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Introduction to the Pathways of Care Longitudinal Study

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The NSW Department of Family and Community Services (FACS) is funding and leading the Pathways of Care Longitudinal Study (POCLS), with a team of experts contracted to provide advice on the study design and undertake data collection and analysis. The POCLS is the first large-scale prospective longitudinal study on out-of-home care (OOHC) in Australia. The study will follow children and young people (from here on, 'children' refers to children and young people) aged 0–17 years entering OOHC for the first time ever under the *Children and Young Persons (Care and Protection) Act 1998* in NSW. 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. This first statistical report for the POCLS presents the Wave 1 baseline data and will be followed by longitudinal analyses on children's experiences and outcomes as subsequent waves of data collection occur.

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, 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.

The sample is drawn from a population cohort of all children entering OOHC in NSW for the first time ever between May 2010 and October 2011. The cohort thus includes children of all ages, all placement types, as well as all geographic locations in NSW. Caregivers of children who went on to receive 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. The first wave of data collection took place between May 2011 and August 2013 with caregivers of 1,285 children participating in a face-to-face interview. Children aged three years and over also completed activities and an interview (see Table 2.8). This study will include at least three waves of face-to-face interviews, conducted 18 months apart.

This chapter presents a brief background to the NSW child protection and OOHC policy context; and the study's objectives, key research questions, conceptual overview, population cohorts, data collection, Wave 1 interviewed cohort and analyses presented in this report.

2.1 NSW child protection system

The *Children and Young Persons (Care and Protection) Act 1998* governs the child protection system in NSW. The Act specifies how children and young people under the age of 18 years at risk of significant harm (ROSH), or being harmed, should be protected. This includes guidelines around reporting, assessments and the provision of services that range from early intervention to OOHC. Children enter OOHC for a variety of reasons, including exposure to ROSH from physical, sexual or emotional abuse and neglect, or because their parents' ability to care for them has been severely compromised by factors such as poor mental health, drug and alcohol misuse or domestic violence. An overview of the NSW continuum of services for children at risk of harm is provided in Appendix 1.

The change of legislation from 24 January 2010 means that reports to the Child Protection Helpline need to meet the threshold of ROSH as opposed to 'risk of harm'. This change was introduced so that children and young people who need the protection of statutory intervention can receive this from FACS, while children and families who need other forms of support and assistance can receive this from a range of government and community organisations without being reported to FACS (NSW Department of Family and Community Services, 2014).

Helpline caseworkers record the issues associated with ROSH reports. Table 2.1 presents the number of ROSH reports by all reported issues recorded for each report. When a child and young person concern report is received, it is first classified according to the issue that is considered the most significant. Physical abuse, neglect, emotional abuse and domestic violence were the top four reported issues across all three years. There was some variation in the order of the issues between the years. In 2012/13, physical abuse and neglect were present in around 30% of all ROSH reports, with domestic violence and sexual abuse the next most frequently reported issues (NSW Department of Family and Community Services, 2014).

Table 2.1: ROSH reports by reported issue (all issues), NSW, 2010/11 to 2012/13¹

Reported issue – all issues ²	2010/11		2011/12		2012/13	
	Number	% of total reports	Number	% of total reports	Number	% of total reports
Physical abuse	31,939	32.3	32,580	32.8	32,990	31.5
Neglect	30,868	31.2	29,575	29.8	29,951	28.6
Domestic violence	19,836	20.1	18,653	18.8	19,008	18.1
Sexual abuse	14,600	14.8	15,839	16.0	18,410	17.6
Drug/alcohol use by carer	18,847	19.1	17,904	18.0	17,602	16.8
Emotional abuse	21,182	21.4	18,023	18.2	16,951	16.2
Carer: mental health	11,212	11.3	9,673	9.7	8,346	8.0
Prenatal report ³	.. ⁴	.. ⁴	.. ⁴	.. ⁴	3,539	3.4
Child inappropriate sexual behaviour	2,197	2.2	2,396	2.4	3,069	2.9
Drug/alcohol use by child or young person	3,092	3.1	2,546	2.6	2,928	2.8
Suicide risk for child	2,527	2.6	2,363	2.4	2,882	2.7
Carer: other issues	2,160	2.2	1,691	1.7	1,488	1.4
Runaway child	973	1.0	859	0.9	850	0.8
Total reports⁵	98,845	..⁴	99,283	..⁴	104,817	..⁴

1 For the period from 24 January 2010 to 29 November 2012, up to four reported issues may be recorded. Since 30 November 2012, up to three reported issues may be recorded.

2 A classification of all issues relating to risk of harm reports is presented in Appendix 2.

3 Prenatal reporting is defined under Section 27 of the Children and Young Persons (Care and Protection) Act 1998, which provides for reports to be made for unborn children where there are concerns that the child may be at risk of significant harm after his or her birth. Prior to 2012/13, prenatal reports were captured under the 'Carer: other issues' category.

4 '..' – not applicable.

5 As a report can have multiple reported issues recorded, the categories presented are not mutually exclusive and do not add up to the total number of reports.

Source: KiDS – CIW annual data. Published in the NSW Department of Family and Community Services Annual Statistical Report, 2012/13.

NSW out-of-home care policy context

OOHC is a last resort for keeping children safe and provides: *emergency placements* in unplanned situations; *short-term placements* following child protection intervention; and *long-term placements* including foster care, relative/kinship care, residential care and independent living, or adoption (NSW Department of Family and Community Services, 2014).

