slightly more demanding of worker time, with an average of 47 minutes per day, compared with an average of 39 minutes per day for workers relating to cases involving female children.
- Worker time was the least, on average, for cases involving children in care under the age of 2 years, and the most for cases involving children in the 3-5 year age group. After this age group, worker time per case tends to decline.
- There is not an obvious pattern between worker time and the number of health issues identified at the start of a placement.
- Worker time is higher, on average, for cases associated with more difficult care categories.

- Demand for worker time is lower for placements with a long term foster care plan leading to adoption, than for placements with a long term foster care plan without adoption.
- Worker time appears to decline the longer the child has been in any care program.
- Overwhelmingly, the largest number of worker hours occurs in the first year of a child or young person's entry to the Find-a-Family program. The average time per day decreases dramatically in the remaining years, although appears to rise gradually over time. We suggest that there could be several reasons for this rise. Firstly, significant worker time is spent on preparing adolescents for leaving care; and secondly it is possible that if the most stable children have already moved to adoption, those who have not joined adoptive families are more likely to be troubled and needing support.
- Worker time is generally lower for placements without respite support, than for placements with respite support.
- Worker time on a placement per day does not appear to be associated with the level of experience of the worker.

## **The findings based on the carers' data**

### ***Introduction***

This section summarises the findings of a data analysis of carer diaries associated with 26 of the 27<sup>9</sup> placements in the study. The average daily level of carer times is compared across study groups and according to the characteristics of the placement. In addition, the relative times attributable to ten categories of carer activity are determined over all cases, and by study group. Large differences in carer times were found, with *average* time per individual case ranging from 8 minutes per day to 4 hours and 23 minutes per day. In addition, we found that the majority of carer time was spent on activities associated with access/contact, case management and school issues.

### ***Outline of Carer Data Analysis***

Carer time and activities associated with 26 of the 27 cases in the full study have been explored in detail. Our findings focus on:

- The relationship between the average level of carer time and the five (original) study groups (First Year, Unstable, Adolescent, Adoptive, Stable).
- The relationship between the levels of carer time and the type of carer activity, both by group and overall. Note that the full (overall) group includes one case added to the study when the placement became highly unstable and threatened to disrupt (the carer in the other Extra group placement did not complete a daily diary).
- The relationship between carer time and:
  1. The gender of the child;
  2. The age of the child;
  3. The number of health issues associated with the child at the start of the placement;
  4. The care category of the placement;
  5. The intended care plan;
  6. The total length of time that the child has been in care;
  7. The length of time that the child has been in the Find-a-Family program;
  8. Whether the foster family has support for respite; and
  9. Worker experience.

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<sup>9</sup> One carer in the Extra group did not complete a daily diary.

### *Carer time overall and by group*

Nearly 6,000 hours of intensive caring activities were recorded by the 26 carers over the nine month period of the study. Carer time for each study group and overall is summarised in the table below. The average of the carer average times across all 26 cases was 0.91 hours (55 minutes) per day, including weekends.

The average time varied considerably by group, highlighted in both Table 1 and Figure 1 below.

<b>Group</b>	<b>First year</b>	<b>Adoptive</b>	<b>Adolescent</b>	<b>Unstable</b>	<b>Stable</b>	<b>All</b>
<b>Average hours per carer day</b>	<b>1.70</b>	<b>0.74</b>	<b>0.74</b>	<b>0.58</b>	<b>0.38</b>	<b>0.90</b>
<b>Available carer days</b>	1352	1337	1248	1086	1262	6433
<b>Total hours across all carer days</b>	2504	973.75	953.65	577	457.5	5870.15
<b>Maximum hours on single carer day</b>	16.0	16.0	16.0	16.0	16.0	16.0
<b>Additional hours recorded over 16 hours per day</b>	558.75	121.0	37.75	18.0	32.0	858.5
<b>Additional hours recorded in 'other' category on carer days</b>	669.95	444.0	51.0	44.0	20.5	1233.45
<b>Number of cases</b>	5	5	5	5	5	26

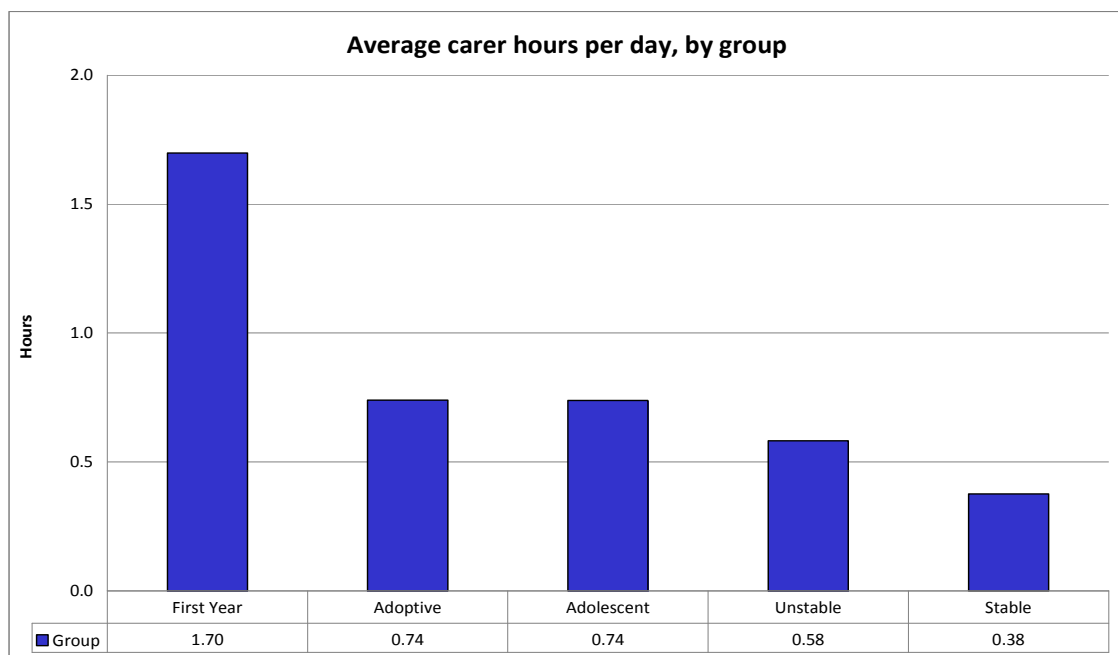
**Table 3: Summary of carer hours for each study group, and overall.** Each of columns 2 through 6 relate to the study group named in row 1, with the value of entry in each column given by the description in column 1. The carer average hours per carer day for each group in row 2 is highlighted in bold print. Note that the full (overall) group includes one case added to the study when the placement became highly unstable and threatened to disrupt.

Considering Table 3 and Figure 4 we note the following:

- a. The First Year group recorded by far the highest average number of hours per day.
- b. The Adoptive and Adolescent groups are associated with the second highest average levels of carer time, with both having an average of 0.74 hours (45 minutes) per day. This rate is nearly twice that of the carers from the Stable group who recorded an average of 0.38 hours (23 minutes) per day.
- c. The average hours per carer day can vary considerably within each carer group.
- d. The actual hours per carer day can vary considerably even for an individual carer.

- e. Carers from the First Year and Adoptive groups reported several days with over 16 hours of carer activity, frequently relating to access arrangements (i.e. looking after siblings of the foster child), respite arrangements or to medical situations requiring intensive hospital treatments. A similar situation occurred with the extra placement that was added to the study, which also reported a large average number of hours per day (over 16 per day). These same carers from the First Year, Adoptive and Extra group also tended to record a large amount of activity deemed outside the scope of the study. The excluded activities were, for example, sport activities, play dates, birthday parties, religious activities, movies, shopping, and laundry. Some carers reported a large number of hours for these types of activities, whereas others did not include any activities of this type. Had they been included, the average hours per carer per day would have been much higher.

Individual cases require a variable amount of support over time, with many days with carer time much greater than the daily average would suggest, and correspondingly also days when time spent is negligible. This variability is found across all cases and is not restricted to placements requiring higher levels of support.



**Figure 4: Carer average hours per day.** Each vertical bar corresponds to the average hours per carer per day recorded over the study period.

*Carer time, by activity*

Carer time (over and above ordinary parenting activities) was recorded in the following categories: access, respite, counselling, medical appointments, allied health<sup>10</sup> appointments, school meetings or exclusions, case management, support group meetings, training and 'Other'.

- a. Access, case management and school meetings accounted for over 60% over carer time. Adding respite and counselling to these three, accounted for over 80% of the carer activities.
- b. Time on access arrangements was important for all groups, accounting for a minimum of 15% of time for every group. However, access was most important for the Adoptive and Unstable groups.
- c. School meetings featured most prominently for the Adoptive group, but were also very important for the First Year and Adolescent groups.
- d. The relative time spent with meeting with the case manager or with case reviews was lowest for the Adoptive group, but relatively time consuming for all other groups.
- e. With an average of 13.7% of its time, the First Year group had by far the highest percentage of its time on medical appointments, more than doubling the average percentage of the group with the next highest percentage on medical appointments – the Unstable group at 6.2%.
- f. The highest average percentage time spent on counselling occurred in the Unstable group. The group with the second highest average percentage time spent on counselling was the Adoptive group.

### ***Carer time and placement characteristics***

As with the worker analysis, note that we do not make any claims regarding cause and effect, and consider factors only one at a time.

- As was the case for workers, carers of boys tend to spend more time per day, with an average of 38 minutes per carer per day, compared to carers of female children who spent an average of 26 minutes per day on carer activities.
- As was the case for workers, carer time was the least for cases involving children in care under the age of 2 years, and the most for cases involving children in the 3-5 year age group. After this 3-5 year age group the carer average time per day declines.
- There is not an obvious pattern between carer time and the number of health issues identified at the start of a placement. However, unlike in the worker data, there is slight evidence of children with a higher number of health issues getting more carer time, on average.

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<sup>10</sup> Allied health includes occupational therapy, physiotherapy, dentist, dietician, and any other health related area outside of hospitalisation, visits to the GP or specialist, or psychology appointments.

- Carer time is higher, on average, for cases associated with more difficult care categories, with Care and Care +1 most similar at 40 minutes per day and 35 minutes per day, on average respectively, and with an average of 1 hour and 10 minutes for the Care +2 carers and 2 hours and 4 minutes per day for Care +2+ category carers.
- As with the workers, carer average time per day is lower for placements with long term foster care plan with adoption, than for placements with a long term foster care plan without adoption. Those with a long term foster care place with adoption required just over 30 minutes a day, whereas long term foster care placements without adoption reported an average of 1 hour and 7 minutes per day.
- Carer time appears to decline the longer the child has been in any care program.
- Overwhelmingly, the largest average number of hours per day per carer occurs in the first year of a child or young person's entry to the Find-a-Family program. The average care time per day decreases dramatically and consistently in the remaining years.
- Carer time is lower, on average, for placements without respite support than for placements with respite support.
- Carer average time per day is lowest for cases having the most experienced workers, but highest for those whose case workers are considered experienced, but not senior.

## **Discussion**

This research, which has not previously been undertaken in Australia, has sought similar information to other studies undertaken in the UK and USA (see Allphin et al, 2001; Selwyn et al, 2006; Ward et al, 2008).

In terms of design, the study's main contribution is that it has provided information not previously available on the amount of time workers and carers have spent to achieve a known level of stability in care. The use of daily diaries over a period of nine months has led to a high degree of accuracy of findings. Indeed, it is a great tribute to both carers and workers that there was relatively little missing data over the period of the study.

### ***The workers***

*The cost of support in foster care and other long term placements* has confirmed much of the 'practice wisdom' of adoption and foster care workers. The research has produced accurate time and cost findings for placement support in an organisation with a known level of stability in care. We have demonstrated that the cost of this kind of work is considerable, especially given the fact that work to recruit carers was not included in the study.

Firstly, variability is a key issue, which is apparent throughout the sample – i.e. it is not restricted to placements requiring higher levels of support. The study has shown that placement agencies need to allow for considerable variability in terms of:

- Age, gender and previous time in care.
- During a child's placement journey – with little worker support needed at some times and significant amounts at other times;
- Between children in a similar category – in a group of children of similar age and placement background, some will need far greater support than others.

Secondly (and related to variability), although the required level of support can be anticipated to some degree (e.g. for First Year placements), it is difficult to predict which children and placements will need 'spikes' of support, or when these will be needed, or what kind of support will be appropriate. Similarly, placement disruptions are hard to predict. Five children in this study were initially chosen because their workers considered that their placements were potentially unstable and yet all of these placements were intact at the end of the research. Two other children, whose placements were in difficulty, joined the study partway through the nine months and yet neither of these placements disrupted before the end of the study (although one of these disrupted some months later).

Variability and unpredictability mean that placement agencies need to have enough staff hours to be able to respond quickly to crises and requests for support.

The study showed that a significant amount of worker time is involved in supporting first year placements and unstable placements (inclusive of the initial 'unstable group' and the 'extra group'). We could speculate that the intensive support provided in the first year, as well as to subsequently unstable placements, leads to a greater degree of stability than has been reported in other research.

There were findings that we expected. For example:

- The time spent (and therefore cost) was high for the First Year, Extra and Unstable groups.
- First year placements required intensive support.
- The Extra group and the Adoption group spent the highest proportion of time on legal activity.
- The worker average time for the Extra group was more than three times that required by the Adoptive or Stable groups.
- Placements involving boys required more support than those involving girls.
- Worker time is higher, on average, for cases associated with more difficult care plans, though for the Care +2 and Care +2+ categories the average time per day is almost the same.

However, there were also findings that we had not expected. For example:

- The largest number of worker hours occurs in the first year of a child or young person's entry to the Find-a-Family program. The average time per day (and therefore also costs) decreases dramatically in the remaining years, although appears to rise after a child has been in FaF program for nine years or more – as we suggested earlier, this may be due to the work involved in preparing young people for leaving care, or it may be that the most troubled children are less likely to be adopted and are therefore in the program for a longer period of time, with associated issues of identity and adolescence.
- Worker time was the least, on average, for cases involving placements where the children were under the age of 2 years, and the most for cases involving placements in the 3-5 year age group. After this age group worker time per case declines, on average. Significant worker time in the 3-5 year age group may be due to the needs of the particular children in this study group, together with the tasks associated with enrolling children in pre-school and school. In addition, workers are anecdotally known to enjoy working with this age group and this may also partly explain the increased hours.
- First Year placements required more time than the Unstable group placements. First year placements are always time-intensive due to the need to cover all contingencies in setting up the placement. In unstable placements, all of the setting up has already occurred and worker time tends to be more focussed at variable stages.
- We would have expected that adolescent placements required a significant amount of time. However, adolescent placements in this study did not require substantially more

support than the Stable or Adoptive groups. Furthermore, one of the adolescents required the least support of all children in the study.

- When a placement is seen as unstable, workers appear to spend far more time directly with the children than with the carers or the carers and children together. All of the Unstable group were adolescents and it is often more appropriate to work with them directly.

### *The carers*

In almost every area, the carer findings mirrored those of the workers – i.e. in placements where the workers put in high hours, the carers also tended to put in high hours above ordinary parenting. The one exception to this pattern is the worker experience category and we would not have expected a ‘match’ here as we did not measure carer experience.

Similarly to the findings on the worker data, there were things that we expected and things that we did not expect. The findings that we expected:

- The activities on which carers spent most time overall were consistent with practice wisdom. For example, workers might have predicted that access, case management, school and respite would take roughly three quarters of carers’ time.
- It was expected that time spent on counselling would be high in the Unstable group.
- Similar to the worker data, boys appeared to take up more carer time than girls.
- Children in the Care+2 and Care+2+ categories required more support from their carers than those in the Care and Care+1 categories.
- The carer average time per day is highest for children in their first year of the Find-a-Family program, reflecting the complexity of adding a new person to a family.
- The average number of hours per carer per day is higher, on average, for those placements where respite is supported.

The findings that we did not expect:

- Carers in the First Year group have recorded double the overall (all groups) average hours – more than twice the hours of the Adolescent group and three times the hours of the Unstable group. These figures are influenced by data from just two of the families, however we reiterate our earlier comments on the complexity of adding a new person to an existing family.
- The range of time spent on different activities varied markedly across groups – for example, time spent on access was highest in the Adoptive and Unstable groups; school issues were far higher in the Adoptive group than in the Adolescent and Unstable groups; case management is highest in the Stable group
- Similar to the worker data, more hours were recorded by carers for 3-5 year olds than for any other category. As we suggested earlier, the needs of this age group are high particularly in terms of pre-school and school investigation and enrolment.

- Children with a foster care to adoption case plan required less support from their carers than those with a foster care only plan. We suggest that this may be because those children who are not proceeding to adoption may possibly be more challenging. In addition, however, carers whose placement is moving towards adoption are possibly more likely to see their activities as part of 'ordinary' parenting.
- The carer average time per day declines the longer the child has spent time in any care program. This may be because the child actually requires less hours or because the carer is more likely to view activities as part of ordinary parenting.
- The average number of hours per carer per day is lowest, on average, for those placements where the worker associated with the placement is either a 'novice' worker, or a 'senior' worker. Carers working with 'experienced' workers have on average the highest carer hours per day. While both 'experienced' workers and 'senior' workers have considerable expertise, we suggest that senior workers have less time to spend with carers. Experienced workers on the other hand are likely to have more time with carers and their expertise may motivate the carer to undertake more activities for the child. In addition, carers will often ring a former ('experienced') worker for advice, even though they have a new worker.

## **Conclusion**

This research has made a significant contribution to previous research in the area of 'bottom up' costing of child welfare programs. The study has provided more detailed data than previously available, on the amount of time workers and carers have spent to achieve a known level of stability in care. In particular, the use of daily worker and carer diaries, in 15 minute time slots, over a period of nine months, has led to a high degree of accuracy of findings and is a significant achievement by both carers and workers. We have reported on both expected and unexpected findings and look forward to other research expanding on these outcomes.

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## **Appendix A - Practice principles underpinning the Barnardos Find-a-Family program**

The Find-a-Family (FaF) program was developed as a specialist program in 1986 modelled on the Family Finders Program in the UK (Barnardos United Kingdom). A specialist residential unit was replaced by intake (or bridging) foster care placements due to growing concerns regarding the effectiveness and cost of residential care. Barnardos staff were concerned about the number of people that highly disturbed children needed to relate to in their 'home' or residential unit. Each week children were relating to as many as 15 caseworkers, rostered staff and professional workers and had up to 10 sibling-like relationships. Poor behaviour seemed to develop and spread in a contagion-like manner when a child was living with up to five other highly disturbed children. The children themselves spoke of a sense of stigma and rejection in that they were not able to live in normal families in the community.

### ***Assessment and planned intervention***

FaF has well established principles of practice based on research findings relating to children's attachment and generally poor outcomes in traditional out of home care. The underlying belief is that children should have a sense of belonging, stability and attachment in order to develop emotionally and that they need to have a caring and consistent relationship with at least one adult for this to occur. On entry to the program, children and young people generally enter an intake placement for 6-18 months, until child-specific advertisements in local papers result in an appropriate family being found.

Skilled intake carers are recruited to undertake the necessary tasks of preparing a child for a new and permanent placement. This process allows for the careful matching of children and carers, as well as the time needed for quality assessment and engagement with children. The average time prior to permanent placement is 9 months, however some placements have taken longer. Children's expectations of these placements are carefully managed so that the child knows clearly about the 'matching' process. Children under the age of three are not managed in this way because of their attachment needs and are generally placed directly with their adoptive family (these families are easier to recruit).

The placement of children follows evidence based principles. Siblings are kept together whenever possible (Barnardos Australia 2009). Unrelated foster children are rarely put together in one placement (Ingle and Earley 2008). Children are introduced to the new family over a number of visits.

### ***Standardised case management***

The program utilises the Looking After Children system (LAC) in electronic format ([www.lacproject.org](http://www.lacproject.org)) to guide the Find-a-Family team's work with children and young people. LAC was developed in the UK and adapted to Australian conditions. This system supports the involvement of children, young people and their carers in documenting their

life history in a consistent and holistic way. It is based on research and facilitates accountability in terms of outcomes for children, as well as a strong casework focus on the placement. The LAC records are designed around the seven dimensions of health, education, emotional development, identity, relationships, social presentation and self care; they have been designed to improve the parenting experience of children looked after by welfare agencies. LAC has been studied in relation to service users' experience (Tregeagle & Mason 2008), as well as workers' and managers' use of these tools (Nygren, Hyvonen et al 2009).

Care Plans are developed in the pre-admission period when extensive evidence is gathered on the child's background and individual needs. Family members are included in this process. Reviews occur at regular intervals and include assessment of behaviour plans, social and emotional needs, medical, dental, optical, audio, nutritional and developmental needs. Educational outcomes are monitored and extra educational supports arranged if needed. Extra-curricular requirements and celebrations of achievements are considered, as are permanency plan options and contact arrangements.

Case workers have daily to weekly contact with children at the beginning of placement. Support remains in place on an ongoing and as-needed basis, although usually (even in settled placements) contact occurs at least every four to six weeks. Participation of the child or young person is seen as essential. The decision making processes involved in decisions on the stages of placement are made clear, as is who is involved in decision making. The child is encouraged and helped to express views on how issues will be resolved. Even young children are informed of the process whereby they can have decisions reviewed. Workers must make opportunities to see children and young people alone.

### ***Birth family engagement***

Birth family engagement with the children is generally ongoing, even after an adoption. A wide range of individuals are involved in these arrangements: birth parents, siblings and other relatives such as grandparents, aunts and uncles. Parents will be given as much information as possible on the placement, although this may be limited in accordance with legislative requirements. Workers will always liaise with the child's family over the appropriateness of the proposed placement and contact arrangements; and inform all family members of their rights to participate in decision making. Contact visits (e.g. access with birth family members) in this program are not conducted in the carers' homes, but carers are expected to provide transport and in some situations stay with the child and meet with the child's family. No transport costs or supervision of contact fees are paid. The recommended contact schedule, aimed at maintaining a child's identity and knowledge of the parents, whilst maximising attachment to their new family, is 4 contact visits per year with parents and siblings. However, this will vary according to the child's needs and age. Some form of contact is always encouraged and for the children/young people in this study, if there has been no contact, this is the choice of either the child or

parent. Extended family and past carers are also encouraged to maintain contact with the child.

Planning for contact with the birth family is part of careful, complex work which focuses on the right of a child to develop a healthy attachment to his/her immediate carers, at the same time as exploring and understanding his/her identity. Identity is based on an understanding of personal history, origins and social situation and there is growing recognition of the importance of this for the current and future wellbeing of all. Poorly organised contact arrangements are thought to be a significant stressor in placements, hence case managers try to gain the understanding co-operation of birth parents when drawing up the care plan of permanency for the child. Research shows increasingly that the preservation of links with families of origin, with the involvement of carers, adds to the quality of permanent care and offers significant benefits to all parties (Kleese 2008; Macaskill 2002). Regular reviews of the child's placement are held, to which the birth parents are invited and encouraged to express their views.

### ***Specialised carers***

Carers are recruited through 'child specific' advertising. Children may be involved in drafting their own non-identifying descriptions and are always consulted as to their desires with regard to a suitable family. There are no rigid criteria regarding age, marital status, childlessness, financial situation or employment for carers, but Find-a-Family is particularly interested in people with previous experience in child rearing. It is important that applicants should have an ability to accept children as they are, with their own personality and life history, and not try to change them or erase their past. Families are assessed over a six month period and ongoing training is provided. Carers are paid according to the behavioural classification of the child. Respite care arrangements are offered to each placement. On average this is one weekend a month with a regular carer, with workers supporting a 'team' working relationship.

Workers monitor placements regularly and support is offered to carers. Carers have access to twenty-four hour 'on call' phone numbers. Supervision and ongoing training are provided for carers as soon as a child is placed, together with other practical supports (e.g. counselling, education, health). Support, supervision and ongoing training are seen as linked and necessary to maintain a high quality service for both children and carers. Difficult issues and behaviour management options are discussed with carers, counsellors and internally within the Find-a-Family team. All significant placement complaints are forwarded to the NSW Ombudsman for thorough and immediate investigation and risk analysis. Given the extremely challenging behaviour that children may have, complaints of loss of temper and resource to physical punishment are the most frequent issues.

