



Pathways of Care Longitudinal Study

The artist is a young person who grew up in care.

"The banner shows many pathways through the care system with a carer or caseworker acting as a guide, ultimately leading to independence for every young person. Whether we live with family or strangers, study, work, or just try our best, the paths we choose and are guided through in our youth are what we use to prepare ourselves for the happiest adulthood we can achieve" Billy Black

Aboriginal and non-Aboriginal children and young people in OOHC

Australian Social Policy Conference 27 September 2017

Professor Paul Delfabbro

Outline



- Aboriginal children in care and the key research priorities of POCLS
- Previous national research
- Principal areas of analysis
- Principal findings
- Study contact details

Aboriginal children in care



POCLS Key Research Questions Addressed

- What are the backgrounds and characteristics of the children and young people entering OOHC including their demographics, child protection history, reasons for entering care, and duration of the legal order?
- What is the physical health, socio-emotional and cognitive/ learning development of children and young people entering OOHC compared with other children in the community?
- How are the Aboriginal Child Placement Principles used in placement assessments and placement decision making for the Aboriginal children and young people entering OOHC?

Key research areas (continued)



- What are the developmental pathways of the children and young people during their time in OOHC or post-restoration?
- In what ways do the characteristics of child, carer, home/family and community affect children's developmental pathways, and how do these differ from similarly situated children in the general population?
- How does contact between the children and young people in OOHC and their birth parents, siblings and/or extended family influence their outcomes?

Brief Overview of the National Literature

Research Questions



This set of analyses is based on Wave 1-3 data and examines **3** key areas:

- (1) The development trajectories of Aboriginal and non-Aboriginal children.
- (2) The factors associated with entry into OOHC.
- (3) Family and cultural connections in OOHC.

Principal Areas of National Research



- Over-representation statistics
- OOHC system outcomes
- Social and family backgrounds
- Cultural identity and connections
- Developmental status: health and wellbeing
- The carers of Aboriginal children
- Services for Aboriginal children/ young people in OOHC

National Child Protection Statistics



AIHW Child Protection Statistics (2015-16)

- **CP notifications:** 157.6 per 1000 for Aboriginal children vs. 22 per 1000 for non-Aboriginal children.
- **Substantiations:** 43.4 per 1000 for Aboriginal children vs. 6.4 per 1000 for non-Aboriginal children.
- **OOHC in NSW:** 71.6 per 1000 Aboriginal children in care vs. 6.9 per 1000 for non-Aboriginal children.

System Outcomes



- **Reunification rates:** There are several Australian studies which show that Aboriginal children tend to take longer to go home.
- **Placement stability:** Little evidence that Aboriginal children are any more likely to experience placement instability.
- **Type of care:** Aboriginal children are generally more likely to be placed into kinship care.

Social and Family Backgrounds



- **Absolute Number of Risk Factors:** Aboriginal families are statistically more likely to be affected by a greater range of family complexities (e.g., financial problems, homelessness, substance misuse).
- **Specific Factors:** Aboriginal children are generally more likely to be placed into care because of neglect (which may have a broad definition and be influenced by cultural assumptions?).

Cultural Connections and Contact



Importance of the Aboriginal Placement Principle

- Aboriginal children to be placed with Aboriginal families wherever possible
- Family > Kin > Community/ Home country > Foster care elsewhere
- Importance of maintaining sense of identity, ‘connection to country’, knowledge of cultural history
- Learning from the *Bringing Them Home* report

Taskforce 1000 Report in Victoria



Audits of 980 case-files for Aboriginal children

- 42% of children placed away from extended families
- 25% guardianship children had no cultural support plans
- 40% of children separated from at least some of their siblings
- 60% of children not placed with Aboriginal carers
- Term kinship care extended very broadly: not really 'kin'
- Aboriginal children not always being identified in the system

Caveats: results also reflect choice of families; lack of kin carers

Developmental Status: Health & Wellbeing



LSAY Study:

- Differences in attainment in literacy and maths; Aboriginal children less likely to complete year 11 and 12
- Gap in performance gets larger as children get older

WA Aboriginal Child Health Survey:

- SDQ: 25% of Aboriginal children in clinical range vs. 15% of non-Aboriginal children
- Aboriginal parents in WA: higher % of birth complications; teenagers more likely to be engaged in 'risky' health behaviours (smoking, alcohol use)

Aboriginal carers



- More likely to be placed with kinship carers.
- Existing POCLS analysis shows that these carers are less financially secure; are often older and less well sourced than foster carers.
- However, **Aboriginal communities also have strengths:** sense of community; willingness to help other children; to prevent entry into OOHC; strong volunteering ethos.

Specific Research Questions & Hypotheses



Hypothesis 1: Previous research suggests that Aboriginal children will score not so well on measures of health, social and emotional wellbeing and on measures of cognitive functioning at Waves 1 to Wave 3. The gap in development between Aboriginal and non-Aboriginal children increases over time.

Specific Research Questions & Hypotheses (continued)



Hypothesis 2: NSW will have generally high levels of compliance with the Aboriginal Child Placement Principle. Most children will be involved in cultural activities.

Hypothesis 3: Aboriginal children, and specifically those placed with kin, have good levels of contact with the birth families.

Data sources



- Analyses in this presentation draw upon data from Waves 1-3 of POCLS.
- The principal source of data is the carer interviews.
- FACS administrative data

Sample details



- A total of 1479 children are included in the longitudinal component of POCLs (1285 in the initial wave)
- 574 (38.8%) were identified as Aboriginal (based on administrative OR subsequent carer interviews)
- 905 (61.2%) were identified as non-Aboriginal
- Equal division of boys and girls in both groups
- Mean age of 5 years upon entry to the study which makes the mean age around 8 years by Wave 3.

Developmental Trajectories

POCLS Outcome Domains



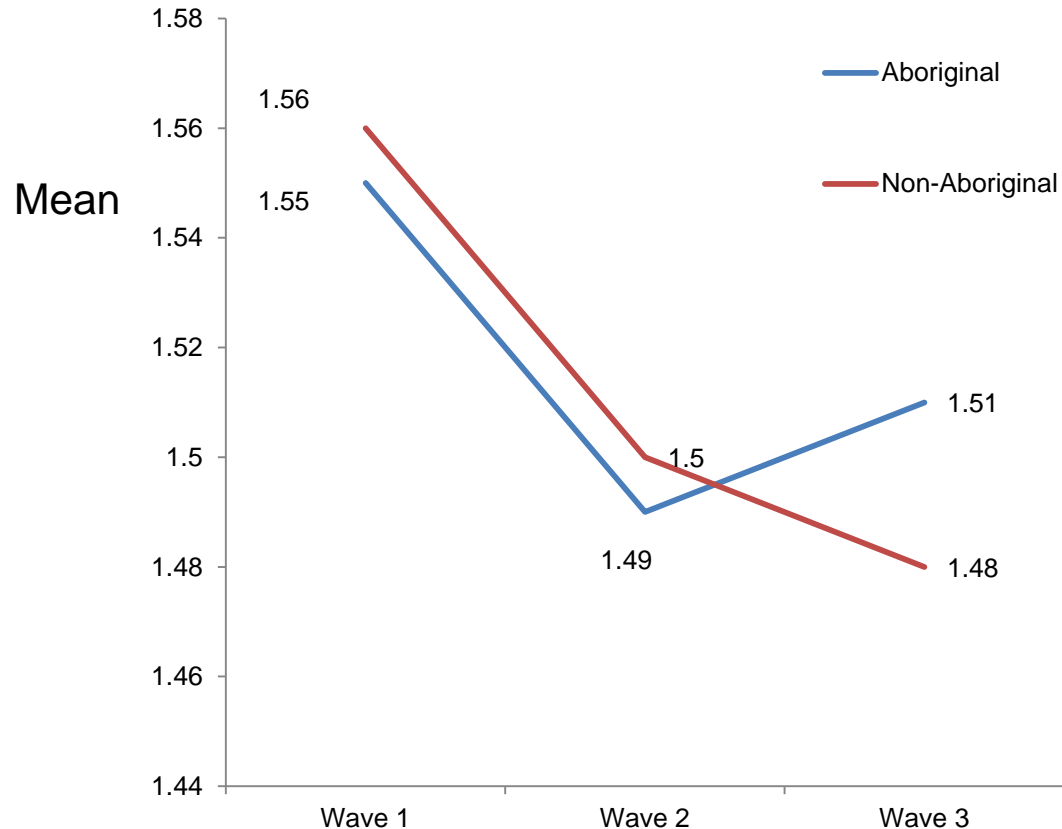
- Physical health and safety
- Physical development (fine and gross motor skills)
- Socio-emotional development (psychological wellbeing and behaviour)
- Social competence (e.g., communication skills)
- Cognitive ability (fluid intelligence)
- Verbal reasoning

Physical health



- **5-point General Rating of Current Child Health**
- 1 = Excellent to 6 = Very poor.
- Around 2% in both groups (Aboriginal and non-Aboriginal) had 'fair' to 'very poor' health and this varied little across waves.
- The vast majority (98%) in both groups were rated as having 'good' to 'excellent' health.

Health rating trajectories (all ages)



No significant change over time or difference between groups

Rating out of 6, where 1 = Excellent, 2 = Very good



Development Measures

CBCCL = Child Behaviour Checklist which has clinical norms and cut-off scores for age 3-17 years;

ASQ = Ages and States Questionnaire for 9-66 months of age.

