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## Executive Summary – the Pathways of Care Longitudinal Study

The Pathways of Care Longitudinal Study (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 NSW (NSW) *Children and Young Persons (Care and Protection) Act 1998*. The study population is 4,126 children (aged 0-17 years) in NSW entering OOHC for the first time ever between May 2010 and October 2011. The POCLS will follow in detail the trajectories of a subset of the study population, those children who received final care and protection orders by April 2013 including children in long-term foster care or relative/kinship care, residential care, adoption, restoration<sup>1</sup> and those who re-enter OOHC. In May 2011, multi-wave face-to-face interviews commenced with children and caregivers to collect detailed information on the characteristics, needs, experiences and outcomes of the study children. Other data sources for the POCLS are online surveys of childcare workers, teachers and caseworkers; and administrative data through record linkage. This study will contribute towards building a strong evidence base to inform policy, practice, decision making and training to improve the outcomes of children who have been exposed to childhood abuse and neglect.

<sup>1</sup> The POCLS sample who were restored to their birth family before being invited to participate in the Wave 1 caregiver interview were not included in Wave 1 data collection but invited to Wave 2. All other children, who received final orders by April 2013, were invited to participate in the POCLS primary data collection.

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. The current POCLS research team is as follows:

- a team of researchers at FACS Analysis and Research including Ms Sharon Burke, Ms Marilyn Chilvers (Chief Investigator), Ms Toulia Kypreos, Ms Marina Paxman (Project Manager), Dr Lucy Tully, Dr Johanna Watson and Mr Albert Zhou
- a consortium of Australian researchers at the Australian Institute of Family Studies (AIFS) including Dr Daryl Higgins, Dr Julie Lahausse, Mr Mark Siphthorp, Ms Diana Smart (Project Manager) and their consortium: Professor Judy Cashmore AO, Socio-Legal Research and Policy, Law School, University of Sydney; Professor Paul Delfabbro, School of Psychology, University of Adelaide; and Professor Ilan Katz, Social Policy Research Centre, University of NSW
- Dr Fred Wulczyn (Project Manager) and Ms Xiaomeng Zhou at Chapin Hall Center for Children University of Chicago
- Ms Rachelle Brown and Mr Andy Cubie (Project Manager) at I-view, an independent social research data collection agency.

## About this report

This baseline statistical report presents an overview of the study design and key findings over a broad range of areas that have emerged from the Wave 1 data collection. Given the large size of the POCLS database, the report cannot present all of the data items collected. The aim of this report is to provide 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.

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.

This 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 presented 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.

Firstly, the POCLS final care and protection orders cohort (n=2,828) 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. Thus caution is needed when interpreting analyses relating to relative/kinship care at the overall level; for example, the level of appropriate case management and support could be less if full parental responsibility has been delegated to a relative.

Secondly, 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. However, these children and their birth parents will be invited to take part in an interview from Wave 2. Therefore, the key findings in this baseline statistical report do not describe children who were in OOHC on final orders for a short period of time before being restored.

Finally, the POCLS sample of children entered OOHC for the first time ever 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. This is particularly relevant for the older group of children in the POCLS, as lower numbers of children enter care for the first time ever at an older age (at Wave 1, only 10% of the POCLS sample on final orders were aged 12–17 years when compared with around 34% of all children aged 12–17 years in OOHC (Department of Family and Community Services, 2014). Caution is required in generalising the findings at this early stage of the study as the sample children in these older age groups may have had longer exposure to abuse and neglect than children entering care at younger ages.

## Study design, key research questions and key findings

### Chapter 2 – Introduction to the Pathways of Care Longitudinal Study

Chapter 2 provides an overview of the study design, sample population, measures and questions and the characteristics of the Wave 1 interviewed cohort. The POCLS population cohort (n=4,126) are all children who entered OOHC for the first time in NSW between 1 May 2010 and 31 October 2011. From this larger group, a subset of children who went on to receive final care and protection orders (n=2,828) in the Children's Court by 30 April 2013 were eligible for a face-to-face interview.

Participation in the study involves completing a 90-minute face-to-face interview at the caregiver's home or somewhere convenient. Children over three years are also invited to participate in activities and a short interview depending on their age and maturity. A Wave 1 interview was completed for 1,285 of the 1,789 children whose caregivers agreed to participate in the study. The most common reason caregivers gave for not wanting to participate in the study and/or interview at Wave 1 was lack of time. The Wave 1 data collection took place between May 2011 and August 2013 in 897 caregiving households.