### ***Worker skills***

Staff generally have tertiary education, long term training goals and are strongly supported by the agency. Each worker is supervised formally once per month and there is

opportunity for informal supervision, especially during placement difficulties. Caseworkers report to 4 program managers, who report to regional program managers who in turn report to a Senior Manager. The Senior Manager reports to the Chief Executive of the agency. Teams and managers meet on a monthly basis. Within the program, there are managers and specialist recruitment workers who do not have a caseload. Management encourages staff stability through flexible and family friendly work practices, which are important when providing a stable and consistent service to children in long term care.

### ***Caseload***

Analysis carried out by Barnardos has demonstrated that the Find-a-Family Program caseload is an average of 6.7 per full time foster care staff. This figure has been determined by dividing the number of children and young people in care with the number of workers available. It includes all active cases, as well as some post-adoption (i.e. post order) work which is not funded by the State.

## Appendix B - Caseworker weekly recording chart

**Child:** (code to be kept by agency). Week: Monday > Sunday (record dates)

**Please record in 15 minute blocks DAILY**

On the last day of the week that you work please return the form to \_\_\_\_\_ via the internal mail system

<b>Worker time (incl. face to face time, phone calls and travel) spent with/on:</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Foster carers/adoptive parents only</b>							
<b>Child/ren only</b>							
<b>Carers/children together</b>							
<b>Education issues – schools, tutoring etc</b>							
<b>Legal issues – specify e.g. consultation with lawyers, review meetings etc</b>							
<b>Adoption related work</b>							
<b>Birth family</b>							
<b>Access arrangements and supervision – birth parents</b>							
<b>Access arrangements and supervision – birth siblings</b>							
<b>Access arrangements/supervision – other (e.g. extended family, previous carers) – please specify</b>							
<b>Health issues – doctor, dentist, hospital, physio, OT, speech pathology etc.</b>							
<b>Counselling issues - arranging, consulting with counsellors, travel etc</b>							
<b>Internal meetings</b>							
<b>Meetings with other agencies</b>							
<b>Supervision/consultation</b>							
<b>Administration – case notes, reports etc</b>							
<b>Other – please specify</b>							

### Appendix C - Foster Carer and Adoptive Parent diary

This 'diary' is to record your time (including travel time) spent on:

- Contact with birth family members (or previous caregivers)
- Meetings and appointments (to be determined with caseworker)

Please complete this record every day to the nearest 15 minutes (record 0 if there has been no activity) and give to your Barnardos worker at each visit.

**Family/child** \_\_\_\_\_ Week: Monday > Sunday (record dates)

<b>Time (incl. travel time) spent on:</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>1. Access with birth family, incl. siblings (specify who)</b>							
<b>2. Respite (arranging, travel, and talking with)</b>							
<b>3. Meetings/appointments relating to the child</b>							
• Counselling							
• Medical							
• Dentist							
• Speech pathology							
• Occupational Therapy							
• School/tutoring							
• Case reviews/planning meetings							
• Support group meetings							
• Meetings with caseworkers							
• Training							
• Other (specify)							
<b>4. Amount of time when child suspended/expelled from school</b>							
<b>5. Other (please specify)</b>							

## **Appendix D – Detailed report on workers’ and managers’ data**

### **Section 1: Worker time overall and by group**

#### *Overview of worker data*

Worker hours<sup>11</sup> for each case were recorded on weekly data sheets according to the total hours per day associated with each of sixteen different activities and an ‘Other’ category, resulting in seventeen separate activities. As these sheets record the provision of support by workers, we refer to them as ‘worker diaries’.

Unlike the worker diaries, detailed records of the availability and activities of managers were not kept during the study period. Instead, managers’ hours of direct support for any individual case in the study were recorded on the managers’ aggregate tally sheet by day, with little or no information regarding the type of support involved. Consequently, the manager time was added as a separate category associated with the worker time. The ‘worker data’ therefore consists of time spent on each of these eighteen separate activities on each calendar day and for each case over the study period.

For the remaining discussion, unless otherwise indicated, the worker data will be understood to include the managers’ contributions and the term ‘worker’ will be understood to also include manager support for placements.

#### *Available study days*

Owing to the individual characteristics of each child, carer and worker, the number of days over the study period attributable to worker time in the study was not constant for each case. Worker participation in the study did not begin on the same date for all cases, primarily due to delays in the recruitment of carers to the study. In addition, the amount of annual leave taken over the study period varied among workers. Also, on two occasions worker participation was suspended while a child in care was known to be away from the foster carer for a relatively long period (2 weeks and 4 weeks, respectively). On two other occasions during the study, a worker resigned and was replaced. In the interim, no worker or manager data was available. Finally, weekends and public holidays<sup>12</sup> were also excluded from the study period. The remaining days during the study period are referred as *available study days*.

#### *Missing data*

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<sup>11</sup> Note that worker times do not include recruitment of carers.

<sup>12</sup> The public holidays excluded were Christmas Day, Boxing Day, New Year’s Day, Australia Day, Good Friday, Easter Monday, ANZAC day, Queen’s birthday and (NSW) Labour Day.

In more than half (17 of 27, or 63%) of placements, the participating workers returned diaries for all available study days. However, there were occasions for the remaining ten cases when data was simply not recorded, either due to administrative error or possibly due to lack of worker time. Overall, the percentage of study days with missing data relative to the number of available study days, is 2.3%, with no one worker missing more than 21% of their available study days.

Case ID	Actual study days	Available study days	Percent missing	Total calendar days in study period	Weekend days or public holidays	Days annual leave	Days no case manager	Days child away
AD1	177	177	0.0%	264	82	5	0	0
AD2	190	190	0.0%	287	90	7	0	0
AD3	178	182	2.2%	287	90	15	0	0
AD4	158	197	19.8%	287	90	0	0	0
AD5	191	191	0.0%	288	90	7	0	0
FY1	131	136	3.7%	218	70	12	0	0
FY2	224	233	3.9%	361	111	17	0	0
FY3	173	173	0.0%	287	90	15	0	9
FY4	193	193	0.0%	288	90	5	0	0
FY5	180	180	0.0%	287	90	17	0	0
ST1	189	194	2.6%	291	90	7	0	0
ST2	159	159	0.0%	288	90	19	0	20
ST3	164	173	5.2%	287	90	24	0	0
ST4	109	109	0.0%	231	71	0	51	0
ST5	197	197	0.0%	287	90	0	0	0
TN1	189	189	0.0%	287	90	8	0	0
TN2	145	145	0.0%	213	68	0	0	0
TN3	173	178	2.8%	287	90	19	0	0
TN4	188	193	2.6%	287	90	4	0	0
TN5	188	188	0.0%	287	90	9	0	0
UN1	189	189	0.0%	288	90	0	9	0
UN2	177	177	0.0%	259	82	0	0	0
UN3	161	166	3.0%	287	90	31	0	0
UN4	172	172	0.0%	287	90	25	0	0
UN5	178	178	0.0%	287	90	19	0	0
XX1	94	119	21.0%	189	56	14	0	0
XX2	170	170	0.0%	250	75	5	0	0

**Table D1: Summary of data available for workers.** Column 1 identifies the case corresponding to the number of actual study days shown in Column 2 for that case, which accounts for public holidays, weekends, days when either the worker or child was away and days with missing information. The number

of available study days for each case is shown in column 3, with the percentage of missing data shown in column 4. The number of available study days for each case was derived by subtracting columns 6 through 9 from the number of calendar days during the study period shown in column 5.

### ***Actual study days***

We report the worker average time per case relating only to *actual study days*, that is, the days when the worker was available to work, the corresponding child was in the care of the nominated foster carer and worker time was recorded. Days where workers took ‘time off in lieu’<sup>13</sup> of work undertaken outside of normal working hours were included, despite the fact that no hours of activity were recorded by the worker on those days.

For the remainder of this report, unless otherwise specified, we refer to actual study days as *study days*, or simply *days*. The average number of *study days* per worker is 172 days, with the maximum and minimum number of study days for any worker being 224 and 94, respectively.<sup>14</sup> Detailed information regarding the available worker data for each case is given in Table D1.

### ***Worker hours***

A total of 3282.85 hours of work, including hours recorded outside of normal working periods<sup>15</sup>, was recorded by the workers. These hours are accountable to the 4,637 study days from the 27 cases over the entire research period, resulting in an average<sup>16</sup> of 0.71 hours, or about 42 minutes of worker time, per day per placement in the study.

### ***Part time work***

After careful consideration, the number of study days was not adjusted to reflect the nominal fraction of employment of the worker. This is because the amount of work for each worker is managed by the total number of cases in a worker’s caseload. It would be expected, therefore, that the average number of hours per *working day* for a particular individual case would be higher on average for a part-time worker than for a full-time worker, if all other factors were the same, simply because the same level of support is expected in fewer days per week. Therefore, for the purpose of this study, we interpret the average number of hours per day as being representative of a nominally full time worker.

### ***Worker average hours per day***

Table D2 provides a summary of the time spent per day on all activities by workers from each of the six study groups. Here the average hours per study day correspond to the total

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<sup>13</sup> When workers undertake work outside of normal working hours, they are eligible to be compensated with ‘time off in lieu’ (TOIL).

<sup>14</sup> This small number of study days relates to one of the extra placements which was added to the study late in the study period. Of the original 25 placements, the minimum number of days was 109.

<sup>15</sup> As we have included all days attributable to TOIL as working days, we include all hours outside of normal working hours as well.

<sup>16</sup> Due to the stratified study design, a simple average across cases is not recommended as an estimate of the overall average worker time for the Barnardos Find-a-Family program.

hours accumulated by all workers in the group divided by the total number of study days for the group<sup>17</sup>. More detailed information for individual cases is given in Tables D14 through D19.

From the group average hours per study day (see row 2 of Table D2) it is apparent that the Extra, First Year and Unstable groups are associated with the highest level of worker time. The worker average time for the Extra group (1 hour 19 minutes) was *about three times* the worker average time of each of the Adolescent group (29 minutes), Stable group (28 minutes) and Adoptive group (28 minutes). In addition, the worker average time for the First Year group (1 hour 1 minute) was more than *twice* the average time for the Adolescent, Stable or Adoptive group. The average time for support was only slightly higher in the Adolescent group than for either of the Stable or Adoptive group, but the average need for support in the Unstable group (55 minutes) was almost twice that of the Stable or Adoptive group.

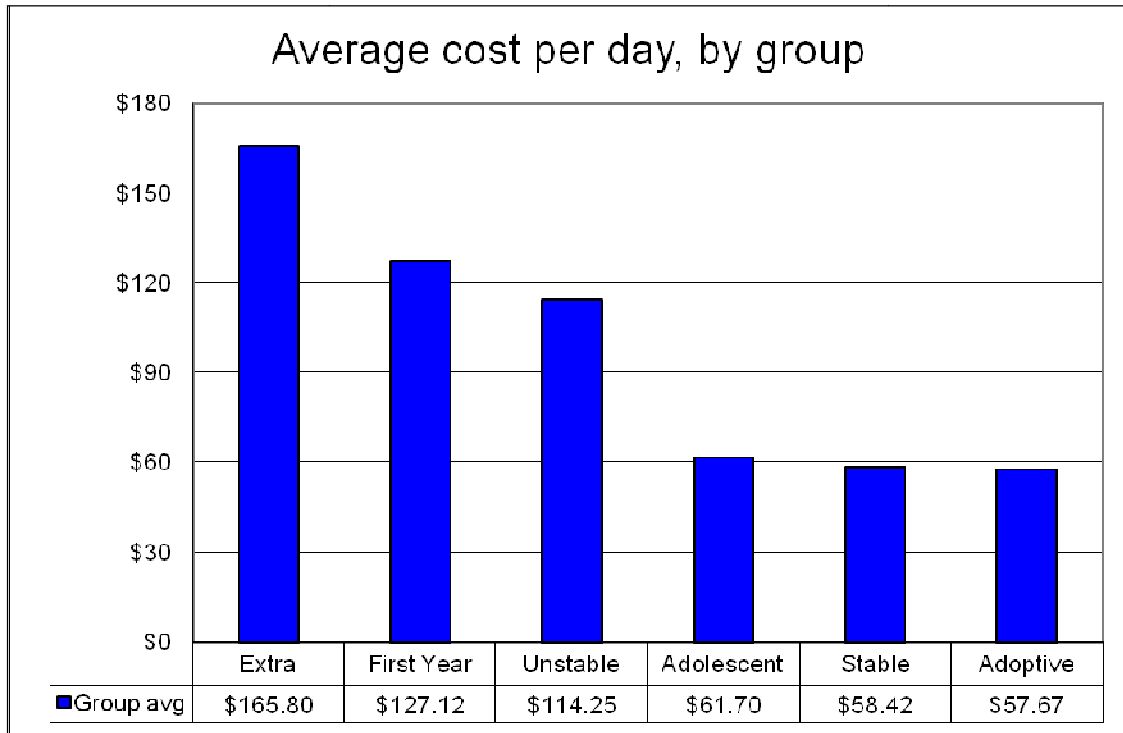
Group	Extra	First Year	Unstable	Adolescent	Stable	Adoptive	All
Average hours across all study days	<b>1.32</b>	<b>1.01</b>	<b>0.91</b>	<b>0.49</b>	<b>0.47</b>	<b>0.46</b>	<b>0.71</b>
Available study days	264	901	877	883	818	894	4637
Total hours across all study days	348.5	911.9	797.75	433.75	380.45	410.5	3282.85
Number of cases in Group	2	5	5	5	5	5	27

**Table D2: Summary of worker hours for each study group, and overall.** Each of columns 2 through 7 relate to the study group named in row 1, with the value of entry in each column given by the description in column 1. The worker average hours per study day for each group in row 2 is highlighted in bold print.

### Costs

Based on the estimated worker time per day spent on each case, the average cost per study day for each case is computed by simply multiplying the worker average hours per day by the worker average cost of \$125.60 per hour. The average costs per day for each study group is shown in Figure 1. Workers spent the most time per day, on average, on those cases associated with the highly unstable 'Extra' group, leading to a daily average cost of \$166 per day. Of those cases identified and included from the very beginning of the study, workers in the First Year group cost an average of \$127 per day, while those in the Unstable group cost \$114 per day. The three remaining groups, Adolescent, Stable and Adoptive, i.e. those with the smallest average hours per day, are associated with average daily costs of \$62, \$58 and \$58 per day, respectively.

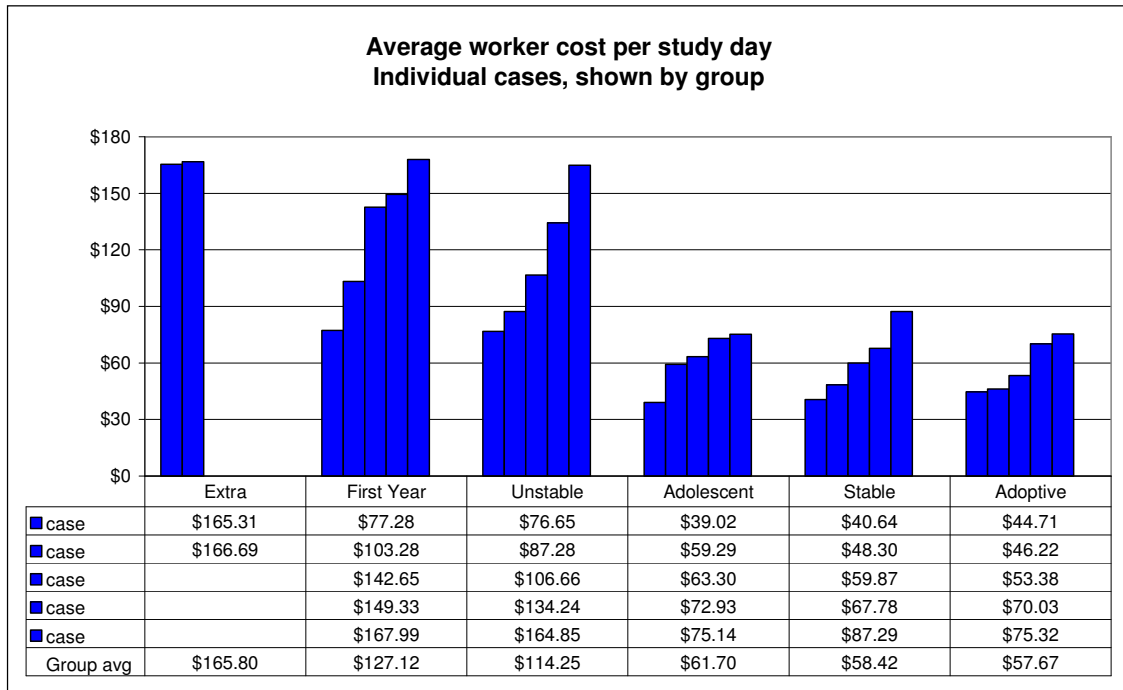
<sup>17</sup> This implies that the group average is equal to a weighted average of the individual average worker hours per day, where the weights correspond to the relative number of study days for the individual workers.



**Figure D1: Average cost per day, by group.** The overall average cost per day varies by group. Here the average hours per day are multiplied by the representative cost of \$125.60 per hour.

Figure D2 displays the average individual costs per day for each case within the study, clustered according to study group. It can be seen that the average number of hours per study day can vary considerably even within the same study groups. Figure D1 demonstrates that the overall levels of support can be very different *between* groups. Groups with higher group average costs per day generally displayed a greater range of average costs per day than those with lower group average costs.

Note, in particular, the variation in the average cost per day for cases in both the First Year and Unstable groups. Whilst all cases in these two groups required moderately high levels of support relative to the Adoptive, Stable and Adolescent groups, many required even greater levels of support, with the most extreme in both groups matching the levels of the supported required by the Extra group where the highest demand for support was found.

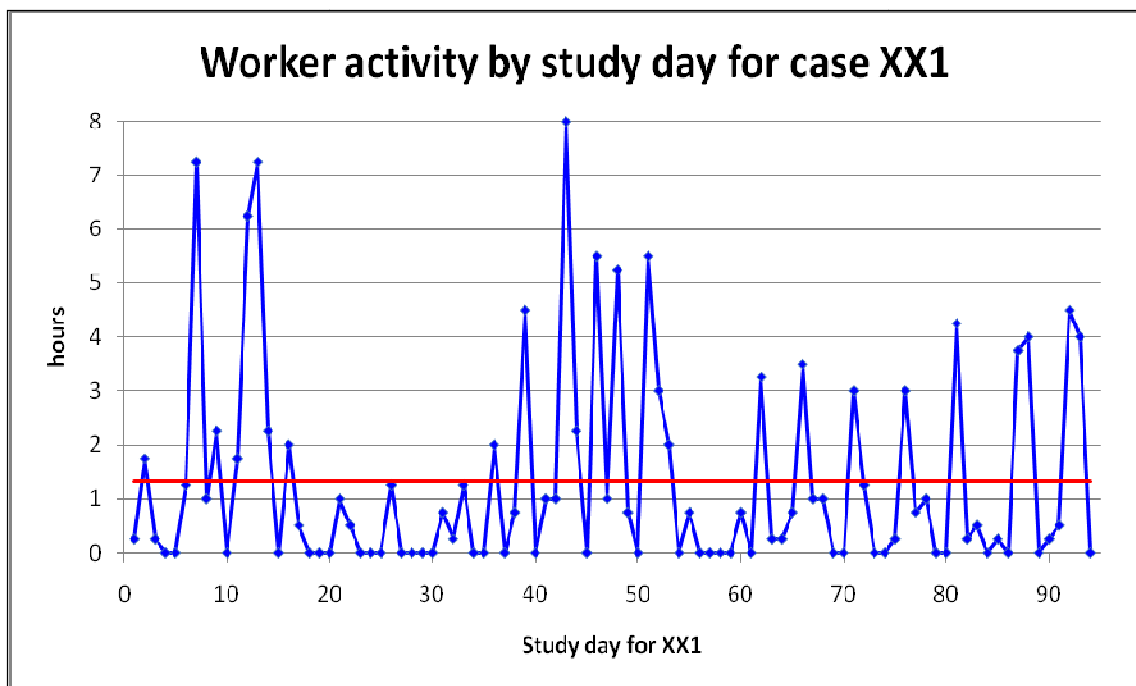


**Figure D2: Worker average cost per study day.** Each vertical bar corresponds to the average cost per study day for a worker on an individual case. Each bar is grouped according to the study group, with individual cases sorted within each group from smallest to largest average cost per day, and the groups placed in order of largest group average cost per day to lowest group average cost per day (shown in the last row of the data table accompanying the bar chart).

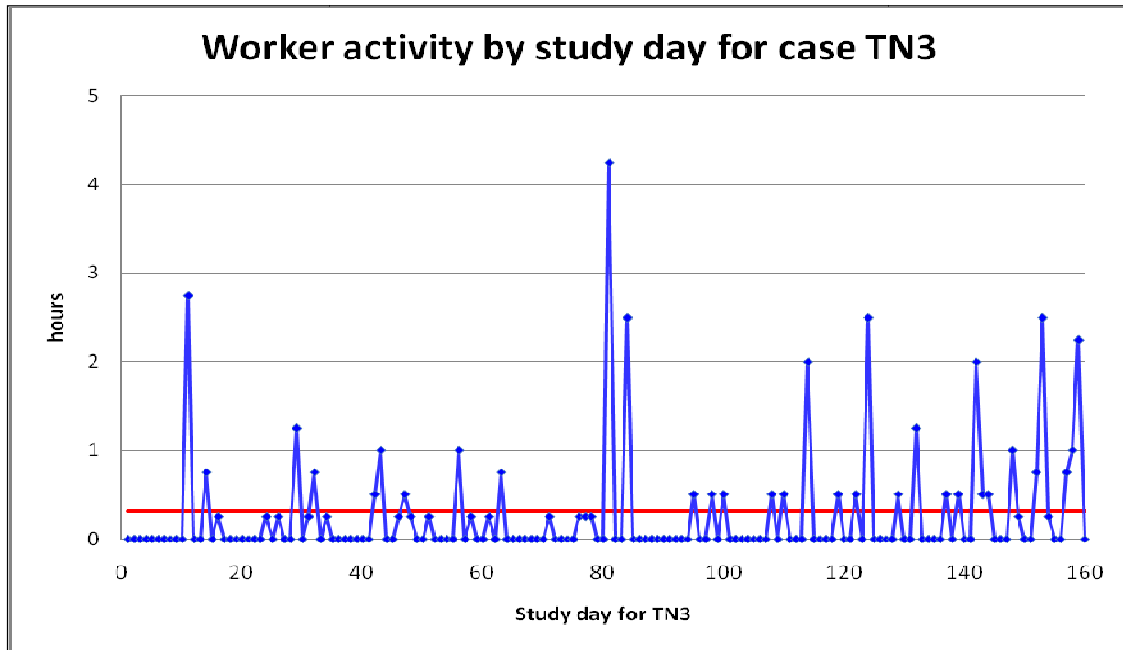
Further, underlying these *average* support times over the study period shown in Figure D2 is the fact that individual cases would have required a variable amount of support *over time*. For example, consider Figure D3 which demonstrates the recorded worker support hours over consecutive study days for case XX1 (one of the cases requiring the most support per day in the study, and belonging to the Extra group). Figure D3 shows that there are many days where the time spent by the worker is much greater than the average daily support (1 hour and 20 minutes) would suggest. There are, of course, also days when time spent was negligible, however the fact that the frequency of days of very high levels of support was reduced over time with the placement remaining intact, suggests that the intensive support may have contributed to the stability of the placement, at least for the study period. As costs are calculated as a simple multiple of worker hours, the costs per day will also vary over time proportionately.

Figure D4 demonstrates that this feature of support periods that ebb and flow is not restricted to placements that require higher levels of support, with the daily recorded worker hours plotted across study days for case TN3, a case belonging to the Stable group and the one that required the least amount of support over the study period. The average number of worker hours per day was 0.31 hours, or about 19 minutes.

From the above discussion relating to Figures D2 through D4, it is clear that the group averages given in Table D1 and their associated costs shown in Figure D1 do not convey the variability inherent in the worker data. Much more goes on in individual cases that the simple group average does not capture, both across time and across activities. This report is focused mainly on understanding the relationships between the average level of worker time for each group or individual against various factors associated with the placement. We also consider the relationship between the levels of time per type of activity for each group.