CBCCL National Norms: Categories



	6-12 years	13-17 years
Internalising	13.3	16.4
Externalising	12.7	19.6
Total	14.1	18.9

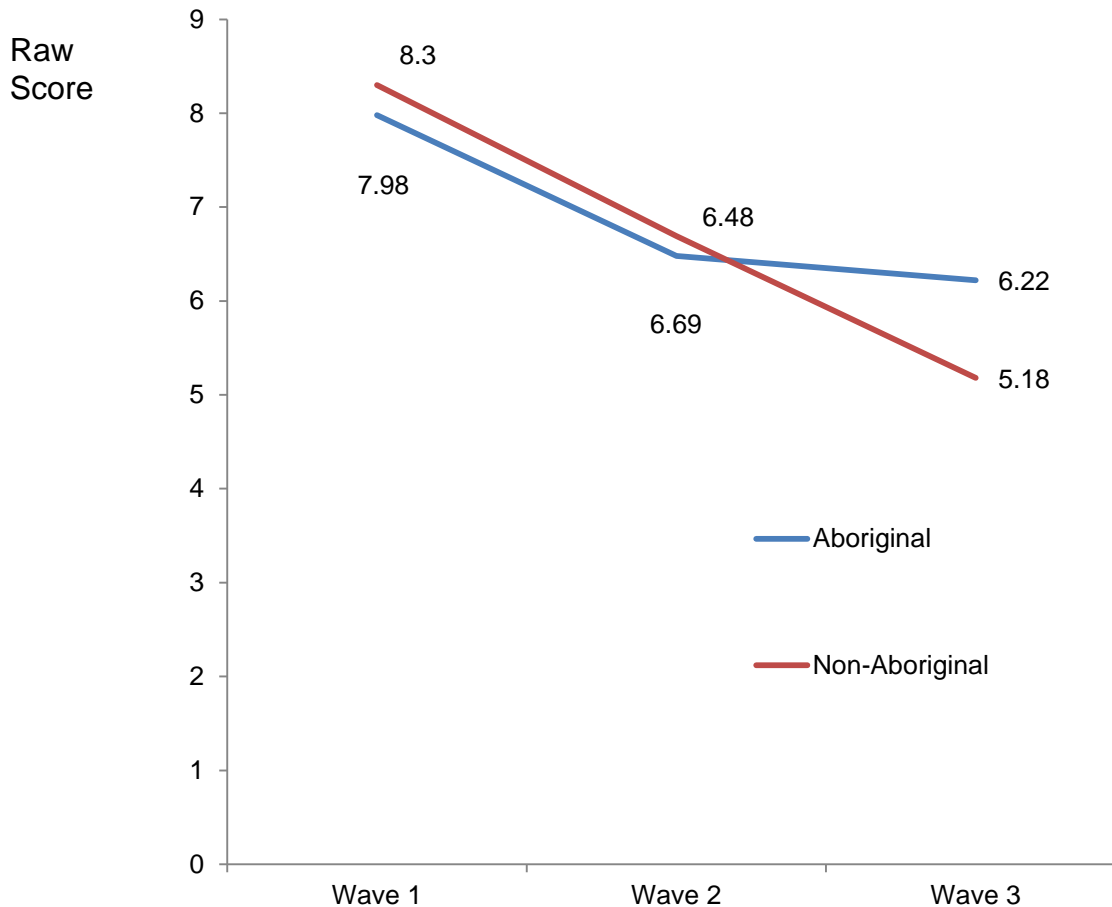
From Sawyer et al. (2007), Medical Journal of Australia. National Survey of Mental Health and Wellbeing (2001).

CBCL: Internalising



- Captures: Depression/ Anxiety in children aged 3-17 years.
- **Aboriginal children** (15% clinical at W1 and 14% at W3).
- **Non-Aboriginal children** (23% at W1 and 11% at W3).

CBCCL Internalising Trajectory



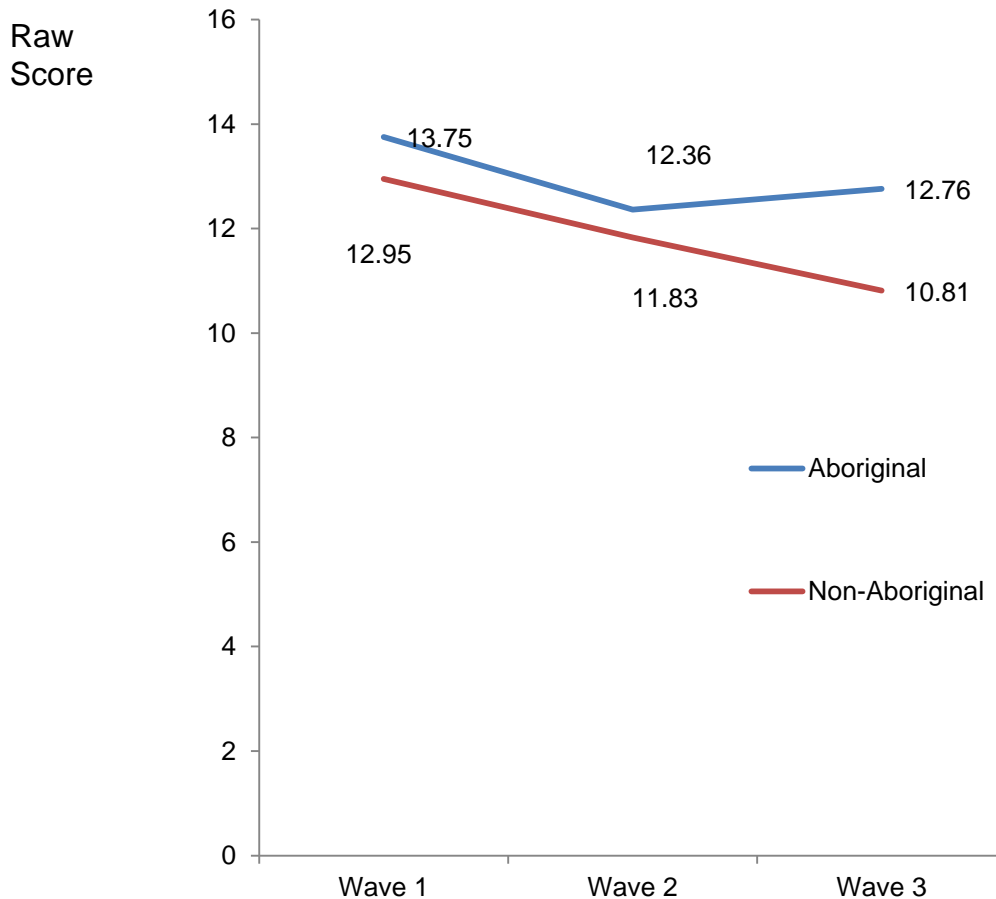
No group difference, but significant Wave effect: Scores declined significantly over time, but less for Aboriginal children.

CBCCL Externalising



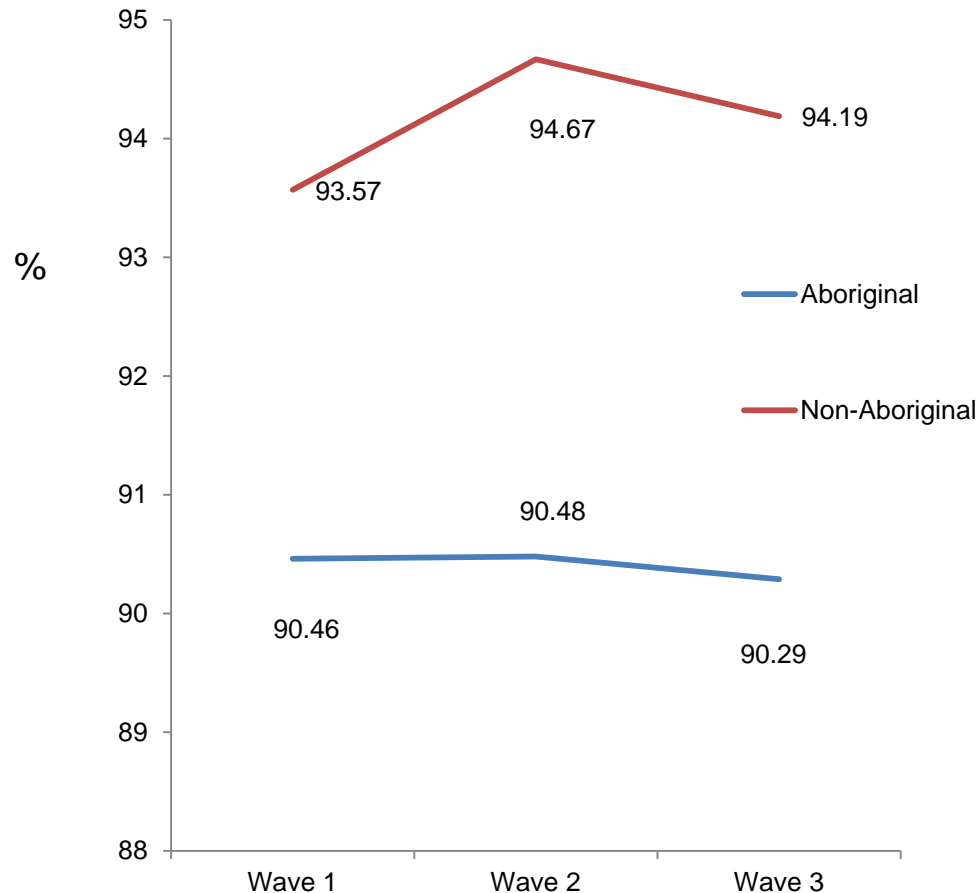
- Captures behavioural/ conduct problems in 3-17 year olds.
- **Aboriginal children:** 29.7% clinical at Wave 1 and 26.3% at Wave 3.
- **Non-Aboriginal children:** 31.7% clinical at Wave 1 and 20.5% at Wave 3.

