



## Wave 1 Baseline Statistical Report: Summary Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care in NSW

### Abstract

This bulletin is a summary of the Pathways of Care Longitudinal Study (POCLS) Wave 1 Baseline Statistical Report<sup>1</sup>. The report presents an overview of the study design and key findings over a broad range of areas from the Wave 1 data collection. Given the large size of the POCLS database, the report cannot present all of the data items collected. This report provides a baseline picture of the children's wellbeing across major areas of life, service provision and support, children's contact with their birth family and the characteristics of the current caregiving household. This bulletin presents a summary of the general findings only and comparisons by type of placement and cultural background are presented in the full report at [www.community.nsw.gov.au/pathways](http://www.community.nsw.gov.au/pathways).

### Overview of the Pathways of Care Longitudinal Study design

The POCLS is the first large-scale prospective longitudinal study on out-of-home care (OOHC) in Australia. The study examines the developmental wellbeing of children and young people (hereafter children) in OOHC on final orders under the New South Wales (NSW) *Children and Young Persons (Care and Protection) Act 1998*.

The NSW Department of Family and Community Services (FACS) is funding and leading the study, with a team of experts contracted to provide advice on the study design and undertake data collection and analysis.

<sup>1</sup> Australian Institute of Family Studies, Chapin Hall Center for Children University of Chicago, and NSW Department of Family and Community Services. (2015). Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-home Care in NSW. Wave 1 Baseline Statistical Report. Sydney, Australia. NSW Department of Family and Community Services.

## Study aim and objectives

The overall aim of this study is to collect detailed information about the life-course development of children who enter OOHC for the first time and the factors that influence their development. The study has a broad scope and collects detailed information about the characteristics and circumstances of children on entry to OOHC, the experiences of children in OOHC, and their developmental wellbeing and needs, and safety. The developmental domains of interest are the children's physical health, social-emotional wellbeing and cognitive/learning ability.

The POCLS will follow children regardless of their pathways through OOHC (e.g. placement changes, restoration, adoption or ageing out) to examine the factors that predispose children to poorer outcomes and which factors are protective. This study will contribute towards building a strong evidence base to inform policy, practice, decision making and training to enhance the OOHC service system and casework practice and thereby improve the outcomes of children who have been exposed to childhood abuse and neglect.

The objectives of the POCLS are to:

- describe the characteristics, child protection history, development and wellbeing of children and young people at the time they enter OOHC for the first time
- describe the services, interventions and pathways for children and young people in OOHC, post restoration, post adoption and on leaving care at 18 years
- describe children's and young people's experiences while growing up in OOHC, post restoration, post adoption and on leaving care at 18 years
- understand the factors that influence the outcomes for children and young people who grow up in OOHC, are restored home, are adopted or leave care at 18 years
- inform policy and practice to strengthen the OOHC service system in NSW to improve the outcomes for children and young people in OOHC.

## Study population

The study population cohort is all children aged 0–17 years entering OOHC for the first time ever under the *Children and Young Persons (Care and Protection) Act 1998* across NSW within an 18-month period between May 2010 and October 2011 (n=4,126). The cohort includes children of all ages, all placement types, as well as all geographic locations in NSW. Caregivers of children who received final care and protection orders by April 2013 were then invited to participate in a face-to-face interview for Wave 1 of the study (n=2,828). A total of 1,789 children (including 192 children who returned to their birth families) agreed to have their contact details passed on to the data collection agency (this group is referred to as the interview sample pool). At each wave of data collection, the current caregiver of the 1,789 children in the interview sample pool will be invited to participate in an interview regardless of whether they completed an interview in the previous wave(s). Exceptions to this rule are the children restored before the Wave 1 interview (n=192). These children were not included in Wave 1 data collection for practical reasons (e.g. recruitment) and ethical reasons (e.g., sensitivity). However, these children and their birth parents will be invited to take part in a POCLS interview from Wave 2.

The sample frame of first-time entries into OOHC provides the opportunity to understand the developmental pathways of children placed in OOHC, while preventing the confounding influence of past OOHC experiences. The characteristics of the study cohorts at the time of entry to OOHC (May 2010–October 2011) are provided in Appendix 1.

