



Developmental Outcomes: Aboriginal Children and Young People who have Experienced Out-of-Home Care

We acknowledge and honour Aboriginal peoples as the traditional custodians of Australia and pay our respects to their elders past, present and emerging. We remember the Stolen Generations – Aboriginal and Torres Strait Islander children forcibly removed from their families, communities and culture under past government practices. Aboriginal children and families continue to be over-represented in out-of-home care (OOHC) in NSW. We acknowledge that the over-representation of Aboriginal children in OOHC is the effect of intergenerational trauma.

Key messages

The report from the independent review of Aboriginal children and young people in OOHC *Family is Culture (2019)* contains a number of recommendations that support the Pathways of Care Longitudinal Study (POCLS) research findings highlighting the need to address the developmental outcomes of Aboriginal children and young people in OOHC.

This note gives an overview of Aboriginal children and young people's socio-emotional wellbeing and cognitive development in the POCLS since entering OOHC for the first time. It is intended to be a resource for policy makers and senior practitioners.

In the POCLS,

- 38.8% of the children and young people that completed at least one of the first three interviews were identified as Aboriginal.
- prior to entry to OOHC the most commonly reported maltreatment types for Aboriginal children were physical abuse (73.0%) and neglect (71.5%).

- prior to entry to OOHC the most commonly reported parental issues recorded for Aboriginal children were: substance misuse (73.5%), domestic violence (64.8%), emotional state (39.0%) and mental health (20.2%). Just under one-quarter (23.2%) of children had pre-natal reports.

The POCLS measures children and young people's development every 18-24 months. Approximately 5-6 years after entering OOHC:

- the proportion of Aboriginal children and young people requiring professional support for internalising behaviours (e.g. depression and anxiety) remained stable. Less than a fifth of Aboriginal children and young people may require early assessment and culturally appropriate professional support for internalising behaviours.
- there was no change in the proportion of Aboriginal children and young people requiring professional support for externalising behaviours (e.g. rule breaking and aggressive behaviours). About one-third of Aboriginal children and young people reported externalising behaviours which may require early assessment and culturally appropriate professional services and support.
- for Aboriginal children and young people that completed both Wave 2 (approximately 3-4 years after entering OOHC) and Wave 4 (approximately 7-8 years after entering OOHC) there was an increase in the proportion that may require professional support for problem behaviours from 17.9% to 30.8%.
- verbal language skills remained stable over time. Around one-third of Aboriginal children and young people in the study were assessed as needing additional support with language development approximately 5-6 years after first entering OOHC.
- non-verbal reasoning also remained stable over time and over a quarter of Aboriginal children and young people may need additional support.
- almost a half (45.5%) of Aboriginal children may require additional support on entry to school as measured by the Australian Early Development Census.
- the majority of Aboriginal children met minimum standards for numeracy and reading as measured by the National Assessment Program – Literacy and Numeracy (NAPLAN) across all testing years but substantial proportions are not meeting minimum standards. About one in five children require additional support in numeracy and reading in Year 3 and at least three in 10 require additional support in Year 9.

The POCLS provides new evidence that Aboriginal children and young people exposed to maltreatment may require better targeted, culturally responsive supports to improve their socio-emotional wellbeing and cognitive learning ability as part of early intervention, preservation and OOHC programs. Further longitudinal data analysis of this cohort could inform the development of culturally appropriate targeted services and supports to those most in need so they can reach their full potential.

Overview

The recent review of Aboriginal children and young people (hereafter children) in OOHC acknowledges the urgent need to improve outcomes for Aboriginal children (FIC, 2019). Aboriginal children are over-represented in child protection and OOHC. In 2017–18, the rate of Aboriginal and Torres Strait Islander children receiving child protection services was 163.8 per 1,000



children and 8 times the rate for non-Indigenous children (19.7 per 1,000) (AIHW, 2019). Indigenous children in OOHC are over-represented across all age groups compared with non-Indigenous children. At 30 June 2018, the rate of Indigenous children in OOHC in Australia was 11 times the rate for non-Indigenous children (AIHW, 2019). Factors associated with this include: the legacy of past policies of forced removal, intergenerational effects of previous forced separations from family and culture, lower socioeconomic status, drug and alcohol abuse and family violence (AIHW, 2017). This erosion of community and familial capacity over time needs to be considered in any reform efforts as it continues to have a profoundly adverse effect on child development.

The need for monitoring the status and improvements in the developmental progress of Aboriginal children is emphasised in the Closing the Gap reports released by the Department of Prime Minister and Cabinet. The aim of the POCLS is to provide data to inform the best way forward in improving outcomes for children in terms of targeting culturally appropriate services and supports to children and caregivers¹, and making improvements to the OOHC system.

This Evidence to Action Note on developmental outcomes over time is based on analysis of the Aboriginal children in the POCLS interview cohort (Delfabbro 2018, NSW Department of Communities and Justice, 2019, Townsend et al. 2020). Delfabbro reported on developmental outcomes for children at Wave 3, five to six years after entering OOHC while NSW Department of Communities and Justice (DCJ) provided an overview of the first four waves of data (7-8 years after entering OOHC) at the Australian Social Policy Conference (NSW Department of Communities and Justice, 2019). The educational outcomes presented in this report are from Townsend and colleagues (2020) and also based on the first three waves of data.

This Evidence to Action Note describes how this new evidence can inform OOHC policy and practice to improve the developmental outcomes of Aboriginal children who have experienced child maltreatment and OOHC. This should be read in conjunction with the POCLS Evidence to Action Note Number 8 on the developmental outcomes of all children who have experienced OOHC.

¹ The term caregivers includes birth parents, foster carers, relative/kin carers, guardians, adoptive parents and residential care workers. The term carer is used in this note for foster and relative/kinship carers and reflects findings that were conducted with this subgroup.

How are child outcomes measured in the POCLS?

One of the key aims of the POCLS is to collect data on child development over time for a cohort of children who entered OOHC for the first time between May 2010 and October 2011 and examine the factors that influence outcomes. A number of developmental and psychosocial wellbeing measures are administered as part of the caregiver and/or child interviews. Some of these measures are based on caregiver report while others require children to answer questions or complete activities. Questions and measures about the child's experiences and wellbeing were also included in the caseworker and teacher on-line cross-sectional survey.

Socio-emotional development

- Caregiver and/or teacher reports of children's behaviour were measured using the Child Behaviour Checklist (CBCL) which is a widely used standardised measure of internalising (e.g. depression and anxiety) and externalising (e.g. rule breaking and aggressive behaviours) behaviour problems.² The CBCL was administered to caregivers of children over 3 years. Three different subscale scores are measured for socio-emotional development: internalising, externalising and total problem scores. The internalising measure captures emotional problems such as anxiety, mood disturbance and somatic complaints and the externalising measure captures problems including rule breaking and aggressive behaviours. Based on the scores, children are categorised into the normal, borderline or clinical range.³ Children's scores in the borderline range indicate a need for ongoing monitoring and support while those in the clinical range indicate a need for further assessment and professional support.