**Figure D3: Hours of worker support over consecutive study days for case XX1.** The total recorded hours of worker support provided for case XX1 over the study period is indicated by the sequence of connected dots. The corresponding average hours per study day associated with the case is 1.33 hours (1 hour 20 minutes) is indicated by the solid line.



**Figure D4: Hours of worker support over consecutive study days for case TN3.** The total recorded hours of worker support provided for case TN3 over the study period is indicated by the sequence of connected dots. The corresponding average hours per study day associated with the case is 0.31 hours (19 minutes) and is indicated by the solid red line.

## Section 2: Worker time, by activity

The worker diaries contained seventeen different categories of activities, with the managers' time related to the case taken as the eighteenth category. The percentage of total hours associated with each of the eighteen activities for all workers associated with 27 cases was calculated using:

$$\% \text{ Activity (All)} = \frac{\text{Total overall time on particular activity}}{\text{Total overall time on all activities}} \times 100\%$$

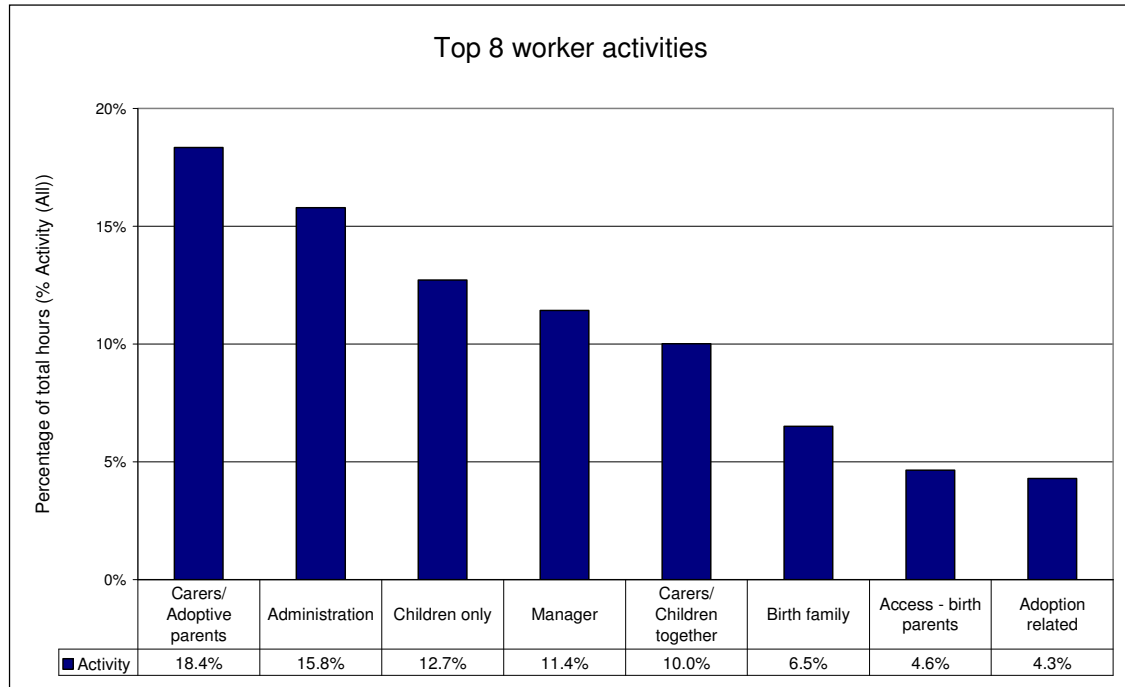
The percentage of all worker time spent on each activity (*% Activity (All)*) is shown in Table D3, with the top eight activities accounting for over 80% (83.7%) of the total hours recorded in Figure D5.

<b>Rank</b>	<b>Activity</b>	<b>Percentage all worker time <i>% Activity (All)</i></b>	<b>Cumulative percent</b>
<b>1</b>	<b>Carers/ Adoptive parents</b>	<b>18.4%</b>	<b>18.4%</b>
<b>2</b>	<b>Administration</b>	<b>15.8%</b>	<b>34.2%</b>
<b>3</b>	<b>Children only</b>	<b>12.7%</b>	<b>46.9%</b>
<b>4</b>	<b>Manager</b>	<b>11.4%</b>	<b>58.3%</b>
<b>5</b>	<b>Carers/ Children together</b>	<b>10.0%</b>	<b>68.3%</b>
<b>6</b>	<b>Birth family</b>	<b>6.5%</b>	<b>74.8%</b>
<b>7</b>	<b>Access - birth parents</b>	<b>4.6%</b>	<b>79.5%</b>
<b>8</b>	<b>Adoption related</b>	<b>4.3%</b>	<b>83.7%</b>
9	Other	3.1%	86.9%
10	Supervision	3.1%	90.0%
11	Access - birth siblings	2.2%	92.2%
12	Educational issues	1.4%	93.6%
13	Health issues	1.3%	94.9%
14	Access - other	1.1%	96.0%
15	Counselling issues	1.0%	97.0%
16	Meetings - internal	1.0%	98.1%
17	Meetings - other agencies	1.0%	99.1%
18	Legal issues	0.9%	100.0%

**Table D3:** Percentage time for all worker activities (*% Activity (All)*) based on total hours of work recorded across all cases. Rank in column 1 relates to the rank from largest to smallest activity contribution to total worker time. Cumulative percent in column 4 demonstrates that the top eight activities accounted for over 80% (83.7%) of total worker time. The top eight activities according to the *% Activity (All)* rankings are highlighted in bold print.

From Table D3 it is noted that the top five *% Activity (All)* account for nearly 70% (68.3%) of worker time, with three of the five (41.1% of time) dealing directly with the foster carers/adoptive parents and children, either separately or in combination.

Administration also features heavily with 15.8% of all worker time spent on this activity, as does the Manager's contribution at 11.4%.



**Figure D5:** Percentage time for top eight activities (according to % Activity (All)) based on total hours of work recorded across all cases. These eight activities account for over 80% (83.7%) of total worker time recorded in the study.

### ***Worker time by activity, within each group***

The same 18 activities were considered from each group's perspective, with relative percentages of group overall time computed using:

$$\% \text{ Activity (Group)} = \frac{\text{Total Group time on particular activity}}{\text{Total Group time on all activities}} \times 100\% .$$

Activities were then ranked according to % Activity (Group), with differences between the overall rankings and relative percentages noted below. However, to facilitate comparison directly with the percentage of all worker time spent on each activity shown in Table D3, the % Activity (Group) values are shown in order of the % Activity (All) rankings in Table 4. In addition, % Activity (Group) for the top eight overall activities (again according to % Activity (All) rankings) for each group is shown in Figure D6.

### ***Main differences in activities between groups***

The Extra group showed similar priorities in their top 8 activities with the top six % Activity (All) priorities accounting for 84.4% of the group's total time. However, the top

five activities (Children only, Carers/Adoptive parents, Manager time, Administration, Carers/Children together) accounted for over 80% of the Extra group workers' time. In addition, neither of the Extra group workers recorded time spent on Access with any relationship, Adoption related work, or Meetings with other agencies over the period of the study. In addition, 3.8% of the Extra group's time was spent on legal issues – the highest percentage recorded for any group.

Activity Listed in order of % Activity (All)	% Activity (Group)					
	Extra	First Year	Unstable	Adolescent	Stable	Adoptive
<b>Carers/ Adoptive parents</b>	<b>17.8%</b>	<b>15.2%</b>	<b>21.5%</b>	<b>24.1%</b>	<b>17.3%</b>	<b>14.7%</b>
<b>Administration</b>	<b>13.8%</b>	<b>14.2%</b>	<b>18.2%</b>	<b>15.1%</b>	<b>17.9%</b>	<b>15.3%</b>
<b>Children only</b>	<b>25.8%</b>	<b>9.5%</b>	<b>17.4%</b>	<b>17.1%</b>	<b>6.3%</b>	<b>1.0%</b>
<b>Manager</b>	<b>14.8%</b>	<b>13.4%</b>	<b>6.5%</b>	<b>11.4%</b>	<b>15.4%</b>	<b>10.0%</b>
<b>Carers/ Children together</b>	<b>8.5%</b>	<b>13.0%</b>	<b>7.6%</b>	<b>10.1%</b>	<b>10.1%</b>	<b>9.3%</b>
<b>Birth family</b>	<b>3.7%</b>	<b>6.3%</b>	<b>4.1%</b>	<b>4.9%</b>	<b>8.9%</b>	<b>13.5%</b>
<b>Access - birth parents</b>	<b>0.0%</b>	<b>6.3%</b>	<b>4.5%</b>	<b>3.9%</b>	<b>3.7%</b>	<b>7.0%</b>
<b>Adoption related</b>	<b>0.0%</b>	<b>2.1%</b>	<b>0.7%</b>	<b>1.3%</b>	<b>10.4%</b>	<b>17.3%</b>
Other	2.4%	5.2%	4.1%	0.6%	0.5%	2.4%
Supervision	3.0%	2.0%	4.2%	1.9%	5.0%	2.9%
Access - birth siblings	0.0%	2.9%	3.4%	2.9%	0.2%	1.4%
Educational issues	2.6%	2.7%	0.6%	0.8%	0.8%	0.4%
Health issues	2.4%	1.3%	2.8%	0.2%	0.0%	0.1%
Access - other	0.0%	2.0%	1.3%	0.8%	0.8%	0.3%
Counselling issues	0.1%	0.9%	1.8%	1.3%	0.5%	0.7%
Meetings - internal	1.3%	1.3%	0.3%	1.7%	1.5%	0.2%
Meetings - other agencies	0.0%	1.3%	0.8%	1.4%	0.0%	2.2%
Legal issues	3.8%	0.6%	0.3%	0.5%	0.5%	1.3%

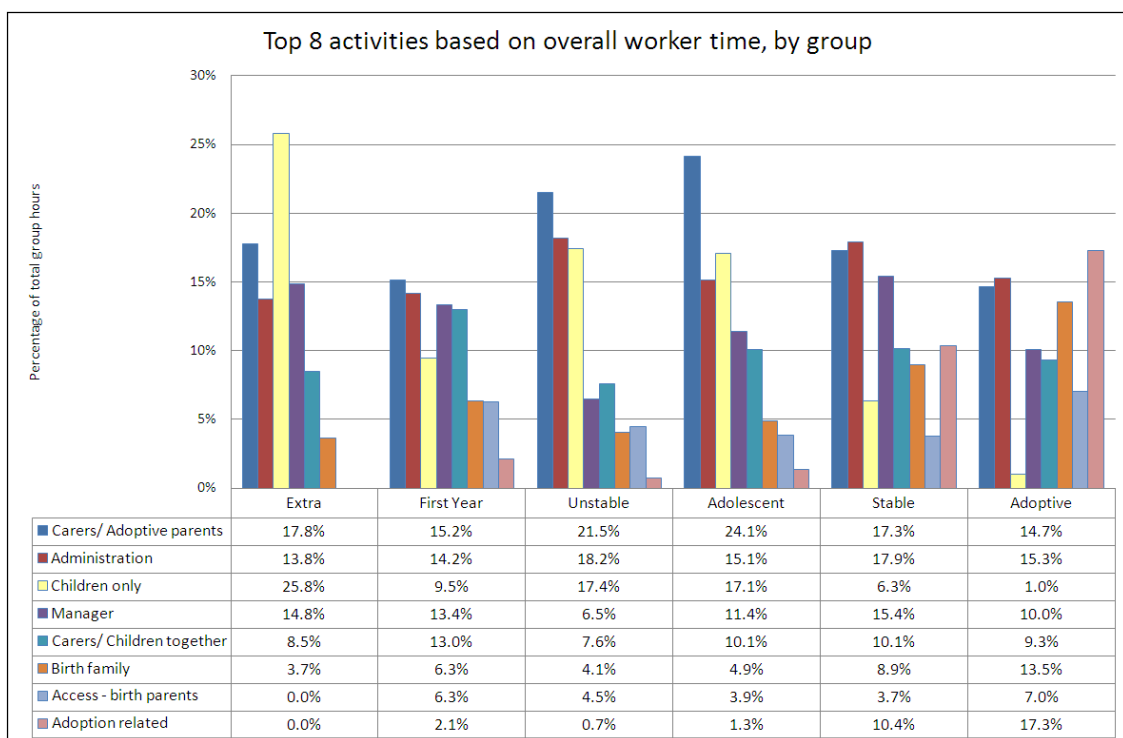
**Table D4:** Columns 2-7 show the relative percentage time workers within each group spent on the activity listed in column 1, relative to the total within their group % Activity (Group)). The order of the activities listed follow the % Activity (All) rankings, with the top eight activities according to the % Activity (All) rankings highlighted in bold print.

For the First Year group, seven of the overall top eight activities (according to % Activity (All)) accounted for 77.7% of the group's time. The only activity from the overall top eight activities outside the First Year group's top eight is adoption related work, which accounted for only 2.1% of the First Year group's work.

The priorities of both the Unstable and Adolescent groups were quite similar to the First Year group, albeit with relatively more time spent with children by themselves. For both of these groups, adoption related work dropped to a very small percentage of each group's overall times, representing only 0.7% of the Unstable group's time and 1.3% of the Adolescent group's time.

The major feature of the Adoptive group is that adoption-related work was the number one priority for this group, accounting for 17.3% of the Adoptive group's overall time. While seven of the top eight overall priorities accounted for 87.1% of the group's work, only 1% of the Adoptive group's time was spent with children only.

The Stable group was the only other group with notable time spent on adoption-related work, with 10.4% of the Stable group's overall time spent on adoption-related work. In addition, although a higher percentage of time than the Adoptive group, relatively less time was spent with children only. Otherwise the priorities of the Stable group were similar to the others, with the top eight overall activities accounting for over 90% of the Stable group's overall time.



**Figure D6:** Group percentage times for overall top eight activities ranked according to % Activity (All). The Group top 8% shown in the bottom row of the data table denotes the total percentage of the relevant group's time spent on these eight categories only.

In conclusion, it is apparent that workers do shift priorities in response to the needs of individual placements. It seems that a great deal of time is spent in the first year, with an emphasis on working with the children and their adoptive parents, but not neglecting the birth family by affording them time with the worker and access to the children. When placements are more stable, relatively more time is spent on adoption activities than during the more unstable periods. In general, the top eight activities account for between 80% and 90% of each group's activities.

### **Section 3: Worker time and placement characteristics**

#### *Placement characteristics associated with worker time*

We turn our focus to understanding the relationships between required worker support and a range of other placement characteristics, such as:

1. The gender of the child;
2. The age of the child;
3. The number of health issues associated with the child at the start of the placement;
4. The care category of the placement;
5. The intended care plan;
6. The total length of time that the child has been care;
7. The length of time that the child has been in the Find-a-Family program;
8. Whether the foster family has support for respite;
9. Worker experience.

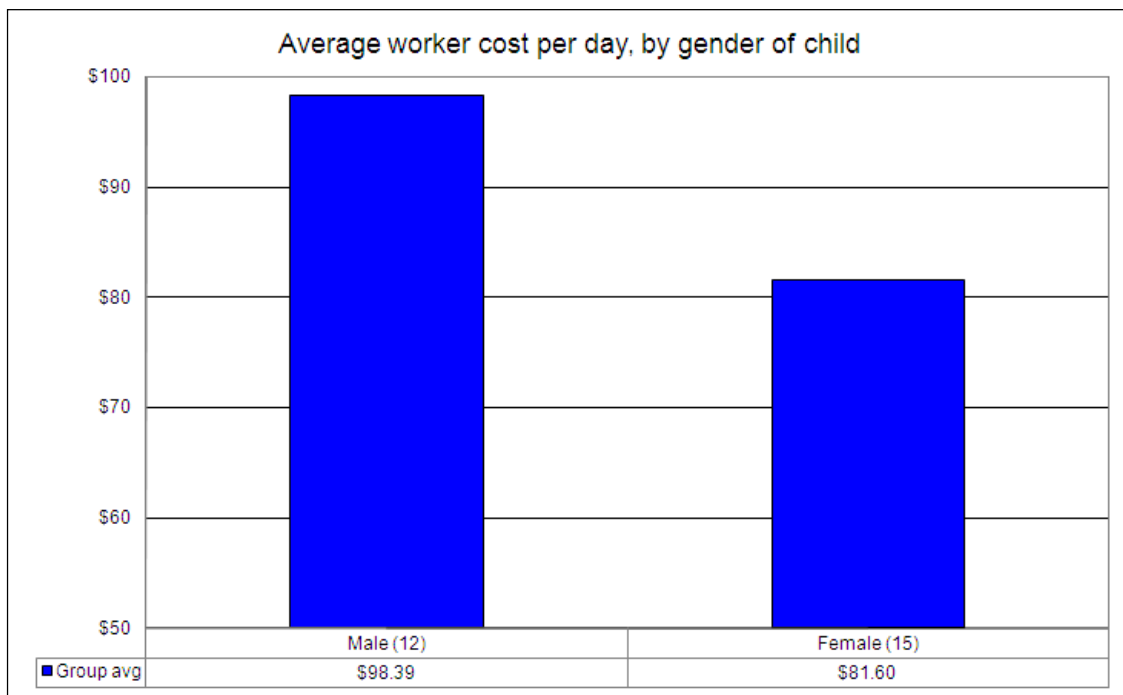
We consider the worker hours per day for cases with the same or similar characteristics, for each of the characteristics of interest. We do not make any claims regarding cause and effect, and consider factors only one at a time. With the relatively small number of cases and other limitations of the study, the possibilities to explore interactions of this type are limited.

**Worker time and cost according to gender of child**

Costs associated with the twelve (12) males and fifteen (15) females whose workers and carers participated in the study are shown in Figure D7, with the corresponding average hours per worker per day for each gender shown in Table D5. Overall, cases involving male children were slightly more demanding, with an average of 0.78 hours (47 minutes) per day for workers on cases involving male children, and an average of 0.65 hours (39 minutes) per day for workers on cases involving female children.

Gender of child	Male	Female
Average hours per day	0.78	0.65
Number of cases with children in gender category	12	15

**Table D5: Average hours per day, by gender of child:** Worker average hours per day spent on cases associated with the gender of the child in care are shown in row 2, with gender category in column heading of row 1. The number of children in each gender category is given in row 3. The average hours per day were calculated by taking the total number of worker hours recorded in all activity categories associated with cases involving children in the relevant gender category, divided by the total number of study days associated with the same cases.



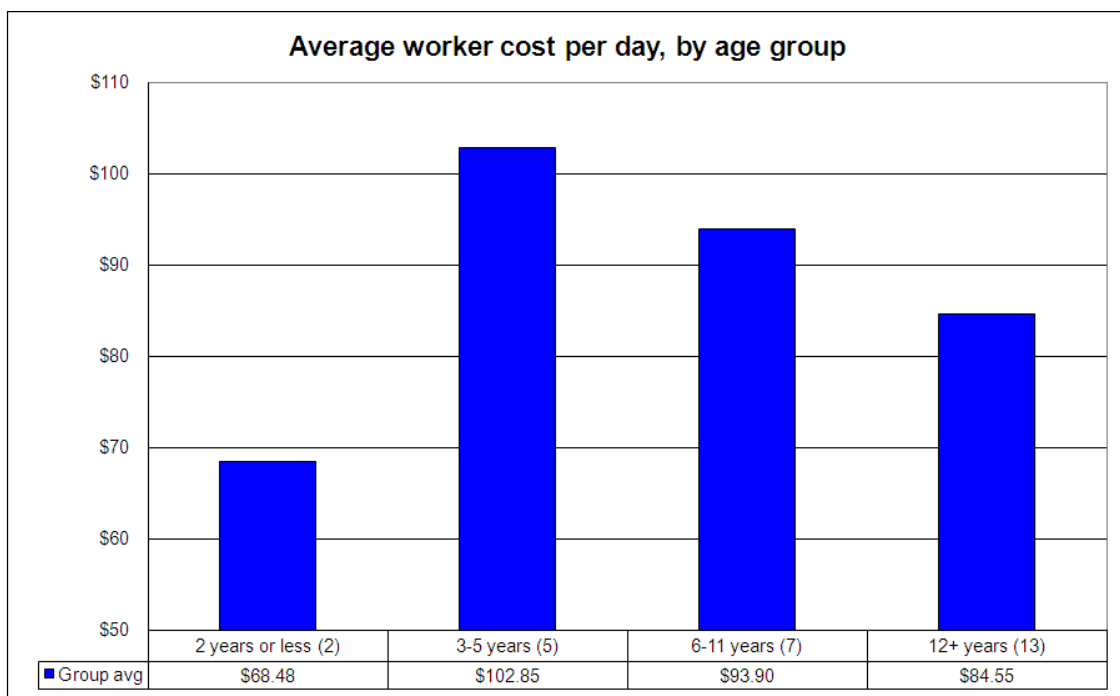
**Figure D7: Average cost per day, by gender of child:** The number of cases in each category is given in parentheses following the category label in the data table.

**Worker time and cost according to the age of the child**

The average time per day for workers was the least for cases involving children in care under the age of 2 years, as workers spent an average of 0.55 hours (33 minutes) per day on these cases. However, placements involving children in the 3-5 year age group were the most demanding, with workers spending 0.82 hours (49 minutes) per day on average. For placements with children aged 6-11 years, the workers spent an average of 0.75 hours (45 minutes) per day, and for placements with children aged 12 years or more workers spent an average of 0.67 hours (40 minutes) per day. The hours per day for each age group are shown in Table D6, with a bar chart of the associated costs shown in Figure D8.

Age group	2 years or less	3-5 years	6-11 years	12+ years
Average hours per day	0.55	0.82	0.75	0.67
Number of cases with children in age category	2	5	7	13

**Table D6: Average cost per day, by age of child:** Worker average hours per day spent on cases associated with children in care in age groups shown in row 2, with age groups denoted by column heading in row 1. The number of children in each age category is given in row 3. The average hours per day was calculated by taking the total number of worker hours recorded in all activity categories associated with cases involving children in relevant age category, divided by the total number of study days associated with the same cases.



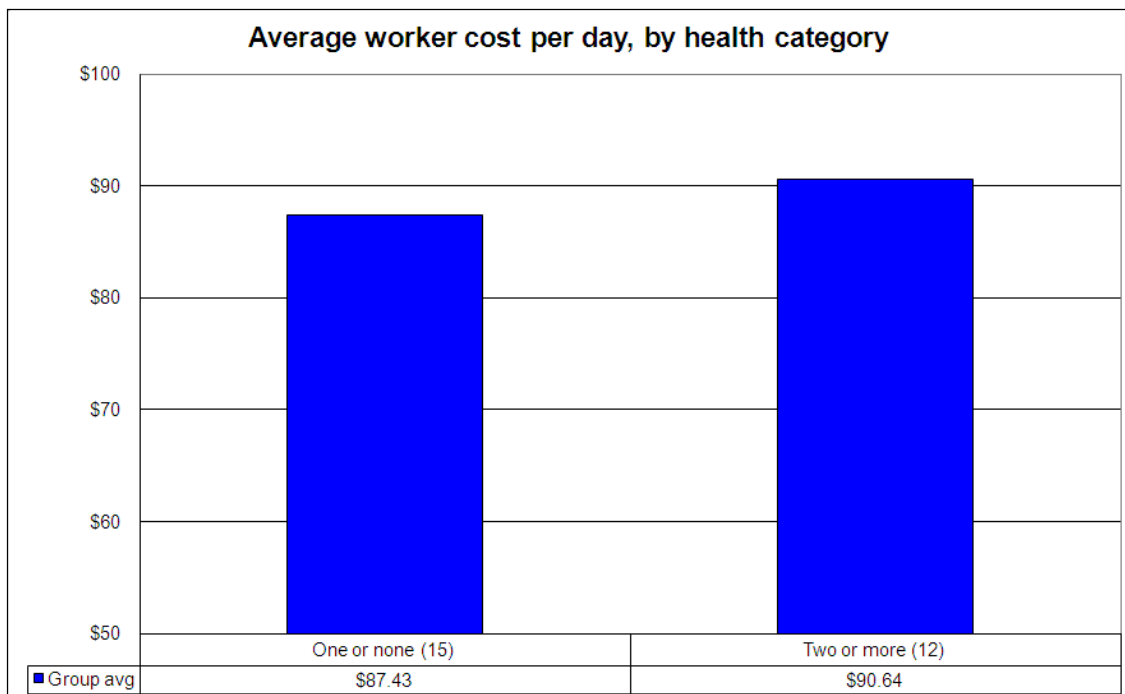
**Figure D8: Average cost per day, by age of child in care:** The number of cases in each category is given in parentheses following the category label in the data table.