### Primary and secondary data sources

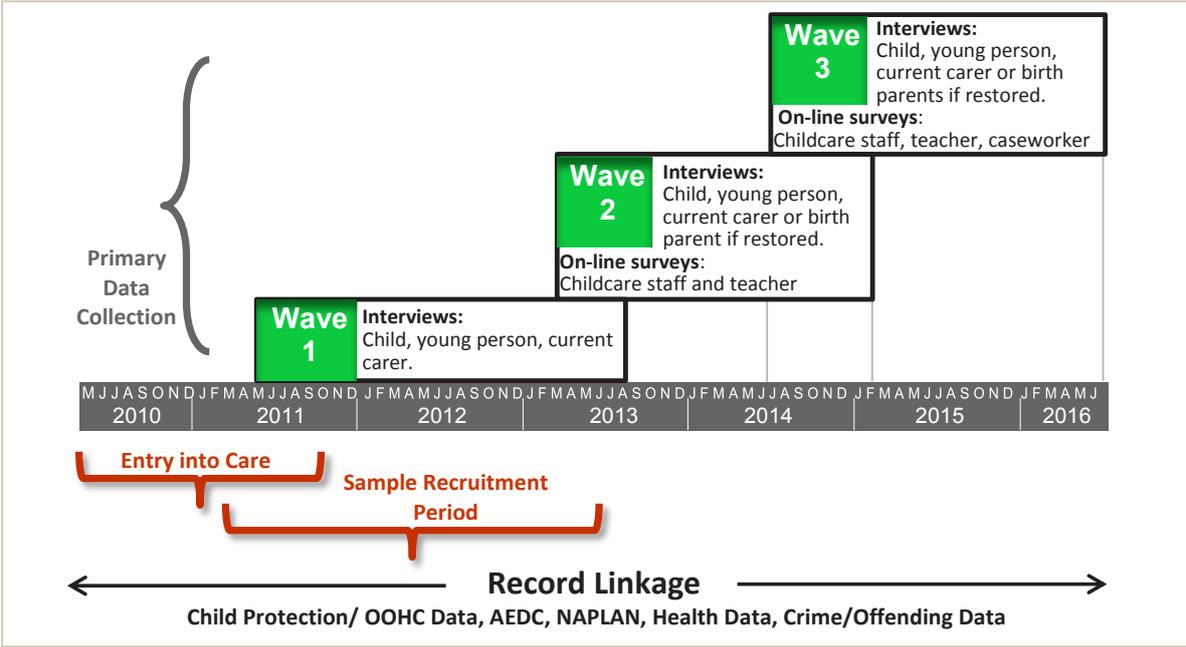
The POCLS has a multi-informant approach and includes first-hand reports from children, caregivers (including foster carers, relative/kinship carers, adoptive parents, birth parents and residential care workers), caseworkers, childcare workers and teachers. Record linkage to retrospective child protection, OOHC placements, health, education and juvenile offending administrative data for the study population cohort will also be part of the POCLS data collection. These data sources will be integrated into a study analysis database to provide comprehensive longitudinal data.

### Child and caregiver questionnaires

The questionnaire for caregivers (including foster carers, relative/kinship carers, birth parents, adoptive parents and residential care workers) includes a mix of standardised measures and validated questions. Children aged three years and over also complete activities and an interview depending on their age and maturity (see Appendix 2). Alignment with standardised measures and questions used by other studies, such as the Longitudinal Study of Australian Children (LSAC), will allow researchers to compare the POCLS sample with the general population, as will other measures that have norms available.

Chapter 2 and Chapter 3 in the report provide information about the study design, data collection and eligibility for, and participation in, the POCLS.

### Study data collection timelines



This study will include at least three waves of face-to-face interviews over a five year period.

In 2010, study design including questionnaire development, pilot studies and ethics approvals commenced. Between February 2011 to July 2013, FACS undertook to recruit as many as possible of the 2,828 children who received final care and protection orders to participate in this study.

Face-to-face interviews with children and caregivers commenced in May 2011: Wave 1 data collection ended in August 2013 and achieved interviews for 1,285 children; Wave 2 data collection ended in March 2015 and achieved interviews for 1,200 children; and Wave 3 data collection is underway at the time of publishing this bulletin and due to end in June 2016. The childcare worker/teacher on-line survey is ongoing during Wave 2 and Wave 3. The caseworker on-line survey is live during Wave 3. The first sweep of record linkage of administrative data will occur in 2015.

## Summary of the Wave 1 findings

The POCLS includes multiple sources of data collection and record linkages, however the Wave 1 baseline statistical report presents key findings from the face-to-face interviews with 1,285 children and their caregivers. The Wave 1 analyses provide information about children and their caregivers shortly after the children received final orders under the *Children and Young Persons (Care and Protection) Act 1998* in NSW from the Children's Court. On average, the Wave 1 interview occurred 17 months (ranging from 4–39 months) after the child's first ever entry to OOHC (usually on interim orders), and most of the children had been living with their current caregivers at the time of the interview for one year or more.

The summary of key findings from the Wave 1 face-to-face interviews with children and their caregivers cover:

- establishing children's placements
- wellbeing of children and young people
- children's childcare and educational experiences
- caregiver parenting practices and children's relationships
- service provision and support
- characteristics of the caregiver, household and neighbourhood.

The baseline statistical report presents comparisons by age across all domains while comparisons by type of placement (foster, relative/kinship and residential care) and cultural identity (Aboriginal, Culturally and Linguistically Diverse (CALD) and other Australian) are presented for selected questions only. The analyses are based on an almost final version of the Wave 1 unweighted data and are descriptive only. They provide evidence of associations using bivariate analysis methods and do not indicate causality nor do the associations take into account other underlying confounding factors that could contribute to the relationship. Tests of statistical significance have not been routinely undertaken so findings should be interpreted with this in mind.

The POCLS design has some features that are important to note when considering the policy and practice implications.

The POCLS final care and protection orders cohort includes a wide range of aspects of parental responsibility from all aspects to the Minister, shared aspects with the Minister and another person, and no aspects with the Minister for children in full parental responsibility to a relative.

The POCLS sample of children who were restored to their birth family before the Wave 1 interview were not included in Wave 1 data collection for practical (e.g. recruitment) and ethical (e.g., sensitivity) reasons.