Cognitive development

- To assess language skills or verbal ability, caregiver report was collected for children under 3 years of age using the Communication and Symbolic Behaviour Scales Infant and Toddler Checklist (CSBS) and the Macarthur-Bates Communication Development Inventories III (MCDI-III). A direct measure of verbal ability was administered for children aged 3-17 years using the Peabody Picture Vocabulary Test (PPVT-IV).
- To assess non-verbal ability, caregiver report was collected for children aged less than 6 years using the Ages and Stages Questionnaire (ASQ). A direct measure of logical reasoning (e.g. problem solving) was administered for children aged 6-16 years using the Matrix Reasoning Test from the Wechsler Intelligence Scale for Children IV (MR WISC-IV).

² The language used in this note reflects the language/categories used in the measures (e.g. normal range, total problems).

³ The language used in this note reflects the language/categories used in the measures (e.g. normal range, total problems).

These measures are standardised meaning they can be scored and used to show how an individual or cohort of children are developing compared to peers of the same age. Children's scores can be classified into; normal development, borderline indicating they may require further monitoring and support, or clinical indicating there is a need for professional support.

Linked administrative data

Linked data from the Australian Early Development Census (AEDC) and National Assessment Program – Literacy and Numeracy (NAPLAN) with the POCLS population cohort are also reported. The AEDC provides a standardised tool to assess children's development on entry to school. The instrument assesses children across five domains: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), and communication skills and general knowledge. A child's individual score indicates they are 'developmentally on track (highest 75%)', 'developmentally at risk (11–25%)' or 'developmentally vulnerable (lowest 10%)'. NAPLAN tests are conducted in Years 3, 5, 7 and 9 and designed to assess performance in core areas of literacy and numeracy and assess whether the children have achieved the national minimum standard, appropriate for their year of schooling (Australian Institute of Health and Welfare, 2007).⁴

Cultural considerations for standardised measures of development

It is important to take cultural considerations into account when using standardised measures with children from minority cultures. The standardised measures used in the POCLS were selected in 2010 at which time measures of child development had not been tested for validity with Aboriginal children in Australia. For Aboriginal people in urban settings, non-verbal performance based tests that are less reliant on language skills such as the Matrix Reasoning have been found to be comparable to existing Australian norms (Westerman and Wettinger, 1997). The CBCL has been tested in a range of diverse cultures but clinical cut-offs may not be uniform across all cultures (Crijnen et al. 1997). The AEDC has been adapted for use with Aboriginal children but this occurred after POCLS children had been assessed. The measures may not be sensitive to the influence cultural norms may have on reporting child development and parents' ratings on selected measures. This should be considered when interpreting the data.

⁴ The national minimum standards describe some of the skills and understandings students can generally demonstrate at their particular year of schooling, in a specific subject area or domain. Students who do not achieve the national minimum standard at any year level may need intervention and support to help them achieve the literacy and numeracy skills they require to progress satisfactorily through their schooling. The national minimum standard varies by year level. See <https://www.nap.edu.au/results-and-reports/how-to-interpret>

Summary of key findings

Unless otherwise stated, three waves of the POCLS data are presented covering approximately 5-6 years since the child entered OOHC for the first time. By Wave 3, 1,479 children had participated in at least one wave of data collection with 574 identified⁵ as Aboriginal. At Wave 3, Aboriginal children in the POCLS were mostly placed with foster carers (50.1%) and relative/kinship carers (47.9%). A small proportion were placed in residential care (2.0%) (Delfabbro, 2018).

What are the child protection issues reported for Aboriginal children in the POCLS?

The POCLS findings were generally consistent with previous studies. Aboriginal children are likely to enter OOHC because of neglect and Aboriginal families may experience a greater number of risk factors associated with lower socio-economic status or the nexus of substance abuse, domestic violence and poor parental mental health (Delfabbro et al. 2009; AIHW, 2016).

On entry to OOHC the parental issues recorded in child protection assessments were substance misuse (73.5%), domestic violence (64.8%), emotional state (39.0%) and mental health (20.2%). Just under one-quarter (23.2%) of children had pre-natal reports. The most common reported issue type for Aboriginal children was physical abuse (73.0%), neglect (71.5%), sexual abuse (19.7%) and psychological abuse (17.1%) (Table 1).

Table 1: Prevalence of child protection risk factors prior to entering care for the first time in the POCLS interview cohort

Reported issue	Aboriginal children		Non Aboriginal children	
	n	%	n	%
Physical abuse	419	73.0	650	71.8
Sexual abuse	113	19.7	183	20.2
Neglect	412	71.5	625	69.1
Psychological abuse*	98	17.1	193	21.3
Risk of psychological abuse	285	49.7	462	51.0
Domestic violence**	372	64.8	513	56.7
Carer mental health	116	20.2	212	23.4
Carer emotional state**	224	39.0	429	47.4
Carer drugs/alcohol**	422	73.5	563	62.2
Other issues	156	27.2	297	24.0
Young person at risk	74	12.9	147	16.2

⁵ The proportion of Aboriginal children in the POCLS varies a little depending on the sample selected in the analysis. In this case the analysis was conducted on a subset of children that completed at least one interview. In POCLS we find slight differences in the reporting of Aboriginality over time and have an established counting rule to account for this. See NSW Department of Communities and Justice, (2020). Identifying the cultural background of children in the POCLS (Report No. 12) <https://www.facs.nsw.gov.au/resources/research/pathways-of-care/pocls-publication/pocls-technical-reports>

Reported issue	Aboriginal children		Non Aboriginal children	
	n	%	n	%
Pre-natal reports*	133	23.2	169	18.2
Total children	574	100.0	905	100.0

Note: Significant difference between Aboriginal and non-Aboriginal children *p<0.05, **p<0.01. The proportions do not sum to 100% as children may have multiple issues reported across child protection reports.

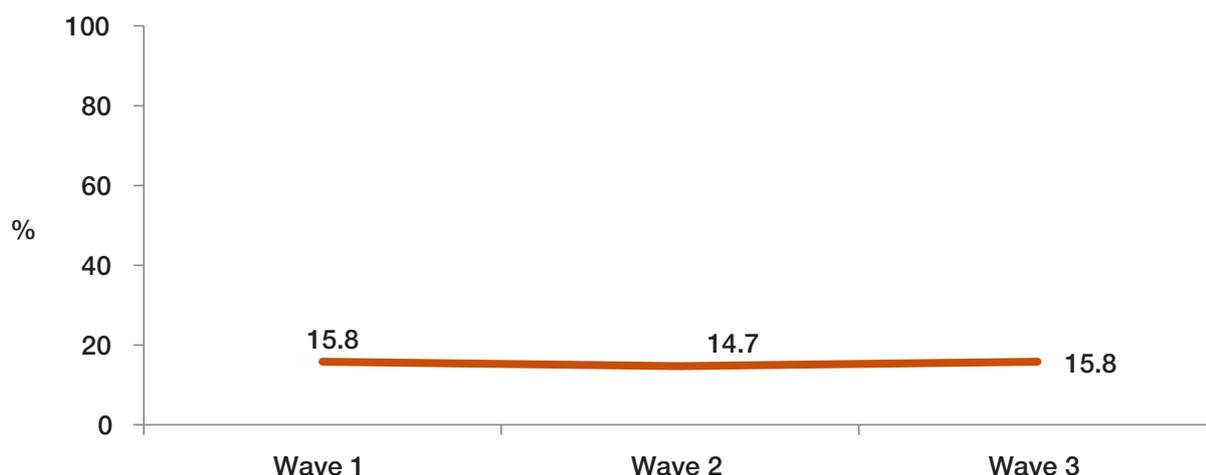
Source: Wave 1-3 POCLS interview data: children who completed at least 1 interview, n=1,479. Delfabbro, 2018.