CBCCL Externalising Trajectory



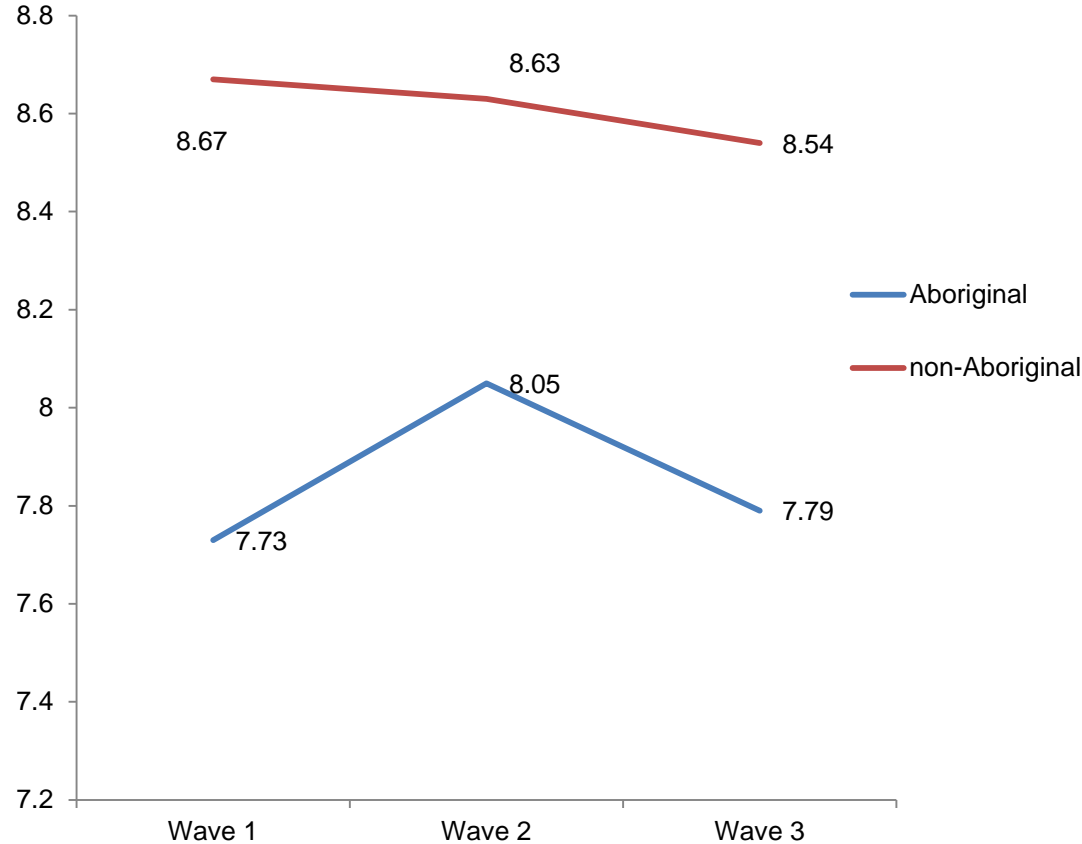
No significant overall group differences, but significant Wave effect (mostly due to non-Aboriginal children's scores getting lower over time)

Verbal Ability Trajectory



No significant Group or Wave differences. Scores stable in the low-average range from W1 to W3

WISC: Matrix Reasoning



Non-Aboriginal children score higher on Matrix Reasoning, but no significant changes over time in either group

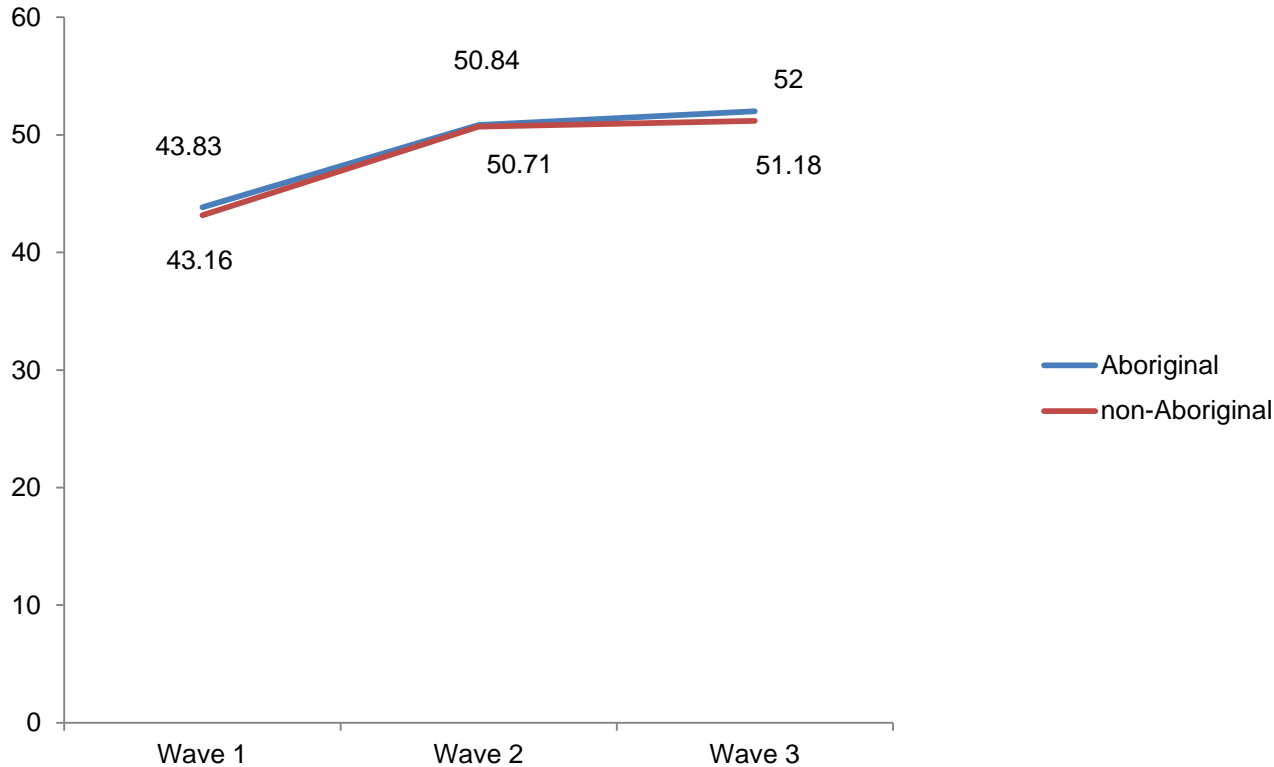
Standardised scores range: 0-19 with norms similar to child age

ASQ: Personal/ Social (age 9-66 mths)



- **At Wave 1:** 17.6% of Aboriginal and 18.1% of non-Aboriginal children were listed as raising clinical concerns or required 'intensive services' in this area.
- **At Wave 3:** 11.1% for Aboriginal; 9.8% for non-Aboriginal.

ASQ: Personal/ Social (age 9-66 mths)



No significant group differences. Scores significantly increased from W1 to W2 in both groups

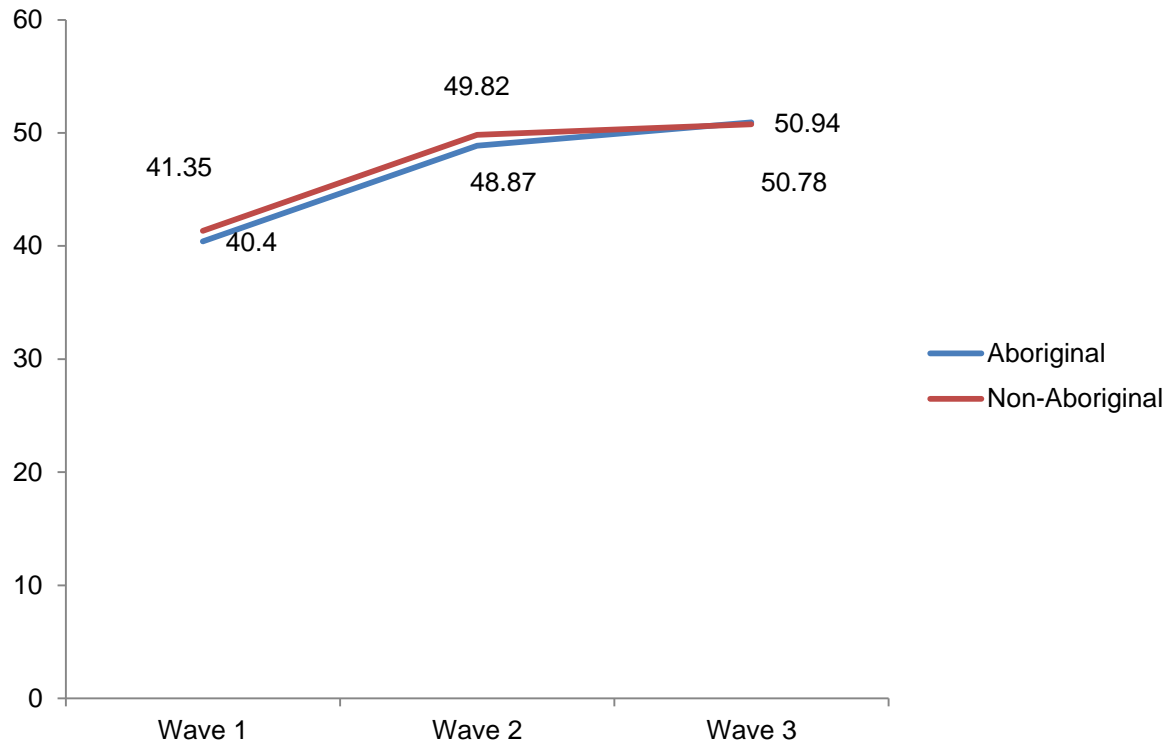
6 competencies: 10 points for 'Yes', 5 points for 'Sometimes', 0 for 'No': Score out of 60

ASQ: Communication (age 9-66 mths)



- **At Wave 1:** 19.8% of Aboriginal and non-Aboriginal children were listed as raising clinical concerns or required 'intensive services' in this area.
- **At Wave 3:** 14.2% for Aboriginal; 12.8% for non-Aboriginal.

ASQ: Communication (age 9-66 mths)



No group differences, but scores increased significantly from W1 to W2 in both groups.