The POCLS sample of children entered OOHC for the first time and their outcomes may differ from children of a similar age who have been in OOHC for a longer period of time, or who have had a number of re-entries into OOHC. At this early stage of the study the findings cannot be generalised to the OOHC population as the sample of children in the older age groups may have had longer exposure to abuse and neglect than children entering care at younger ages.

## Establishing children's placements

Chapter 4 in the baseline statistical report describes the data collected about how children's placements at the time of the Wave 1 interview were established.

Overall, the majority of children in the study had been living with the current caregiver household for more than a year at the time the Wave 1 interview was conducted. The data on establishing children's OOHC placements found that approximately two thirds of the children were placed with the expectation that the placement would be a long-term arrangement until the child turned 18 years. Contact with the caregiving family prior to placement was quite common. Most caregivers had needed to make some changes to their household in preparation for the child's placement. At the time of the Wave 1 interview, just over half of the children in the study were living with caregivers with whom they were not related. Many children identified with their cultural background, and most caregivers reported receiving support from others in helping children maintain these links. Most children had settled quickly when placed with the caregiver household and were very well settled at the time the Wave 1 interview was conducted.

The key findings about how children's OOHC placement was established are presented below.

### Setting up the child's current placement:

- It appears that most children interviewed at Wave 1 had been placed with the expectation that the placement would be until the child turned 18 years (67%). Note children restored to their birth parents were not interviewed at Wave 1 and will join the study at Wave 2.
- Contact between the child in the study and the caregiving family prior to placement was common. Two thirds of children had some form of contact, most commonly more than one overnight stay, or more than a one-day visit.

- Very young children aged 9–35 months had less frequently experienced overnight visits before the placement commenced than older children.
- Slightly more than half of the children in the study were placed with a family with whom they were not related. When placed with relatives, the most common arrangement was grandparent care.
- Older children aged 6–17 years tended to more often be placed with caregivers with whom they were related than younger children aged 9 months to 5 years.
- Most caregivers reported making some changes to their household in preparation for the child’s arrival. The most common types of changes were a modification to the caregiver’s routine, the purchase of equipment or furniture and rearrangement of bedrooms.
- The types and frequency of changes reported to be needed were similar for caregivers of children aged 9 months to 11 years, but fewer caregivers of 12–17 year olds had needed to make changes to accommodate the child.

#### **Promoting the child’s identity and connection with their culture:**

- Most caregivers had positive views about their ability to support the child to maintain his/her cultural ties.
- More than four fifths of children maintained connections to their birth family through their possession of photos, while nine tenths had retained their birth name.
- Older children more often had photographs of their birth family than younger children.
- Common actions undertaken by caregivers to help Aboriginal children and those from culturally diverse backgrounds maintain their cultural connections were: use of the child’s birth language, the child’s cultural identity and heritage being discussed, and consumption of food appropriate to the child’s culture and religion.
- Over half (59%) of caregivers of Aboriginal children reported that children identified with their birth family’s culture ‘very much’ or ‘a fair amount’.
- Caregivers generally reported receiving high levels of support from others in helping children to maintain cultural links, with support most often coming from the caregiver’s family members, the child’s community, and from an Aboriginal or multicultural worker or organisation.

#### **How the child settled into their current placement:**

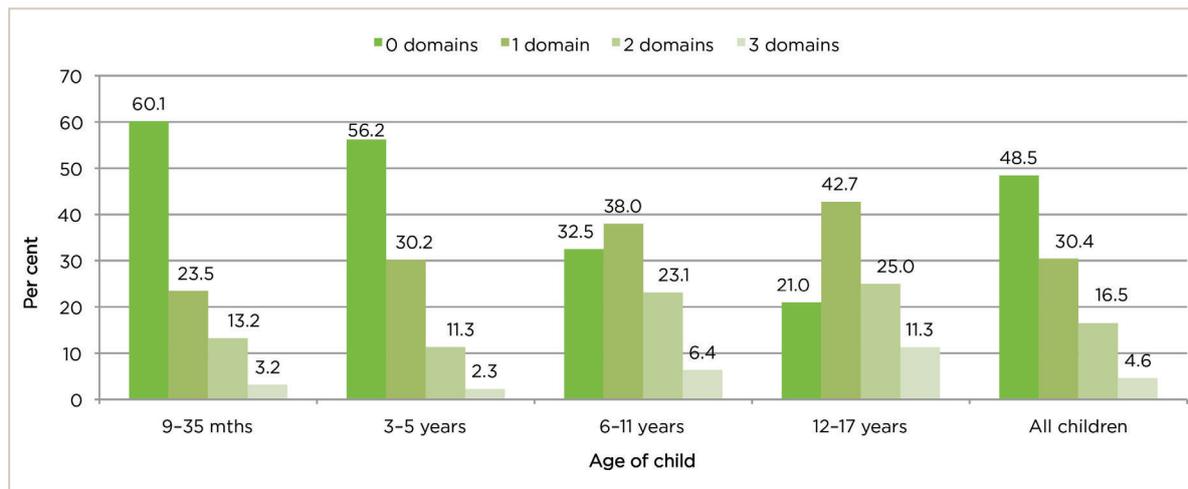
- Approximately half of caregivers reported that the child had settled into the placement in less than a week.
- Settling time tended to be longer among older than younger age groups.