This highlights the need to focus on substance misuse, domestic violence and the carer’s emotional state, along with socio-economic disadvantage, to reduce the number of children entering OOH through the provision of culturally appropriate evidence informed early intervention and prevention. Further work could examine the extent to which the higher prevalence of substance misuse, domestic violence and the carer’s emotional state in Aboriginal families are affected by intergenerational trauma.

What do we know about children’s socio-emotional wellbeing?

Over half of Aboriginal children are in the normal range for socio-emotional development, although notable proportions require additional support. Analysis of the CBCL scores showed that the proportions of Aboriginal children in the clinical range for internalising behaviours (e.g. depression and anxiety) across the three waves were similar to normative populations.⁶ About 15% of Aboriginal children have reported internalising behaviours in the clinical range which require professional support (Figure 1). These findings will continue to be measured over time.

Figure 1: Proportion of Aboriginal children aged 3-17 years in the clinical range for internalising behaviours (CBCL) over a 5-6 year period after entering OOH



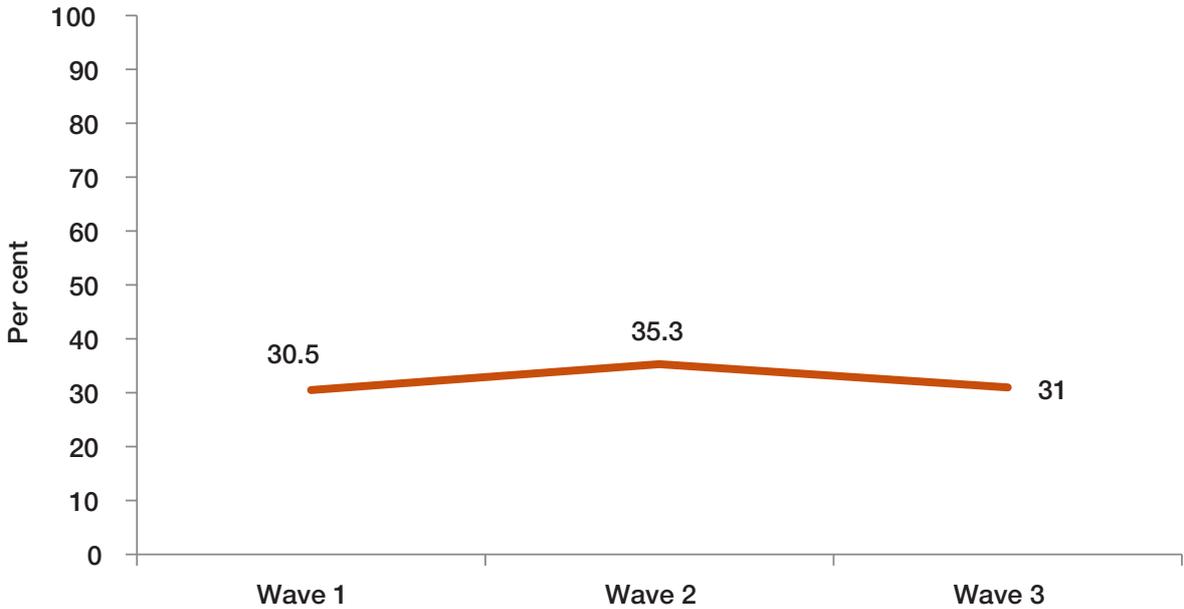
Note: Analysis of the National Survey of Mental Health and Wellbeing shows 13.3% of children aged 6-12 years and 16.4% of children 13-17 years in the general population are in the clinical range of internalising behaviour problems (Sawyer et al, 2001).

Source: Wave 1-3 POCLS interview data: children who completed at least one interview. Delfabbro 2018.

⁶ Also similar to non-Aboriginal children in POCLS, i.e. there were no significant differences between Aboriginal and non-Aboriginal children in POCLS.

Aboriginal children in the POCLS were more likely to score in the clinical range for externalising behaviours than children in the normative populations over the first five years of the POCLS.⁷ There was no significant change in the proportions of children in the clinical range for externalising behaviours between Waves 1 and 3 (Figure 2). About one-third of Aboriginal children reported externalising behaviours (e.g. rule breaking and aggressive behaviours) which may require early assessment and culturally appropriate professional services and support.

Figure 2: Proportion of Aboriginal children aged 3-17 years in the clinical range for externalising behaviours (CBCL) over a 5-6 year period after entering OOHC



Note: Analysis of the National Survey of Mental Health and Wellbeing shows 12.7% of children aged 6-12 years and 19.6% of children 13-17 years in the general population are in the clinical range of externalising behaviour problems (Sawyer et al. 2001).

Source: Wave 1-3 POCLS interview data: children who completed at least one interview, Delfabbro 2018.

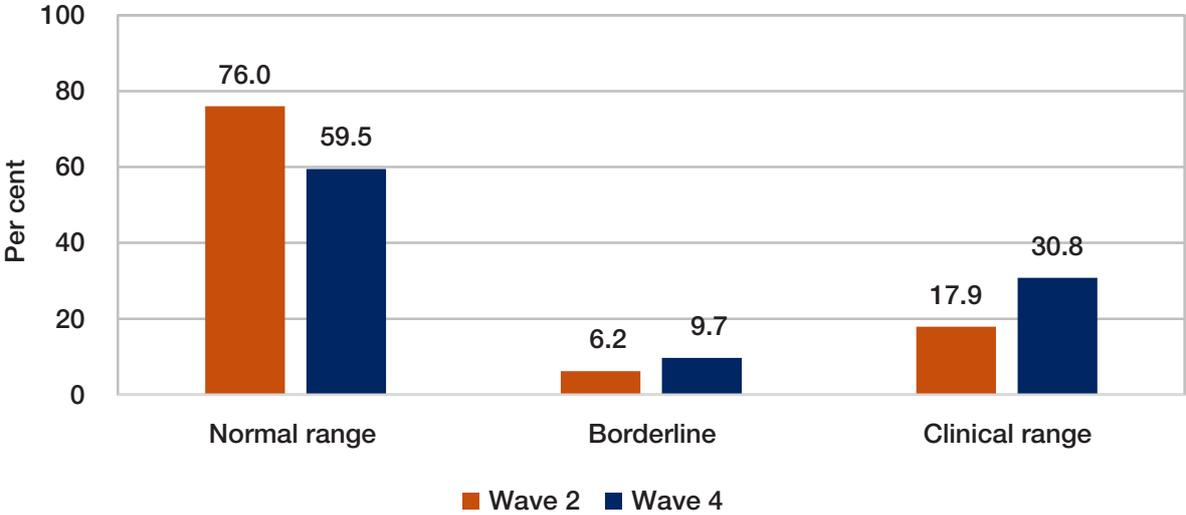
Analysis comparing data from Wave 2 (3-4 years after entry to OOHC) and Wave 4 (7-8 years after entry to OOHC) (NSW Department of Communities and Justice, 2019) found a significant increase in the proportion of Aboriginal children that scored in the clinical range for total behaviours (Figure 3).⁸ At Wave 4, almost 1 in 3 Aboriginal children were in the clinical range indicating the need for assessment and culturally appropriate professional services and support.