***Worker time and cost according to the number of health issues associated with the child at the start of the placement***

The relationship between the average hours per day against the number of health issues identified with the child in care at the start of the placement was considered. Table D7 details the average time per day that workers spent on each case according to the number of such health issues. Note that there does not exist an obvious pattern in these average hours per day. Also, the majority of cases have only a few health issues identified, so there is little justification for considering the pattern across so many values for the health variable. We consider therefore, the average hours per day for combined values of the health variable. Figure D9 shows the average cost per day across two categories of the health variable – zero or one health issue, or two or more health issues. Not surprisingly, the costs differ only slightly, corresponding to nearly equal average hours per day for each category (0.70 hours (42 minutes) per day for one or fewer health issues, and 0.72 hours (43 minutes) per day for two or more health issues).

<b>Number of issues identified at entry to the Find-a-Family program</b>	<b>Zero</b>	<b>One</b>	<b>Two</b>	<b>Three</b>	<b>Four</b>	<b>Six</b>
<b>Average hours per day</b>	0.43	0.72	0.75	0.40	0.45	1.26
<b>Number of cases in health category</b>	2	13	7	3	1	1

**Table D7: Average cost per day, by number of health issues:** Worker average hours per day spent on cases associated with children in care according to the number of health issues identified at the time the child started the placement is shown in row 2, with group headings given in row 1. The number of cases in each category is given in row 3. The average hours per day was calculated by taking the total number of worker hours recorded in all activity categories associated with cases involving children in relevant health category, divided by the total number of study days associated with the same cases.



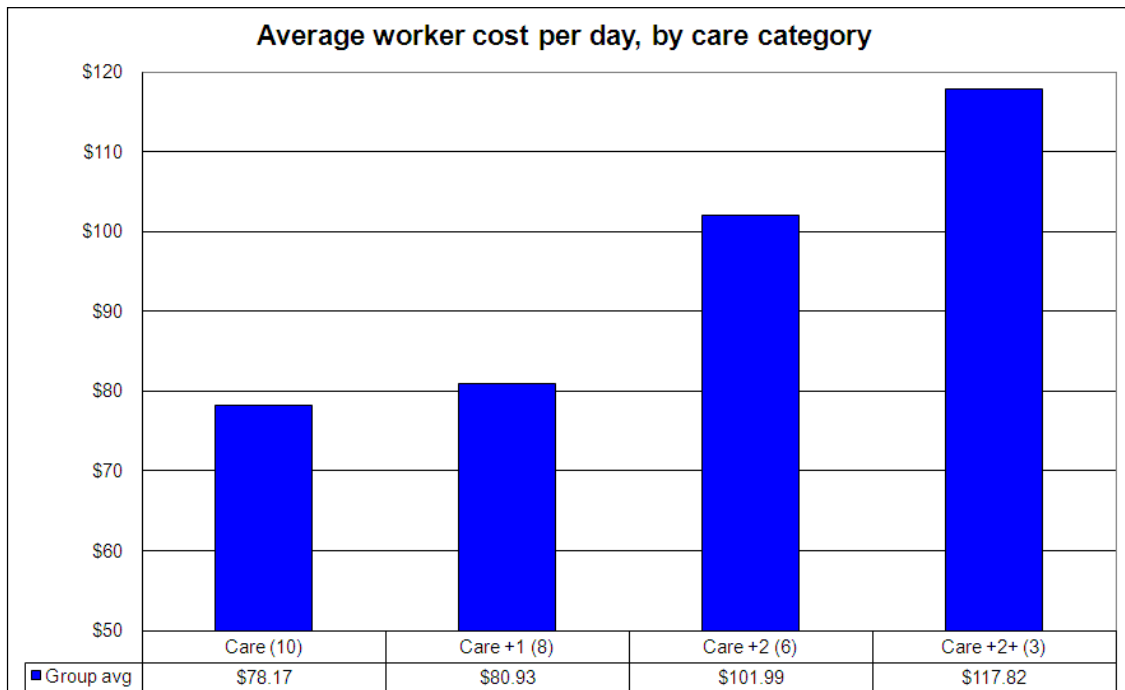
**Figure D9: Average cost per day, by health of child at start of placement:** The number of cases in each category is given in parentheses following the category label in the data table. See Table D7 for a more detailed breakdown of average hours per day spent by workers within each health category.

***Worker time and cost according to the care category of the placement***

The average hours per day spent by workers, and correspondingly the average costs per day, is higher for cases associated with more difficult care plans. Placements with Care and Care+1 ratings have similar worker average times per day, with 0.62 hours (37 minutes) and 0.64 hours (39 minutes), respectively. Workers with Care +2 and Carer +2+ category placements spent more time, with an average of 0.81 hours (49 minutes) per day for the Care +2 placements, and 0.94 hours (56 minutes) per day for the Care +2+ placements. Table D8 provides the worker average hours per day for each care-rate category, and Figure D10 shows the associated costs per day.

Care category	Care (10)	Care +1 (8)	Care +2 (6)	Care +2+ (3)
Worker average hours per day	0.62	0.64	0.81	0.94
Number of cases in care-rate category	10	8	6	3

**Table D8: Average cost per day, by care category of placement:** Worker average hours per day spent on cases associated with the care category of the placement is shown in row 2, with group headings given in row 1. The number of cases in each category is given in row 3. The average hours per day was calculated by taking the total number of worker hours recorded for all activities associated with cases in the same care category, divided by the total number of study days associated with the same cases.



**Figure D10: Average cost per day, by care category:** The number of cases in each category is given in parentheses following the category label in the data table. See Table D8 for average hours per day for each category.

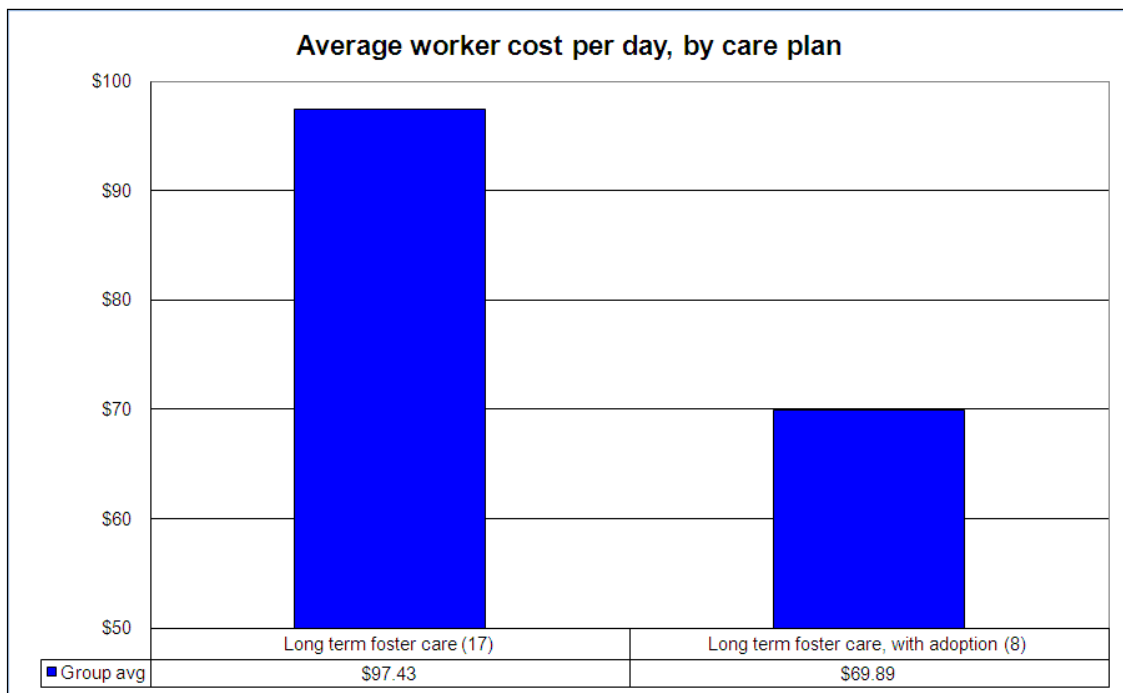
**Worker time and cost according to the intended care plan**

There are four categories of intended care plans – long term foster care, long term foster care with adoption, adoption and independence. As there was only one case each of adoption and independence case plans, we report only the average hours per day, and the associated average costs per day, for the two long term foster care based care plans.

The average time per day for workers on cases with a long term foster care with adoption care plan is lower at 0.56 hours (33 minutes per day) than is the average time per day for workers on cases with a long term foster care *without adoption* care plan, where the worker average time per day is 0.78 hours (47 minutes). See Table D9 and Figure D11.

Care plan	Long term foster care	Long term foster care, with adoption
Worker average hours per day	0.78	0.56
Number of cases in care plan category	17	8

**Table D9: Worker average hours per day, by intended care plan:** Worker average hours per day spent on cases associated with a particular care plan is shown in row 2, with care plan headings given in row 1. The number of cases in each category is given in row 3. The average hours per day were calculated by taking the total number of worker hours recorded in all activity categories associated with the relevant care plan category, divided by the total number of study days associated with the same cases.



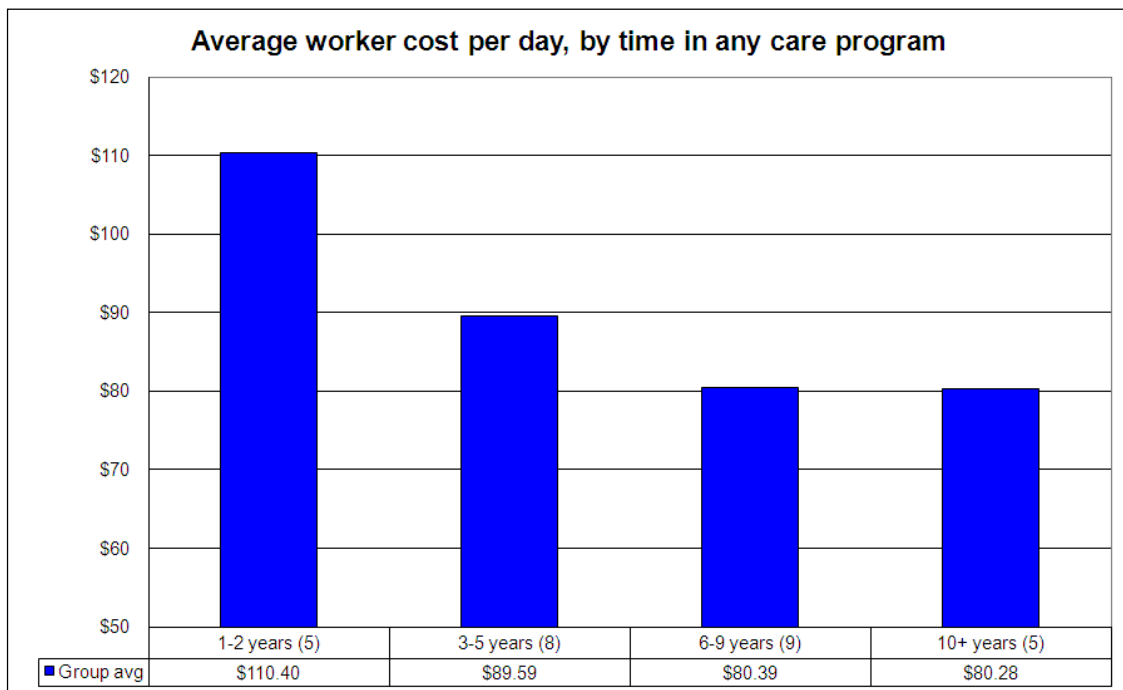
**Figure D11: Average cost per day, by care plan:** The number of cases in each category is given in parentheses following the category label in the data table. See Table D9 for average hours per day for each category.

***Worker time and cost according to the total length of time that the child has been in any care program***

The worker average hours per day appears to decline the longer the child has been in any care program. Cases where the child has less than three years of any care saw an average of 0.88 worker hours (53 minutes) per day. When the child had between three and five years in care, the worker average time was 0.71 hours (43 mins) per day, whereas for cases where the child was in care for six years or more, the worker average hours per day was 0.64 hours (38 minutes). See Table D10 and Figure D12 for further details.

<b>Time in any care program as of 1/1/2009</b>	<b>1-2 years</b>	<b>3-5 years</b>	<b>6-9 years</b>	<b>10+ years</b>
<b>Worker average hours per day</b>	0.88	0.71	0.64	0.64
<b>Number of cases in care duration category</b>	5	8	9	5

**Table D10: Worker average hours per day, by total length of time child in care:** Worker average hours per day associated with placement time child spent in any care as of 1/1/2009 is shown in row 2, with care duration headings given in row 1. The number of cases in each category is given in row 3. The average hours per day was calculated by taking the total number of worker hours recorded in all activity categories associated with the relevant care duration category, divided by the total number of study days associated with the same cases.



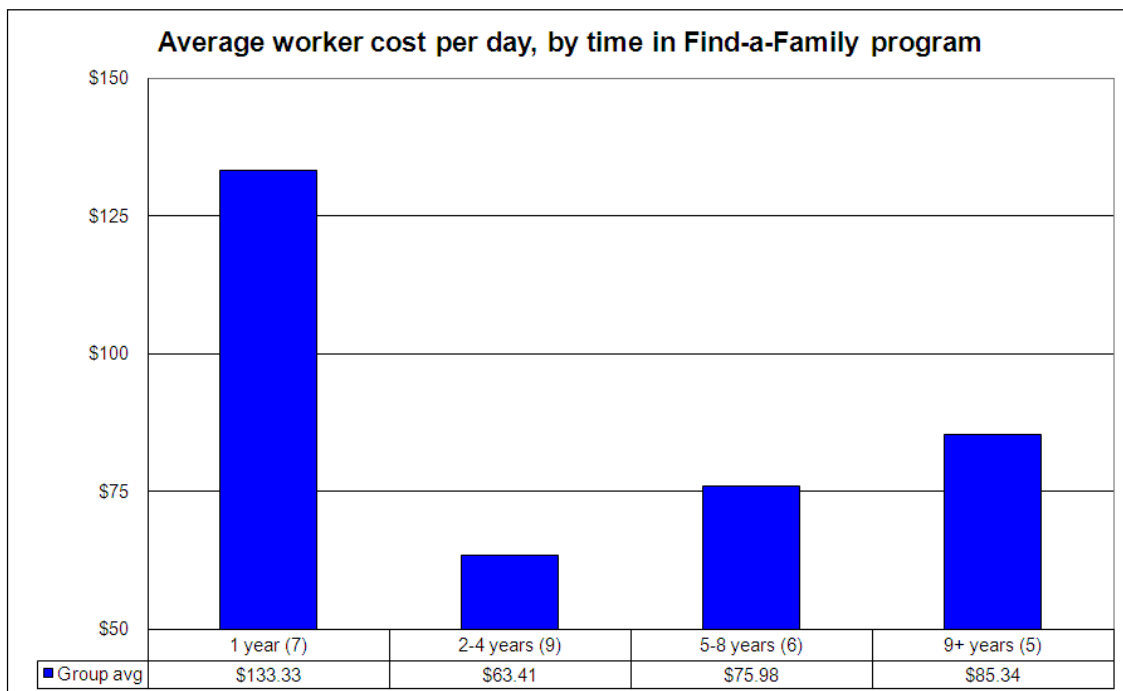
**Figure D12: Average cost per day, by time in any Care program:** The number of cases in each care duration category is given in parentheses following the category label in the data table. See Table D10 for average hours per day for each category.

***Worker time and cost according to the length of time that the child has been in the Find-a-Family program***

Overwhelmingly, the largest number of worker hours is spent in the first year of a child or young person’s entry to the Find-a-Family program, with 1.06 hours (64 minutes) per day spent on average with those cases. The average time per day decreases dramatically in the remaining years, with an worker average time of 0.50 hours (30 minutes) in the subsequent three years of the placement, and 0.60 hours (36 minutes) for placements in their fifth through eighth years in the Find-a-Family program. Average costs tend to increase significantly in the longer term for those cases that remain in the Find-a-Family program for nine years or more, to the average of 0.68 hours (41 minutes) per day. See Table D11 and Figure D13.

<b>Time in the Find-a-Family program</b>	<b>1 year</b>	<b>2-4 years</b>	<b>5-8 years</b>	<b>9+ years</b>
<b>Worker average hours per day</b>	1.06	0.50	0.60	0.68
<b>Number of cases in FaF program duration category</b>	7	9	6	5

**Table D11: Worker average hours per day, by length of time child in Find-a-Family program:** Worker average hours per day associated with time placement in the Find-a-Family program is shown in row 2, with program duration headings given in row 1. The number of cases in each category is given in row 3. The average hours per day was calculated by taking the total number of worker hours recorded in all activity categories associated with the relevant Find-a-Family program duration category, divided by the total number of study days associated with the same cases.



**Figure D13: Average cost per day, by time in the Find-a-Family program:** The number of cases in each Find-a-Family program duration category is given in parentheses following the category label in the data table. See Table D11 for average hours per day for each category.

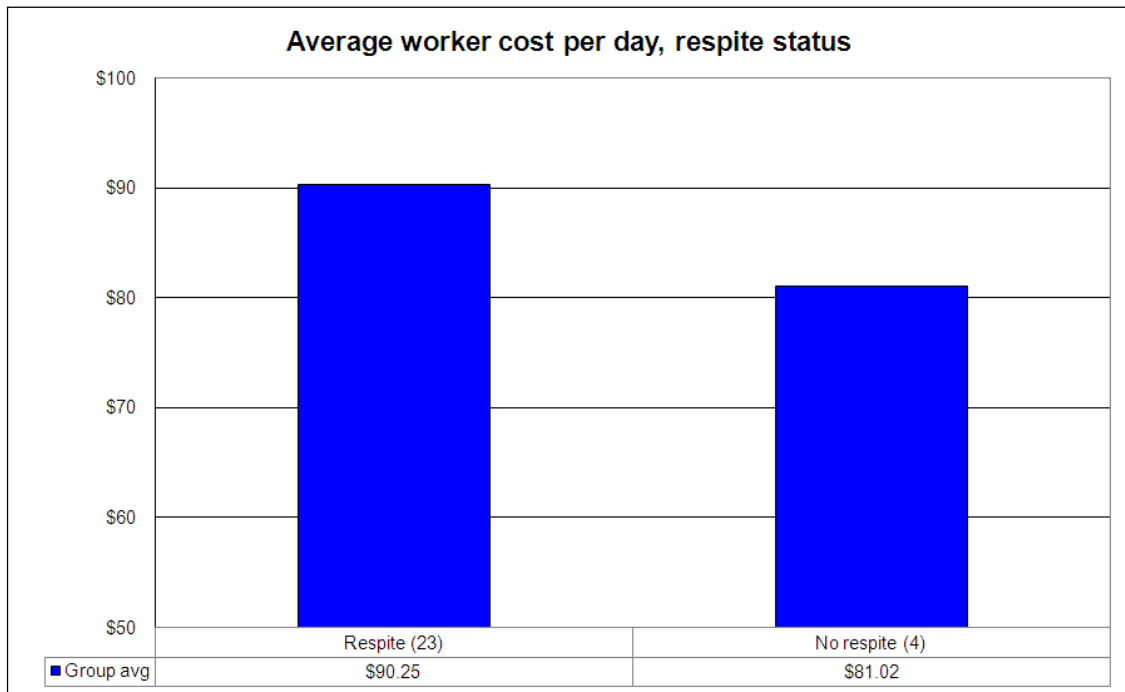
***Worker time and cost according to whether the foster family has support for respite***

The worker average hours per day appears less for those placements without respite support, with 0.72 hours (43 minutes) per day provided for those with respite support, and an average of 0.65 hours (39 minutes) per day provided for those without respite support. See Table D12 and Figure D14.

Note, however, that 85% (23 of 27) cases had respite support, so the estimate of the difference may not be very accurate.

<b>Respite support provided</b>	<b>Respite</b>	<b>No respite</b>
<b>Average worker hours per day</b>	0.72	0.65
<b>Number of cases respite support category</b>	23	4

**Table D12: Worker average hours per day, by respite support:** Worker average hours per day spent on cases associated with respite/no respite support is shown in row 2, with respite support category headings given in row 1. The number of cases in each category is given in row 3. The average hours per day was calculated by taking the total number of worker hours recorded in all activity categories associated with the relevant respite support category, divided by the total number of study days associated with the same cases.



**Figure D14: Average cost per day, by respite support:** The number of cases in the respite support category is given in parentheses following the category label in the data table. See Table D13 for average hours per day for each category.

***Worker time and cost according to worker experience.***

A clear relationship between worker experience and worker average hours per day is not apparent. Professional worker experience (defined by years of experience at Barnardos and salary level) at the most senior level is associated with the smallest worker average hours per day (0.59, or 35 minutes) relative to more junior worker experience classifications, but workers with the middle classification of ‘Experienced’ reported 0.79 hours (47 minutes), more than that reported for the ‘Novice’ classification who recorded 0.75 hours (45 minutes) on average, per day. See Table D13 and Figure D15.

<b>Worker experience category</b>	<b>Novice</b>	<b>Experienced</b>	<b>Senior</b>
<b>Average worker hours per day</b>	0.75	0.79	0.59
<b>Number of cases in worker experience category</b>	9	10	7

**Table D13: Worker average hours per day, by worker experience:** Worker average hours per day according to worker experience classification shown in row 2, with worker experience category headings given in row 1. The number of cases in each category is given in row 3. The average hours per day was calculated by taking the total number of worker hours recorded in all activity categories associated with the relevant worker experience category, divided by the total number of study days associated with the same cases.



**Figure D15: Average cost per day, by worker experience:** The number of cases in the worker experience category is given in parentheses following the category label in the data table. See Table D14 for average hours per day for each category.

## Individual worker summaries

In the following six tables D14-D19, the following statistics were obtained from the original worker data:

**Case** – each of the 27 children in care for whom worker and carer data was collected was given a unique identifier. The first part of the identifier contains two letters, indicating the study group (TN – Adolescent, FY – First Year, UN – Unstable, ST – Stable, AD – Adoptive, XX – Extra) and is followed by a single digit (1-5) indicating the individual case within the group.

**Study days** – also known as *actual study days*, corresponds to the number of days when the worker is available to work, the corresponding child is in the care of the nominated foster carer and worker time was recorded. Days nominated as ‘time off in lieu’ (TOIL) are included in the number of study days.

**Total hours on all study days** – the total of all hours on all activities for the worker over all study days. Also includes any hours recorded outside of working hours as well as any recorded relevant manager time spent on case on any day.

**Average hours per study day** – calculated for each individual as follows:

$$\text{Average hours per study day (across all activities)} = \frac{\text{Total hours (across all activities) recorded}}{\text{Total study days}}$$

**Maximum hours on single study day** - the maximum number of hours the worker reported on any individual study day for the case. Note that more than one worker may have provided a service to the family – therefore hours/days are sometimes greater than 24.

**Additional worker hours outside study days** – the total of any hours reported by the worker only on days other than official study days.

**Additional manager hours outside study days** – the total of any hours reported by the manager only on days other than official study days.

Note that for group totals, the definitions are the same, but the relevant totals are taken with respect to the whole group. Similarly, for the All placements case, the definitions are relevant to totals taken over all 27 cases.

### Adoptive group – Worker Times

Case	AD1	AD2	AD3	AD4	AD5	Adoptive Group
Study days	177	190	178	158	191	894
Total hours	63	80.75	65.5	94.75	106.5	410.5
Average hours per study day	0.36	0.43	0.37	0.60	0.56	0.46

**Table D14: Descriptive statistics for the Adoptive group.** Columns 2-6 correspond to worker times for the individual child/young person indicated by the ID in row 1. The last column corresponds to all five children/young people in the Adoptive group.

### First Year group – Worker Times

Case	FY1	FY2	FY3	FY4	FY5	First Year Group
Study days	131	224	173	193	180	901
Total hours	155.75	254.4	142.25	118.75	240.75	911.9
Average hours per study day	1.19	1.14	0.82	0.62	1.34	1.01
Maximum hours on single study day	15.0	11.0	7.5	6.25	7.5	15.0

**Table D15: Descriptive statistics for the First Year group.** Columns 2-6 correspond to worker times for the individual child/young person indicated by the ID in row 1. The last column corresponds to all five children/young people in the First Year group.