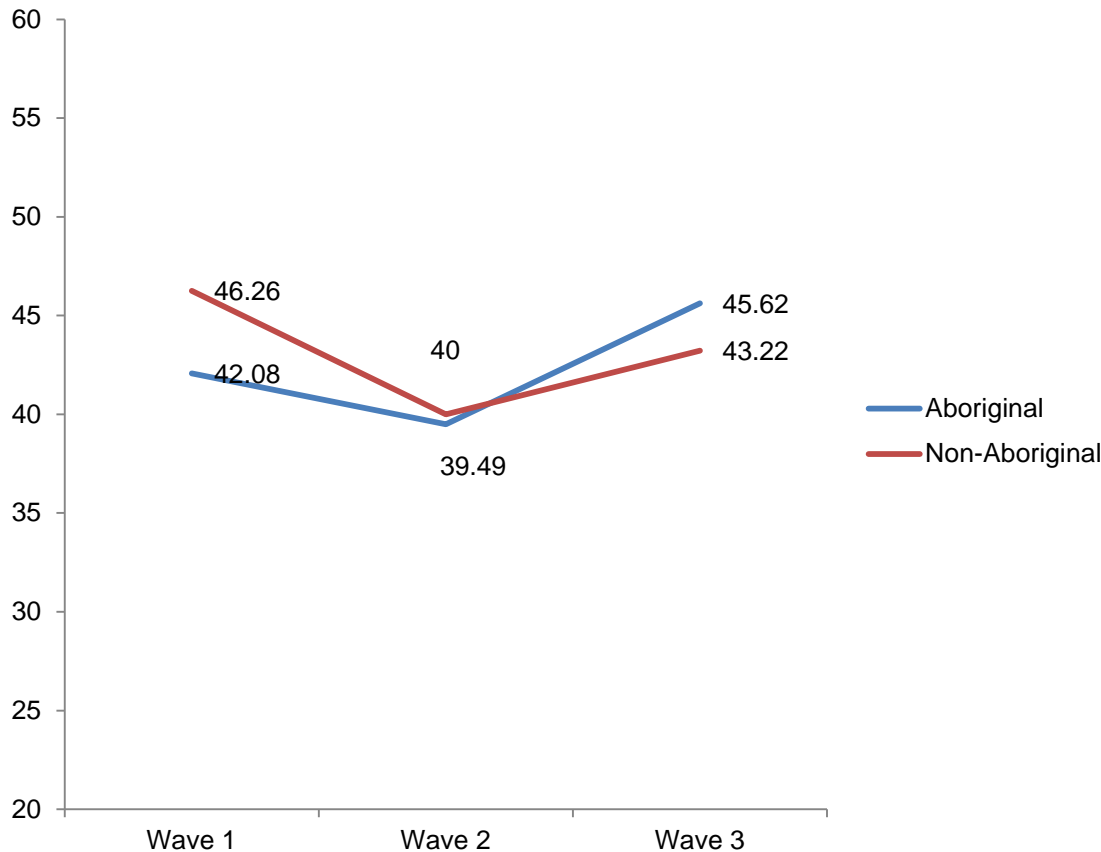
6 competencies: 10 points for 'Yes', 5 points for 'Sometimes', 0 for 'No': Score out of 60



ASQ: Fine Motor (age 9-66 mths)

- **At Wave 1:** 26.1% of Aboriginal and 22.6% of non-Aboriginal children were listed as raising clinical concerns or required 'intensive services' in this area.
- **At Wave 3:** 14.2% for Aboriginal; 17.1% for non-Aboriginal.

ASQ: Fine Motor (age 9-66 mths)



No group or difference across Waves, but Group x Wave interaction. Scores went down and up, but even more so in the Aboriginal group by W3

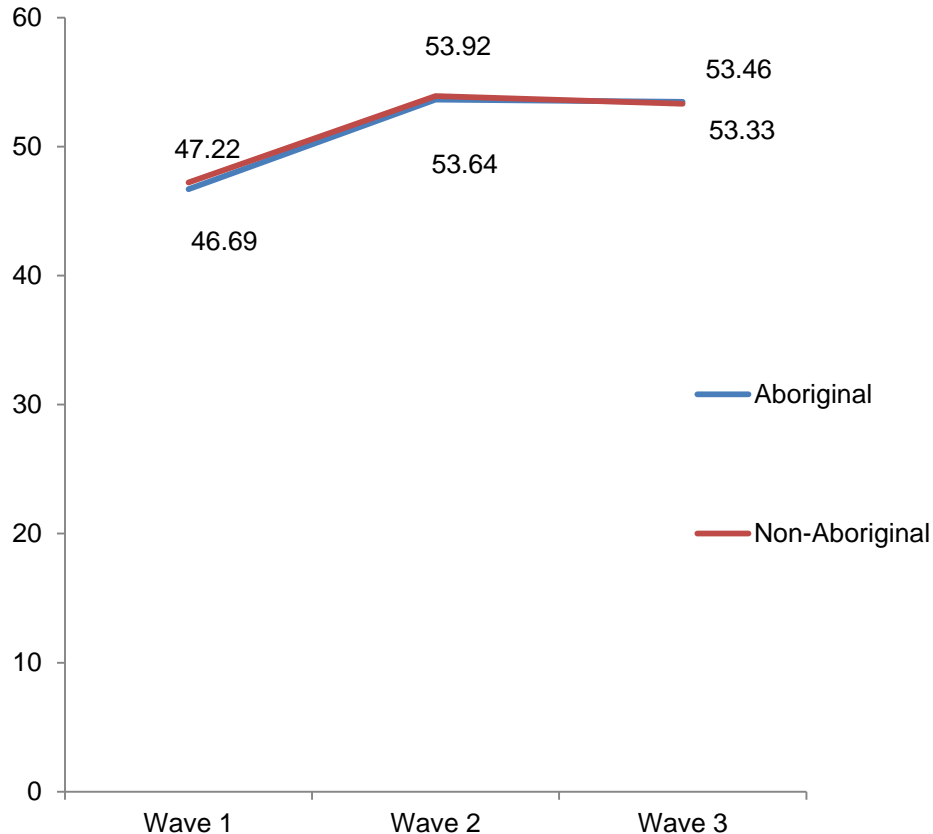
6 competencies: 10 points for 'Yes', 5 points for 'Sometimes', 0 for 'No': Score out of 60



ASQ: Gross Motor (age 9-66 mths)

- **At Wave 1:** 23.1% of Aboriginal and 21.0% of non-Aboriginal children were listed as raising clinical concerns or required 'intensive services' in this area.
- **At Wave 3:** 8.7% for Aboriginal; 8.1% for non-Aboriginal.

ASQ: Gross Motor (age 9-66 mths)



No group differences.
Scores higher at W2 than W1

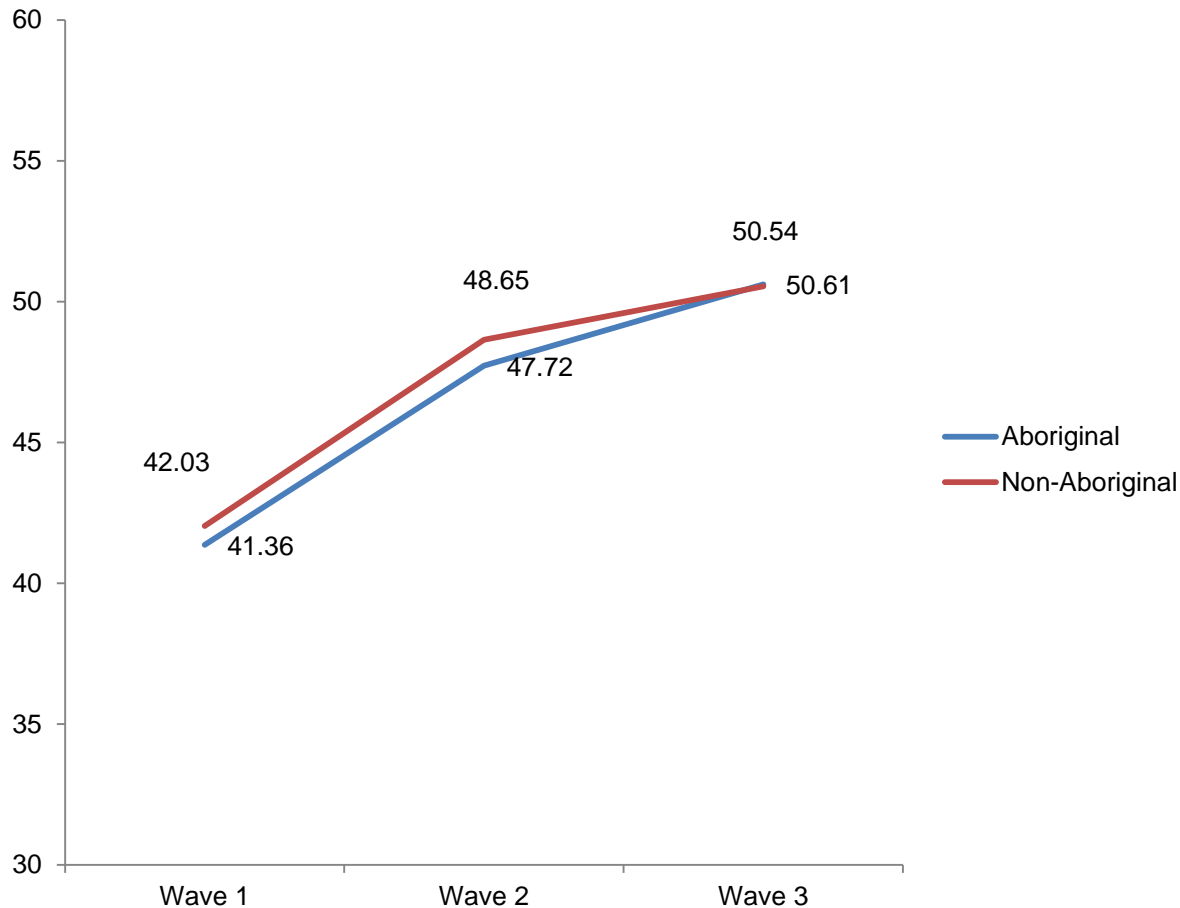
6 competencies: 10 points for 'Yes', 5 points for 'Sometimes', 0 for 'No': Score out of 60

ASQ: Problem solving (age 9-66 mths)



- **At Wave 1:** 24.4% of Aboriginal and 23.9% of non-Aboriginal children were listed as raising clinical concerns or required 'intensive services' in this area.
- **At Wave 3:** 9.9% for Aboriginal; 12.4% for non-Aboriginal.

ASQ: Problem solving (age 9-66 mths)



No group differences.
Scores higher at W2 than W1.