⁷ There were no differences between Aboriginal and other Australian children in the POCLS (NSW Department of Communities and Justice, 2019).

⁸ There was also a significant increase for other Australian children in POCLS. There was no significant difference for CALD children (NSW Department of Communities and Justice, 2019).



Figure 3: Proportion of Aboriginal children 3-17 years in the clinical range for total problem behaviours (CBCL) at Wave 2 (3-4 years after entering OOHC) and Wave 4 (7-8 years after entering OOHC)



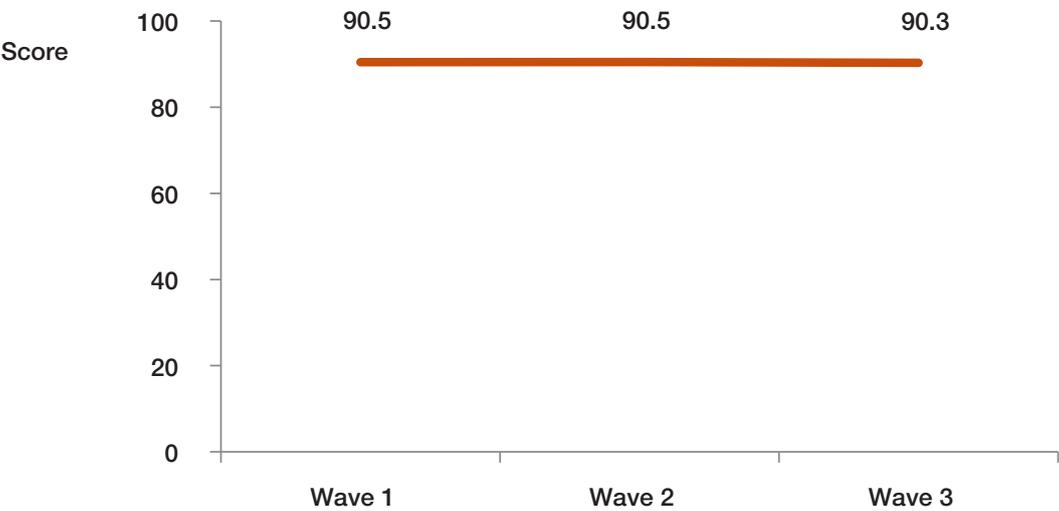
Note: Participants in the CBCL in both Wave 2 and Wave 4, Aboriginal children n=341
Source: NSW Department of Communities and Justice, 2019.

What do we know about children’s cognitive development?

On measures of verbal ability (PPVT-IV) and logical reasoning (MR – WISC-VI), Aboriginal children in the POCLS generally scored lower than the population norms (Delfabbro, 2018). The scores for Aboriginal children on the PPVT were similar over the five year period (Figure 4).⁹ Approximately one-third of Aboriginal children had scores of 85 or lower on the PPVT at Wave 1 and 26.5% at Wave 3, indicating about a quarter to a third of Aboriginal children require assessment and may need extra support with language development (Delfabbro 2018).

⁹ This was also similar for non-Aboriginal children (Delfabbro 2018).

Figure 4: Language development in Aboriginal children aged 3-17 years (PPVT-IV standardised scores) over a 5-6 year period after entering OOHC

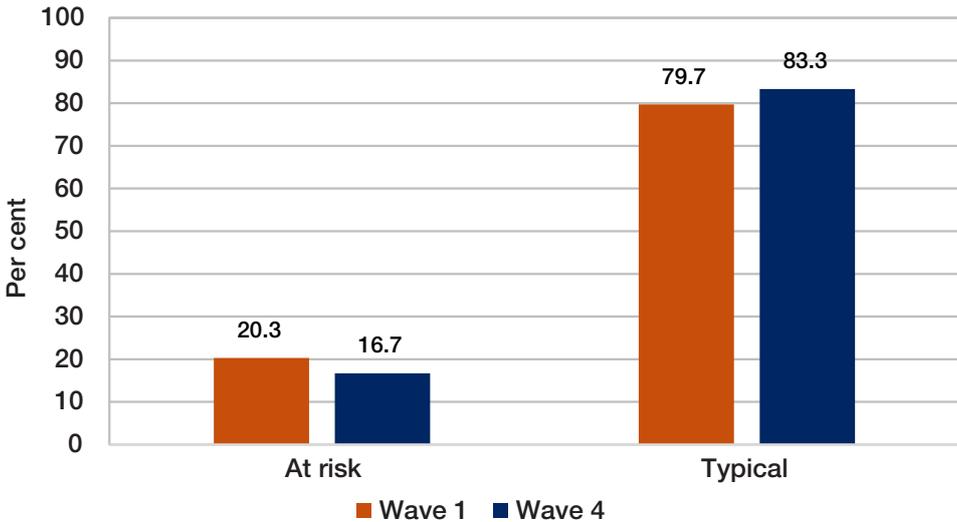


Note: Scores higher or lower than the reference point of 100 indicate the extent to which the child’s vocabulary compares with peers. The mean scores for POCLS children are lower than 100 at all waves.

Source: Wave 1-3 POCLS interview data: children who completed at least one interview, Delfabbro 2018.

The majority of Aboriginal children were in the normal range for verbal ability at Wave 1 and Wave 4. There was no significant difference in the proportion of Aboriginal children that scored in the ‘at risk’ range for verbal ability at Wave 1 and Wave 4 (NSW Department of Communities and Justice, 2019) (Figure 5).¹⁰ About 1 in 6 (16.7%) Aboriginal children were ‘at risk’ at Wave 4 and may benefit from additional assessment and professional support to improve language ability.

Figure 5: Proportion of Aboriginal children ‘at risk’ for verbal ability at Wave 1 (1-2 years after entering OOHC) and Wave 4 (7-8 years after entering OOHC)



Note: Participants in the verbal ability tests in both Wave 1 and Wave 4, n=276. Measures used in Wave 1: 20% MCDI-III, 35% CSBS, 45% PPVT. All children completed the PPVT in Wave 4.