### Stable group – Worker Times

Case	ST1	ST2	ST3	ST4	ST5	Stable Group
Study days	189	159	164	109	197	818
Total hours	61.15	61.15	88.5	75.75	93.9	380.45
Average hours per study day	0.32	0.38	0.54	0.69	0.48	0.47
Maximum hours on single study day	6.25	3.25	7.0	7.0	4.75	7.0

**Table D16: Descriptive statistics for the Stable group.** Columns 2-6 correspond to worker times for the individual child/young person indicated by the ID in row 1. The last column corresponds to all five children/young people in the Stable group.

### Adolescent group – Worker Times

Case	TN1	TN2	TN3	TN4	TN5	Adolescent Group
Study days	189	145	173	188	188	883
Total hours	109.75	86.75	53.75	88.75	94.75	433.75
Average hours per study day	0.58	0.60	0.31	0.47	0.50	0.49
Maximum hours on single study day	10.0	10.0	4.5	7.25	5.0	10.0

**Table D17: Descriptive statistics for the Adolescent group.** Columns 2-6 correspond to worker times for the individual child/young person indicated by the ID in row 1. The last column corresponds to all five children/young people in the Adolescent group.

### Unstable group – Worker Times

Case	UN1	UN2	UN3	UN4	UN5	Unstable Group
Study days	189	177	161	172	178	877
Total hours	160.5	123	98.25	225.75	190.25	797.75
Average hours per study day	0.85	0.69	0.61	1.31	1.07	0.91
Maximum hours on single study day	14.5	5.0	9.0	17.0	11.5	17.0

**Table D18: Descriptive statistics for the Unstable group.** Columns 2-6 correspond to worker times for the individual child/young person indicated by the ID in row 1. The last column corresponds to all five children/young people in the Unstable group.

### Extra group – Worker Times

Case	XX1	XX2	Extra Group	All placements
Study days	94	170	264	4637
Total hours on all study days	124.75	223.75	348.5	3282.85
Average hours per study day	1.33	1.32	1.32	0.71
Maximum hours on single study day	8.0	24.5	24.5	24.5

**Table D19: Descriptive statistics for the Extra placements, and for all placements in study.** Columns 2-3 correspond to worker times for the individual child/young person indicated by the ID in row 1. Column 4 corresponds to both children/young people Extra group. Column 5 corresponds to All 27 placements in study.

## Appendix E – Detailed report on carers’ data

### Section 1: Carer time overall and by group

#### *Overview of carer data*

The hours of support provided by carers during the study period for all but one of the cases in the study were recorded using the weekly carer diaries (see Appendix C). These weekly diary sheets contain five broad categories, including access with birth family, respite arrangements, meetings/appointments relating to the child, school exclusions, and an ‘other’ category. The meeting/appointments category contained ten specific subcategories (counselling, medical, dentist, speech pathology, occupational therapy, school/tutoring, case reviews/planning, support group, case workers, training) along with another ‘other’ category specifically for meetings/appointments. In total the carer diaries provide information regarding fifteen activity categories. This report concerns the analysis of the carer diaries in terms of the average time per day carers spent on foster care activities (i.e. activities which were more than ‘ordinary’ parenting) and the relative proportion of time spent on different kinds of activities.

Only one carer sheet was completed for each carer family. Hence, when a ‘carer’ is referred to in this report, it is understood to include all input from the carer family.

#### *Actual carer study days*

As with the worker data, there was some variation for when individual cases entered and exited the study, so the number of days where data are available from a carer differs for each case. Table E1 displays the number of days the carer was involved with the study (potential carer days), the number of missing days, the number of days when the child was away<sup>18</sup> from the carer, and the resulting total number of actual carer study days available. We refer to these as *carer study days*, or simply as *carer days*. All weekend days and public holidays are included in the carer information, with a total of 6,433 carer days included across all participating carers. The number of carer days for an individual carer in the study ranges between 98 days and 364 days, however the average number of carer days per carer is about 247 days.

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<sup>18</sup> There were two instances when the carer reported the child was away from the foster family for an extended period and carer hours were therefore not recorded.

STUDY ID	Carer days available	Potential carer days	Missing days	Percent missing	Days child away
AD1	216	244	28	11.5%	0
AD2	287	287	0	0.0%	0
AD3	301	301	0	0.0%	0
AD4	245	287	42	14.6%	0
AD5	288	288	0	0.0%	0
FY1	180	201	21	10.4%	0
FY2	364	385	21	5.5%	0
FY3	248	287	28	10.1%	11
FY4	287	287	0	0.0%	0
FY5	273	287	14	4.9%	0
NM1	288	288	0	0.0%	0
NM2	236	288	21	8.2%	31
NM3	245	252	7	2.8%	0
NM4	206	238	32	13.4%	0
NM5	287	287	0	0.0%	0
TN1	287	287	0	0.0%	0
TN2	191	191	0	0.0%	0
TN3	210	259	49	18.9%	0
TN4	273	287	14	4.9%	0
TN5	287	287	0	0.0%	0
UN1	98	98	0	0.0%	0
UN2	148	211	63	29.9%	0
UN3	280	280	0	0.0%	0
UN4	273	287	14	4.9%	0
UN5	287	287	0	0.0%	0
XX1	0	0	0		0
XX2	148	148	0	0.0%	0

**Table E1: Summary of data available for carers.** The first column indicates the individual case ID and column two provides the associated number of *actual carer study days* (or simply *carer days*) for the case. The carer days were derived from the number of *potential carer study days* (column 3), which are consecutive days from first available carer data sheet to last available information for the same placement. *Missing days* (column 4) refers to days where no information is available, with *Percent missing* (column 5) equal to the number of *missing days* relative to the sum of *missing days* and *carer days*, expressed as a percentage. *Days child away* is shown in column 6.

### ***Total carer hours across all carer days***

Over the course of the study period, 7,962.1 hours were recorded by the carers associated with the 26 cases. The greatest number of hours per day was recorded by a carer in the First Year group, with 1819.7 hours recorded over 273 carer days. The least number of hours was recorded by a carer associated with the Stable group, having recorded 42.25 hours over 288 carer days. These extremes highlight the diversity of carer hours recorded within the sample.

### ***Carer activity***

Some carers recorded a high percentage (in the most extreme case, more than 50%) of their time on activities in the 'other meetings/appointments' category or the general 'other' category. Where it was clear what was intended by the description of activity, and if that activity corresponded to an existing category, the recorded hours were moved to the corresponding (non-other) category. For example, many carers reported time spent on phone calls to their case worker – these times were re-allocated to the 'meeting with caseworkers' category. Where activities did not have a clear match to an existing category, the hours were left in their original 'other' category.

### ***Additional hours recorded in 'other' category on carer days***

In addition, and in contrast to the worker activity, even after re-allocating as many hours as possible from the 'other meetings/appointments' category or the general 'other' category, a large number of hours remained for some carers. However, upon closer inspection of the types of activities listed, it was felt that many would fall under what might be called 'typical parental responsibilities', and were not particular to the needs of a child in foster care. These activities include, for example, sport activities, play dates, birthday parties, religious activities, movies, shopping, laundry, etc. Some carers reported a large number of hours for these types of activities, whereas others did not include any activities of this type. Hence, for the purpose of making comparisons across placement characteristics, we have excluded such activities from the tally of hours, accounting for a total of 1,233.45 excluded hours.

The hours from each of the original 'other meetings/appointments' category and the general 'other' category that were not excluded, were combined into a single 'other' category for inclusion in the analysis of carer activity.

### ***The maximum hours per activity, per day, per carer***

There were several instances where carers recorded more than 24 hours per day, in many cases due to extended access visits of siblings or other relatives of the child. While it is possible that multiple carers within one carer family were required to spend such large numbers of hours on specific occasions, to mitigate the potential for extreme differences in interpretation of the various activity categories, we have restricted the number of hours

spent by a carer family on any activity on any given day to a maximum of 16 hours. Similarly, the total number of hours on any given day across all activities is restricted to 16 hours.<sup>19</sup> While this may serve to underestimate the total number of hours typically required by carers, it is felt that it is unlikely that the demands on the carer were constant over such extended hours and that the reduced number is more likely to reflect the intensive support above and beyond ordinary parenting that this study aims to capture. A total of 858.5 hours across all carers were excluded for this reason.

### *Average hours per carer per day*

After excluding hours more than sixteen per carer per day and hours in the excluded other category, a total of 5870.15 hours remained, corresponding to an average of 0.91 hours, or 55 minutes per carer per day, including weekend days.<sup>20</sup> However, the average number of (included) carer hours per carer day varies considerably for each case. Detailed information regarding the hours recorded for each carer are given in Tables E6 to E11. Table E2 below provides a summary of the total carer hours, according to the five (original) study groups, with the full carer group summarised in the final ('Overall') column. Note that with only one Extra group case in the carer study, a summary of the Extra group is not provided. The carer hours from the individual case (XX2) are reported in Table E11, and are included in the overall total in the last column of Table E2.

Figure E1 displays a summary of the average number of hours per carer day for each carer in the study by study group, corresponding to row 2 of Table E2. Clearly the First Year group has the highest average hours per day than any other group, with the average hours per carer per day of 1.70 hours (1 hour and 42 minutes). This is more than double that of the Adolescent group, having a group average of 0.74 hours (44 minutes) per carer per day, and over five times as much as the average hours from the Stable group of 0.38 hours (23 minutes) per carer per day.

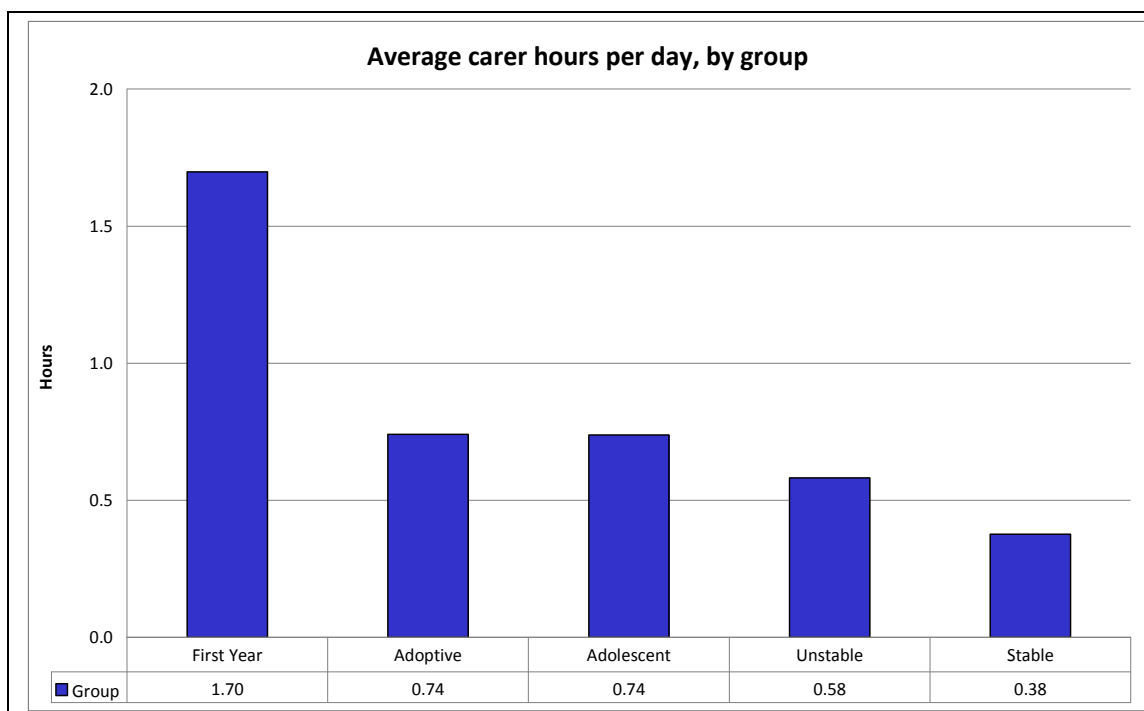
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<sup>19</sup> For an individual carer, restricting each activity category to a maximum of 16 hours per day and then restricting the daily total hours across all activities to a maximum of sixteen gives the same total as simply restricting the daily total across all activities to a maximum of sixteen hours. However, it is important to make the restriction of individual activities being less than 16 hours per day when comparing different activity categories aggregated across days.

<sup>20</sup> Note that this average may not be representative of the entire Barnardos Find-a-Family program, as the average hours per carer per day varies considerably across different characteristics. Due to the sampling structure of the study, the sample of carers does not proportionately reflect the distribution of carers in the program.

	First year group	Adoptive group	Adolescent group	Unstable group	Stable group	All (incl XX2)
Average hours per carer day	<b>1.70</b>	<b>0.74</b>	<b>0.74</b>	<b>0.58</b>	<b>0.38</b>	<b>0.91</b>
Available carer days	1352	1337	1248	1086	1262	6433
Total hours across all carer days	2504	973.75	953.65	577	457.5	5870.15
Maximum hours on single carer day	16.0	16.0	16.0	16.0	16.0	16.0
Additional hours recorded over 16 hours per day	558.75	121.0	37.75	18.0	32.0	858.5
Additional hours recorded in 'other' category on carer days	669.95	444.0	51.0	44.0	20.5	1233.45
Number of cases	5	5	5	5	5	26

**Table E2: Summary of carer hours for each study group, and overall.** Each of columns 2 through 6 relate to the study group named in row 1, with the value of entry in each column given by the description in column 1. The carer average hours per carer day for each group in row 2 is highlighted in bold print. The carer average hours per day is calculated as a simple average of the individual (time) averaged carer hours per day for each carer in the group.

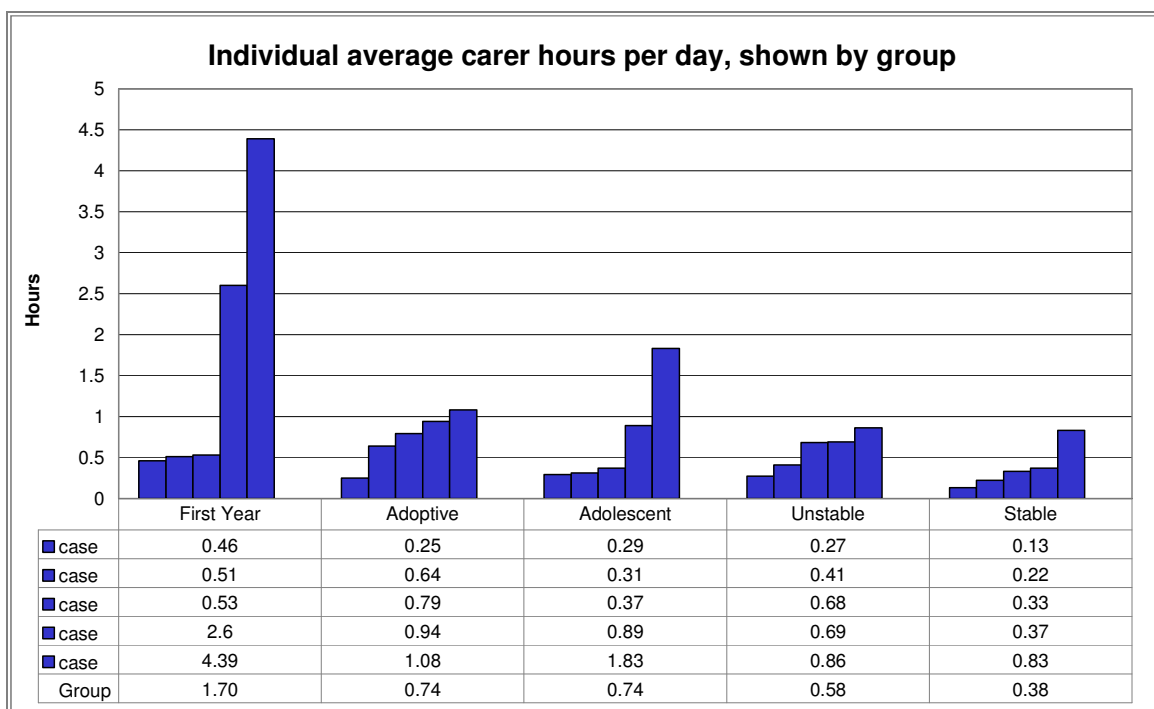


**Figure E1: Carer average hours per day.** Each vertical bar corresponds to the average hours per carer per day recorded over the study period.

Also, the average number of hours per day can vary considerably even within the same study group. Consider Figure E2, where the individual average hours per day for each

carer are clustered according to study group. It appears that the average hours per carer day for the First Year group is greatly influenced by the two cases with very large average values, as the other three cases have average hours around 30 minutes per day. Similarly, both the Adolescent and Stable groups show several cases with average times less than 30 minutes per day, and relatively few other cases with more extreme values. In contrast, the Adoptive and Unstable groups have cases with average hours per day that are more alike, with the majority of cases in each group showing an average of greater than 30 minutes per carer per day.

As with the worker data, carer hours vary considerably over time. The time series plots of the individual carer hours per day can be seen in Figures E14 to E18.



**Figure E2: Carer average hours per carer day.** Each vertical bar corresponds to the average hours per day recorded by a carer. Each bar is grouped according to the study group, with the original five study groups presented in order of highest overall group average hours per carer day, and with the individual cases sorted within group from smallest to largest average hours per day. Note that the overall average of the individual carer average values from the group is listed in the last row of the data table accompanying the bar chart.

## **Section 2: Carer time, by activity**

In this section the relative time that each carer spent on each of the fourteen activity categories of interest is considered, both over all carers and by group. The goal of this analysis is to gain a better understanding of the relative importance of the different activities of the carers, relative to the study group. In Section 1, it was demonstrated that the actual times spent by individual carers can be quite different, even within the same study group. In this section we look for patterns in the relative importance of each activity across all carers, and for the study group. Differences in the relative time spent on activities for the different groups of carers serves to highlight the dominant concerns or issues facing carers of children in each group.

The analysis here considers the range of activities undertaken by carers throughout the study period. In Section 1 (and also in Section 3), we noted that the total number of hours per day for carers was capped at 16 hours. However, when considering the total number of hours across a day, related to individual activities, rather than cap each daily total of hours to 16, here the total number of hours for any particular activity has been restricted to a maximum of 16 hours on each day. If these individual activity times are aggregated up to the total number of hours for each activity across all days for each carer, there may be some cases<sup>21</sup> where the total number of hours could exceed 16 on any given day.

### ***Activity categories***

To report the findings, the hours attributable to meetings/appointments relating to the 'case reviews/planning meetings' and 'meetings with case workers' were combined into a category called 'case management'. In addition, all hours attributable to meetings/appointments relating to 'dentist', 'speech pathology', occupational therapy', or any indicated appointments with other allied health professionals<sup>22</sup> were combined into a category called 'allied health'. Finally, hours recorded under meetings/appointments relating to 'school/tutoring' and any hours attributable to 'amount of time when child suspended/expelled from school' were combined together into a 'school' category. This resulted in ten distinct categories of activities, as shown in Table E3.

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<sup>21</sup> However, this only occurred on a very small percentage of days, and with a very small number of hours exceeding 16 on any given day.

<sup>22</sup> Examples of allied health professionals include physiotherapist and dietician.

Original data sheet heading	Activity label
Access with birth family	Access
Respite	Respite
Meetings/appointments relating to the child - counselling	Counselling
Meetings/appointments relating to the child - medical	Medical
Meetings/appointments relating to the child - dental	Allied health
Meetings/appointments relating to the child - speech pathology	
Meetings/appointments relating to the child - occupational therapy	
Meetings/appointments relating to the child - school/tutoring	School
Time expelled from school	
Meetings/appointments relating to the child - case reviews/ planning meetings	Case management
Meetings/appointments relating to the child - meetings with caseworkers	
Meetings/appointments relating to the child - support group meetings	Support group
Meetings/appointments relating to the child - training	Training
Meetings/appointments relating to the child - other	Other <sup>23</sup>
Other	

**Table E3:** Mapping of original carer activity categories to activity labels used in data summary.

### *Carer time, by activity*

The % Carer Activity (ID), associated with a particular activity and carer, is defined as the total of that carer's time spent on the activity over the study period divided by the total hours<sup>24</sup> for that carer for all activities over the study period, expressed as a percentage. That is:

$$\% \text{ Carer Activity (ID)} = \frac{\text{Time carer (ID) spent on particular activity}}{\text{Total carer (ID) time on all activities}} \times 100\%$$

Next, we define:

$$\begin{aligned} \text{Average \% Carer Activity} = & \frac{1}{26} (\% \text{ Carer Activity (FY1)} + \% \text{ Carer Activity (FY2)} \\ & + \dots + \% \text{ Carer Activity (NM1)} + \% \text{ Carer Activity (NM5)} \\ & + \% \text{ Carer Activity (XX2)}). \end{aligned}$$

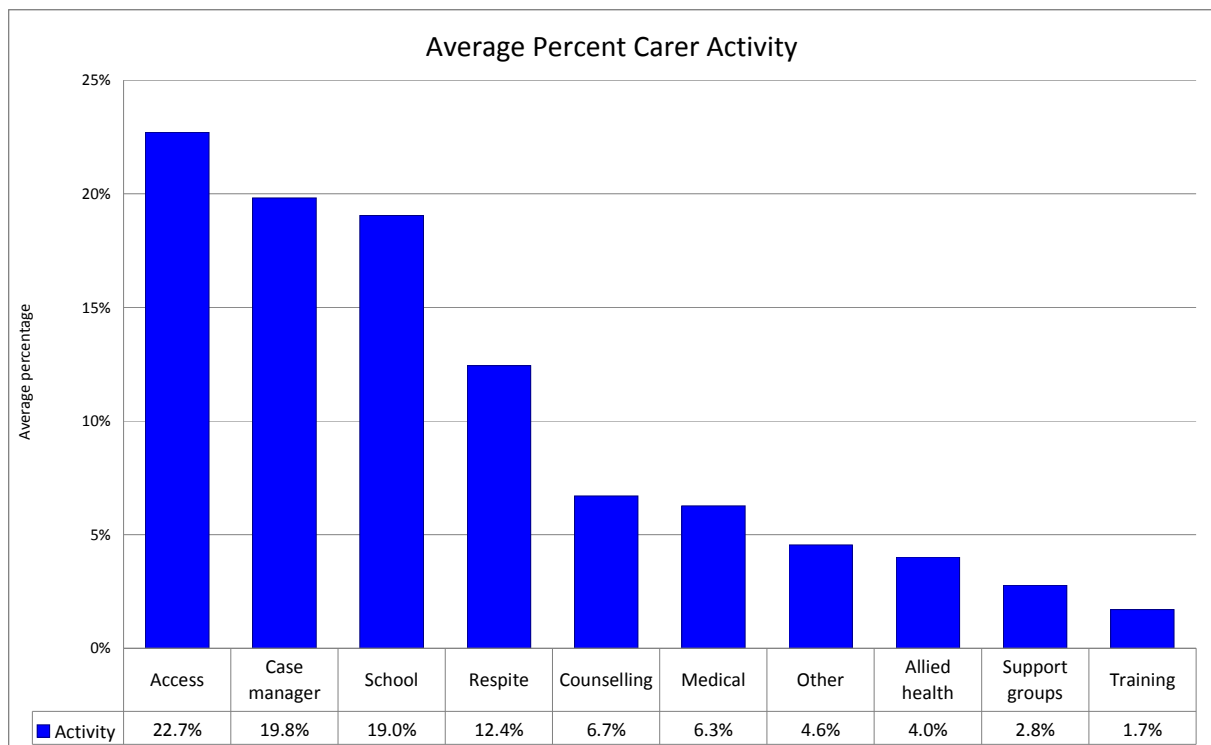
The notation above indicates that all twenty-six carer % Carer Activity (ID) values, all relating to the same activity category, have been averaged together to obtain the single overall Average % Carer Activity measure. These summary measures are given in Table E4 and a graph of Average % Carer Activity is shown in Figure E3. From these we see that an average of 74% of each carer time is spent on access, case management, school and respite. Medical and allied health appointments together account for 10.3% of carer time, on average, and counselling is reported for an average of 6.7% of carer activity.