6 competencies: 10 points for 'Yes', 5 points for 'Sometimes', 0 for 'No': Score out of 60

Cultural & Family Connections

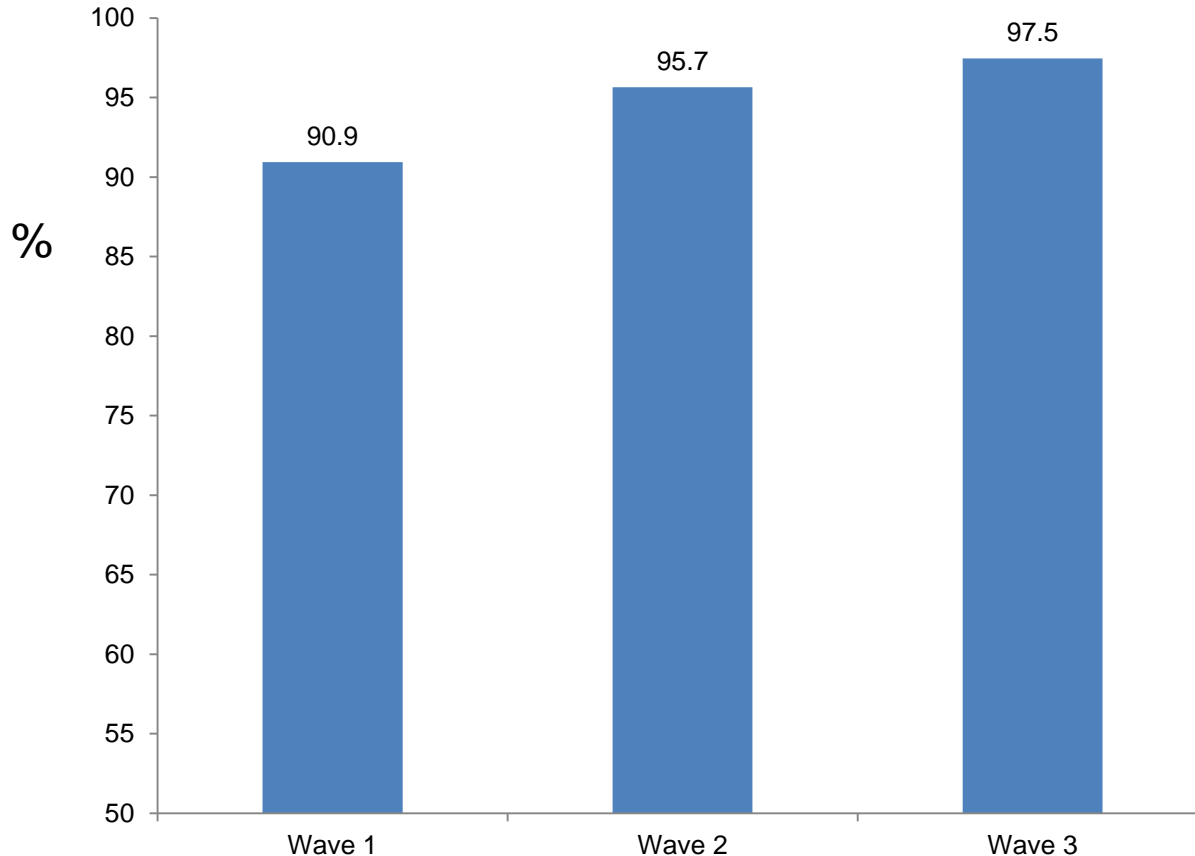
Aboriginal Children

Aboriginal Placement Principle



- Aboriginal status was determined by administrative data and carer report at Wave 3.
- Of 495 Aboriginal children where data were available, 210 or 42% were placed in an Aboriginal household (as based on carer or spouse Aboriginal status).
- This % did not change significantly from Wave 1 to Wave 3.
- **NOTE:** There may be reasons why non-Aboriginal carers were chosen. Further analyses will look at other people in household and also look broader ways in which the Principle may have been fulfilled.

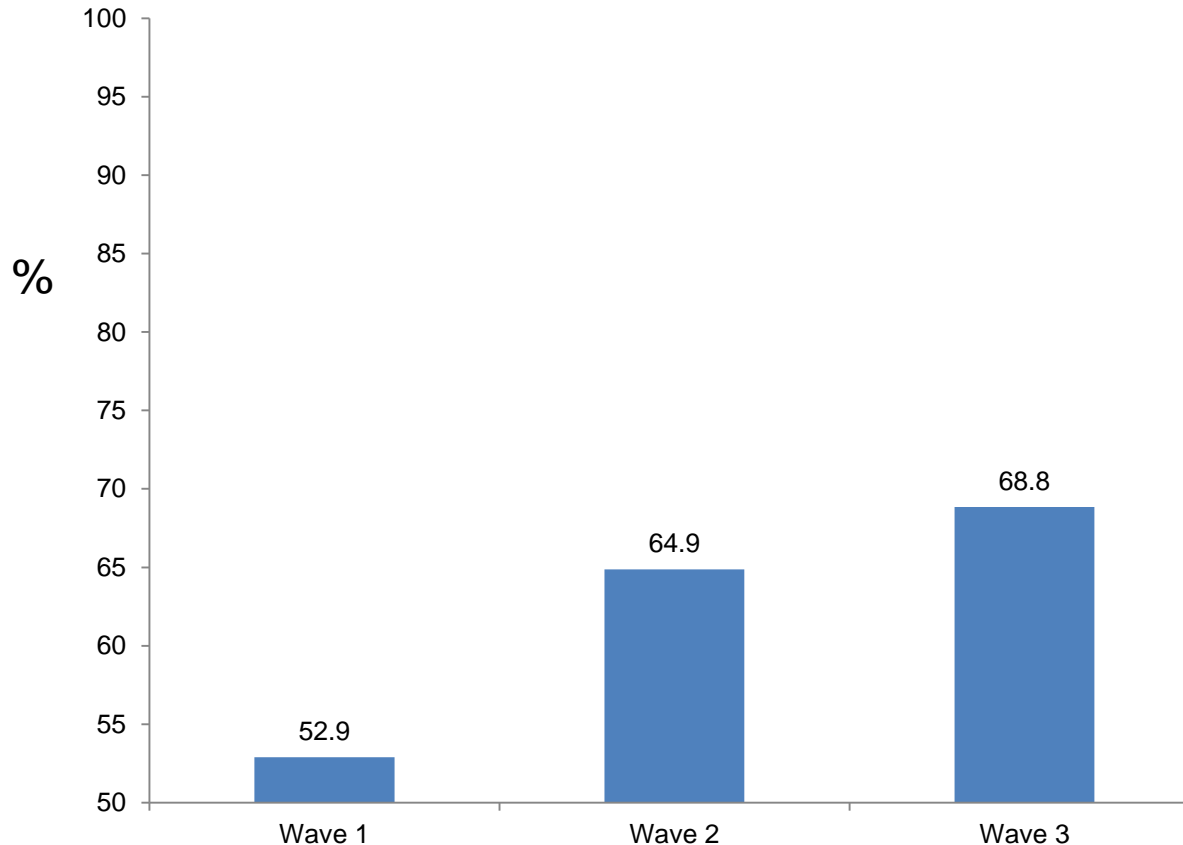
Birth Surname Maintained



Cochran's Q +
McNemar tests for
repeated binary
outcomes. W2 and
W3 > W1

Q. Does the child have access to the following [practice/ activity] to help maintain cultural connections? [Carer report]

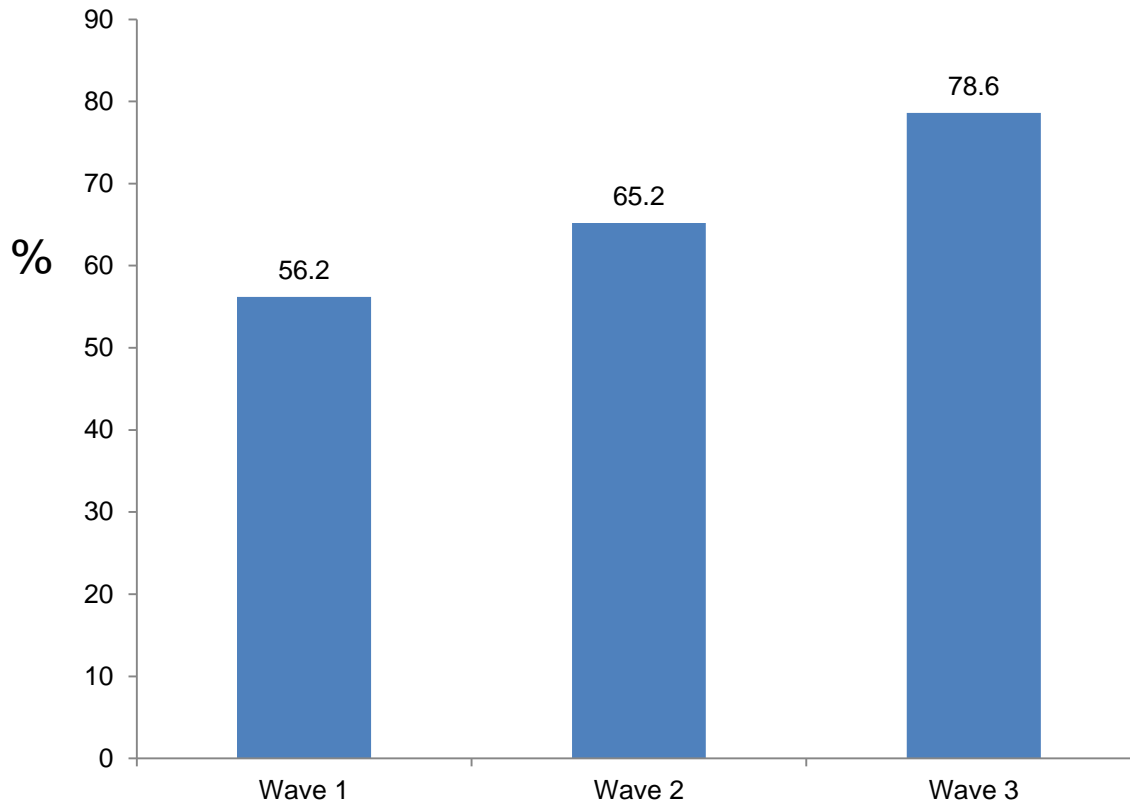
Birth Language Maintained



Cochran's Q
and McNemar
tests
significant. W2
and W3 > W1

Q. Does the child have access to the following [practice/ activity] to help maintain cultural connections? [Carer report]