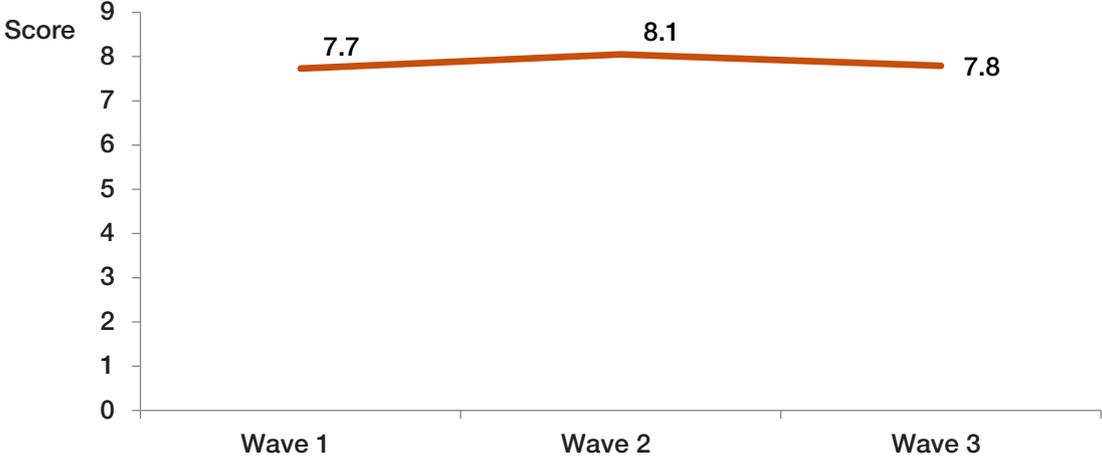
Source: NSW Department of Communities and Justice, 2019.

¹⁰ There were no significant differences for other Australian or CALD children (NSW Department of Communities and Justice, 2019).



Aboriginal children maintained similar scores over time on the logical reasoning measures MR (WISC-IV) (Figure 6).¹¹

Figure 6: Non-verbal reasoning in Aboriginal children aged 6-16 years (MR WISC-IV scores) over a 5-6 year period after entering OOHC

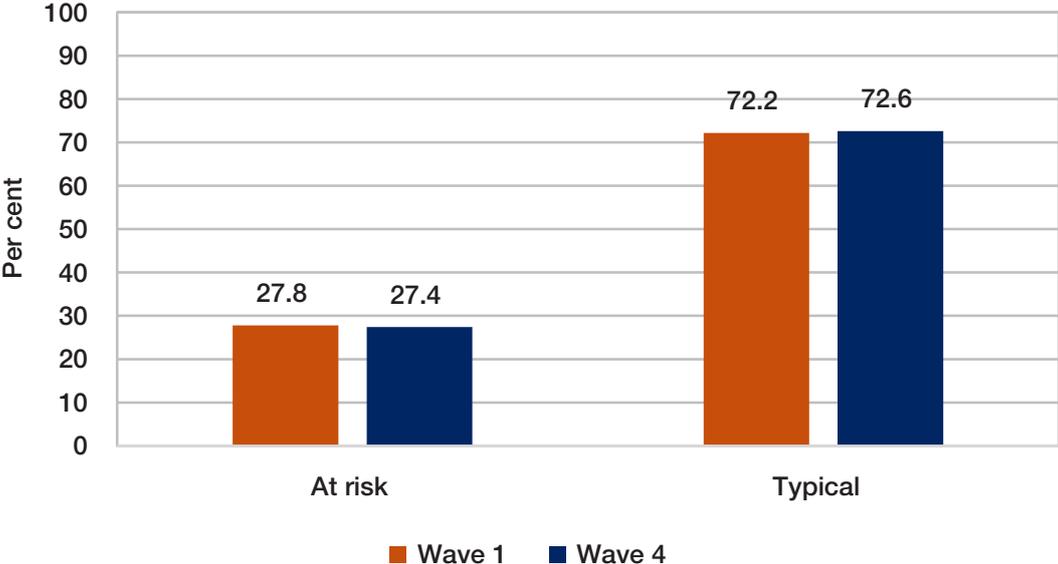


Note: The WISC-IV has a normative mean of 10 with a standard deviation of 3. Scores 7-13 are in the normal range. Scores below 7 are below normal.

Source: Wave 1-3 POCLS interview data, children who completed at least one interview. Delfabbro 2018.

Similar proportions of Aboriginal children were ‘at risk’ at Waves 1 and 4 (Figure 7) with over a quarter in need of support.¹²

Figure 7: Proportion of Aboriginal children ‘at risk’ for non-verbal ability Wave 1 and Wave 4 – over a 7-8 year period after entering OOHC



Note: Children who participated in non-verbal ability tests in both Waves 1 and Wave 4, n=259. Measures used in Wave 1: 56% ASQ, 46% MR-WISC. All children completed the MR-WISC in Wave 4.

Source: NSW Department of Communities and Justice, 2019. Aboriginal children n=276.

11 Non-Aboriginal children also maintained similar scores over time (Delfabbro, 2018).

12 There were significant increases in the proportion of CALD and other Australian children that went from ‘at risk’ to ‘typical’ from Wave 1 to 4 (NSW Department of Communities and Justice, 2019).

What do we know about schooling and education?

POCLS interview data shows 13.0% of teacher reports indicated that school age Aboriginal children were not attending primary or secondary school while one in three (33.0%) indicated that there were issues due to behaviour that could require ongoing support. Teachers also expressed concerns about the cognitive functioning of 36.0% of Aboriginal children in the POCLS. Around a quarter (24.2%) of Aboriginal children had to change school due to placement moves and about one in ten (9.9%) appeared to be experiencing significant problems with schooling in terms of suspensions and exclusions (Delfabbro, 2018).

Linked data from the AEDC and the POCLS shows that for Aboriginal children where data was available, almost half (45.5%) were 'developmentally vulnerable' (i.e. in the lowest 10%) on one or more domains on entry to school and about a third were developmentally vulnerable on two or more domains (Townsend et al. 2020). For strategies to improve outcomes please see the POCLS Evidence to Action Note Number 5 on Educational outcomes: children who have experienced out-of-home care.

Table 2: AEDC developmental vulnerability of Aboriginal children starting kindergarten in the POCLS population cohort across all testing cycles (n = 259–260)

AEDC domain	n	%
Physical health	60	23.1
Social competence	65	25.1
Emotional maturity	51	19.6
Language and cognitive skills	44	16.9
Communication and general knowledge skills	49	18.8
Developmentally vulnerable on ≥ 1	119	45.5
Developmentally vulnerable on ≥ 2	82	31.5

Source: Linked DCJ Administrative and AEDC data (2009, 2012 and 2015) for POCLS population cohort (includes children who received interim orders only and those that received final orders). Townsend et al. 2020. Notes: Children who undertook the AEDC in 2009 had not yet entered OOHC, those who did it in 2012 had recently entered OOHC and those in 2015 had entered OOHC a few years prior.

Although the majority of Aboriginal children met minimum standards for numeracy and reading as measured by NAPLAN across all testing years, substantial proportions were not meeting minimum standards (Table 3) and require additional supports.¹³ About one in five children require additional support in numeracy and reading in Year 3. In Year 9 about 3 in 10 children did not meet minimum standards for numeracy and 4 in 10 did not meet minimum standards for reading.

¹³ A significant lower proportion of Aboriginal children reached minimum standards for numeracy across all scholastic years and reading across Years 5,7 and 9 (Townsend et al. 2020).

Table 3: Proportion of Aboriginal children in the POCLS population cohort meeting NAPLAN minimum standards for numeracy and reading for each scholastic year

	Numeracy		Reading	
	n	%	n	%
Year 3	261	81.8	269	83.3
Year 5	208	76.5	188	67.1
Year 7	150	76.9	139	71.3
Year 9	65	69.9	59	60.2

Source: Linked DCJ Administrative and NAPLAN data in Townsend et al. 2020 for POCLS population cohort (includes children who received interim orders only and those that received final orders).