## Wellbeing of children and young people

Chapter 5 in the baseline statistical report establishes a Wave 1 baseline measure of children’s wellbeing to enable investigation of their progress over time and the factors that facilitate or hinder ongoing development. Standardised measures and carer reports of three major areas of children’s functioning: physical health, social-emotional adjustment, and cognitive/language development were collected. As well as investigating how the total sample of children was faring, the wellbeing of children of differing ages, from differing cultural backgrounds, and from differing placement types was explored.

Approximately half (48%) of the children in the study were not showing problems across any developmental domains measured, 46% showed problems in one or two developmental domains and 5% showed problems across all three developmental domains measured. Children aged 12–17 years showed more problems in all areas of wellbeing measured than younger children<sup>2</sup>.

### Proportions of children showing developmental problems across 0 to 3 domains of functioning, by child age<sup>2</sup>



Overall, the data on children’s wellbeing found that most children seemed to be progressing well in terms of their physical health and were similar to children in the general population. In the area of socio-emotional wellbeing, the children in the study showed higher levels of behaviour problems from 3 years of age than usually found in the general population, particularly of the externalising type (e.g., aggression, hyperactivity). Rates of socio-emotional difficulties were highest among 12–17 year olds. Finally, children aged 9 months to 5 years were generally developing normally in

<sup>2</sup> The following variables were used to classify whether or not a child showed problems across each of the three domains of wellbeing (physical health, socio-emotional wellbeing and cognitive/learning ability), according to the age of the child. Health: ASQ-3 (atypical development on gross motor or fine motor 9 months–5 years) and at least two long-term diagnosed physical health conditions (6–17 years). Socio-emotional: BITSEA (problem scale cut-off 9–35 months), CBCL (total problem cut-off 3–17 years). Cognitive/learning: ASQ-3 (atypical development on communication or problem solving 9–35 months), PPVT-IV (below normal range 3–17 years), MR (below normal range 6–16 years). See Table 2.6 in the report for a description of the measures used in the POCLS interview to examine children’s wellbeing.

terms of developmental milestones, but there were some signs of slower than average language development. While the majority of children were in the normal range on cognitive abilities and language development, rates of difficulties in these areas were higher among children aged 6 years or older than would be expected by normative comparisons.

Key findings about children's physical health, socio-emotional wellbeing and cognitive/language ability are presented below.

### **Physical health:**

- Overall, most children seemed to be progressing well in terms of their general physical health and lifestyle, although a sizeable proportion also had a long-term health condition.
- Approximately half were perceived by caregivers to be in 'Excellent' general physical health and a further one third was seen as being in 'Very good' health.
- The great majority of children were judged by caregivers to be neither underweight nor overweight and appeared to be following a healthy diet, with fruit and vegetables consumed at least daily.
- Few (15%) had sustained an injury needing medical attention, most commonly a cut, scrape or bruise.
- On the other hand, half the sample had a health condition or developmental delay, with one fifth having two or more health conditions. 12–17 year olds tended to be faring more poorly, with fewer seen as being in excellent or good health, and a higher proportion having long-term health conditions. They tended to be more injury-prone, and were also more often consuming a less healthy diet.

### **Socio-emotional wellbeing:**

- Children were not faring as well on socio-emotional adjustment with the proportions showing high levels of behaviour problems increasing with age from 17% among 12–35 month old children, to 47% among 12–17 year olds.
- Externalising problems (e.g., aggression, hyperactivity) were more common than internalising problems (e.g., anxiety, depression) for those aged over 6 years.
- Among 12–17 year olds, approximately one-fifth showed very low levels of competencies overall.
- Additionally, most caregivers felt that children were progressing very well, and many 6–17 year olds had received an award, prize or trophy for things done well in the past six months.

### **Cognitive/language ability:**

- More than four fifths of children aged 9–66 months were meeting developmental milestones on aspects such as communication, gross and fine motor skills, problem solving and personal-social skills, as reported by caregivers.
- However, approximately one quarter of children aged 9–23 months showed slower than average speech development.

- A sizable minority of the children in the study aged 6 years and above showed below normal range language skills (27% of 6–11 year olds and 42% of 12–17 year olds).
- On non-verbal intelligence, almost twice as many 6–16 year old children were in the ‘below normal range’ category than would be expected according to norms, although overall, approximately 70% of children were in the normal range on this measure.

## Children’s childcare and educational experiences

Chapter 6 in the baseline statistical report describes the children in the study’s childcare, home learning activities, school and work experiences. Overall, the data on childcare and educational experiences found that many children in the study who were not yet of school age attended some form of childcare, most commonly at a childcare centre (except at 4–5 years, when preschool was more common). School age children frequently had to change schools when they entered care. For many, this was an additional change to the school changes already experienced. Approximately one tenth had repeated a school grade at some stage, while approximately one third was receiving special services or remedial help at school. Just over one quarter of caregivers reported that the child had an OOH education plan. School absenteeism was relatively common, most frequently due to health reasons. Most caregivers were monitoring and supporting their child’s school progress. A sizeable minority was concerned about the child’s learning progress and felt that the child was experiencing problems at school. On the other hand, most caregivers believed that children looked forward to going to school and felt that schools were meeting children’s needs. Most 7–11 year olds had positive perceptions of their school life, but a substantial minority of 12–17 year olds did not.