In NSW, the needs of most children placed in OOHC will be best met through placement with relative and kin carers or, when this is not possible, with unrelated foster carers or adoptive parents. For a very small number of children, placement in a residential care service may best meet their needs for a period of time. The placement of Aboriginal children is guided by the 'Aboriginal Child Placement Principle', which gives priority to placing an Aboriginal child or young person

with a member of his or her extended family or kinship group. This principle sets a priority hierarchy of placements, starting with family and kin and may, in part, contribute to the increasing use of kinship/relative placement in the past decade. The existence of the principle serves to acknowledge the importance of the child or young person's identity and maintain their connections with family, culture and community. Aboriginal kinship care includes carers from the Aboriginal community even if they are not part of the child's extended family.

The provision of services for children in statutory OOHC is currently provided by both government and non-government organisations (NGOs). The provision of services for children in supported care (e.g., orders allocating full parental responsibility to a relative) is provided by FACS only. FACS and NGOs recruit and authorise foster carers and relative/kinship carers. Caregivers are provided with ongoing support such as training, peer support and financial assistance. Children and caregivers, who are referred by FACS caseworkers, are provided with psychological support as appropriate by the FACS Psychological Service. Some specialised services provide an intensive level of services for children with high needs, significant disabilities, or large sibling groups. While in OOHC, relationships that children have with their birth families and communities are maintained when it is safe to do so (NSW Department of Family and Community Services, 2014).

NSW is in a period of reform to improve OOHC following the release of *Keep Them Safe*, the Government's response to the Wood Special Commission of Inquiry into Child Protection Services in NSW (Wood, 2008). Predominately, this involves the transfer of case management of all children in statutory OOHC to NGOs. At 30 June 2013, the proportion of all children in statutory care who were placed with NGOs was 41%, up from 26% in the previous year. FACS is also working to deliver on the NSW 2021 target to reduce the rate of children in statutory care by:

- focusing on and improving early intervention services for the most vulnerable families and communities
- increasing the capacity and responsibility of families to care for their children
- working with NGOs to provide more flexible and innovative responses
- making decisions about permanent care arrangements earlier to provide more stability for children where children are unable to be restored to their parents. This includes looking at ways to make adoption by carers easier and quicker (NSW Department of Family and Community Services, 2014).

Current legislative reforms to the child protection system in NSW, which are being progressed under a *Safe Home for Life*, aim to improve the outcomes of children at ROSH by focusing on:

- building parenting capacity and increasing parental responsibility
- providing greater permanency for children and young people in care
- delivering a modern, responsive and child-focused system.

The safety, welfare and wellbeing of children and young people can be improved by giving them a long-term, nurturing, stable and secure environment which in turn gives them greater opportunity to fulfil their potential. From 29 October 2014, the *Children and Young Persons (Care and Protection) Act 1998* has recognised this with changes made to the legislation which now sets out guiding principles for the permanent placement of a child or young person. The order of preference for the permanent placement of a child or young person is:

- family preservation or restoration
- guardianship
- open adoption (for non-Aboriginal children)
- parental responsibility to the Minister.

Practice standards in statutory OOHC are fundamental to maintaining consistent and quality care to children. The *National Standards for Out-of-Home Care* have 13 standards that focus on the key factors that directly influence better outcomes for children in OOHC (Department of Families, Housing, Community Services and Indigenous Affairs, 2011). The *NSW Standards for Statutory Out-of-Home Care* were introduced in 1998 to establish minimum requirements for the accreditation of agencies providing case management for children in OOHC. In 2010, the standards were updated to provide a greater focus on the rights of children, and in 2013 they were updated again to reflect legislative changes (NSW Office of the Children's Guardian, 2013).

In NSW, 18,300 children were in OOHC at 30 June 2013, of whom 68% were in statutory care and 32% in supported care (see Glossary for definitions of care). The main placement types were relative/kinship care (53%) and foster care (39%), with only a small number of children in residential care (3%). Aboriginal children are over-represented in OOHC in NSW and at 30 June 2013 made up 35% of the OOHC population. During 2012/13, 3,210 children and young people entered OOHC, and for 81% of these children this was their first-ever entry into OOHC – this is a slight increase compared with 2010/11 (NSW Department of Family and Community Services, 2014).

2.2 Study objectives, key research questions and conceptual overview

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, and to use that knowledge to enhance the OOHC service system and casework practice and thereby improve outcomes for children in care.

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
- to describe the services, interventions and pathways for children and young people in OOHC, post restoration, post adoption and on leaving care at 18 years
- to describe children's and young people's experiences while growing up in OOHC, post restoration, post adoption and on leaving care at 18 years
- to 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
- to inform policy and practice to strengthen the OOHC service system in NSW to improve the outcomes for children and young people in OOHC.

Table 2.2 presents the key research questions for the study across the waves of data collection. The Wave 1 baseline statistical report begins to address aspects of these key research questions. However, the majority of the key research questions will require longitudinal data to address them.