<sup>23</sup> Other examples were included only where deemed relevant to study.

<sup>24</sup> Total hours here refers to the sum of all hours recorded on all activities, except for any activities in the excluded 'other' category, or hours greater than 16 for any single activity on any single day.

Rank	Activity	Average % Carer activity	Cumulative percent
1	Access	22.7%	22.7%
2	Case management	19.8%	42.5%
3	School	19.0%	61.6%
4	Respite	12.4%	74.0%
5	Counselling	6.7%	80.7%
6	Medical	6.3%	87.0%
7	Other	4.6%	91.5%
8	Allied health	4.0%	95.5%
9	Support groups	2.8%	98.3%
10	Training	1.7%	100.0%

**Table E4: Carer time by activity.** Percentage time for all carer activities (*Average % Carer activity*) based on average of individual % carer activities across all cases. Rank in column 1 relates to the rank from largest to smallest activity average percentage. Cumulative percent in column 4 demonstrates that the top four activities accounted for 74% of carer time, on average.



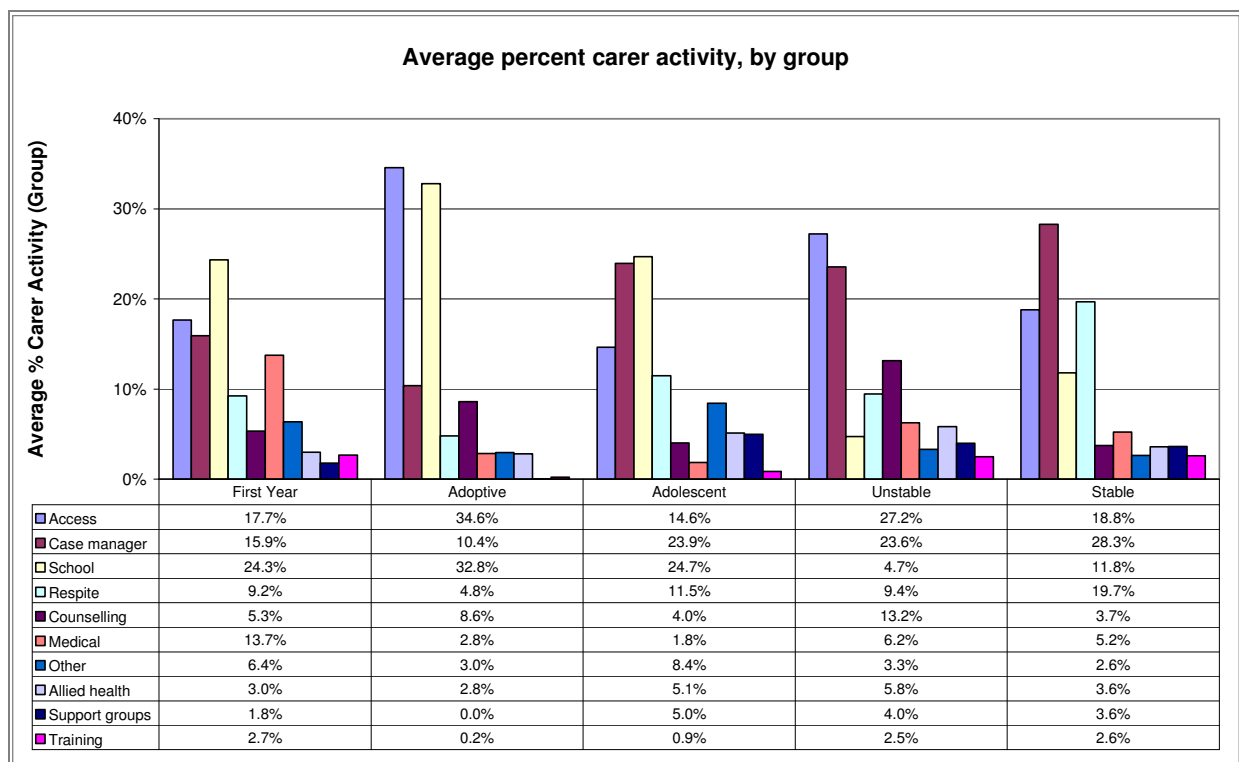
**Figure E3: Average percent carer activity.** Each vertical bar corresponds to the percentage of hours per carer day spent on each activity area for each carer, averaged across all carers. The bars are ordered according to the rank activity shown in Table E3.

### *Carer activity, by group*

The activity of carers according to the type of study group is also considered using a simple average of the % Carer activities (*ID*) for each category across the relevant group members (i.e. those with the same two letter prefix). The group summary measure is referred to as *Average % Carer Activity (Group)*. For example, for the First Year group:

$$\text{Average \% Carer Activity (First Year)} = \frac{1}{5} (\% \text{ Carer Activity (FY1)} + \% \text{ Carer Activity (FY2)} + \% \text{ Carer Activity (FY3)} + \% \text{ Carer Activity (FY4)} + \% \text{ Carer Activity (FY5)})$$

The *Average % Carer Activity (Group)* is shown for each group in Figure E4, with the individual activities listed in order of the rank from largest to smallest *Average % Carer Activity* from Table E4.



**Figure E4: Average % Carer Activity, by group.** Each vertical bar corresponds to the average of the percentage hours for the corresponding activity for all carers in the group indicated by the group label in the top row of the data table. The average percent carer activities for each group is presented in order of highest overall group average hours per carer day, and with the individual activities for each group sorted according to the overall rank of the activity as shown in Table E3.

From Figure E4 and the associated data table, it is apparent that there are some important differences in the relative importance of activities for the different groups. Although, on average, time spent on access is the largest area of activity for carers overall, it is relatively more important in the Adoptive and Unstable groups. School issues, ranked second overall, feature prominently for all but the Unstable group where it accounts for less than an average of 5% over the time. In contrast, medical appointments feature most prominently in the First Year group despite their overall relatively low rank of 6<sup>th</sup> overall. However, it is also true that the First Year group has the highest total number of hours (see, for example, Table E2), so 13.7% of the First Year group's overall time represents a

significant amount of time for five carers over the study period. Counselling is most prominent in the Unstable group, with the next highest average percentage a modest 8.6% for the Adoptive group.

### **Section 3: Carer time and placement characteristics**

#### *Placement characteristics associated with carer time*

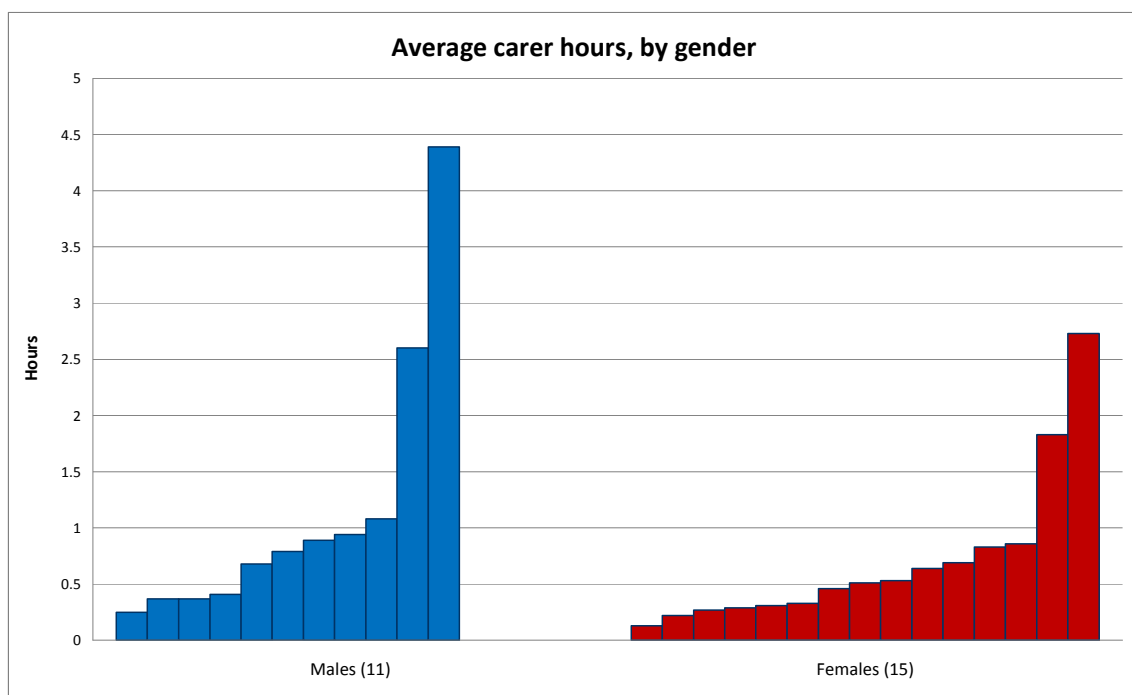
We turn our focus to understanding the relationships between carer support and a range of other placement characteristics, such as:

1. The gender of the child;
2. The age of the child;
3. The number of health issues associated with the child at the start of the placement;
4. The care-rate of the placement;
5. The intended care plan;
6. The total length of time that the child has been care;
7. The length of time that the child has been in the Find-a-Family program;
8. Whether the foster family has support for respite;
9. Worker experience.

We consider the simple group average of the carer average hours per day for cases with the same or similar characteristics, for each of the characteristics of interest. As with the corresponding worker analysis, we do not make any claims regarding cause and effect, and consider factors only one at a time.

### *Carer time and cost according to gender of child*

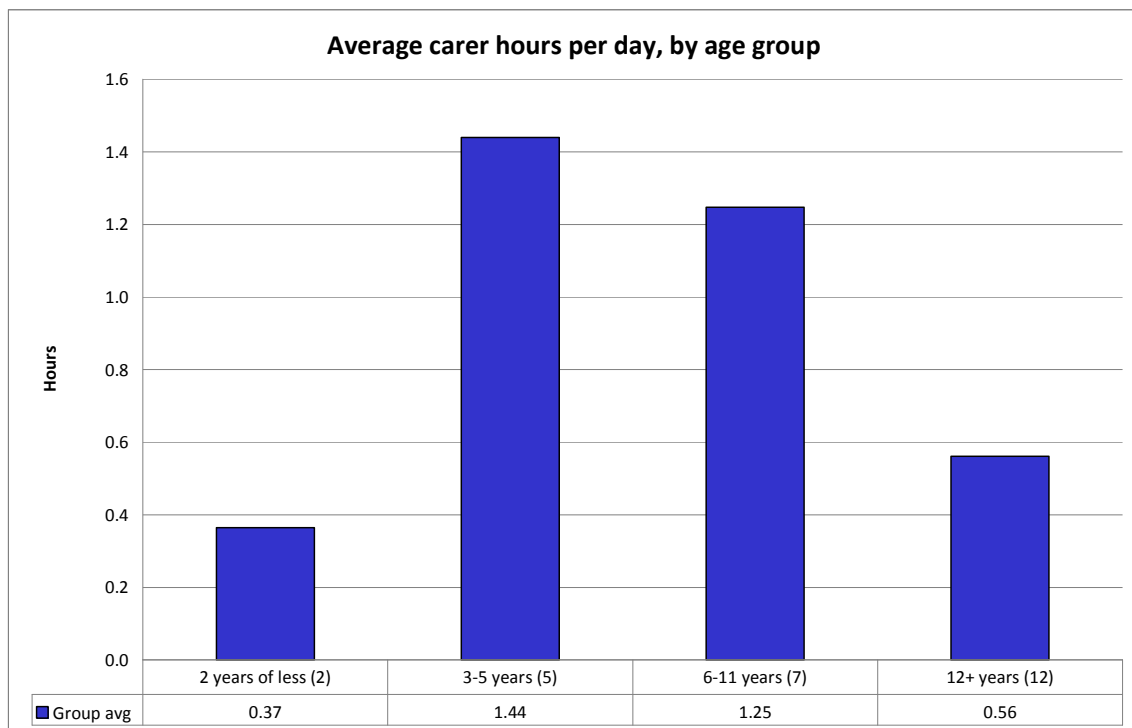
A graph of the individual carer average times, clustered by gender, is shown in Figure E5. It appears that there are cases with relatively extreme carer average hours associated with both gender categories. The carer average hours per day for all carers of male children in the study was 1.23 hours (1 hour 14 minutes) per day, and for carers of female children it was only 39 minutes per day. To consider the robustness of the general finding that boys require more carer time than girls, we consider excluding the two most extreme carer average times per day from each group (i.e. two from the carers of male children group and two from the carers of female children group). From these reduced groups, carers of boys have an average of 0.63 hours (38 minutes) per day whereas the carer average time per day associated with female children is 0.44 hours (26 minutes).



**Figure E5: Carer average hours per carer day, grouped by gender of child.** Each vertical bar corresponds to the average hours per carer day recorded by an individual carer, with bars grouped according to the gender of the child in foster care. This figure demonstrates that while some carers of female children spend more hours per day than do some carers of male children, on average the time spent on carer activities was overall higher for foster carers of male children than for those of female children.

### *Carer time according to the age of the child*

Figure E6 shows the carer average hours per day according to the age classification of the child. Carers of the youngest children had an average of 0.37 hours (22 minutes) per day, the lowest hours per day of the four age categories. In contrast, the carers of children in the 3-5 year age group had the highest average hours per day at 1.44 hours (1 hour and 26 minutes). The average time per day spent by carers in the highest two age groups declined with age. Note that even excluding the four extreme observations (one in the 3-5 age group, two in the 6-11 age group, and one in the 12+ age group), the relative positions of the carer average hours per day by age group does not change.



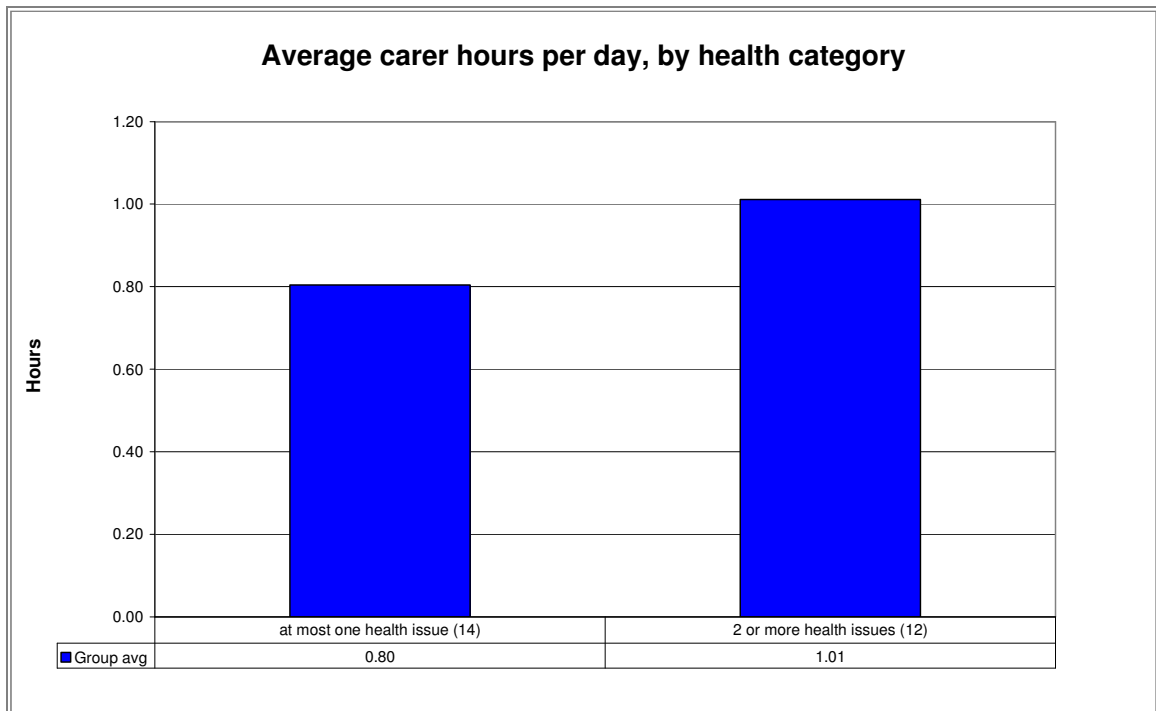
**Figure E6: Carer average hours per day, by age of child at start of placement.** The number of cases in each category is given in parentheses following the category label in the data table.

***Carer time according to the number of health issues associated with the child at the start of the placement***

As in the worker data analysis, the relationship between the carer average hours per day against the number of health issues identified with the child at the start of the placement was considered. And again, the relationship between carer average hours per day and the number of health issues for the corresponding child in care is not a simple one. Table E5 details the average time per day that carers spent on each case according to the number of such health issues. Note that there is no obvious pattern in these average hours per day. Figure E7 shows the carer average time per day across two categories of the health variable – zero or one health issue identified, or two or more health issues identified.

Number of issues identified at entry to the Find-a-Family program	Zero	One	Two	Three	Four	Six
Carer average hours per day for all cases in health category	0.43	0.72	0.75	0.40	0.45	1.26
Number of cases in health category	2	13	7	3	1	1

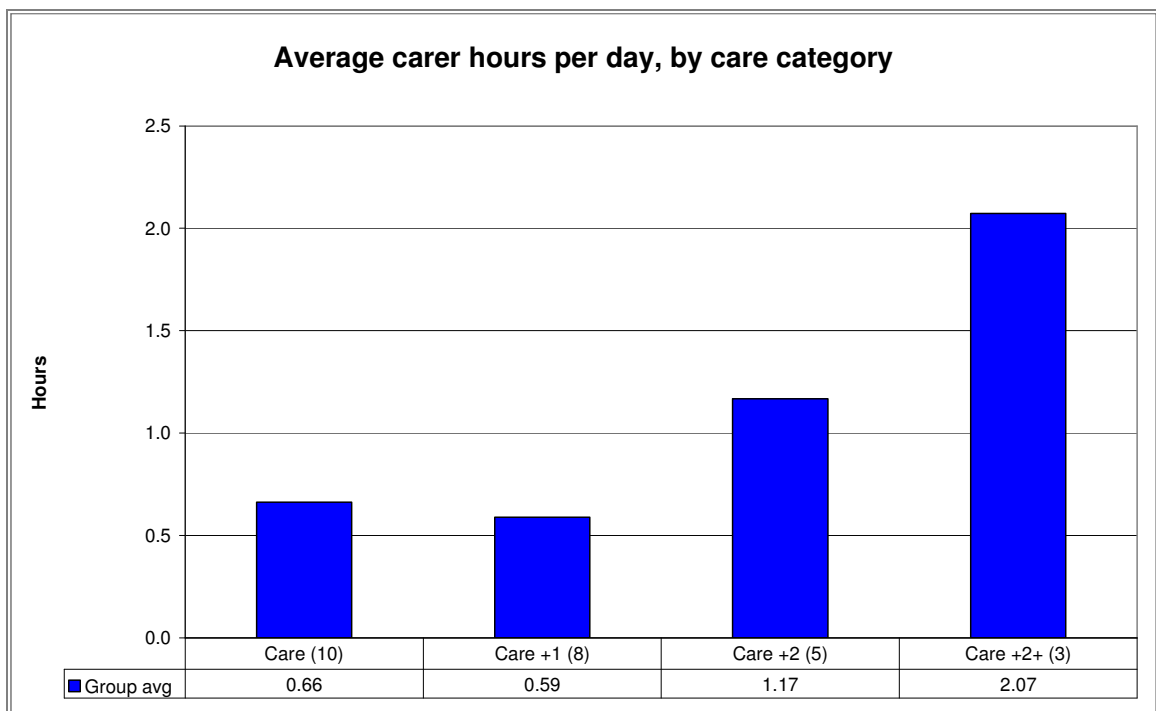
**Table E5: Average cost per day, by number of health issues** Carer average hours per day associated with the number of health issues identified at the time the child started the placement is shown in row 2, with group headings given in row 1. The number of cases in each category is given in row 3.



**Figure E7: Carer average hours per day, by health of child at start of placement.** The number of cases in each category is given in parentheses following the category label in the data table. See Table E4 for a more detailed breakdown of average hours per day spent by carers with children in each health category.

### ***Carer time according to the care category of the placement***

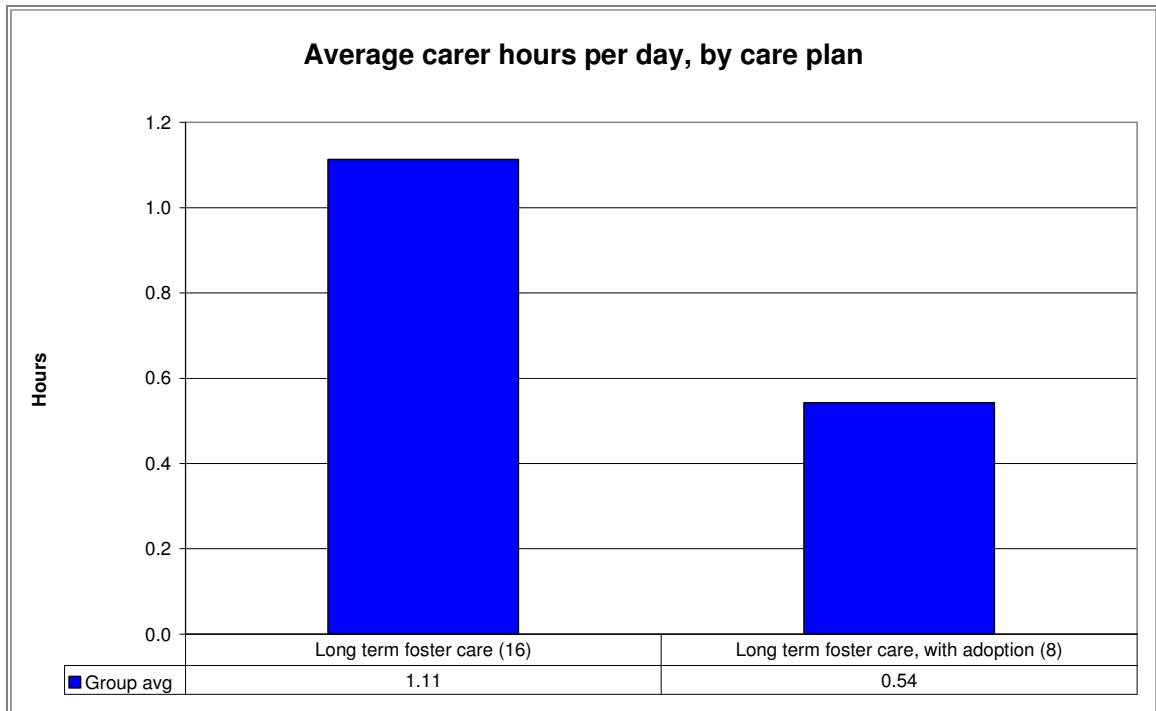
Carers associated with cases having a higher classification of care tend to spend more time on carer activities, on average. The Care and Care+1 categories are similar in their carer average time per day, with 0.66 hours (40 minutes) and 0.59 hours (35 minutes), respectively. Carers of children whose placement has a Care +2 category rating spend an average of 1.17 hours (1 hour and 10 minutes) per day, and carers with a Care +2+ placement spend an average of 2.07 hours (2 hours 4 minutes). See Figure E8.



**Figure E8: Carer average hours per day, by care category.** The number of cases in each category is given in parentheses following the category label in the data table.