Townsend and colleagues (2020) reported that the NAPLAN participation rate decreases by Year 9¹⁴ and noted there is evidence that the achievement in Year 9 NAPLAN is a strong predictor of later success in study and employment (Goss & Sonnemann, 2016). These findings highlight that continued school engagement is an important area of focus for policy and practice.

¹⁴ Aboriginal children were significantly less likely than non-Aboriginal children to participate in NAPLAN in Years 7 and 9 (Townsend et al. 2020).

Implications of the research to improve child outcomes

Aboriginal self-determination

Aboriginal self-determination is included in [Section 11 of the Child and Young Persons \(Care and Protection Act\) 1998](#). The Family is Culture, Independent Review of Aboriginal Children and Young People in Out-of-Home Care (OOHC) Report made a number of recommendations that are supported by the POCLS findings. Fundamental to the provision of services and support to improve the wellbeing of Aboriginal families is self-determination.¹⁵

Early intervention and prevention strategies to support families

Connecting families with culturally appropriate services and supports including pre-natal, parenting programs, support networks, and early intervention and preservation programs to keep families together. This includes programs such as Family Group Conferencing, Multisystemic Therapy for Child Abuse and Neglect (MST-CAN®) and Functional Family Therapy for Child Welfare (FFT-CW®). Other child protection programs such as Brighter Futures, Intensive Family Preservation and Intensive Family Based Services also support vulnerable Aboriginal parents to raise their children, keep them at home safely and prevent them from entering OOHC.¹⁶

Strategies to support children's development

Care and cultural plans

Care plans emphasise the importance of engagement and building relationships with children and their families. High quality care planning requires adequate timeframes to allow for permanency planning and appropriate consultation with the child's extended family/kin. To help deliver culturally appropriate care to Aboriginal children, cultural plans ensure children preserve their cultural identity as well as their connection to culture and family.

Strategies are needed to engage family/kin of children in OOHC and to assist in identifying relationships to foster lifelong connections and permanency (e.g. Family Group Conferencing and the Family Finding models). Finding family should have a wide scope and include, but not be limited to; grandparents, aunts/uncles, older siblings, cousins and Aboriginal kinship structures and child rearing responsibilities beyond the immediate family group.

¹⁵ See Family is Culture, Independent Review of Aboriginal Children and Young People in Out-of-Home Care (OOHC) Report Recommendation 6.

¹⁶ A number of recommendations from the Family is Culture, Independent Review of Aboriginal Children and Young People in Out-of-Home Care (OOHC) Report are supported by the POCLS findings regarding prenatal reports (Recommendations 41-48) and early intervention and prevention (Recommendations 21, 40-46, 51).

The Aboriginal and Torres Strait Islander Placement Principles should be followed when finding appropriate placements for Aboriginal children.¹⁷

Establishing placements

Caseworker support to both the child and caregiver should include advice and strategies to support the child's needs in relation to safety, cultural connection, physical health and development, socio-emotional wellbeing and cognitive/learning ability. It is important to share information about the child's culture and history, including trauma history, with caregivers from the beginning of a placement to ensure the caregiver can adequately care for the child.

Case plans

The POCLS evidence shows that a proportion of Aboriginal children require monitoring and additional assistance to support their socio-emotional wellbeing and cognitive ability/language development. This may change over time for an individual and by type of development highlighting the importance of a case plan being a living document that should reflect individual needs with reviews occurring at least annually. Case plans should:

- Be developed with key supports in the child's life and include the child (appropriate to their age and maturity)
- Be based on culturally appropriate assessments
- Support timely referrals to culturally appropriate services
- Support continuity with professional service providers
- Support ongoing personal relationships that children might have with peers and previous caregivers that may provide the benefits of relational stability
- Ensure a genuine connection to family, community, cultural identity and country is sustained and supported.

All children in OOHC should participate in the [OOHC Health Pathway](#) to receive timely physical and mental health assessments, interventions, monitoring and ongoing reviews of their health needs. Caregivers should be involved and plans regularly reviewed and updated.

All children in OOHC should participate in the [Personalised Learning and Support Planning \(PLaSP\)](#) process to identify and support the education needs of the child, as part of the OOHC Education Pathway. All Aboriginal children should have a [Personalised Learning Pathway \(PLP\)](#) education plan developed to reflect their individual needs as part of the PLaSP. This process highlights the need for the child's education requirements to be understood and planned by caseworkers, the educators, caregivers and the child. It includes an assessment of the child's individual needs, the plan for provision of adjustments if required and how progress will be monitored.

¹⁷ A number of related recommendations from the Family is Culture, Independent Review of Aboriginal Children and Young People in Out-of-Home Care (OOHC) Report are Recommendations 71, 72, 86, 87.

All Aboriginal children should have access to quality childcare. Aboriginal Child and Family Centres that provide quality, culturally appropriate early childhood education and care, and wraparound child and family health and support services should be considered.¹⁸

Strategies to support and train caregivers

Identify caregiver stress

The early identification of stress in carers or the dissatisfaction with the amount of information they are given or their relationship with OOHC agencies, may have a positive impact on a child's development by prompting the provision of culturally appropriate services, support and monitoring.

Training and development

Culturally appropriate and trauma informed carer training tailored to the carers needs should support the provision of physical and relational stability for the child. Evidence from POCLS suggests that placement stability is associated with children in the normal range for socio-emotional, non-verbal, fine and gross development.

Aboriginal stakeholders develop carer training including the perspective of Aboriginal carers and community.

Casework support

Good casework practice includes:

- Consideration of the individual needs of the carer, child and placement type given the association of carer and placement characteristics with normal development. For more guidance on casework practice see the resources below.
- Providing caregivers with as much information and support regarding the child's family, culture and key members of their community to assist the caregivers in being able to support the child's connection to culture and country appropriately if they themselves are not Aboriginal or connected to the child's community.
- Encouragement and support for both children and caregivers to be involved in the OOHC Health Pathway and the Personalised Learning Pathway (PLP) process. Ensure that Aboriginal support staff at the Department of Education or relevant school are also engaged.
- Identification and monitoring of the carers needs and satisfaction with their caring role regarding support and access to services. Carer satisfaction with their working relationship with agencies is found to be associated with a child's normal socio emotional development.¹⁹

¹⁸ A number of related recommendations from the Family is Culture, Independent Review of Aboriginal Children and Young People in Out-of-Home Care (OOHC) Report are Recommendations 103 and 105.

¹⁹ A related recommendation from the Family is Culture, Independent Review of Aboriginal Children and Young People in Out-of-Home Care (OOHC) Report is Recommendation 96.

Strategies to develop casework skills and casework supervision

Consider whether adequate time and resources are allocated to early assessment, ongoing monitoring and review in casework practice supervision.

Support caseworkers' skill development through group supervision with consideration of capacity to support cultural permanency and cultural connections, monitoring OOHC health and education assessments, behaviour support plans and carer satisfaction with information and support. Caseworkers should reflect on their cultural capability/competency regularly through group supervision where Aboriginal workers are included as experts in culture.

Assist caregivers to access available resources and supports.