Table 2.2: The key research questions to be addressed in the POCLS

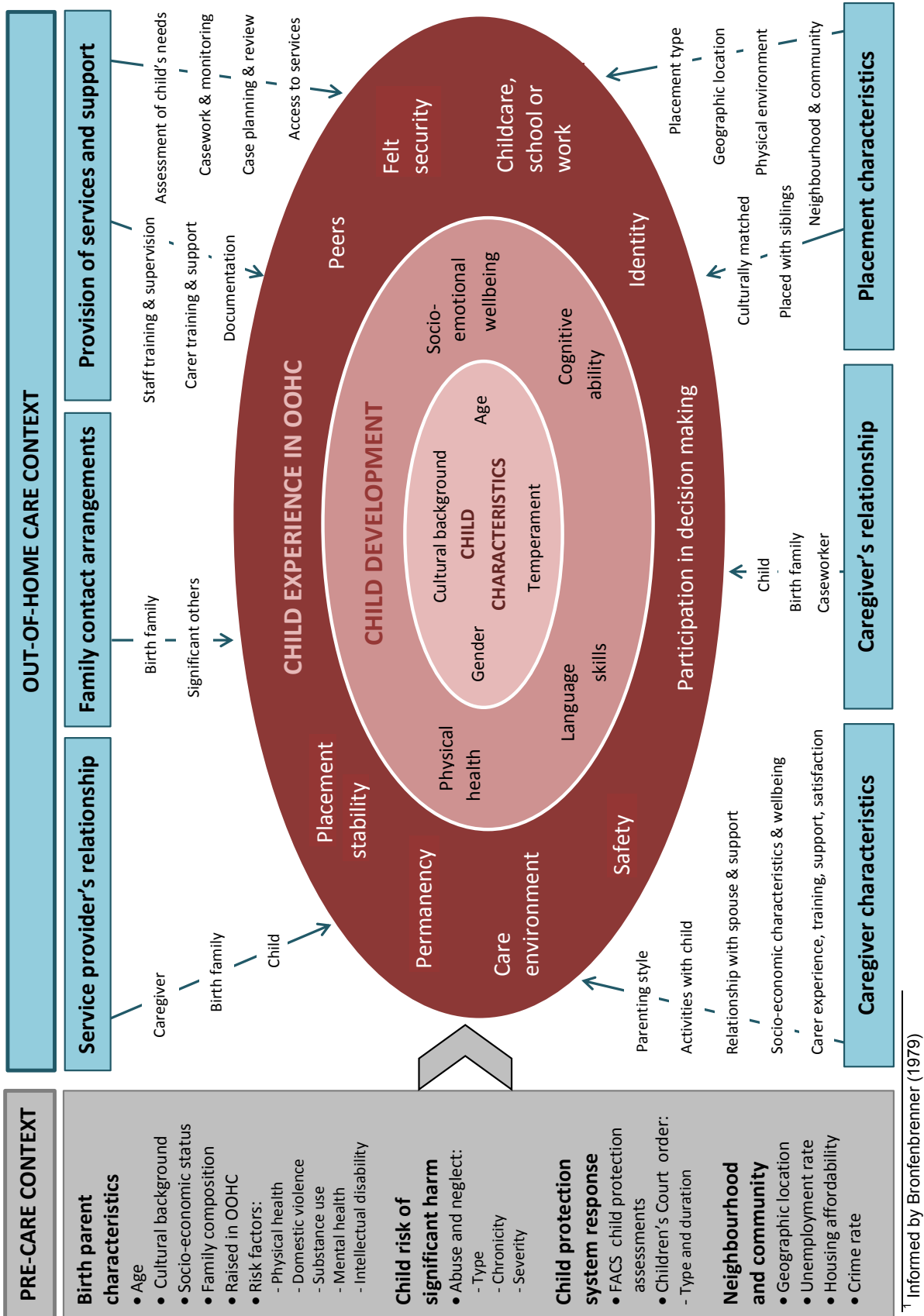
1	What are the backgrounds and characteristics of the children entering OOHC, including their demographics, child protection history, reasons for entering care and duration of the legal order?
2	What is the physical health, socio-emotional wellbeing and cognitive/learning ability of the children entering OOHC compared with other children in the community?
3	How are the Aboriginal Child Placement Principles used in placement decision making for Aboriginal children entering OOHC?
4	What are the placement, service intervention and case planning pathways for the children during their time in OOHC?
5	What are the developmental pathways of the children during their time in OOHC, post restoration, post adoption and on leaving care at 18 years?
6	How safe are the children during their time in OOHC, post restoration, post adoption and on leaving care?
7	How prepared are children for restoration, adoption or the transition out of care at 18 years?
8	What are the placement characteristics and placement stability of the children, and how do these influence their outcomes?
9	In what ways are service interventions related to the outcomes for the children, and how is this affected by their developmental status when they entered care?
10	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?
11	How does contact between the children in OOHC and their birth parents, siblings and/or extended family influence their outcomes?
12	How well do the administrative data capture relevant information about the process and quality of care for assessments, case planning, permanency planning and child outcomes; and how can they be improved?

This study aims to measure the key factors associated with children's experiences and wellbeing as described in the research literature and the NSW Standards for Statutory OOHC. In order to capture the complexity of the factors associated with developmental outcomes for children in OOHC, a conceptual overview was developed based on Bronfenbrenner's (1979) socio-ecological model of child development. As shown in Figure 2.1, these factors include:

- family background and pre-care context including birth family characteristics, parental risk factors, and type and chronicity of abuse and/or neglect
- decisions made by the Children's Court and FACS, as the statutory child protection agency, on entry into OOHC
- the OOHC service system, including a number of factors that may improve or worsen a child or young person's experiences and developmental outcomes while in OOHC.

The risk and protective factors in OOHC include: placement characteristics (e.g., type of placement, if placed with siblings, neighbourhood); carer characteristics (e.g., socio-economic status, health, parenting style, social support); the services and supports provided to the child or young person and their carers; and contact with birth family. Figure 2.1 illustrates how these factors may relate to each other to influence a child or young person's experience of OOHC and shape their developmental outcomes.

Figure 2.1: Conceptual overview of factors influencing outcomes of children and young people in OOHC



2.3 Pathways of Care Longitudinal Study population cohorts

The sampling unit for the POCLS is the study child. The sample was drawn from FACS administrative data stored in the Key Information Directory System (KiDS), which holds comprehensive data on children reported at ROSH in NSW.