The key findings from the data collected about childcare and educational experiences at the time of the Wave 1 interview are presented below.

### Childcare:

- Approximately half of 9–35 month old children were attending some form of childcare, as were more than 90% of 3 year olds and 96% of 4–5 year olds. This was most often at a childcare centre, except at 4–5 years, when preschool was the most frequent type.
- The most common amount of time spent across all types of childcare was 2–3 days for 0–3 year olds (i.e., 11–20 hours per week) and 3–4 days for 4–5 year olds (i.e., 21–30 hours per week).

### Out-of-home and within-home learning and social activities:

- Approximately three quarters of children aged 9 months to 5 years had very frequently (i.e., on most days per week) taken part in a range of within-home activities (including playing with toys or games indoors, playing music, singing songs and dancing) with their caregivers or other adults in the household.
- Almost all caregivers had read to the child on at least one day in the past week.

- Just under half of 9 month to 5 year old children had participated in activities outside of the home. About one quarter had attended playgroup, while fewer than 10% had attended the other activities listed (e.g. library story time/other reading program).

### **School:**

- Most children in the study had experienced some disruptions in schooling, with two thirds of 6–11 year olds<sup>3</sup> and three quarters of 12–17 year olds reported by caregivers to have experienced one or more primary school changes during their school life. (As caregivers may not have full details of the child’s change of schools prior to their placement, this may be an underestimate).
- More than half (56%) of 6–11 year olds and two thirds of 12–17 year olds had changed schools upon being placed, and 8% and 22% respectively had changed schools since being placed.
- Approximately one fifth of all children had attended more than three primary schools in their lives and one fifth of 12–17 year olds had attended three or more secondary schools.
- Just over a quarter of children were reported to have an OOHC education plan (26% of 6–11 year olds and 30% of 12–17 year olds), although around one in 10 caregivers did not know if an OOHC education plan had been developed.
- The great majority of caregivers reported being involved in their child’s schooling, including talking with school personnel about the child, attending a parent-teacher meeting or an event in which the child had participated, attending an education planning meeting about the child or contacting a school counsellor.
- 11% of 6–11 year olds and 13% of 12–17 year olds had repeated a grade at some stage, and slightly more than one third were currently receiving special education or remedial services at school, or attended a special school.
- Approximately one third of caregivers of 6–11 year olds were concerned about the child’s learning development, and caregivers of just over one third of 6–11 year olds and 56% of 12–17 year olds felt that the child was experiencing academic or other problems at school.
- Almost all caregivers of 6–11 year olds believed children looked forward to going to school, as did four fifths of caregivers of 12–17 year olds. Most caregivers were ‘very satisfied’ or ‘satisfied’ that schools were meeting children’s needs.
- While a large majority of 7–11 year olds had positive views about school regarding most of the aspects covered<sup>4</sup>, a sizeable minority of 12–17 year olds seemed to be experiencing difficulties (such as learning and motivational aspects, getting on with teachers, enjoying being at school) based on their own self reports.

<sup>3</sup> The 6–11 year old group also includes a small number of 5 year olds who were attending school (they comprised 16% of the 5 year olds in the cohort).

<sup>4</sup> The age range for child reports was 7–11 years, not 6–11 years.

### **Work experience:**

- 10 of 67 children aged 14–17 years were in paid work, and one young person was earning an income from odd jobs, as reported by caregivers. Types of paid work included sales or hospitality. Caregivers reported that these children were getting on well with supervisors and workmates, working hard and doing well.

## **Caregiver parenting practices and children's relationships**

Chapter 7 in the baseline statistical report looks at the two sets of relationships that children in OOHC are likely to have: their relationship with caregivers and with their birth parents and extended families. Data collected during the Wave 1 interview included perceptions of caregiver parenting practices and of the child's relationships with the caregiving family, birth family and peers. The type and frequency of the child's contact with their birth family and other relatives are also explored.

Overall, the data provides a generally positive picture of children's relationships with their caregivers, caregiving family members, birth family and peers in the early years of being in OOHC. The great majority of children had close relationships with their primary caregivers and other children in the household, and most primary caregivers reported knowing the child well. Most children aged 6–17 years had close relationships with peers and significant others. Approximately half had a good relationship with their birth siblings but fewer had a good relationship with birth parents. There were some consistent differences across age groups (e.g., closer carer and family relationships among younger children).

Key findings about carers' parenting practices, child-caregiver relationships, child-peer relationships and contact with birth families are presented below.

### **Caregivers' parenting practices:**

- Caregivers tended to show high levels of warmth and monitoring of children's activities, and low levels of hostility.
- Caregivers reported a high level of self-efficacy in managing the child's difficult behaviours although this was lower among caregivers of older children.
- The reports from children corroborated caregivers' positive perceptions with most 7–17 year olds reporting that the adult who looked after them always helped them if they had a problem, that their caregiver always listened to them, that their caregiver always praised them for doing well and that their caregiver frequently knew about what the young person did with their free time and where the young person went when going out.