The caregiver of every child who agreed to have their contact details securely transferred to the independent data collection agency during the sample recruitment period (n=1,789) will be invited to participate in subsequent waves of data collection. The interval between waves is approximately 18 months.

### **Chapter 3 – Eligibility for and participation in the Pathways of Care Longitudinal Study**

Chapter 3 provides information about the eligibility for and participation in the POCLS. As the POCLS focuses on the developmental wellbeing of children placed on final care and protection orders, a subset of all children who enter OOHC, it is important to understand who, among all the children who enter OOHC, reaches the point of having a final care and protection order before study findings are generalised to subsequent cohorts of children. The issue of generalisation is also sensitive to whether the subset of children interviewed differs from the overall final care and protection orders cohort. Although the findings are still preliminary, the data described in this report begin to address selection into the study.

Generally, the findings suggest that children with more contact with the child protection system were both more likely to receive final care and protection orders and participate in the interviews. The connection between contact and participation is more or less expected. Children on final care and protection orders most often come from situations wherein the likelihood of restoration is low; hence the need for a long-term final care and protection order. Children in these situations tend to stay in care longer and the underlying difficulty may be reflected in the risk of harm, or risk of significant harm, prior to entry into OOHC. These factors will be examined in upcoming analyses.

### **Chapter 4 – Establishing children’s placements**

Chapter 4 describes how children’s current placements were established and begins to address aspects of the Key Research Question: *‘What are the placement characteristics and placement stability of the children, and how do these influence their outcomes?’*. These data were collected as part of the Wave 1 interview.

The majority of the POCLS children had been living with the current caregiver household for more than a year at the time the Wave 1 interview was conducted. Just over half of the POCLS children were living with caregivers with whom they were not related. 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 (note, children restored before the Wave 1 interview will be invited to participate in the study from Wave 2). 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. 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.

## Chapter 5 – Wellbeing of children and young people

Chapter 5 investigates the developmental wellbeing of children in the first years of OOHC and begins to address aspects of the Key Research Question: *‘What is the physical health, socio-emotional wellbeing and cognitive/learning ability of the children entering OOHC compared with other children in the community?’*. Establishing a Wave 1 baseline measure of children’s wellbeing will enable investigation of their progress over time and the factors that facilitate or hinder ongoing development.

Three major areas of children’s functioning were examined: physical health, social-emotional adjustment, and cognitive/language development. 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. This information was gathered as part of the Wave 1 data collection.

Overall, 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 POCLS children 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 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. Children in residential care appeared to be experiencing poorer wellbeing than children in other placement types. Looking at how children are faring across the 3 domains of children’s functioning examined showed that approximately half (49%) of the children did not show any problems, 30% showed problems in 1 developmental domain, 16% showed problems in 2 developmental domains, while 5% showed problems across all 3 developmental domains.

## Chapter 6 – Children’s childcare and educational experiences

Chapter 6 describes children’s childcare and educational experiences and addresses aspects of the Key Research Question: *‘In what ways do the characteristics of the child, carer, home/family and community affect the children’s and young people’s developmental pathways, and how do these differ from similarly situated children in the general population?’*. The information is sourced from the Wave 1 POCLS interview.

Many of the POCLS children who were not yet of school age attended some form of childcare, most commonly at a childcare centre except at age 4–5 years when preschool was more common. School age children often had to change schools when they entered OOHC. For many, this was an additional change to the school changes already experienced. Approximately one-tenth of children had repeated a school grade at some stage, while approximately one-third were receiving special services or remedial help at school. Just over one-quarter of caregivers of 6–11 year olds and 30% of caregivers of 12-17 year olds reported that an OOHC education

plan was in place for the child. School absenteeism was relatively common, most frequently due to health reasons. Most caregivers were monitoring and supporting their child's school progress. A sizable minority were concerned about the child's learning progress and felt that the child was experiencing problems at school. On the other hand, many caregivers thought children looked forward to going to school and believed that schools were meeting children's needs. Most 7–11 year olds appeared to have positive perceptions of their school life but a larger proportion of 12–17 year olds did not (e.g., close to half of 12–17 year olds 'rarely/never' or only 'sometimes' enjoyed being at school). There were several differences between children from differing cultural backgrounds and placement types; one of the most prominent findings was that children in residential care, while a very small group overall, appeared to have multiple problems and were not faring as well as children in foster and relative/kinship care at school.