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 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 study population cohort (n=4,126) includes three subset cohorts:

- **no final care and protection orders cohort** (n=1,298) is a subset of children who entered care for the first time ever but did not receive final care and protection orders by April 2013 (many would have been assessed as being able to return to their parents' care with appropriate services and supports; others may have received final orders after April 2013). This subset of the study population cohort was not eligible for face-to-face interviews in the POCLS
- **final care and protection orders cohort** (n=2,828) is a subset of children who entered care for the first time ever between May 2010 and October 2011 and who went on to receive final care and protection orders from the Children's Court by April 2013, allocating to the Minister full aspects of parental responsibility (PR), shared aspects of PR, or no aspects of PR (e.g., full aspects of PR to a relative and thus in supported care). Children in this subset of the study population cohort are eligible to participate in a face-to-face interview for the POCLS regardless of their pathways in OOHC
- **final orders interviewed cohort** is a subset of children in the final care and protection orders cohort where children and their current caregiver completed a face-to-face interview at each wave of data collection.

FACS attempted to contact the caregiver of every child in the final care and protection orders cohort to inform them of the POCLS and seek permission to pass on their contact details to the data collection agency – which would in turn invite them to participate in an interview at each wave. The final care and protection orders cohort included children who had been restored to their birth family (n=516) before FACS attempted to contact the caregiver. In these cases, FACS attempted to contact the birth parent(s) to inform them of the POCLS and seek permission to pass on their contact details to the data collection agency.

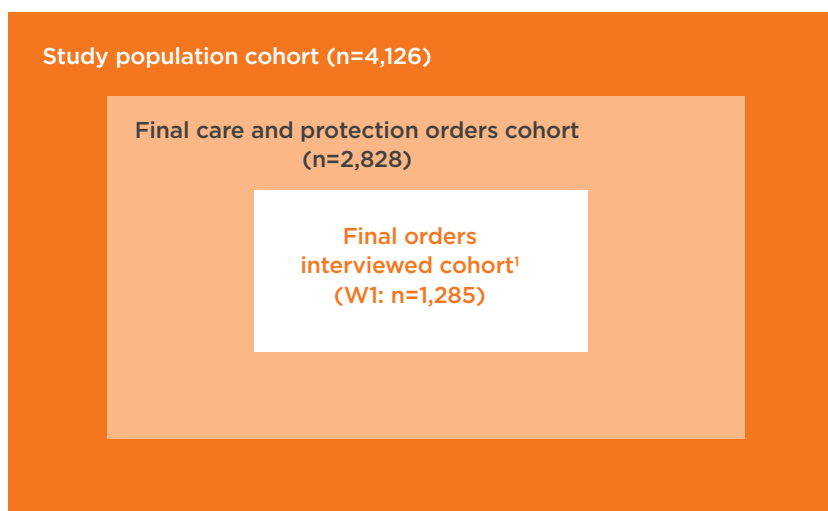
A total of 1,789 children (including 192 children who returned to their birth families) agreed to have their contact details passed on to the data collection agency (this group is referred to as the interview sample pool).

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.

This study will focus on comparing three key cohorts of children and young people in OOHC (as shown in Figure 2.2) across the waves of data collection conducted approximately 18 months apart. At Wave 1, 1,285 study children in the final care and protection orders cohort, and their caregivers living in 897 households, participated in an interview. Caregivers of 1,027 study children (excluding 516 children who were restored at Wave 1) were invited but did not wish to participate in an interview. Chapter 3 examines study eligibility for and participation in the POCLS.

Figure 2.2: POCLS key study cohorts



¹ Note that the number of interviews completed will differ at each wave.

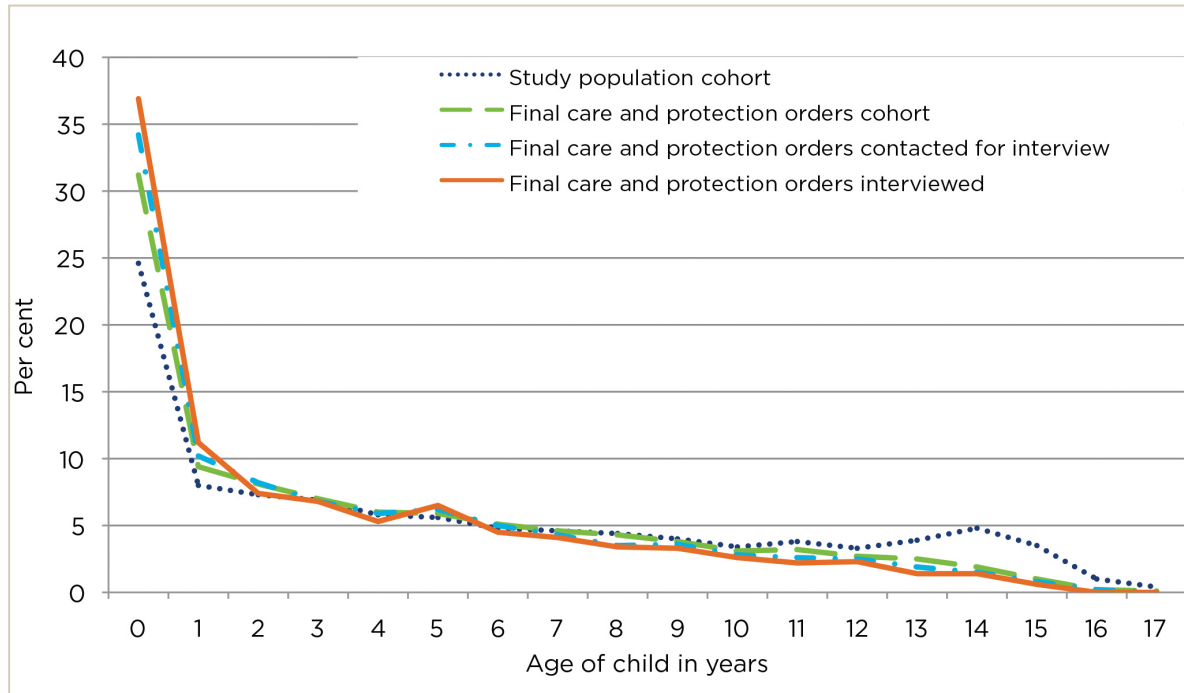
Characteristics of the study children on entry to OOHC