Provide regular caseworker training and provision of key resources and materials. This would include the DCJ's Aboriginal Cultural Capability training; the OOHC Health Pathways; Aboriginal Education Policy; and Personalised Learning Pathway (PLP). This provides opportunity to promote the importance of these assessments and processes to determine a child's needs earlier and provide the appropriate supports to meet individual needs.

Provide caseworker training on working effectively with caregivers including monitoring of carer satisfaction to identify early carer stress and the needs of the carer for child services and additional support.

Improvement to administrative data collection and reporting

Accurate identification and documentation of Aboriginal families and the child's cultural background (specifying the birth mother and father's cultural background) is required in DCJ datasets so adequate resources and appropriate services and supports can be provided.

Routine collection and reporting of child developmental outcomes is important. Information on the child's developmental needs (health, disabilities, socio-emotional wellbeing and learning ability), the services they receive and their developmental progress should be collected consistently for all children in OOHC.

Routine data collection on services children receive and outcomes achieved enables DCJ to support programs that improve the outcomes for children in OOHC through monitoring and evaluation.

DCJ should record the outcome of informal and formal carer assessments of family and/or kin using a culturally appropriate tool in ChildStory.²⁰

DCJ administrative data could be improved by consistent recording of data on the reason for placement changes including if they are planned or unplanned.

²⁰ See Family is Culture, Independent Review of Aboriginal Children and Young People in Out-of-Home Care (OOHC) Report is Recommendation 87.

Where to from here?

Policy and practice improvements underway

In response to the Family is Culture, Independent Review of Aboriginal Children and Young People in Out-of-Home Care (OOHC), DCJ has committed to work to build a child protection system that is more responsive to the needs of Aboriginal children, families and communities. The report highlighted the importance of a culturally capable service system that keeps children safe and connected to culture. The DCJ response includes:

- Providing evidence-based supports to help keep families together. A half of places in the newest programs are available for Aboriginal families.
- Implementing the Aboriginal Case Management Policy developed with AbSec in consultation with local Aboriginal communities. The policy guides DCJ caseworkers to use Aboriginal community-controlled mechanisms and Aboriginal family-led decision-making and to work with Aboriginal advocates and facilitators.
- Redesigning training for new child protection caseworkers including a module on how to work better with Aboriginal families developed in partnership with Aboriginal stakeholders and peak organisations.
- Funding nine Aboriginal Child and Family Centres to provide quality culturally appropriate wrap-around services for Aboriginal children, families and communities.
- Supporting Aboriginal-led, evidence-based programs that are embedded in local communities such as the Nabu Demonstration Project and ID Know Yourself which provides mentoring and intensive support to Aboriginal children, young people and families.
- Welcoming a Deputy Children's Guardian for Aboriginal Children and Young People within the Office of the Children's Guardian to provide leadership within the sector to elevate the rights and wellbeing of Aboriginal children.
- Establishing an Aboriginal Knowledge Circle to provide independent advice to the Minister. This group will comprise of five independent and expert Aboriginal members who will work with DCJ and the Aboriginal community to ensure Aboriginal-led advice is at the heart of our response.
- Establishing an Aboriginal Outcomes Taskforce to drive improvements in services and supports for Aboriginal families, data collection and reporting, casework policy and practice, and interagency coordination.

The new Casework Development Program²¹ is underway with online training for new caseworkers that includes training on Finding Family. It has a section on the Aboriginal and Torres Strait Islander Placement Principles to build the capacity of new caseworkers to address the needs of Aboriginal families.

²¹ Aboriginal Outcomes Child and Family reviewed the CDP program and provided advice on each module to ensure that the needs of Aboriginal children and their families are addressed in all aspects of casework.

[The Permanency Support Program](#) provides tailored services to vulnerable children. DCJ has commissioned the [Permanency Support Program Learning Hub](#) to improve the knowledge and skills of practitioners.

DCJ is reviewing the Child Assessment Tool (CAT)²². The CAT helps determine the service type required and level of support to best meet the needs of a child under the Permanency Support Program (PSP).

Caseworker webinars and training resource development for the OOHC Health and Education Pathways are underway. This provides an opportunity to promote the importance of these assessments and processes to determine a child's needs earlier and provide the appropriate supports to meet that need. It is important to include ongoing monitoring and review of these plans as children's and carers needs change over time.

DCJ are trialling the implementation of the Quality Assurance Framework ([QAF](#)). The QAF provides regular information to caseworkers about each child in OOHC to support and inform their case planning. A Child Overview Form is produced quarterly and provides information on:

- ROSH reports received, number of days in a placement and placement type
- NAPLAN results and school attendance
- Child safety, permanency and multicultural identity
- Carer report of the child's wellbeing (Strengths and Difficulties Questionnaire - SDQ)

Further research to improve our knowledge on the topic

To develop policies and practice to improve outcomes, it is important to determine the factors that influence outcomes for children and young people in POCLS. The analysis presented here is a starting point. Further analysis of the POCLS data is needed to learn more about the characteristics of those children who improved over time and those who did not.

A number of projects are underway and outlined in the POCLS objectives and strategic research agenda (Technical Report 1, NSW Department of Communities and Justice, 2020). Ongoing consultation with DCJ policy colleagues occurs to formulate policy relevant research questions that can be answered with the POCLS data asset.

There is a need for further work on how service systems are meeting the needs of Aboriginal children across DCJ, the Department of Education and the Ministry of Health.

²² Includes Aboriginal Impact Statement and in consultation with the Aboriginal Outcomes, Child and Family team

Policy and practice guides and further reading

For additional information on the ATSICPP see the report released by SNAICC [‘Understanding and applying the Aboriginal and Torres Strait Islander Child Placement Principle: A Resource for Legislation, Policy and Program Development’](#).

Independent Review of Aboriginal Children and Young People in OOHC in NSW in the [Family is Culture Review Report 2019](#).

Intensive Family Based Services

- <https://www.facs.nsw.gov.au/providers/funded/programs/atsi/intensive-family-based-services-aboriginal>

NSW Framework for Therapeutic Care

- <https://www.facs.nsw.gov.au/about/reforms/NSWPF/nsw-therapeutic-care>

Permanency Support Program

- <https://www.facs.nsw.gov.au/providers/children-families/deliver-ppsp>

Permanency Support Learning Hub

- <https://psplearninghub.com.au/>

Aboriginal Case Management Policy

- <https://www.facs.nsw.gov.au/families/permanency-support-program/aboriginal-case-management-policy>

Care planning

- <https://caseworkpractice.intranet.facs.nsw.gov.au/mandates/legal-options/care-plan>.

Care and cultural planning

- <https://www.facs.nsw.gov.au/about/reforms/children-families/care-and-cultural-planning>

Case planning

- <https://caseworkpractice.intranet.facs.nsw.gov.au/mandates/case-planning/case-planning-in-oohc>

Health Pathway

- <https://www.facs.nsw.gov.au/providers/children-families/OOHC-Health-resources-and-tools>

Education Pathway

- <https://www.facs.nsw.gov.au/providers/children-families/oohc-education-resources-and-tools>

Personalised Learning and Support Planning (PLaSP)

- <https://www.facs.nsw.gov.au/providers/children-families/oohc-education-resources-and-tools/oohc-education-pathway-a-guide-for-caseworkers>

Personalised Learning Pathway (PLP)

- <https://www.facs.nsw.gov.au/providers/children-families/oohc-education-resources-and-tools/oohc-education-pathway-a-guide-for-caseworkers/chapters/aboriginal-children-and-young-people>

The Australian Institute of Family Studies (AIFS) have produced a series of practice guides for working with children who have experienced adversity.