### **Child caregiver relationships:**

- Overall, caregivers appeared to have very positive perceptions of children's relationships with the caregiving family – almost all reporting having a close relationship with the child.
- Most caregivers also perceived the child's relationship with other children in the household to be close, although older age groups were somewhat less likely to have very positive relationships than younger age groups.

### **Child–peer relationships:**

- A large majority of 6–17 year olds had at least one good friend and almost three quarters had two or more close friends. Caregivers indicated that only 13% of children in their care had no close friends.
- Children aged 12–17 years tended to engage in more activities outside of school hours with friends than younger children.
- Compared with other children of the same age, around 85% of children were reported to have average or better relationships with birth/foster siblings.
- According to caregivers, approximately 90% of children’s behaviour towards them was ‘average’ or ‘better than average’ when compared with that of other children of the same age.
- A large majority of caregivers also felt that the child played and worked alone better than peers of a similar age.

### **Contact with birth families:**

- Four fifths of children were in contact with their birth mothers and about half were in contact with birth fathers and siblings. Over half were in contact with grandparents and aunts/uncles. Only 1% of children had no contact with their birth family or relatives.
- In terms of frequency of contact, fewer than one in five children had frequent (i.e., weekly or more often) contact with their birth mother, father or siblings.
- Few children had face-to-face unsupervised contact with their birth mother or father, although this was more common among older than younger age groups.
- The great majority of children had face-to-face supervised contact with parents (91% with mothers and 87% with fathers) at least monthly.
- Approximately one fifth of the children in the study also communicated with birth parents by other means such as telephone, email, or social networking. This was more common for older than younger children.
- The most common problems arising for children from their contact with birth families were parents’ behaviour, and parents cancelling or not turning up. However, 32% of caregivers reported that there had not been any problems from contact.
- The child’s relationship with their birth mother and siblings tended to be better among older age groups.
- According to caregivers, four fifths of children’s needs were very well or fairly well met in maintaining family relationships. More caregivers of older children had positive feelings about the child having access to their birth parents than those caring for younger age groups.

## Service provision and support

Chapter 8 in the baseline statistical report describes the provision of services, ranging from the provision of medical services to case planning and caseworker support, as they are one of the most crucial ways that governments and non-government organisations can improve children's wellbeing in OOHC. Wave 1 interviews collected data about the different types of services and support received by children and caregivers and the perceived adequacy of these resources. The interviews also explored the degree of unmet need for services and support experienced by children and caregivers.

Overall, the data on service provision and support found that children and caregivers participating in the POCLS had received a broad range of services, support and information since the start of the placement. Overall, caregivers felt that their needs and those of the study child had been well met by the services received. However, a number of service needs remained. Caregivers identified a range of barriers that prevented access to services for the child and themselves, with the most common being long waiting lists. Generally, carers were satisfied with their access to caseworkers and the assistance that had been provided. The perspectives of children aged 7 years and older tended to be less positive however, with these children less likely to report being satisfied with caseworker support (e.g., with how often their caseworker talked to them by themselves).

Key findings about service provision and support are presented below.

### **Services and support provided to children and carers:**

- The most common health service provided to children was a general practitioner consultation followed by consultations with a paediatrician and receipt of dental services.
- Children aged 12–17 years attended dental and counselling/psychological services more often than younger age groups, while younger children aged 9–35 months attended a paediatrician consultation or an Early Childhood Health Centre more often than older children.
- The majority of carers felt that children's needs had been very well met by professional services, while fewer than one in 10 carers felt that their child's health needs had not been well met.
- The most common types of support received by carers to assist them in caring for the child were childcare, respite care, and carer support organisations/groups.
- In terms of services needed and not yet accessed, the greatest need overall was for childcare or before/after school care, respite care and support from carer support organisations/groups. The most frequently identified reason that prevented access to services was long waiting lists.
- Carers also commonly received support from their spouse/partner, family members and friends in raising the children in the study.

### **Caseworker support:**

- The number of different caseworkers seen by the child since starting the current placement varied, with relatively similar proportions having been seen by one, two, or three or more caseworkers.
- The majority of carers had less than monthly face-to-face contact with their caseworker and approximately 1 in 8 carers never had face-to-face contact with their caseworker. However, phone or email contact with caseworkers was more frequent (40% had fortnightly or more frequent phone/email contact).
- Overall, approximately two thirds of carers were satisfied with their access to caseworkers when needed, and similar proportions were satisfied with the assistance they had received from caseworkers.
- Over half of children aged 7–17 years thought their caseworker frequently listened to, helped them and explained decisions clearly, but did not as frequently talk to them in private.

### **Carer experience, satisfaction and training:**

- Approximately half of carers had 1–3 years experience in caring for a child in OOHC, and over a quarter had four or more years of experience in caring for children in OOHC.
- Most carers were satisfied with being a carer and almost all carers were likely to continue as a carer.
- Overall, 93% were satisfied with balancing care for the child with the family's schedule, but satisfaction was slightly lower among carers of older children.
- Just over a third of carers had attended a training program in the previous 12 months, and just under a third had a carer development plan in place.

## **Characteristics of the caregiver, household and neighbourhood**

Chapter 9 in the baseline statistical report provides information about the characteristics of caregivers interviewed, their household and neighbourhood where the study child was placed at the time of the Wave 1 interview was collected during the Wave 1 data collection.