Child age

Infants (i.e. less than 12 months old) and children up to the age of 2 years are especially vulnerable due to their age, and the system's response to ROSH reports about them is prioritised. As a result, it is not surprising that this age group comprised the largest group to enter the study population cohort (40%), with most of these (62%) being under 12 months of age. For children aged 12 months or more, the proportion entering OOHC fell sharply (Figure 2.3). For 5 year olds, the proportion was 6%, and for 15 year olds it was 4%. More children aged under 2 years entering OOHC for the first time went on to receive final orders. This is reflected in the larger proportion of this age being eligible to be interviewed and, in turn, those who were in the interviewed cohort. Thus, children aged between birth and 2 years made up 40% of the study population cohort and 55% of those interviewed on final orders (Table 2.2). Results for children aged 12–17 years in the interviewed cohort relate to a small group of 74 children aged between 12 and 15 years and with an average age of 13 years (based on the age of the child at first entry into OOHC). There were 58 children aged 16 or 17

years in the population cohort, with only nine receiving final orders and none remaining in the interviewed cohort.

Figure 2.3: Children entering OOHC for the first time by study cohorts, percentage distribution



Child gender

There are similar numbers of males and females who enter OOHC for the first time in the study population cohort. These proportions remain relatively steady across cohorts.

Child cultural background

In the population cohort, 32% of the children are Aboriginal and 68% are non-Aboriginal (Table 2.3). Of the non-Aboriginal children, there were a number from culturally and linguistically diverse (CALD) backgrounds (10% of the total sample). These proportions remain relatively stable for the final orders cohorts generally.

Districts in which children resided

Children entering OOHC for the first time varied across the 15 FACS districts, with Hunter New England, South Western Sydney and Western NSW accounting for around 40% of the children entering OOHC for the first time in NSW in the study population cohort. Far West and Northern Sydney had the fewest first time entries to OOHC (1% and 2% respectively). Similar distributions can be found across the cohorts of children on final care and protection orders.

Table 2.3: 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 ¹ (up to April 2013)		Final care and protection orders interview sample pool (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	%
Age at first entry to OOHC								
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
Sex								
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
Cultural background								
Aboriginal ³	1,323	32.1	927	32.8	614	34.3	451	35.1
CALD ⁴	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
Placement type at entry to OOHC								
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 ⁵	529	12.8	270	9.5	175	9.8	137	10.7
District								
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
Total²	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.

Child's first placement on entry to OOHC

When children enter OOHC for the first time, they are commonly placed in foster care (57% in the study population cohort – see Table 2.3). For those who went on to receive final orders and were then interviewed for this study, the proportion placed in foster care on entry to OOHC was slightly higher (around 64%). Fewer children on first entry to OOHC were placed with a kinship/relative carer (29% in the population cohort compared with a quarter in both the final order cohorts). Together, foster care and kinship/relative care account for more than 85% of all first placements. In contrast, only a very small proportion of children were ever placed in residential care for their first ever placement.

Children on final orders restored before the Wave 1 interview

The final care and protection orders cohort will include children who take many pathways in OOHC; for example, long-term OOHC, adoption, restoration and ageing out of OOHC. Almost one fifth (18%) of the children in the final orders cohort were in OOHC for a short period of time and restored to their birth family before FACS conducted the Wave 1 interview. Table 2.4 shows the characteristics of the children in the final orders cohort and restored before the Wave 1 interview compared with the children on longer-term orders. Birth parents who agreed to participate in the study were not invited to participate in a Wave 1 interview 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.

Table 2.4: The POCLS final care and protection orders cohort by children remaining in OOHC and children restored before the Wave 1 interview

	Final care and protection orders cohort ¹ (by April 2013)						Interview sample pool (caregivers in the final care and protection orders cohort who agreed to be invited to an interview at each wave)					
	Children with carers		Children restored to birth parents		Total		Children with carers		Children restored to birth parents		Total	
At first entry to care	n	%	n	%	n	%	n	%	n	%	n	%
Age of child												
0–35 mths	1,155	50.0	222	43.0	1,377	48.7	857	53.7	84	43.8	941	52.6
3–6 years	557	24.1	121	23.4	678	24.0	382	23.9	44	22.9	426	23.8
7–11 years	418	18.1	117	22.7	535	18.9	257	16.1	42	21.9	299	16.7
12–17 yrs	182	7.9	56	10.9	238	8.4	101	6.3	22	11.4	123	6.9
Gender												
Male	1,184	51.2	268	51.9	1,452	51.3	793	49.7	88	45.8	881	49.2
Female	1,128	48.8	248	48.1	1,376	48.7	804	50.3	104	54.2	908	50.8
Cultural background												
Aboriginal ³	806	34.9	121	23.4	927	32.8	574	35.9	40	20.8	614	34.3
CALD ⁴	233	10.1	65	12.6	298	10.5	142	8.9	29	15.1	171	9.6
All other children	1,273	55.1	330	64.0	1,603	56.7	881	55.2	123	64.1	1,004	56.1
Total²	2,312	100.0	516	100.0	2,828	100.0	1,597	100.0	192	100.0	1,789	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.