## **Chapter 7 – Caregiver parenting practices and children's relationships**

Chapter 7 examines caregiver parenting practices and perceptions of the child's relationships with the caregiving family and birth family and begins to address aspects of the Key Research Questions: *'What are the placement characteristics and placement stability of the children, and how do these influence their outcomes?'* and *'How does contact between the children in OOHC and their birth parents, siblings, and/or extended family influence their outcomes?'* Children's views of relationships were also obtained. Data were collected during the Wave 1 interview on how children and young people were getting on with caregiving and birth families in their early years of being in OOHC, which is believed to be an important factor not only in regard to placement stability, but also child happiness and wellbeing.

A generally positive picture emerged of the family relationships experienced by children in the early years of OOHC. The majority of children had close relationships with the caregiver interviewed and other children in the caregiving household, and most caregivers interviewed reported knowing the study child well. In addition, most children aged 6–17 years had close relationships with peers and significant others. Although approximately half had a good relationship with their birth siblings, fewer had a good relationship with their mother or father. Several differences were evident for children's family relationships when examined by age group (e.g., closer carer and family relationships among younger children) and placement type (e.g., more positive family and social relationships among those in relative/kinship care in comparison to other placement types).

## **Chapter 8 – Service provision and support**

Chapter 8 describes service provision and support for children and caregivers. It addresses aspects of the Key Research Question: *'What are the placement, service intervention and case planning pathways for the children during their time in OOHC?'* The provision of services is one of the most crucial ways that governments can assist vulnerable children to recover from abuse or neglect and make a successful



adjustment to OOHC. This can range from the provision of medical services to case planning and caseworker support. This information was collected as part of the Wave 1 interview.

Children and caregivers had accessed a broad range of services, supports and information sources. Overall, caregivers felt their needs and those of the study child had been well met by the services accessed. 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). A higher proportion of foster carers reported access to services and caseworker support than relative/kinship carers.

## **Chapter 9 – Characteristics of the caregiver, household and neighbourhood**

Chapter 9 summarises the characteristics of caregivers, their household and neighbourhood and addresses aspects of the Key Research Question: *'In what ways do the characteristics of the child, carer, home/family and community affect the children's and young people's developmental pathways, and how do these differ from similarly situated children in the general population?'*. This information was collected during the Wave 1 data collection.

Overall, the socio-economic status of the POCLS caregiving households tended to be lower than that of the Australian population at large, when considering key factors such as annual household income. Despite these findings, however, on-the-whole, caregivers felt they were relatively comfortable financially (i.e., not struggling to make ends meet), and they were also generally satisfied with the households and neighbourhoods in which their families were living.

The socio-economic profiles of caregiving households differed to some extent according to placement type, with relative/kinship households appearing more financially disadvantaged than foster care households. Relative/kinship carers interviewed tended to be older than foster carers, with a higher proportion aged over 60 years. Relative/kinship carers interviewed also reported slightly worse physical and mental health, slightly higher levels of household smoking and slightly less positive relationships with their partners by comparison with foster carers. Overall, the proportion of cares interviewed who identified as Aboriginal was much higher than the general Australian adult population, with relative/kinship carers more likely than foster carers to be Aboriginal and/or Torres Strait Islander.

Nevertheless, while the POCLS households were somewhat financially disadvantaged in comparison to the general Australian population (a finding that was more characteristic of relative/kinship care households by comparison with foster care households), 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.

## Conclusion

This report aims to provide key baseline data for the POCLS. However, there are some caveats to be aware of when interpreting the findings presented in each of the chapters and these are outlined above. Hence, caution is likely to be required in generalising some of the findings.

This report forms one part of a suite of reports on the Wave 1 baseline data. Further analysis is planned which will examine in-depth several of the key issues identified in this baseline statistical report including:

- children's interaction with the NSW child protection system including risk of significant reports, response to risk of significant harm and OOHC
- connections between children and young people's child protection histories and their wellbeing
- contact with birth families and its links to child wellbeing
- children's wellbeing in differing types of placements
- the circumstances and wellbeing of Aboriginal children
- services and supports appropriately meeting the needs of specific cohorts of children.

An analysis of non-response bias for these data is being undertaken and will inform the weighting (if any) to be applied to the data for further analyses.

Longitudinal statistical reports will be produced following each wave of data collection. The longitudinal multivariate analyses will examine differences in outcomes for children based on a number of factors. The longitudinal analyses 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.