Overall, the data on caregiver's socio-demographic characteristics shows that the POCLS households were, on the whole, somewhat financially disadvantaged in comparison to the general Australian population. Despite these findings, according to carers the majority of children appeared to be placed in households where the incidences of financial hardship and psychological distress, as well as potentially harmful behaviours such as heavy alcohol consumption and smoking inside the household, were infrequent.

The key findings about characteristics of the caregiver, household and neighbourhood are presented below.

### **Caregiver demographic characteristics:**

- Almost three quarters of the carers interviewed were aged over 40 years, and just over three quarters were married or in a de-facto relationship.
- Approximately two thirds of the POCLS carers interviewed reported a minimum of Year 12 as their highest level of education completed, while almost one in five carers had achieved a Bachelor degree or higher. Conversely, approximately one third of carers interviewed identified Year 10 or below as their highest education level.
- The majority of carers interviewed were not in paid employment (nor looking for work) at the time of the Wave 1 carer interview, although it is difficult to draw conclusions from this result, given that the employment status of the carer not interviewed (when present) has not been considered; hence, household employment rates could not be derived.
- The vast majority (almost 90%) of carers interviewed generally perceived their physical health to be at least good.
- Although around one in three carers interviewed indicated that they had a medical condition or disability that had already or was likely to last for at least six months, less than 10% believed they had a health condition which impacted caregiving of the study child.
- Only a minority (5%) of carers interviewed were likely to be experiencing high or very high levels of psychological distress. Household smoking rates were low (i.e., only 4% of carers indicated people occasionally or frequently smoked inside the home), and the self-reported alcohol consumption of carers was also modest, with the vast majority of carers interviewed considering themselves to be occasional or non-drinkers.
- Generally, carers interviewed appeared to be relatively satisfied in their relationships, with the vast majority reporting that there was rarely or never anger/hostility between themselves and their partner, and 91% indicating that they were at least 'happy' with their partner. However, 7% of carers did indicate that they were 'extremely unhappy' with their partner.

### **Caregiving household demographic characteristics:**

- The most common situation was for the children in the study to be living in a household where the caregivers interviewed had a spouse or partner who was also living in the household.
- Although about half of the children did not have another study child residing in their POCLS household, the vast majority did have at least one other child (e.g. offspring of the carer) residing in the household. Over half (six in 10) of children also had a sibling living with them. Around a quarter of the POCLS households contained four or more other children aside from the study child, but over half of the children still had their own bedroom.

- Most carers interviewed tended to be satisfied with their current financial situation, despite, at an overall level, tending to be less well off than the general Australian population in regard to their annual household income.
- Only a minority of carers reported experiencing financial stressors over the past year, such as an inability to pay utility bills or their mortgage/rent on time, or going without meals.

#### **Housing and neighbourhood characteristics:**

- The vast majority of the POCLS carers interviewed and their children were residing in a separate house, with approximately six in ten owning their property outright or paying off a mortgage.
- Caregivers tended to be fairly satisfied with how well their current homes and cars were accommodating the family.
- The majority of carers interviewed also had positive perceptions of their neighbourhood, with 90% of carers believing that their neighbourhood was a good or very good place to bring up children.

### **Next steps**

The baseline reports will be followed by a series of longitudinal multivariate analyses examining differences in outcomes for all children, and specific cohorts of children, to answer the study's key research questions. Longitudinal statistical reports will also be produced following Wave 2 and Wave 3 data collections and will provide a picture of how children are faring over time and identify factors that help differentiate between those on a positive trajectory and those continuing to experience challenges in relation to their development and wellbeing.

### **Study design and data analysis by**

NSW Department of Family and Community Services Analysis and Research  
Australian Institute of Family Studies consortium of Australian researchers  
Chapin Hall Center for Children University of Chicago

### **Study data collection by**

I-view Social Research

### **Ethics approval by**

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(Approval number HC10335).

Aboriginal Health and Medical Research Council (AH&MRC) of NSW Ethics  
Committee (Approval Number 766/10).

### **Pathways of Care Longitudinal Study Clearinghouse**

All study publications including bulletins, technical reports and research reports can be found on the study webpage [www.community.nsw.gov.au/pathways](http://www.community.nsw.gov.au/pathways)

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## Appendix 1: Characteristics of the study cohorts at the time of entry to OOHC (May 2010 – October 2011)