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4 The CALD data were collected and verified for the final orders interviewed cohort only (n=1285). FACS administrative data system collected limited information on CALD status only.

It is crucial to have a good understanding of how children come into contact with the child protection system, their experiences prior to and in OOHC, and how these and other factors come together to shape child development and placement trajectories over time. This will be examined further as this study progresses.

2.4 Pathways of Care Longitudinal Study data collection

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 as shown in Appendix 3. These data sources will be integrated into a study analysis database to provide comprehensive longitudinal data.

FACS administrative data for the study population cohort (n=4,126) providing retrospective records at the child level on child protection reports, legal status and OOHc placements was extensively processed by Chapin Hall Center for Children University of Chicago to enable longitudinal analysis at entry.

From Wave 1, detailed face-to-face interviews with children and caregivers were conducted. The measures and questions included in the interviews are described in the section below.

From Wave 2, online questionnaires with childcare workers and teachers will be administered with the caregiver's consent (potential sample size n=1,789). A caseworker online questionnaire will be administered in Wave 3 to the final care and protection orders cohort (n=2,828). As the Wave 2 and 3 components of the study are not relevant to this Wave 1 Baseline Statistical Report, they are not described further in this report (for details, please see an article on the POCLS design by Paxman, et al, 2014).

Child and caregiver questionnaires

The POCLS includes at least three waves of data collection for children and caregivers using interviewer-administered measures for children aged 3 years and older plus face-to-face interviews with children aged 7 years and older. Table 2.5 lists the question modules included in the child and caregiver questionnaires. Table 2.6 provides a summary of the measures and questions used to examine children's wellbeing, and the characteristics of the caregivers and placements. Table 2.6 also provides information about the mode of administration for each measure, the study age range, and the availability of norms and/or use in other studies.

The interviews are conducted by trained interviewers from I-view, an independent data collection agency that specialises in social research data collection. I-view also manages the online surveys for childcare workers, teachers and caseworkers.

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 (Tables 2.5 and 2.6). The 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.

The caregiver questionnaire is programmed into a computer-assisted person interview (CAPI) and a computer-assisted self interview (CASI) system. This means that all of the questions are recorded directly onto the computer at the time of interview, with some questions asked by interviewers (via CAPI), and other questions (especially sensitive questions) completed by the caregiver directly onto the computer (via CASI).

A short questionnaire for children aged 7–11 years has been programmed into a CAPI, and for 12–17 year olds into an audio computer-assisted self interview (ACASI) set up on an iPad. The ACASI system has a number of special features to make it enjoyable for young people, including a space theme and choice over the order of question modules, and the voice recording is by a young person who grew up in care.

To ensure that caregivers had sufficient knowledge about the child, the study child had to have lived with the caregiver for a minimum of one month before data collection could take place. Caregivers of children from birth onwards were recruited into the study; however, interviews were not conducted until the child was aged 9 months old, to ensure that the measures of infant development were reliable.

The questionnaires at each wave are modified for caregivers of sibling groups (where more than one child is participating in the POCLS) and for residential care workers. From Wave 2, the questionnaires will also be modified for adoptive parents (where the child is adopted) and birth parents (where the child has been restored).

Table 2.5: Child and caregiver questionnaire modules and mode of data collection

Caregiver question modules	Collection mode ¹
Introduction to the child and caregivers	CAPI
Setting up the placement and casework	CAPI
Child physical health (including height, weight, diet, sleep)	CAPI
NSW Heath Blue Book	Scan ²
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 modules³	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.

POCLS data collection timelines

The study population cohort entered OOHC between May 2010 and October 2011, and a subset of this cohort, who received final care and protection orders by April 2013, were eligible for a face-to-face interview. This timeframe gave every child entering OOHC in October 2011 at least 18 months to receive final orders.

During February 2011 to July 2013, FACS undertook to recruit as many of the 2,828 children as possible to participate in a face-to-face interview.

The interval between waves of data collection is approximately 18 months. Wave 1 data collection spanned between May 2011 and August 2013. Wave 2 data collection ended in March 2015. Wave 3 data collection is underway at the time of publication of this report and is due to end in June 2016.

Ethics approval

Ethics approval for the POCLS has been granted by the University of New South Wales Human Research Ethics Committee (UNSW HREC) (Approval number HC10335) and the Aboriginal Health and Medical Research Council (AH&MRC) of NSW Ethics Committee (Approval Number 766/10).

Table 2.6: The questions and measures used in the POCLS interviews to examine children’s wellbeing and caregiver and placement characteristics, including the respondent type, the age range, and availability of norms or whether used in other studies