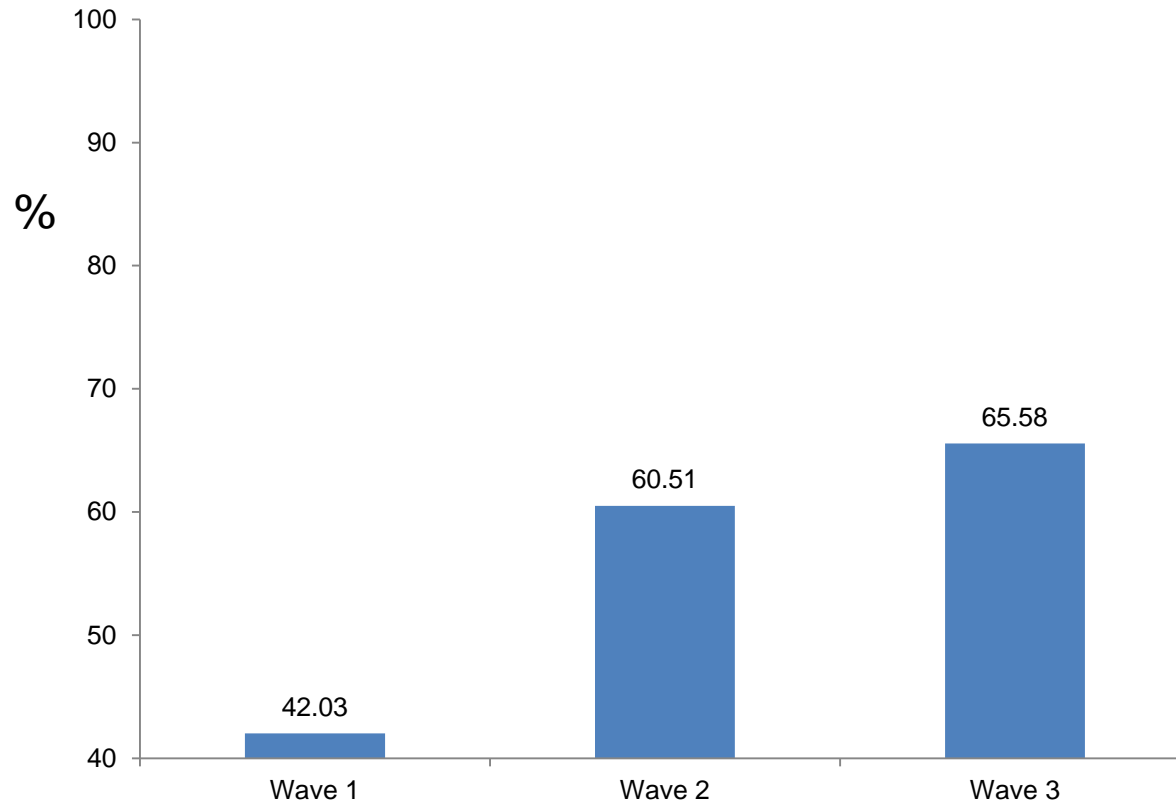
Cultural Heritage Discussed



Cochran's Q and McNemar tests indicate consistent increase in %'s across W1 to W3

Q. Does the child have access to the following [practice/ activity] to help maintain cultural connections? [Carer report]

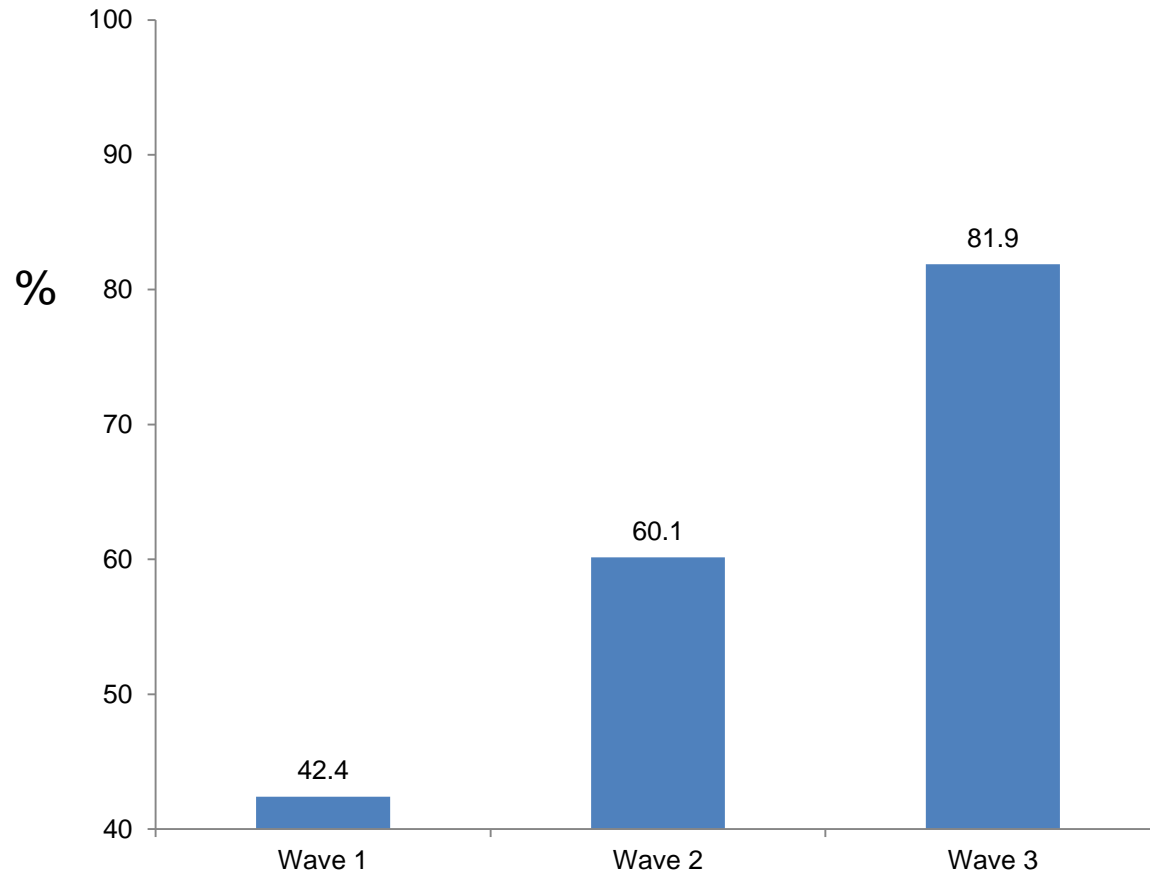
Socialise with Birth Community



Cochran's Q and McNemar tests indicate that W2, W3 > W1

Q. Does the child have access to the following [practice/ activity] to help maintain cultural connections? [Carer report]

Cultural Activities and Festivals



Cochran's Q and McNemar tests indicate consistent increase in % from W1 to W3

Q. Does the child have access to the following [practice/ activity] to help maintain cultural connections? [Carer report]

Other cultural questions



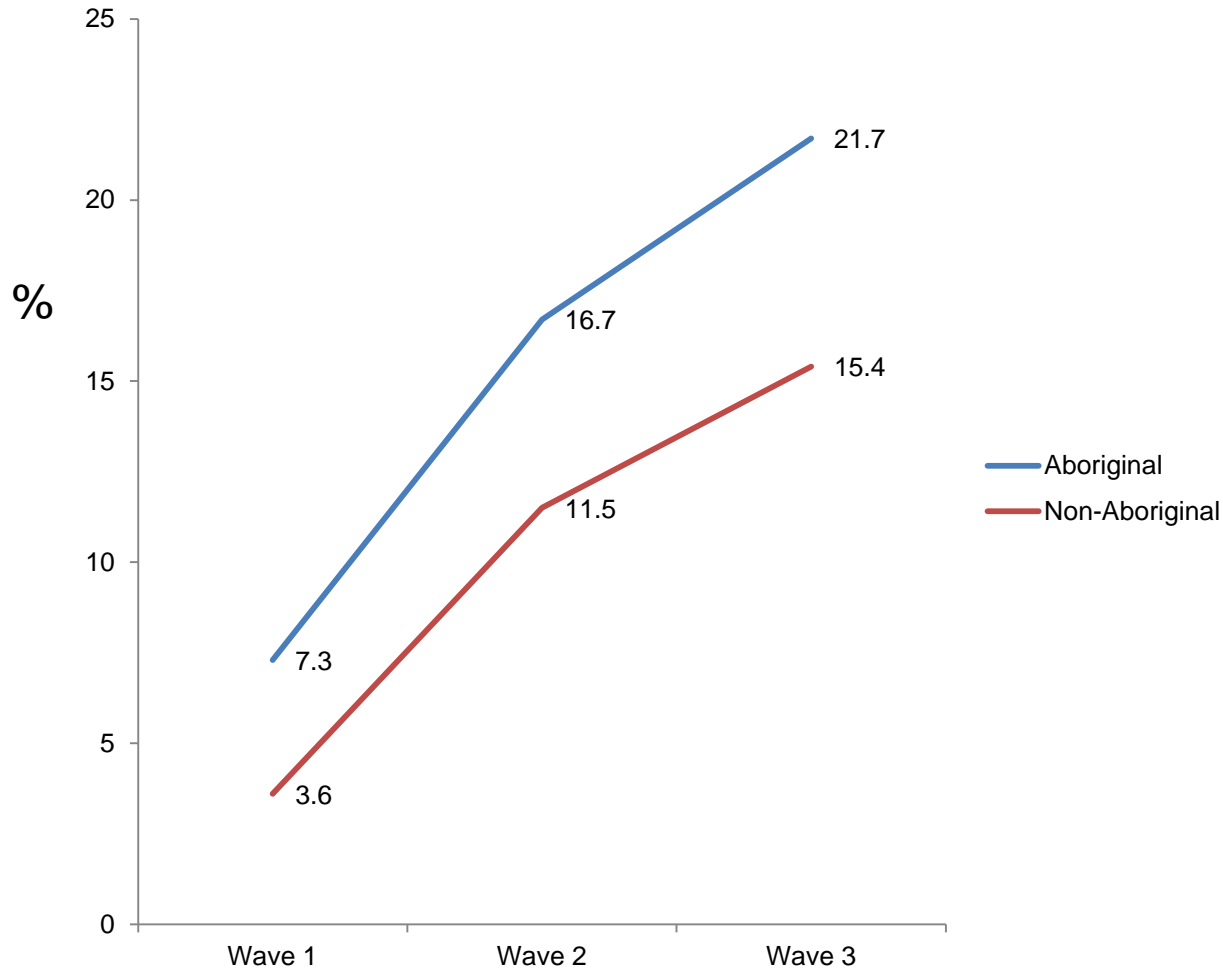
- **Ability to maintain child's cultural connections:** 96% indicated 'Very well' or 'fairly well' (no change W1 to W3).
- **Extent to which child identifies with cultural background:** 62% at Wave 1 and 72% at Wave 2 and Wave 3.
- **Carers helping to carry out cultural plans:** 61% at Wave 1 and 73% at Wave 3.