	Study population cohort (all children entering OOHC for the first time ever)		Final care and protection orders cohort <sup>1</sup> (up to April 2013)		Final care and protection orders interview sample pool <sup>1</sup> (caregivers who agreed to be invited to an interview at each wave)		Final care and protection orders Wave 1 interviewed cohort	
	n	%	n	%	n	%	n	%
<b>Age at first entry to OOHC</b>								
0–2 years	1,649	40.0	1,377	48.7	941	52.6	713	55.5
3–5 years	752	18.2	533	18.8	337	18.8	239	18.6
6–11 years	1,031	25.0	680	24.0	388	21.7	259	20.2
12–17 years	693	16.8	238	8.4	123	6.9	74	5.8
<b>Sex</b>								
Male	2,059	49.9	1,452	51.3	881	49.2	637	49.6
Female	2,066	50.1	1,376	48.7	908	50.8	648	50.4
<b>Cultural background</b>								
Aboriginal <sup>3</sup>	1,323	32.1	927	32.8	614	34.3	451	35.1
CALD <sup>4</sup>	429	10.4	298	10.5	171	9.6	114	8.9
Other Australian	2,373	57.5	1,603	56.7	1,004	56.1	720	56.0
<b>Placement type at entry to OOHC</b>								
Foster care	2,372	57.5	1,816	64.2	1,131	63.2	816	63.5
Kinship/relative care	1,186	28.8	719	25.4	474	26.5	328	25.5
Residential care	38	0.9	22	0.8	8	0.4	3	0.2
Other <sup>5</sup>	529	12.8	270	9.5	175	9.8	137	10.7
<b>District</b>								
Hunter New England	750	18.2	507	17.9	339	18.9	266	20.7
South Western Sydney	515	12.5	379	13.4	229	12.8	149	11.6
Western NSW	395	9.6	256	9.1	183	10.2	141	11.0
Western Sydney	355	8.6	266	9.4	173	9.7	114	8.9
Nepean Blue Mountains	300	7.3	226	8.0	132	7.4	85	6.6
Illawarra Shoalhaven	242	5.9	171	6.0	98	5.5	65	5.1
Murrumbidgee	240	5.8	155	5.5	107	6.0	86	6.7
Central Coast	223	5.4	180	6.4	132	7.4	94	7.3
Northern NSW	223	5.4	121	4.3	78	4.4	63	4.9
South Eastern Sydney	218	5.3	144	5.1	87	4.9	66	5.1
Sydney	203	4.9	151	5.3	78	4.4	49	3.8
Mid North Coast	197	4.8	125	4.4	69	3.9	51	4.0
Southern NSW	112	2.7	66	2.3	50	2.8	38	3.0
Northern Sydney	81	2.0	47	1.7	20	1.1	10	0.8
Far West	45	1.1	29	1.0	12	0.7	7	0.5
Statewide Services	16	0.4	3	0.1	1	0.1	0	0.0
Total <sup>2</sup>	4,126	100.0	2,828	100.0	1,789	100.0	1,285	100.0

1 *The final care and protection orders cohort* (n=2,828) includes 2,312 carers and 516 children restored to their birth parents. The *final care and protection orders interview sample pool* (1,789) includes 1,597 carers and 192 children restored to their birth parents. At Wave 1, children restored to their birth parents (n=192) were not invited to an interview.

2 One child in the population cohort has been overlooked, with administrative data not included for processing. 57 children in the population cohort entered OOHC for respite purposes only.

3 Aboriginal status in this table is based on the Aboriginal status in the administrative data only so as to facilitate comparisons across cohorts. Aboriginal children and carers for the final care and protection orders interviewed cohort, as reported in elsewhere in this report, also take into consideration of a participant's primary cultural background and language spoken at home.

4 The CALD data were collected and verified for the final orders interviewed cohort only (n=1,285). FACS administrative data system collected limited information on CALD status only.

5 'Other' includes independent living and supported accommodation.

## Appendix 2: Child and caregiver questionnaire modules and mode of data collection

Caregiver question modules	Collection mode <sup>1</sup>
Introduction to the child and caregivers	CAPI
Setting up the placement and casework	CAPI
Child physical health (including height, weight, diet, sleep)	CAPI
NSW Health Blue Book	Scan <sup>2</sup>
Child cognitive and language development	CAPI/CASI
Child socio-emotional development	CAPI
Child temperament	CAPI
Child behaviours	CASI
Services and support for child	CAPI
Child education	CAPI
Child work and further education	CAPI
Family activities, social skills, peer relationships	CAPI
Birth family contact	CAPI
Child cultural background and cultural activities	CAPI
Caregiver experience and training	CAPI
Caregiver own support network	CAPI
Caseworker support and services	CAPI
Caregiver relationship with child	CASI
Parenting – monitoring, hostility and warmth	CAPI
Caregiver difficult behaviour self-efficacy	CASI
Caregiver physical health	CAPI/CASI
Caregiver mental health	CASI
Caregiver relationship with partner	CASI
Caregiver satisfaction with foster/kinship caring	CAPI
Caregiver neighbourhood social cohesion	CAPI
Caregiver socio-demographic characteristics	CAPI
Caregiver household grid	CAPI
Child/young person question modules <sup>3</sup>	Collection mode
Child cognitive and language development	Direct assessment
Felt security	Direct assessment
Child school and friends	CAPI/ACASI
Child health	CAPI/ACASI
Child feelings	CAPI/ACASI
Child caregivers	CAPI/ACASI
Child caseworker and support	CAPI/ACASI
Child other comments	CAPI/ACASI

1 CAPI=computer-assisted person interview; CASI=computer-assisted self interview; ACASI=audio computer-assisted self interview.

2 To collect data from NSW Health Blue Book, these were scanned by interviewers at Wave 1 using a hand held scanner, and then de-identified by I-view.

3 Direct assessments of children from age 3 years and interviews with children from age 7–17 years were completed if willing.

Note: other data sources for POCLS include the childcare worker/teacher survey, caseworker survey and record linkage.