Domain	Questions and standardised measures	Respondent type	Study age range	Used in other studies/norms available
Children’s wellbeing				
Physical health and development	Ages and Stages Questionnaire (ASQ3; Squires & Bricker, 2009)	Caregiver	9 months ¹ –5 years	US norms
	Additional questions about health conditions, services received, immunisation, diet, weight, sleep	Caregiver	All	Project developed and used by other studies such as LSAC, ATP
Socio-emotional development	Abbreviated Temperament Scales adapted from the Revised Infant Temperament Questionnaire (Carey & McDevitt, 1978), the Toddler Temperament Questionnaire (Fullard, McDevitt & Carey, 1978) and the Childhood Temperament Questionnaire (Thomas & Chess, 1977)	Caregiver	9 months –7 years	LSAC, ATP
	School Aged Temperament Inventory (SATI; McClowry, 1995) – short form	Caregiver	8–17 years	LSAC, ATP
	Brief Infant Toddler Social Emotional Assessment (BITSEA; Briggs-Gowan et al, 2004)	Caregiver	12–35 months	LSAC US norms
	Child Behaviour Checklist 1.5–5 and 6–18 (CBCL; Achenbach & Rescorla, 2000; 2001)	Caregiver	3–17 years	NSCAW, LONGSCAN, US and Australian norms
	Ages and Stages Questionnaire (ASQ3; Squires & Bricker, 2009)	Caregiver	9 months ¹ –5 years	US norms
	School Problems Scale (Prior, Sanson, Smart & Oberklaid, 2000)	Young person	12–17 years	ATP
	School Bonding Scale (O’Donnell, Hawkins & Abbott, 1995)	Young person	12–17 years	ATP, Seattle Social Development Project

Domain	Questions and standardised measures	Respondent type	Study age range	Used in other studies/norms available
Socio-emotional development	Short Mood & Feeling Questionnaire 13-item scale (Angold et al, 1995) and additional questions on mood ²	Young person	12–17 years	LSAC, ATP, ASSAD
	Self Report Delinquency Scale 10-item scale adapted from (Moffitt & Silva, 1988) ²	Young person	10–12 years	ATP
	Felt security activity to show who they feel close to (adapted from the Kvebaek Family Sculpture Technique; Cromwell, Fournier & Kvebaek, 1980).	Child/Young person	7 years plus	Cashmore & Parkinson (2014) in family law study
	Additional questions for caregivers about services and supports for child emotional and behavioural problems, problems at school, child psychotropic medication	Caregiver	All	Project developed and used by other studies such as LSAC, ATP
	Additional questions for children and young people about peer relationships, friendships, school, health, caregivers and caseworkers	Child/Young person	7 years plus	Project developed and used by other studies such as LSAC, ATP
Cognitive and language development	Communication and Symbolic Behaviour Scale Infant and Toddler Checklist (CSBS ITC; Wetherby & Prizant, 2003)	Caregiver	9 ¹ –23 months	LSAC US norms
	MacArthur-Bates Communicative Developmental Inventories (MCDI-III; Fenson et al, 2007)	Caregiver	30–35 months	LSAC US norms
	MacArthur Communicative Development Inventories—Short form (Fenson et al, 2000)	Caregiver	24–29 months	US norms
	Peabody Picture Vocabulary Test (PPVT-IV; Dunn & Dunn, 2007)	Interviewer administered	3–17 years	Many studies; US norms

Domain	Questions and standardised measures	Respondent type	Study age range	Used in other studies/norms available
Cognitive and language development	Matrix Reasoning Test from Wechsler Intelligence Scale for Children (WISC-IV; Wechsler, 2003)	Interviewer administered	6–16 years	LSAC
	Additional questions about current schooling (usual grades at school, changes in schools, repeated years, school problems); for children aged 15 and older, questions on work and further education, life skills and plans for leaving care	Caregiver	All	Project developed and used by other studies such as LSAC, ATP
Caregiver and placement characteristics				
Psychological distress	Kessler K10 (Kessler et al, 2003)	Caregiver	All	LSAC, NSW Health Survey, Australian norms
Social cohesion	Social Cohesion and Trust Scale (Sampson, Raudenbush & Earls, 1997)	Caregiver	All	LSAC
Parenting practices/style/self-efficacy	Parenting – Warmth (Paterson & Sanson, 1999)	Caregiver	All	LSAC
	Parenting – Hostility (Institut de la Statistique du Québec, 2000)	Caregiver	All	LSAC
	Parenting – Monitoring (Goldberg et al, 2001)	Caregiver	12–17 years	LSAC
	Difficult Behaviour Self-Efficacy Scale (DBSES; Hastings & Brown, 2002)	Caregiver	All	Study by Whenan, Oxlad & Lushington (2009)
	Emotional Responsiveness Scale from the Parenting Style Inventory II, adapted version (PSI-II: Darling & Toyokawa, 1997)	Young person	7–17 years	LSAC
	Additional questions for child about relationship with caregiver	Child/young person	All	Project developed and used by other studies such as LSAC, ATP
Satisfaction with support from services	Satisfaction with Foster Parenting Inventory (SFPI) – Social Service Support Satisfaction Scale (Stockdale et al, 1997)	Caregiver	All	–

Domain	Questions and standardised measures	Respondent type	Study age range	Used in other studies/norms available
	Additional questions for caregiver about socio-demographic characteristics; relationship with partner; relationship with study child; caregiver experience and training; family activities; support network; caregiver physical health; cultural background and cultural activities	Caregiver	All	Project developed and used by other studies such as LSAC, ATP

1 While children will be recruited from birth onwards, an interview with their caregiver will not be conducted until the child reaches 9 months of age, to ensure that the measures of infant development are reliable.

2 These measures were added at Wave 2.

Note: ASSAD=Australian Secondary Students' Alcohol and Drug Survey; ATP=Australian Temperament Project; LSAC=Longitudinal Study of Australian Children; LONGSCAN=Longitudinal Studies of Abuse and Neglect (US); NSCAW=National Survey of Child and Adolescent Well-Being (US).

2.5 Wave 1 interviewed cohort

A brief summary of the Wave 1 interviewed cohort will provide context to the data presented in Chapters 4–9.

The overall response rate for the Wave 1 interview was 56% and is calculated as the number of children in the final care and protection orders cohort remaining in OOHC for whom a Wave 1 face-to-face interview was completed (1,285) as a proportion of the number of all children in the final care and protection orders cohort not restored at the time of the Wave 1 interview (2,312). As described above, children restored by the time of the Wave 1 interview were not invited to participate in the POCLS until Wave 2.