***Carer time according to the intended care plan***

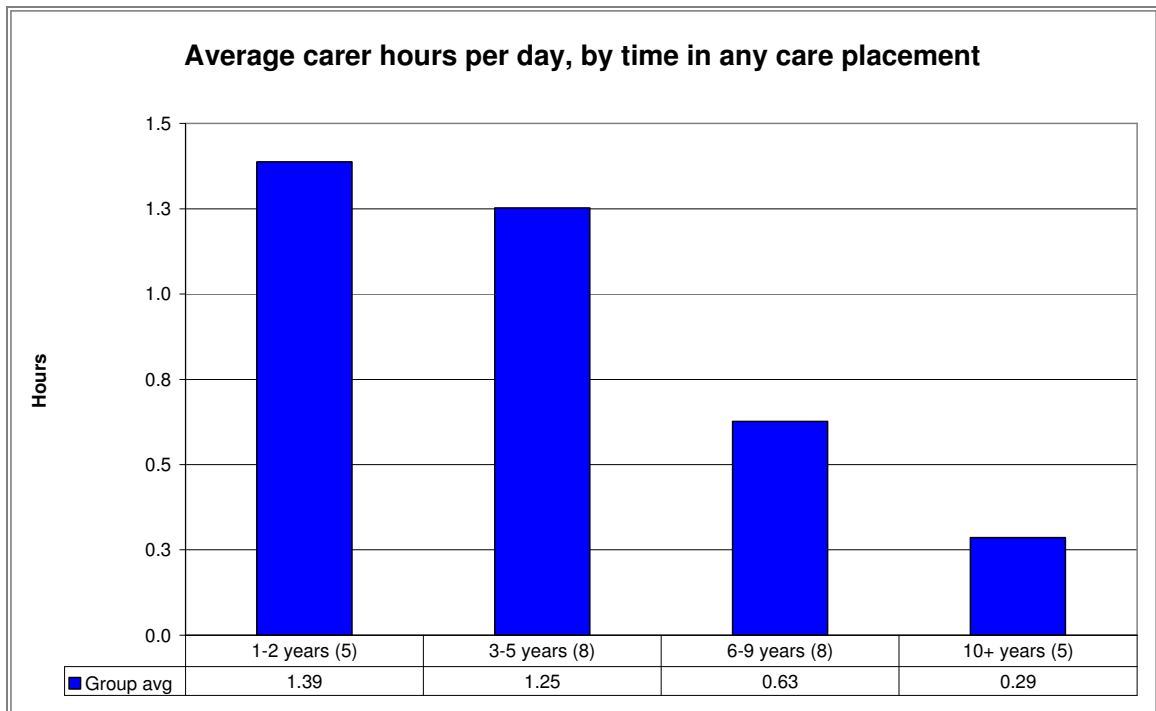
The average time per day for carers of a child with a long term foster care with adoption care plan is lower at 0.54 hours (33 minutes per day) than is the average time per day for carers of a child having a long term foster care *without adoption* care plan, where the average care time per day is 1.11 hours (1 hour 7 minutes). See Figure E9.



**Figure E9: Carer average hours per day, by care plan.** The number of cases in each category is given in parentheses following the category label in the data table. Of the two remaining cases in the study, one had an adoption care plan and the other an independence case plan.

***Carer time according to total time in any care placement***

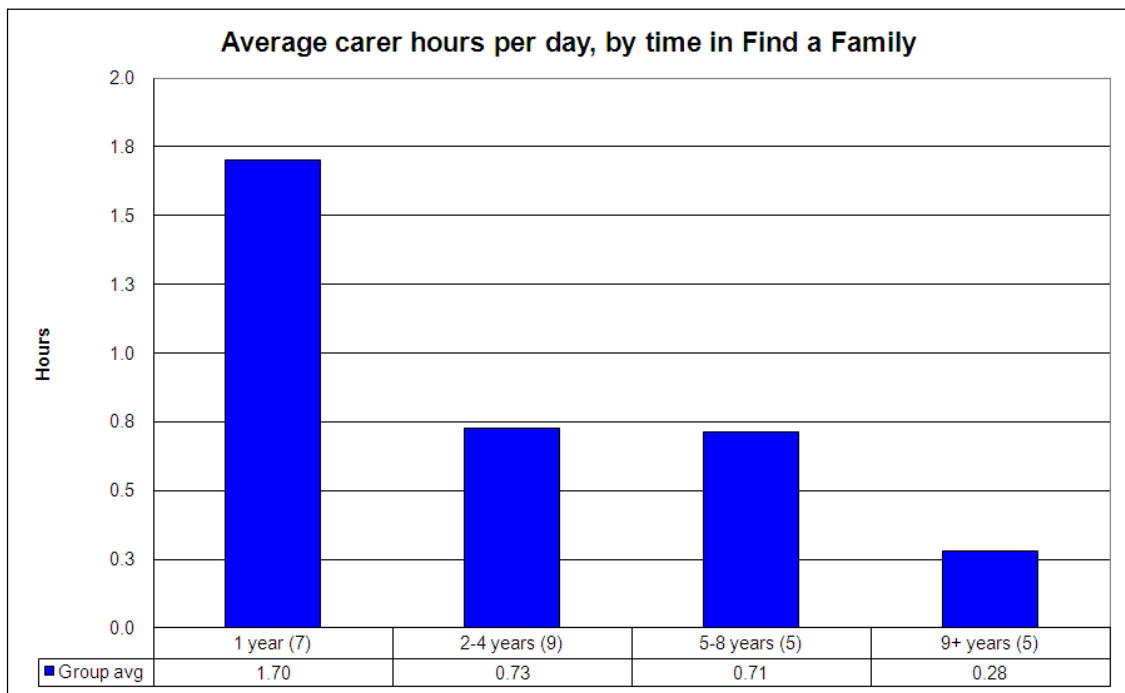
The carer average time per day declines the longer the child has spent time in any care program. Cases where the child has less than three years in any care program are associated with an average of 1.39 hours (1 hour 23 minutes) per day, declining to 0.29 hours (17 minutes) per day for cases where the child has been in care for ten years or more. Further details are available in the data table in Figure E10.



**Figure E10: Carer average hours per day, by time in any care program.** The number of cases in each category is given in parentheses following the category label in the data table.

***Carer time according to total time in the Find-a-Family program***

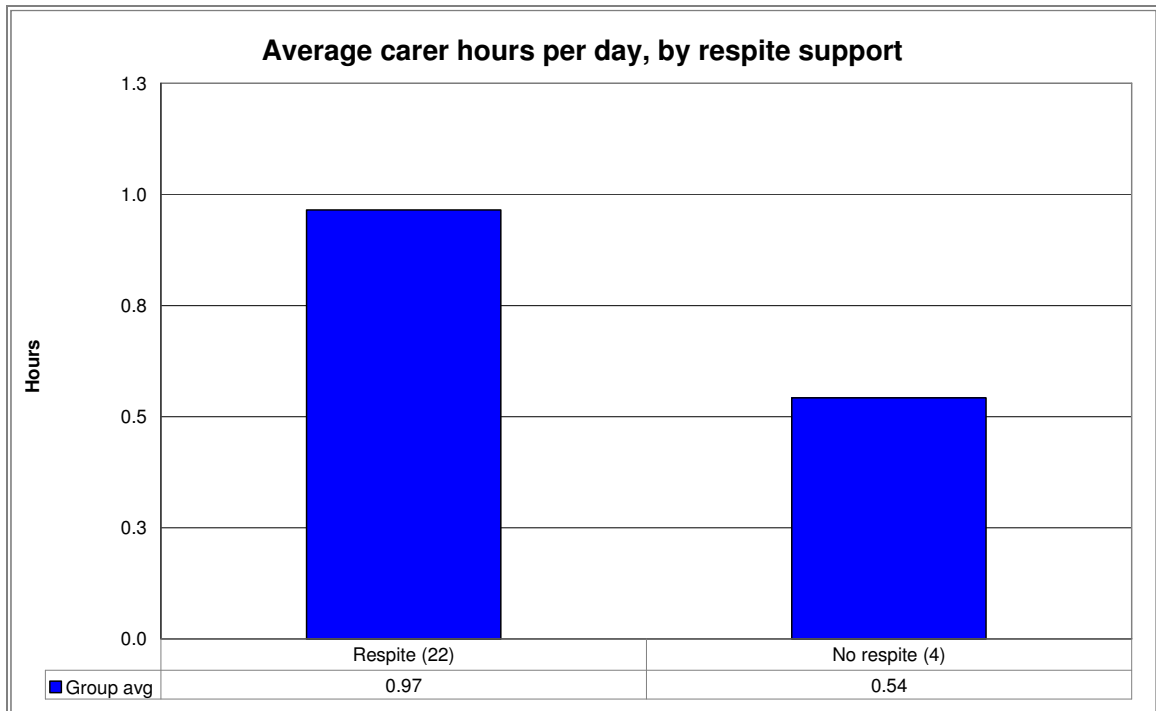
Carer time per day is highest for children in their first year of the Find-a-Family program, with 1.70 hours (1 hour 42 minutes) per day, on average. Carer time per day then declines, the longer the child is in the Find-a-Family program, with cases where children have been in the program for between two and eight years averaging approximately 43 minutes per day, and those with 9+ years in the Find-a-Family program having carers spending an average of 0.28 hours (17 minutes) per day. Further details are available in the data table in Figure E11.



**Figure E11: Carer average hours per day, by time in Find-a-Family program.** The number of cases in each category is given in parentheses following the category label in the data table.

***Carer hours per day according to whether the foster family has support for respite***

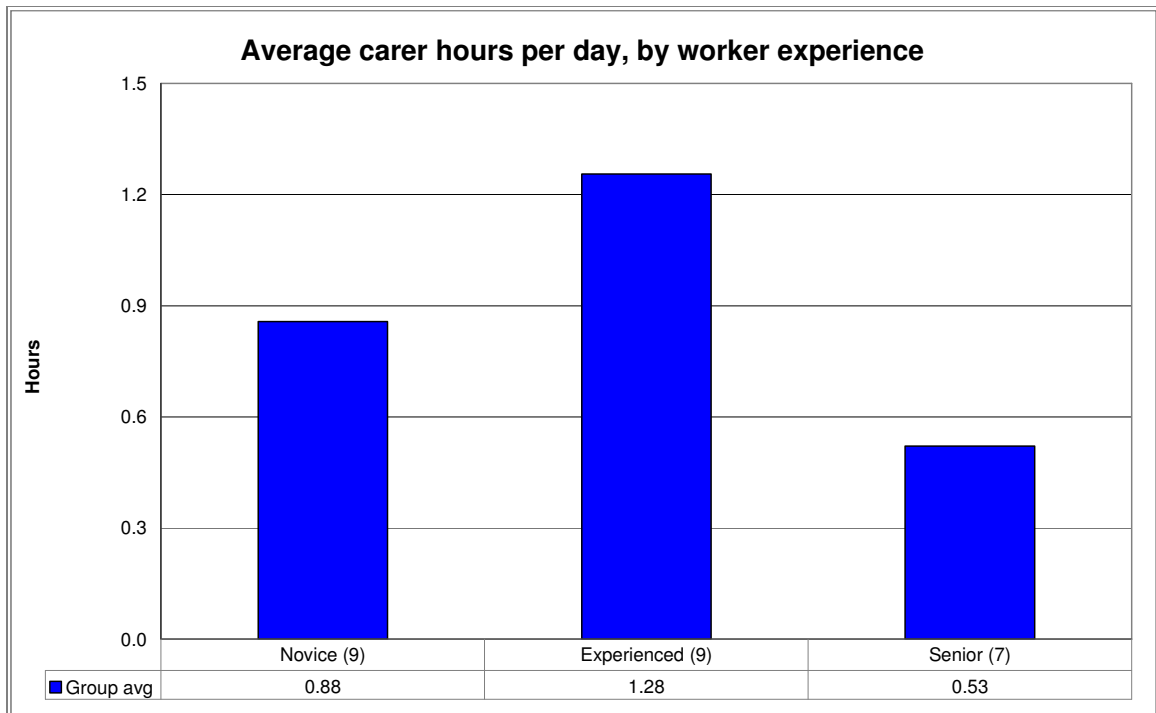
The average number of hours per carer per day is higher, on average, for those placements where respite is supported, than for those placements where respite is not supported. Carers with placements having respite support have an average of 0.97 hours (58 minutes) per day, whereas carers without respite support reported an average of 0.54 hours (33 minutes) per day. See Figure E12.



**Figure E12: Carer average hours per day, by respite support.** The number of cases in each category is given in parentheses following the category label in the data table.

***Carer hours per day according to worker experience***

The average number of hours per carer per day is lowest, on average, for those placements where the worker associated with the placement is either a novice worker, or a senior worker, with carers working under senior workers having the lowest average of the reported carer average hours per day. See Figure E14.



**Figure E13: Carer average hours per day, by respite support.** The number of cases in each category is given in parentheses following the category label in the data table.

## Individual carer summaries

In the following six tables E6 – E11, each of the following statistics were obtained from the original carer data.

**Case** – The 27 original worker cases were each given a unique identifier label for each of the 27 children in care for whom worker and carer data was collected. The first part of the identifier contains two letters, indicating the study group (TN – Adolescent, FY – First Year, UN – Unstable, ST – Stable, AD – Adoptive, XX – Extra) and is followed by a single digit (1-5) indicating the individual case within the group. These same labels are used for the corresponding carers.

**Available carer days** – also known as *carer study days*, corresponds to the number of days that the carer data was recorded.

**Total hours across all carer days** – the total of all hours on all activities for the carer over all study days.

**Average hours per study day** – calculated for each individual as follows:

$$\text{Average hours per study day (across all activities)} = \frac{\text{Total hours (across all activities) on all study days}}{\text{Total study days}}.$$

Note the group average hours per study day as shown in Table E4 are computed as a simple average of the individual carer average hours per study day for those carers in a group.

**Maximum hours on single carer day** - the maximum number of hours the carer reported on any individual study day for the case. This value is capped at 16 for each carer and day for the purpose of comparing hours.

**Additional hours recorded over 16 hours per day** – the total of any hours reported by the carer beyond 16 hours on any carer day. Apart from a few hours that may have been included in the activity analysis of Section 2, these hours are not included.

**Additional hours recorded in ‘other’ category on carer days** – the hours reported by carer but deemed outside the scope of the study. The fact that the carer reported these hours may be an indication of the level of difficulty and/or stress that the carer felt in dealing with the child/placement.

### Adoptive group – Carer Times

Case	AD1	AD2	AD3	AD4	AD5	Adoptive group overall
Available carer days	216	287	301	245	288	1337
Total hours across all carer days	171.0	184.25	282.0	263.75	72.75	973.75
Average hours per carer day	0.79	0.64	0.94	1.08	0.25	0.73
Maximum hours on single carer day	16.0	10.25	8.0	16.0	9.0	16.0
Additional hours recorded over 16 hours per day	8.0	0.0	0.0	113.0	0.0	121.0
Additional hours recorded in 'other' category on carer days	295.0	0.0	149.0	0.0	0.0	444.0

**Table E6: Descriptive statistics for the Adoptive group.** Columns 2-6 correspond to carer times for the individual child/young person indicated by the ID in row 1. The last column corresponds to all five children/young people in the Adoptive group.

### First Year group – Carer Times

Case	FY1	FY2	FY3	FY4	FY5	First Year group overall
Available carer days	180	364	248	287	273	1352
Total hours across all carer days	82.0	944.75	132.25	147	1198.0	2504.0
Average hours per carer day	0.46	2.60	0.53	0.51	4.39	1.85
Maximum hours on single carer day	6.0	16.0	16.0	8.0	16.0	16.0
Additional hours recorded over 16 hours per day	0.0	303.0	5.75	0.0	250.0	558.75
Additional hours recorded in 'other' category on carer days	67.0	571.95	0.0	2.0	29.0	669.95

**Table E7: Descriptive statistics for the First Year group.** Columns 2-6 correspond to carer times for the individual child/young person indicated by the ID in row 1. The last column corresponds to all five children/young people in the First Year group.

### Stable group – Carer Times

Case	ST1	ST2	ST3	ST4	ST5	Stable group overall
Available carer days	288	236	245	206	287	1262
Total hours across all carer days	38.25	77.0	203.5	76.25	62.5	457.5
Average hours per carer day	0.13	0.33	0.83	0.37	0.22	0.36
Maximum hours on single carer day	10.0	12.0	16.0	5.0	4.0	16.0
Additional hours recorded over 16 hours per day	0.0	0.0	32.0	0.0	0.0	32.0
Additional hours recorded in ‘other’ category on carer days	4.0	16.5	0.0	0.0	0.0	20.5

**Table E8: Descriptive statistics for the Stable group.** Columns 2-6 correspond to carer times for the individual child/young person indicated by the ID in row 1. The last column corresponds to all five children/young people in the Stable group.

### Adolescent group – Carer Times

Case	TN1	TN2	TN3	TN4	TN5	Adolescent group Overall
Available carer days	287	191	210	273	287	1248
Total hours across all carer days	83.75	58.9	186.5	100.25	524.25	953.65
Average hours per carer day	0.29	0.31	0.89	0.37	1.83	0.76
Maximum hours on single carer day	5.0	6.0	16.0	6.0	16.0	16.0
Additional hours recorded over 16 hours per day	0.0	0.0	16.0	0.0	21.75	37.75
Additional hours recorded in ‘other’ category on carer days	3.5	0.0	25.5	5.0	17.0	51.0

**Table E9: Descriptive statistics for the Adolescent group.** Columns 2-6 correspond to carer times for the individual child/young person indicated by the ID in row 1. The last column corresponds to all five children/young people in the Adolescent group.

### Unstable group – Carer Times

Case	UN1	UN2	UN3	UN4	UN5	Unstable group overall
Available carer days	98	148	280	273	287	1086
Total hours across all carer days	67.25	126.75	76.75	112.25	194	577.0
Average hours per carer day	0.69	0.86	0.27	0.41	0.68	0.53
Maximum hours on single carer day	16.0	16.0	4.0	8.25	6.0	16.0
Additional hours recorded over 16 hours per day	10.0	8.0	0.0	0.0	0.0	18.0
Additional hours recorded in 'other' category on carer days	0.0	39.0	0.0	4.0	1.0	44.0

**Table E10: Descriptive statistics for the Unstable group.** Columns 2-6 correspond to carer times for the individual child/young person indicated by the ID in row 1. The last column corresponds to all five children/young people in the Unstable group.

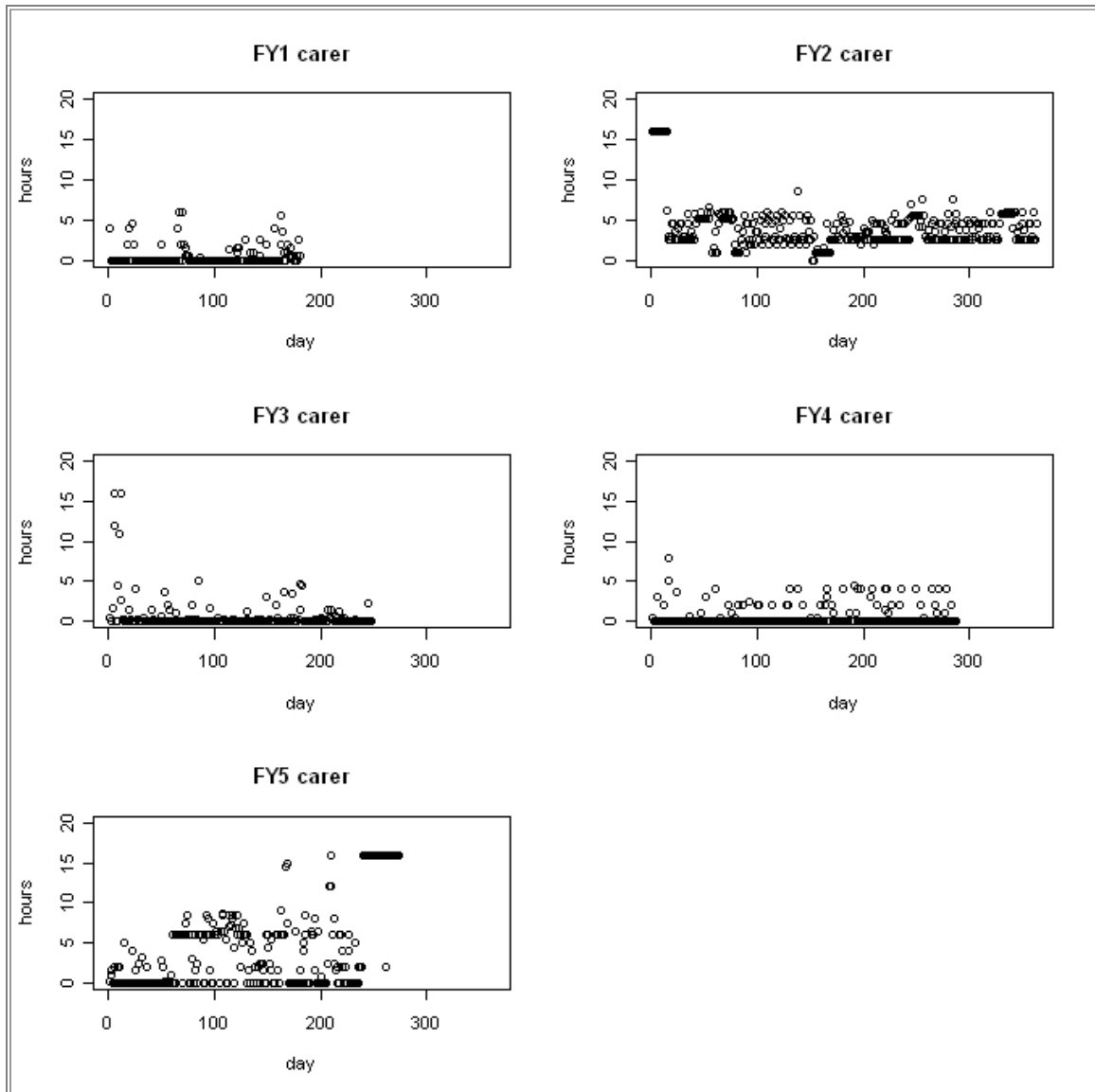
### Carer Times for Extra Placement and Overall

Case	XX2	All placements
Available carer days	148	6433
Total hours across all carer days	404.25	5870.15
Average hours per carer day	2.73	0.91
Maximum hours on single carer day*	16.0	16.0
Additional hours recorded over 16 hours per day	91.0	858.5
Additional hours recorded in 'other' category on carer days	4.0	1233.45

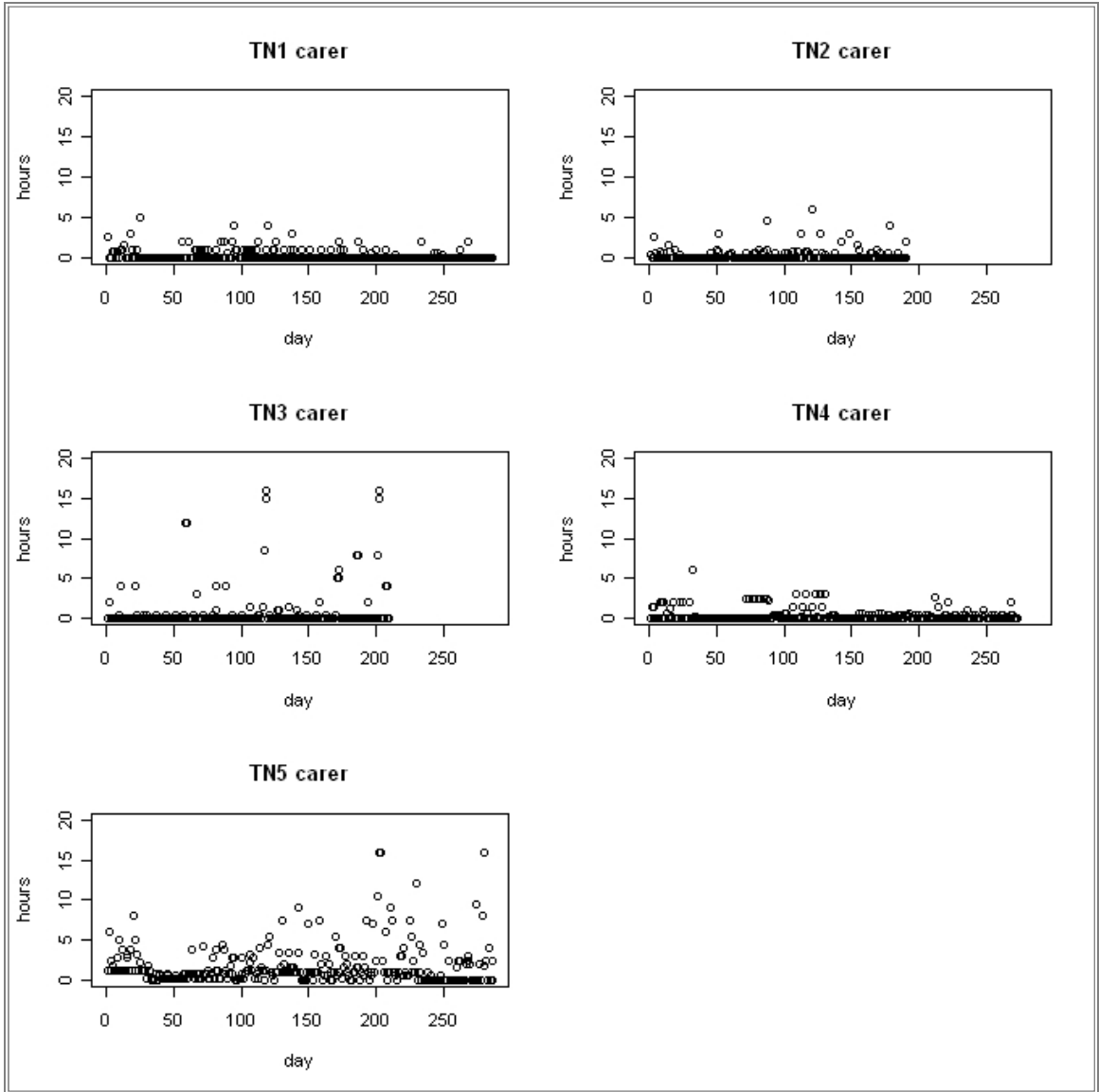
**Table E11: Descriptive statistics for the Extra placement, and for all placements in study.** Column 2 corresponds to carer times for extra placement XX2. Column 3 corresponds to all 26 carers participating in study.