<https://aifs.gov.au/cfca/publications/developmental-differences>

Developmental differences in children who have experienced adversity: Emerging evidence and implications for practice. CFCA Practitioner Resource. Published by Australian Institute of Family Studies. 2018.

References

Australian Institute of Health and Welfare. (2019). Child protection Australia: 2017–18. Child Welfare Series no. 70. Cat. no. CWS 65. Canberra: AIHW.

Crijnen A.A.M, Achenbach, T.M. and Verhulst, F.C. (1997) Comparisons of Problems Reported by Parents of Children in 12 Cultures: Total Problems, Externalizing, and Internalizing, *Journal of the American Academy of Child & Adolescent Psychiatry*, Volume 36, Issue 9, 1997, Pages 1269-1277, ISSN 0890-8567, <https://doi.org/10.1097/00004583-199709000-00020>.

Delfabbro, P., Borgas, M., Rogers, N., Jeffreys, H., & Wilson, R. (2009). The Social and Family Backgrounds of Infants in Care and Their Capacity to Predict Subsequent Abuse Notifications: A Study of South Australian Out-of-home Care 2000-2005. *Children and Youth Services Review*, 31, 219-226.

Delfabbro, P. (2018). Aboriginal children in out-of-home care in NSW: Developmental outcomes and cultural and family connections. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 11. Sydney. NSW Department of Family and Community Services.

Eastman, C., Katz, I. and McHugh, M. (2018). Service needs and uptake amongst children in out-of-home care and their carers. Pathways of Care Longitudinal Study: Outcomes of children and young people in out-of-home care. Research Report Number 10. Sydney. NSW Department of Family and Community Services.

Goss, P., & Sonnemann, J. (2016). Widening gaps: What NAPLAN tells us about student progress: Grattan Institute.

NSW Department of Communities and Justice. (2019). Study overview and the wellbeing of children & young people in OOHC. Presentation by Merran Butler and Joanna Hopkins at the Australian Social Policy Conference University of NSW.

www.facs.nsw.gov.au/resources/research/pathways-of-care/pocls-publication/pocls-presentations

Sawyer, M., Arney, F.M., Baghurst, P.A., Clarke, J.J., Graetz, B.W., Kosky, R. J., B Nurcombe, B., Patton, G.C., Prior M.R., Raphael B., Rey J. M., Whaites, L.C, Zubrick, S.R (2001). The mental health of young people in Australia: key findings from the child and adolescent component of the National Survey of Mental Health and Wellbeing. Australian and New Zealand Journal of Psychiatry, 35, 806-814.

Townsend, M., Robinson, K., Wright, I., Cashmore, J. & Grenyer, B. (2020). Educational outcomes of children and young people in out-of-home care in NSW. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 14. Sydney: NSW Department of Communities and Justice.

Westerman, T. and Wettinger, M. (1997). Psychological Assessment of Aboriginal people. Psychologically Speaking

Pathways of Care Longitudinal Study

The Pathways of Care Longitudinal Study (POCLS) is the first large-scale prospective longitudinal study of children and young people in out-of-home care (OOHC) in Australia. The study collects detailed information about the life course development of children who enter OOHC and the factors that influence their safety, permanency and wellbeing. The POCLS links data on children's child protection backgrounds, OOHC placements, health, education and offending held by multiple government agencies; and matches it to first-hand accounts from children, caregivers, caseworkers and teachers. The population cohort is a census of all children who entered OOHC for the first time in NSW over an 18-month period between May 2010 and October 2011 ($n = 4,126$). A subset of those children who went on to receive final Children's Court care and protection orders by April 2013 (2,828) were eligible to participate in the study. Information about the study and publications can be found on the POCLS webpage.

The POCLS acknowledges and honours Aboriginal people as our First Peoples of NSW and is committed to working with the Department of Communities and Justice (DCJ) Aboriginal Strategy Coordination & Evaluation team to ensure that Aboriginal children, young people, families and communities are supported and empowered to improve their life outcomes. The DCJ recognises the importance of Indigenous Data Sovereignty and Governance (IDS & IDG) in the design, collection, analysis, dissemination and management of all data related to Aboriginal Australians. The POCLS will continue to partner with Aboriginal Peoples and will apply the DCJ research governance principles once developed. Interpretation of the data should consider the factors associated with the over-representation of Aboriginal children in child protection and OOHC including the legacy of past policies of forced removal and the intergenerational effects of previous forced separations from family and culture. The implications for policy and practice should highlight strengths, develop Aboriginal-led solutions and ensure that better outcomes are achieved for Aboriginal people.

About this Evidence to Action note

The POCLS data asset will be used to improve how services and supports are designed and delivered in partnership with the policy and program areas to improve the outcomes for children and young people who experience out-of-home care, the support provided to caregivers and families, and the professional development of staff.

The Evidence to Action Note was prepared by the POCLS team at DCJ and report authors with input and endorsement from the POCLS Evidence to Action Working Group including representation from the DCJ Aboriginal Outcomes team. This note is intended to be a resource for policy makers and senior practitioners.

The findings presented in this Evidence to Action Note are primarily based on:

- Delfabbro, P. (2018). Aboriginal children in out-of-home care in NSW: Developmental outcomes and cultural and family connections. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care Research Report Number 11. Sydney. NSW Department of Family and Community Services.

This note should be read in conjunction with: NSW Department of Communities and Justice. (2020). Developmental outcomes: children who have experienced out-of-home care. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Evidence to Action Note Number 8. Sydney. NSW Department of Communities and Justice.

Recommended citation

NSW Department of Communities and Justice (2020). Developmental outcomes: Aboriginal children and young People who have experienced out-of-home care. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Evidence to Action Note Number 9. Sydney. NSW Department of Communities and Justice.

Acknowledgements

- This Note was led by Bianca Jarrett, Manager, Aboriginal Outcomes Strategy, Policy and Commissioning DCJ
- POCLS Researchers: Courtney Breen, Sharon Burke, Marina Paxman, Merran Butler.
- DCJ Strategy, Policy and Commissioning staff: Daniel Barakate, Catherine Esposito and colleagues
- POCLS Evidence to Action Working Group

Study design

NSW Department of Communities and Justice Insights, Analysis and Research; Australian Institute of Family Studies; Sax Institute, Professor Judy Cashmore, University of Sydney; Professor Paul Delfabbro, University of Adelaide; Professor Ilan Katz, University of NSW; Dr Fred Wulczyn, University of Chicago.

Data collection by I-view Social Research.

Ethics approvals

- University of NSW Human Research Ethics Committee (Approval numbers HC 10335, HC 16542)
- Aboriginal Health & Medical Research Council of NSW Ethics Committee (Approval number 766/10)
- NSW Population & Health Services Research Ethics Committee (Approval number HREC/14/CIPHS/74; Cancer Institute NSW 2014/12/570).

[POCLS webpage](#)