The number of households that took part in the Wave 1 interview was 897, as many foster carers, relative/kinship carers and residential care workers had more than one study child in their care. A total of 1,285 interviews were completed by caregivers, and children aged 3 years and older also participated in the data collection (Table 2.7). Typically, the carer interview occurred 17.4 months after the child's first ever entry to OOHC, ranging from 4 to 39 months. Table 2.7 below shows the characteristics of the children at the time of the Wave 1 interview, including their age, gender, cultural background, placement type and number of households (note, Table 2.3 and Table 2.4 show sample characteristics at an earlier stage – on first entry to OOHC). The definitions of age groups, cultural background and placement type presented in Chapter 4–9 are outlined in Appendix 4.

At the time of the Wave 1 interview, 51% of children were placed in foster care, 47% were placed in relative/kinship care and 2% were placed in residential care. These distributions are similar to the placements of children and young people in OOHC in NSW in a similar time period of 2012/13: 39% foster care, 53% relative/kinship care and 3% residential care (NSW Department of Family and Community Services, 2014).

Of the children whose caregivers completed a Wave 1 interview, just under half (44%) were aged under 3 years at the time of interview. The sample was evenly divided into female and male, and just less than 1 in 10 were from a culturally diverse background. Over one third (36.5%) of children were Aboriginal, close to the 35% of the overall proportion of Aboriginal children and young people in OOHC in NSW (NSW Department of Family and Community Services, 2014).

Table 2.7: Characteristics of the children completing the Wave 1 interview (n=1,285)

At the time of interview	Number of children	
	n	%
Age of child		
9–35 months	567	44.1
3–5 years	265	20.6
6–11 years	329	25.6
12–17 years	124	9.6
Gender		
Male	637	49.6
Female	648	50.4
Cultural background		
Aboriginal ¹	469	36.5
Culturally diverse ²	112	8.7
Other Australian	640	49.8
Unspecified	64	5.0
Number of study children by placement type (n=1,285)		
Foster care	661	51.4
Relative/Kinship care	598	46.5
Residential care	26	2.0
Number of households (n=897)		
Foster care	476	53.1
Relative/Kinship care	398	44.4
Residential care	23	2.6

1 Aboriginal status in this table is based on the Aboriginal status in the FACS administrative data.

2 Culturally diverse background is derived from the primary cultural background in FACS administrative data.

Several major child development al stages are covered in the study. Table 2.8 shows the number of children responding to the various data collection components of the interview.

Table 2.8: Number of children completing the Wave 1 activities and ACASI/ CAPI interview¹

	Number of respondents	Wave 1 sample size	Total %
Peabody Picture Vocabulary Test (children 3–17 years)	656	718	91.4
Matrix Reasoning Test (children 6–16 years)	403	447	90.2
Felt security activity (children 7–17)	331	377	87.8
Interview – CAPI (children 7–11 years)	173	253	68.4
Interview – ACASI (children 12–17 years)	92	124	74.2

1 Children aged 9–35 months did not participate in the activities or interview.

2.6 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, childcare and educational experiences, contact with their birth family, perceptions of caregiving, parenting practices and children's relationships, service provision and support, and the characteristics of the current caregiving household and neighbourhood. Chapter 3 examines eligibility for and participation in the POCLS and is based on analysis of FACS administrative data for the study population cohort (n=4,126). Although the findings are still preliminary, the data described in this chapter begins to address selection into the study. Chapters 4–9 describe children's and caregivers' circumstances, wellbeing and early experiences of OOHc once final care and protection orders have been made. Chapters 4–9 are based on the first wave of primary data collected by face-to-face interviews with children and caregivers described above.

Data analysis undertaken in this report

The analyses presented are descriptive only and are based on an unweighted data file (September 2014). Hence, minor differences may be found between the results described here and subsequent analyses conducted with the finalised weighted version of the Wave 1 dataset¹. The analyses provide evidence of associations using bivariate analysis only and do not indicate causality. Tests of statistical significance have not been routinely undertaken, so findings should be interpreted with this in mind.

This baseline statistical report routinely presents comparisons by age, 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 measures only. This is because the observed relationship between each of the factors, and the questions of interest in each case, are likely to be affected by the significant correlation between placement type and cultural identity. For example, Aboriginal children are much more likely to be placed with relatives or kin than are other children in accordance with the Aboriginal Placement Principle.

The sample sizes available for analysis varied considerably and sometimes were relatively small. Where the sample sizes were lower than 20, the results are not interpreted further.

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 placement type conducted at the overall level,

¹ An analysis of non-response bias for the Wave 1 data is being undertaken and will inform the weighting (if any) to be applied to the data for further analyses.

particularly for children in relative/kinship care that includes study children with all aspects of parental responsibility to the Minister and study children with all aspects of parental responsibility to a relative.

Secondly, the POCLS sample who were restored to their birth family before the Wave 1 interview were not included in Wave 1 data collection for practical reasons (e.g., recruitment to the POCLS) and ethical reasons (e.g., sensitivity). 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 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 sample were aged 12–17 years). Caution is required in generalising the findings at this early stage of the study, as the older age groups may have had longer exposure to abuse and neglect than children entering care at younger ages.

2.7 Next steps

Longitudinal analysis

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.

Other additional data collections from Wave 2 include children who were restored to their birth parents or adopted by their carers; a childcare worker and teacher survey; a caseworker survey and record linkage.

Technical papers on non-response analysis and weighting the data will be published and available on the study webpage.

The POCLS Clearinghouse

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