### *Carer time series plots*

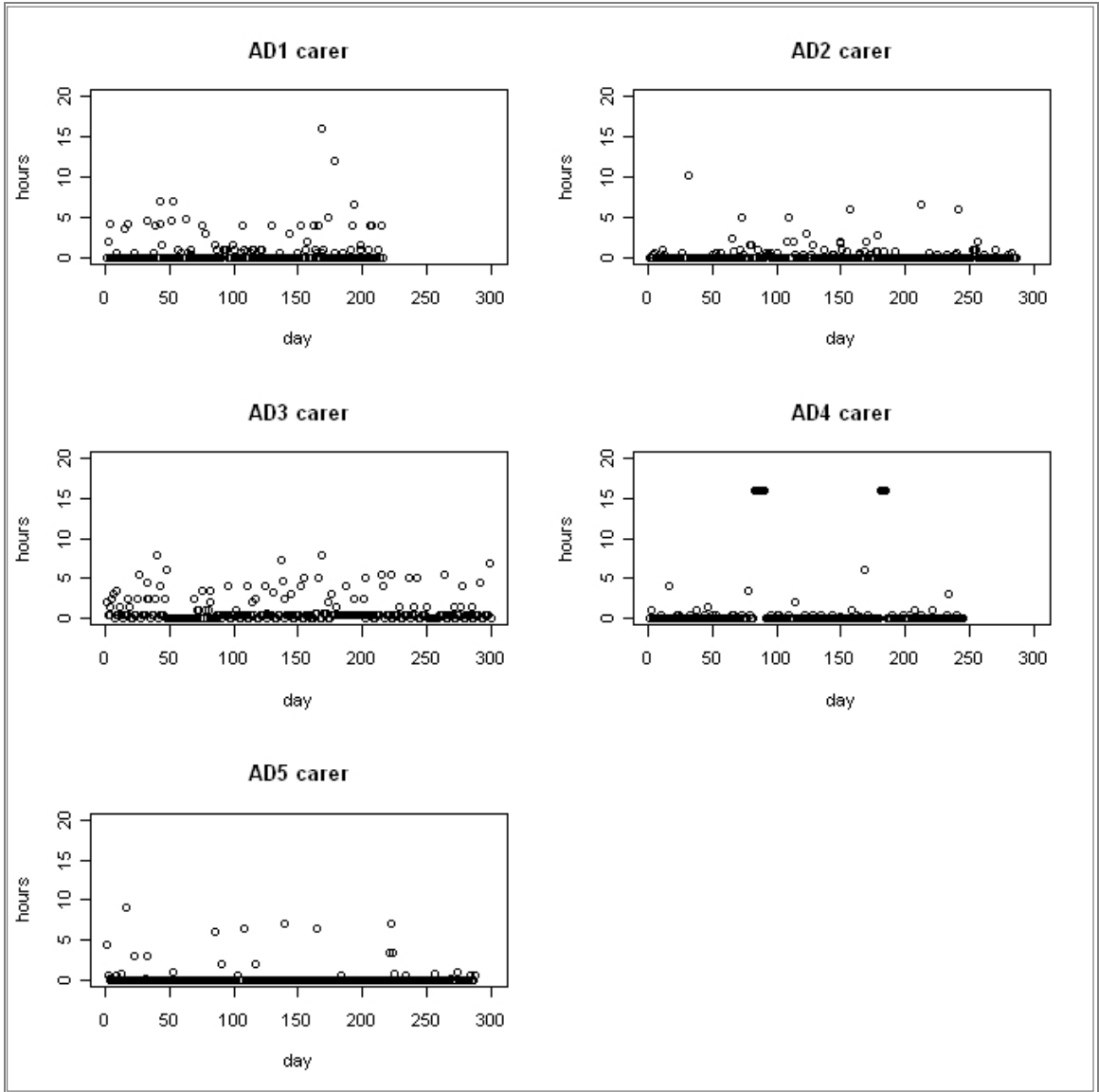
Figures E14 through E18 contain the time series plots of carer daily hours (capped at a maximum of 16 hours per day) over the study period. Day 'one' on each plot corresponds to the first day that the carer began participating in the study.



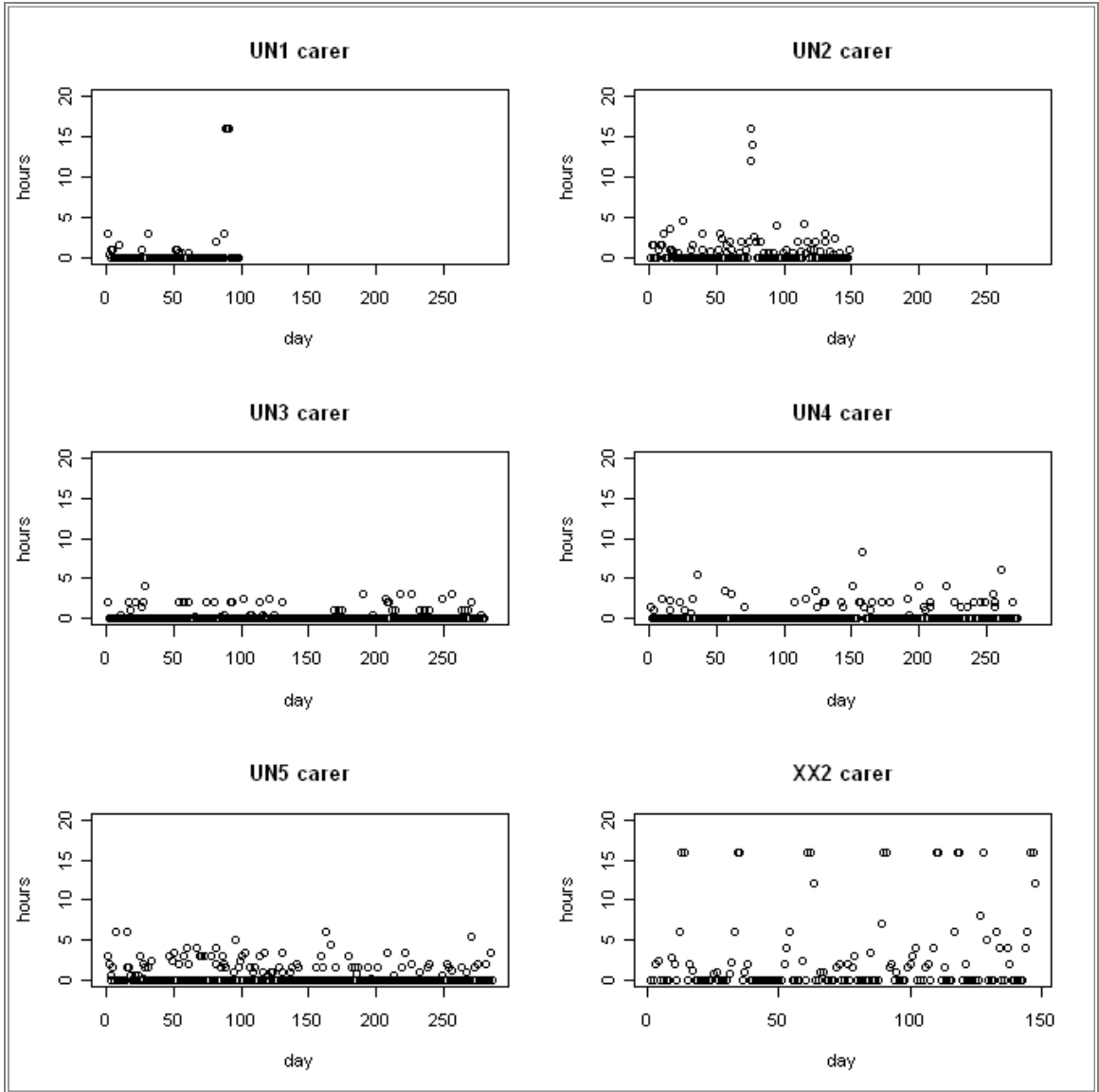
**Figure E14: Times series plot of carer hours per day for individual carers within the First Year group.** Total carer hours per day are plotted against each carer study day over the period that the carer is associated with the survey. Note that total hours per day have been capped at a maximum of 16 hours.



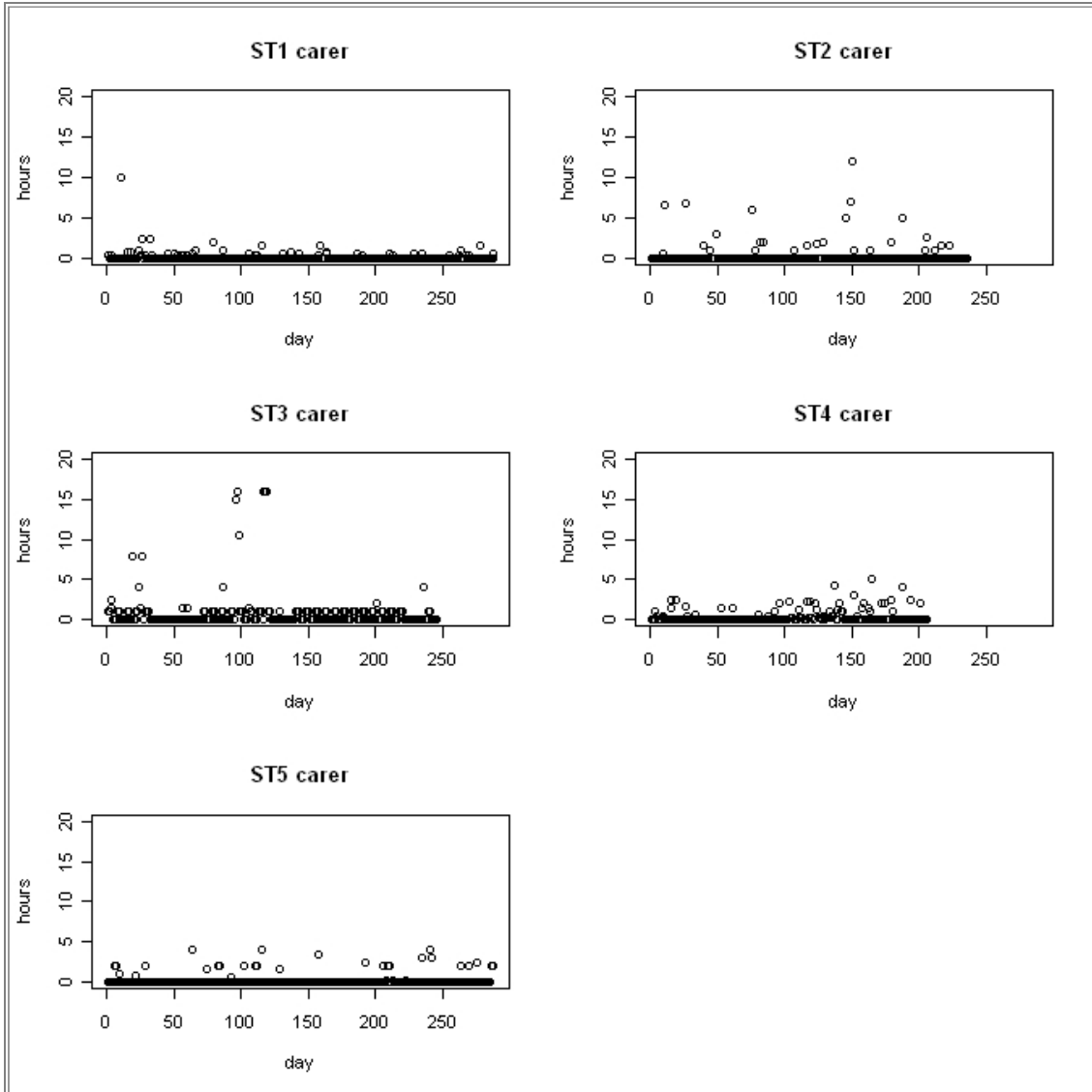
**Figure E15: Times series plot of carer hours per day for individual carers within the Adolescent group.** Total carer hours per day are plotted against each carer study day over the period that the carer is associated with the survey. Note that total hours per day have been capped at a maximum of 16 hours.



**Figure E16. Times series plot of carer hours per day for individual carers within the Adoptive group.** Total carer hours per day are plotted against each carer study day over the period that the carer is associated with the survey. Note that total hours per day have been capped at a maximum of 16 hours.



**Figure E17. Times series plot of carer hours per day for individual carers within the Unstable group and for the Extra placement.** Total carer hours per day are plotted against each carer study day over the period that the carer is associated with the survey. Note that total hours per day have been capped at a maximum of 16 hours.



**Figure E18. Times series plot of carer hours per day for individual carers within the Stable group.** Total carer hours per day are plotted against each carer study day over the period that the carer is associated with the survey. Note that total hours per day have been capped at a maximum of 16 hours.

## **Appendix F – Case studies**

### **Jaime (First Year group, aged 7 years at time of study)**

Jaime came to Find-a-Family when he was just under the age of 5. Jaime had significant global delay and complex medical needs and entered the program on the Care+2 funding category.

Jaime had lived with his elderly great-grandmother since birth as his mother (a heroin user) was deemed unfit to care for him. The birth family have a long history of criminal activity including supplying drugs and armed robbery. Jaime is of Anglo-Australian/Iraqi heritage. He is a very large boy for his age and his appearance is that of an 8 to 9 year old. When he first came into the program he was deemed obese and had the functioning age of a 2 to 3 year old. Jaime has only one kidney, asthma, allergies and a larger than average head with a flatness to the back of the skull. He has a slight speech impediment and an ungainly gait. He has recently been assessed by a Clinical Psychologist who has diagnosed Reactive Attachment Disorder, Oppositional Defiant Disorder and traits of Asperger's Syndrome.

Jaime is placed with a mature single woman with a 22 year old daughter living at home and an older married son in Sydney who has 3 children. The carer takes Jaime to his many health/medical appointments including OT, Speech Therapy, Physiotherapy, Play Therapy and Dietician/Nutrition arranged by the case manager. She is very committed to making contact with birth family and, in conjunction with Barnardos staff, is compiling a photo album/Life Story book for Jaime. She also takes Jaime to outdoor activities including swimming, horse riding and foster carers' camp. In 15 months Jaime's weight has reduced significantly. His fine and gross motor skills are still that of a 4 year old but with support from the OT and his carer, he is developing well. Jaime has regular riding lessons with Riding for the Disabled and this addresses his physical needs as well as developing his social skills.

Despite having extra classroom support, Jaime was unable to cope with mainstream school after entering kindergarten in 2009. Alternative educational facilities were researched and Jaime has subsequently moved to a Steiner school.

Birth family contact was initially in excess of monthly, however was reviewed by the court and is currently 4 times per year.

### **Michael (Extra group, aged 15 at time of study)**

Michael came into care at the age of 6 months, having been removed from an environment with his parents characterised by domestic violence and drug abuse. Michael was placed in a long term State Government foster care placement. This placement continued for 7 years at which point it disrupted and Michael was referred to Find-a-

Family. He was in an intake placement for 12 months and then moved into a FaF permanent placement for 7 years. Over the two years prior to the study, the placement became increasingly stressed, with an increase in Michael's drug and alcohol consumption, his verbal abuse and periodic refusal to attend school.

Michael was earlier diagnosed as having ADHD, OCD and Reactive Attachment Disorder. Michael had been prescribed medication, however in recent months has refused to take it believing he does not need it. Michael had been receiving therapeutic support from the Alternate Care Clinic, however he has become disengaged from this and now refuses to attend.

Michael continues to take numerous risks, including consumption of drugs and alcohol and stealing. He is being maintained in his placement, however it is fragile. Michael is out a lot of the time, coming home mainly to sleep. An application has been submitted for Michael to move to a semi supported living arrangement, with Barnardos maintaining parental responsibility. Attempts are also being made to encourage Michael to address his drug and alcohol issues, however to date he is refusing to acknowledge these. Unfortunately Michael's enrolment at High School was terminated in 2009 due to non-attendance. He will not gain his School Certificate in 2009, however he is being encouraged to attend school or TAFE to gain this.

Since being placed in permanent foster care, Michael has had limited visits with his birth family. He had contact with his mother, maternal grandmother and brother 4-5 times each year until 2006, at which point his birth mother requested that no further contact visits be scheduled. Further to this, Barnardos received a letter from Michael's maternal grandmother requesting that she and his mother not be contacted any further by Barnardos. Michael has never had contact with his birth father and despite extensive efforts Barnardos has been unsuccessful in attempts to obtain contact details for him.

**Rosie (Unstable group, aged 17 at time of study – her planned independence occurred 4 months after the study ended)**

Rosie's birth parents were known to Community Services at the time she was 8, due to concerns regarding Rosie and her two siblings living in a situation with extreme domestic violence. Rosie and her siblings were removed from their parents' care when Rosie was aged nine. Both parents have a history of attempting to abduct the children.

Following an assessment of the maternal grandparents, the children were placed in their care, however this broke down for Rosie and her younger sibling in 2002. Rosie was then referred to Find-a-Family and her younger sibling moved to another family member. Rosie was placed in an intake placement for 3 months before being placed in a permanent placement. Rosie remained in this placement for 6 years before a planned move to a 'transition to independence' placement within the program.

In an early psychological assessment of the children, Rosie stated that she was frightened

to have unsupervised contact with her father, afraid of his anger and that she could not trust her mother to protect her. Contact with Rosie was initially by way of phone calls every 8 weeks as the parents resided interstate. Rosie has had varying amounts of contact with her siblings, ranging from monthly to school holidays only. However, as the siblings matured their contact became more frequent.

Rosie has a developmental disability and needed additional resources to maintain her education. She has been in a class for mildly intellectually disabled students during her high school education. She was also diagnosed with epilepsy in 2000, however ceased requiring medication for this in 2007. Rosie has had ongoing issues maintaining an acceptable level of personal hygiene and it is necessary for her carers to continue to educate her regarding this. She has attended regular counselling since the age of 14 years.

When Rosie reached the age of 14 years, she expressed a wish to visit her parents in another state. This initially occurred on an annual basis and was supervised by Barnardos. As she has matured, the visits have increased to twice a year and less supervision has been required. Rosie was clear with Barnardos that she intended returning to her family at the age of 18 years. She did not complete her Year 10 school certificate.

Rosie's transition to independence placement (which coincided with the study) was with a family who have provided intake and bridging care to Find-a-Family for the last 6 years. They are a two carer household with both carers at home full time. They have realistic expectations regarding what Rosie is able to achieve, however they do have certain expectations and have been highly encouraging and supportive of helping her learn the practical skills she will need to assist her in independent living. Rosie returned to live with her birth family prior to Christmas 2009. A number of supports were in place prior to her move and Rosie has accessed these in the time she has been there. Rosie has no intention of returning to NSW.

### **David (Unstable group, aged 15 at time of study)**

David's family had a long history of statutory involvement. Intensive support had been provided to the family in the form of respite and several care periods. Long Term orders were granted for David when he was ten years old. David experienced 2 intake placements prior to being placed in his first permanent placement. Unfortunately David needed to move from this placement due to the carers moving interstate on business. David then experienced a second permanent placement, however this also disrupted. David has been in his current placement for 2 ½ years.

Prior to coming into care, David had epilepsy and asthma. Previous notes also inform of a heart abnormality and this is reviewed regularly. David's birth mother has also told Barnardos that there is a history of diabetes in her family. David was trialled on ADHD medication (Ritalin) for 3 weeks, however it did not assist in his concentration. David attends weekly counselling to address sexualised behaviours.

David has supervised contact with his mother and step father six times a year for a period of 2 hours. He also has phone contact with his mother when he wishes. David sees his father six times a year for a period of 2 hours and they also have phone contact if David wishes. David sees 2 of his siblings six times a year. David does not have contact with his eldest sister as her whereabouts are unknown. His eldest brother is incarcerated.

David is placed in a family who have raised their own 3 children. David enjoys living with them and is able to recognise that they do a lot for him and have taught him many skills which help him develop his independence. They have focussed a great deal on practical skills including money awareness and management, basic cooking skills, gardening and household chores. David often says he likes living there and he knows that the family cares about him.

David was formerly diagnosed with an intellectual disability when he was 3 years old. The most recent psychometric testing has shown that David is functioning in the 'extremely low range'. David's full scale IQ was 47 and this corresponds with the <0.1 percentile. David is in the remedial support class at his local high school. Currently David has not had any need for additional support other than that provided by the Support Unit and home. However if a teacher's aide, private tutoring or any other supports were required, these would be discussed and implemented. David has an Individual Learning Plan which is regularly reviewed and amended as necessary.

David is approaching 16 years of age and a transition plan to a disability support service has been implemented. The planning for this involves Disability Services assessing and locating the most appropriate accommodation for David. As David functions at the level of a 6 – 7 year old, he will require quite significant support as an adult.

### **Sarah (Adolescent group, aged 17 at time of study)**

Sarah's mother is diagnosed as having Borderline Personality Disorder. She had been offered support to look after Sarah but had refused this. Over a period of 2 years, there were 5 confirmed notifications regarding her birth mother's emotional state, parenting capacity, and physical and emotional abuse of Sarah. When Sarah was aged 6 years, a 2 year order was made and Sarah was placed in the care of her maternal grandmother. This placement lasted for 12 months at which time her grandmother became ill. Sarah was then placed in a temporary placement, her legal order was extended until the age of 18 years and she was referred to Find-a-Family. In January 2002, Sarah was placed in her permanent placement. The whereabouts of Sarah's father were unknown at the time of the court proceedings.

Sarah was tested for a malignant tumour in her first year of life as she had a growth in her throat. The growth was not malignant and surgery and hospitalisation resolved the issue. Since then Sarah has experienced very good health throughout her childhood and there are no outstanding health concerns.

Sarah had been in permanent care with her carers for 6 years at the time of the study. Her carers remain committed to providing her with love, care and a safe environment, which encourages and supports Sarah's development in all areas. Sarah has a positive sibling relationship with her 2 younger siblings. Sarah has contact with her birth mother in conjunction with her sisters 4 times per year, supervised/organised by Barnardos, Community Services and another non-Government agency. Sarah and her mother also have a separate visit for approx 1-2 hrs an afternoon once in each school term after school supervised/organised by Barnardos. Sarah is also able to telephone her mother when she wants to.

Sarah enjoys her 'grandparents' (previous foster carers) who regard her as their grandchild. They are a strong support for her, playing an active role in her life and attending many celebrations, and family and school functions. Their continued commitment has assisted to help Sarah to feel safe and secure. As they have known Sarah since she was 10 months old, they also provide invaluable knowledge of her personal history.

Sarah has always attended mainstream school. She is currently in Year 10 and completing her School Certificate. Sarah finds the academic work challenging and her grades are a little below average.

Sarah is very much a typical 17 year old and a very firm member of her household. She has often spoken of wanting to be adopted by her family, however as she has got older, she has increased her contact with her birth mother and is now content with the current legal arrangements. Sarah will turn 18 whilst completing year 11 and it is intended she will complete her Higher School Certificate. Barnardos will maintain a formal commitment to the placement until Sarah completes this.