Family Contact

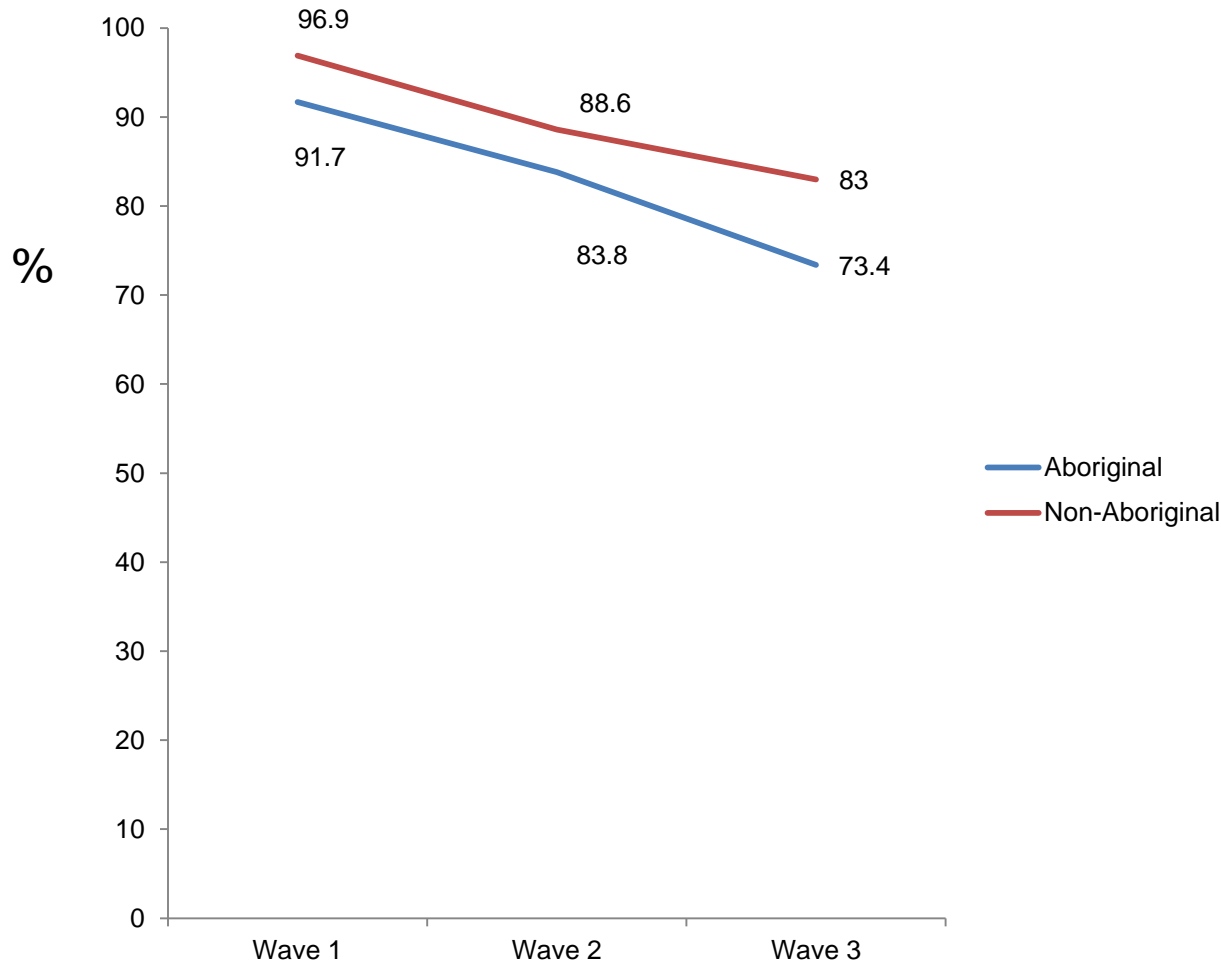
The following charts indicate the % of children experiencing each form of contact W1 to W3

Unsupervised contact with mum



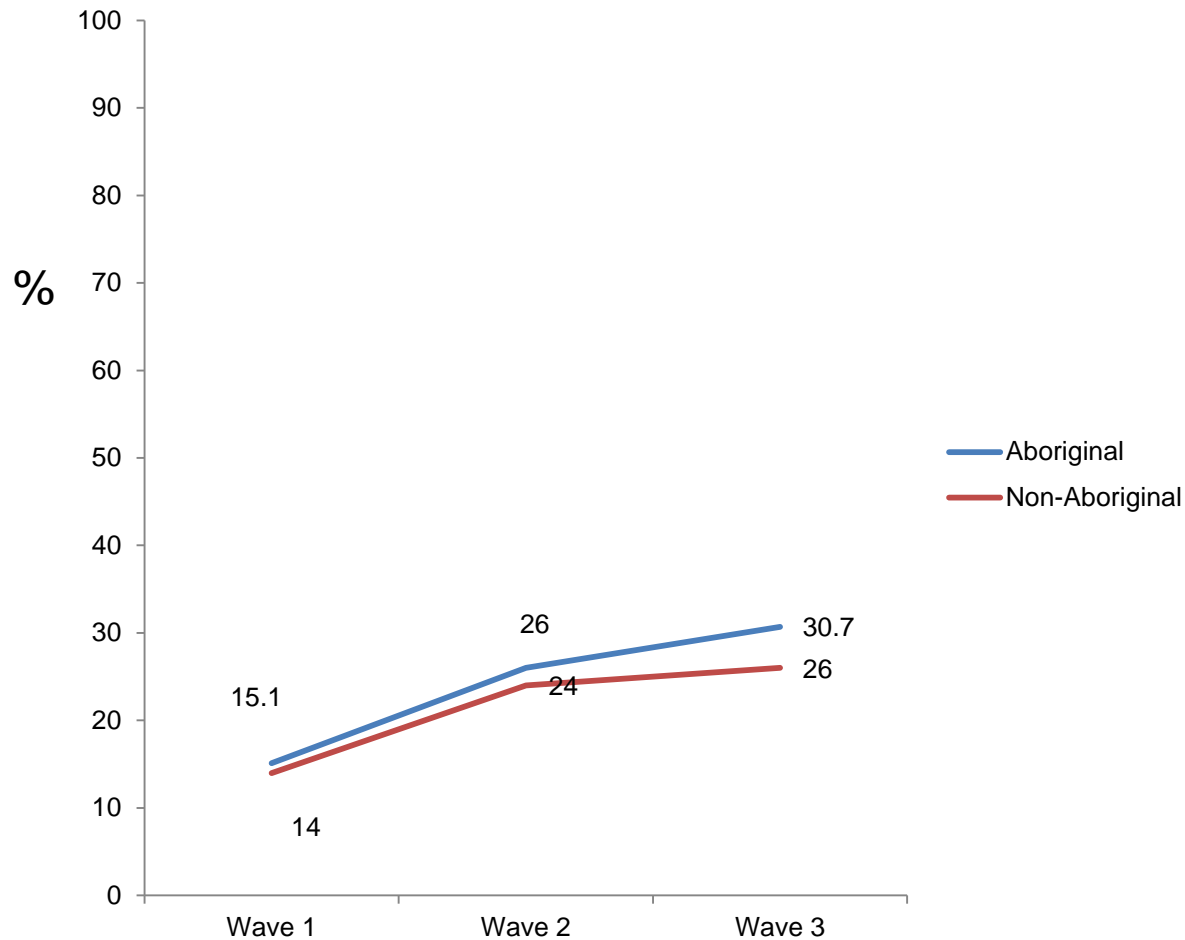
Cochran's Q and McNemar tests indicate consistent increases for both groups W1 to W3

Supervised contact with mum



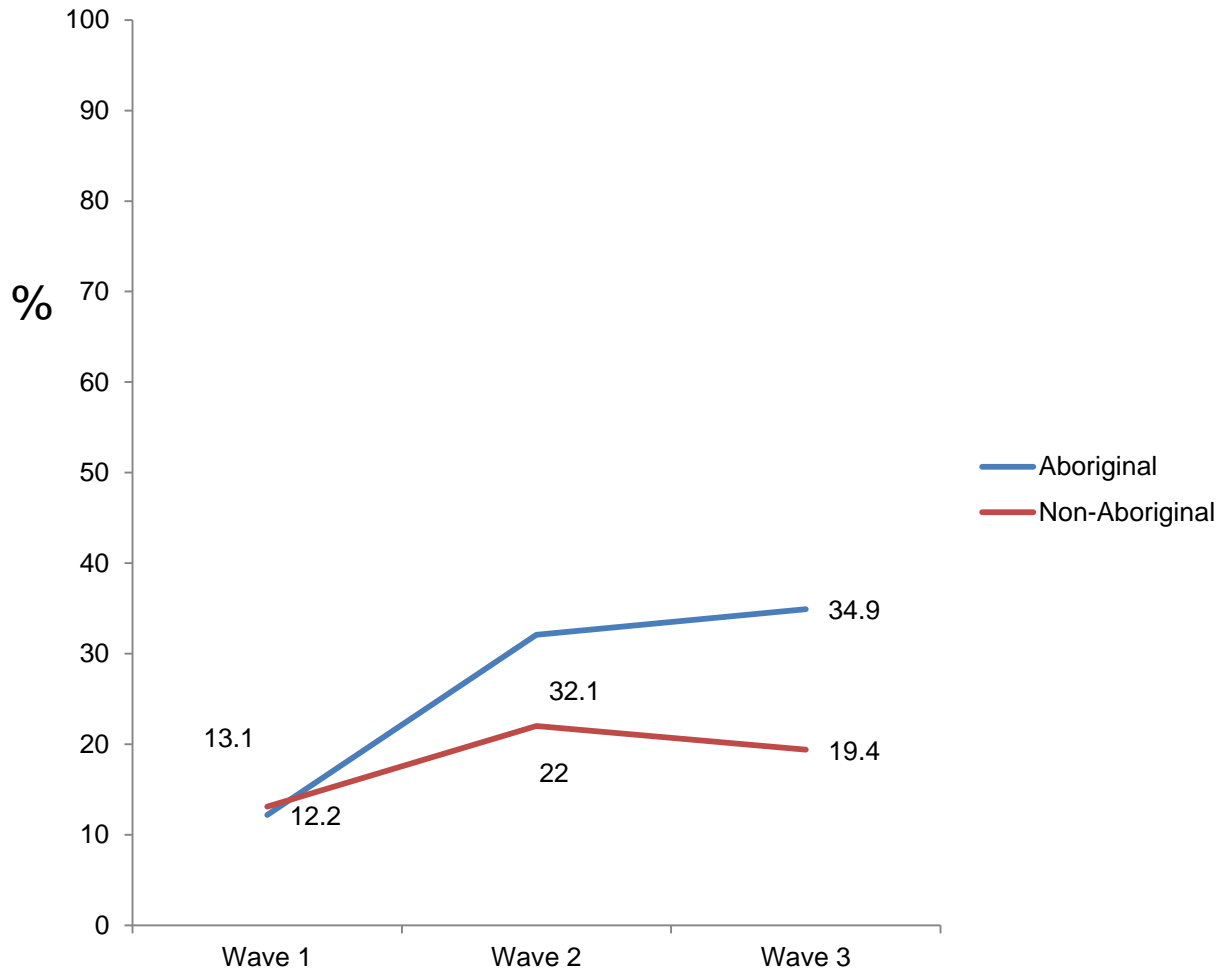
Cochran's Q and McNemar tests indicate consistent decreases for both groups W1 to W3

Telephone contact with mum



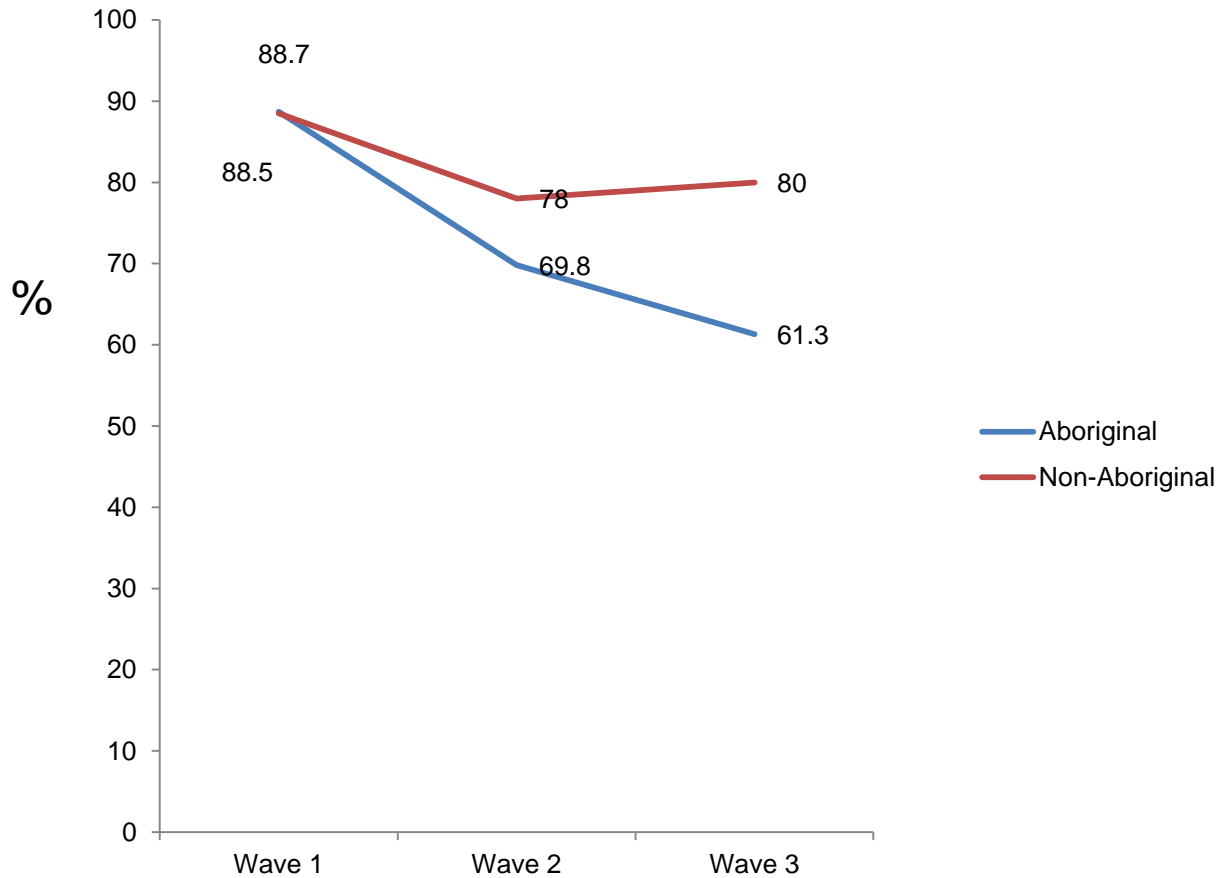
Cochran's Q and McNemar tests indicate consistent increases for both groups W1 to W3

Unsupervised contact with dad



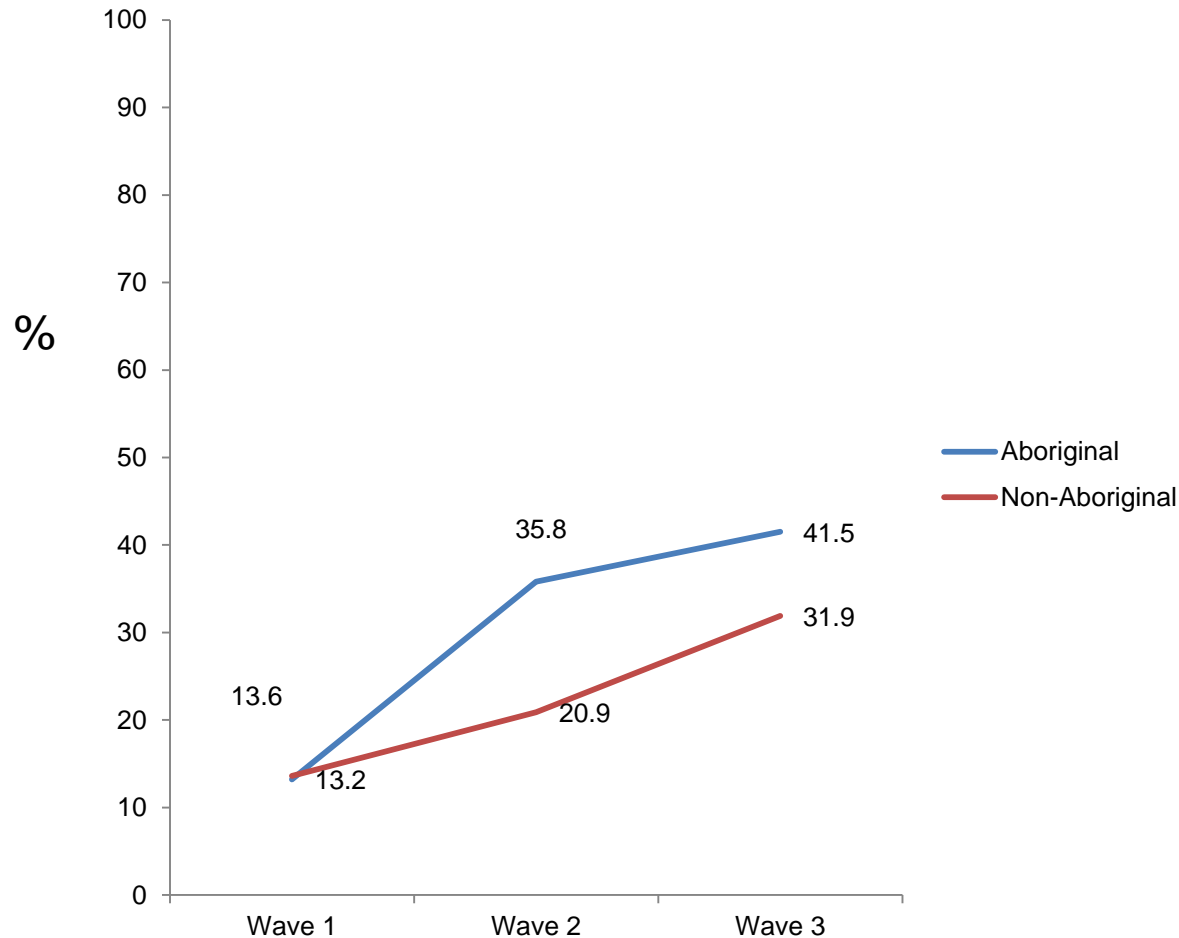
Cochran's Q and McNemar tests indicate sustained increase for Aboriginal children only: W1 to W2; no overall change for non-Aboriginal children

Supervised contact with dad



Cochran's Q and McNemar tests indicate sustained decrease for both groups

Telephone contact with dad



Cochran's Q and McNemar tests indicate sustained increase for both groups



Summary

- Aboriginal and non-Aboriginal children have similar developmental outcomes across time, although some subtle differences to note, e.g., externalising scores
- No evidence of widening gaps in development
- Many children not placed with Aboriginal carers
- Cultural connections quite well maintained and improve over time
- No obvious evidence that non-Aboriginal children are losing contact with birth parents any more than Aboriginal children after 3 years

What now from here?



- A focused report on Aboriginal and non-Aboriginal differences.
- Literature review completed.
- Analyses will include all variables described here, but also extend to other factors such as family background, carer wellbeing and characteristics.
- Analysis of other family connections (e.g., with siblings) will also be considered.

Acknowledgements



- FACS for the investment in research and leading the POCLS
- I-view who collected the data
- Children and young people who are participating in the study
- Carers and birthparents who are participating in the study
- FACS district staff, caseworkers, childcare workers and teachers who assisted with sample recruitment and completed on-line surveys
- Create Foundation, AbSec and Connecting Carers for assisting during the study design stage and supporting participants
- Stakeholders and experts who have provided support, assistance and advice

Further Information



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Study DVD, information and publication clearinghouse