

The Pathways of Care Longitudinal Study (POCLS)

What does ten years of data tell us about children in out-of-home care in NSW?

What is the POCLS?

- The POCLS is the first large-scale prospective longitudinal study of children and young people in out-of-home care (OOHC) in Australia.
- The POCLS is conducted and funded by the NSW Department of Communities and Justice (DCJ) with critical support from a consortium of Australian and international academic researchers and the POCLS Aboriginal Governance Panel.
- The POCLS links child protection, health, education and offending administrative data for children in OOHC, with first-hand accounts from children, caregivers, caseworkers and teachers.
- Data collection started in 2011 and tracks OOHC experiences and permanency outcomes of 4,126 children who entered care for the first time between May 2010 and October 2011.
- To date, we have completed 5 waves of data collection resulting in 10 years of in-depth longitudinal information on children's experiences and developmental outcomes (Waves 1-5).
- Wave 6 commenced in 2023 and tracks the infant cohort transitioning to high school, and for the first time, the young people aged 18-25 years who have aged out of care.
- Collecting data over multiple points in time — or longitudinally — allows for a more thorough understanding of the complexities of a child's experience with the child welfare system when compared to data collected at a single point in time, making it easier to identify causal relationships and answer more impactful evaluation questions.

“ The POCLS operates through a collaborative approach to governance with academics, child protection practitioners and Aboriginal experts to ensure our policy and practice mandates, the must dos of our practice, are shaped by the best evidence. The POCLS is some of the best and most practical evidence we have. ”

Policy Colleague [DCJ]

“ We were excited to use the POCLS dataset to examine positive reading outcomes for children who have been in care. This Study is important as it combines administrative data – such as ...NAPLAN reading scores, with survey data about how things are going, and what supports and services are being accessed. This information can be used to answer a lot of research questions about what makes a difference for children in care. ”

Researcher [University]



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Acknowledgement of Country

The Department of Communities and Justice acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of this.

We advise this resource may contain images, or names of deceased persons in photographs or historical content.

The Pathways of Care Longitudinal Study (POCLS). What does ten years of data tell us about children in out-of-home care in NSW?

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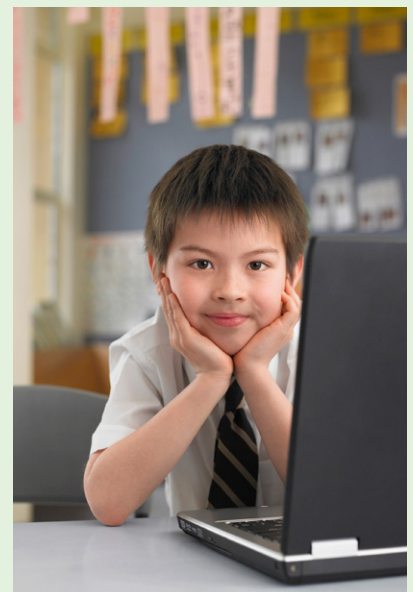
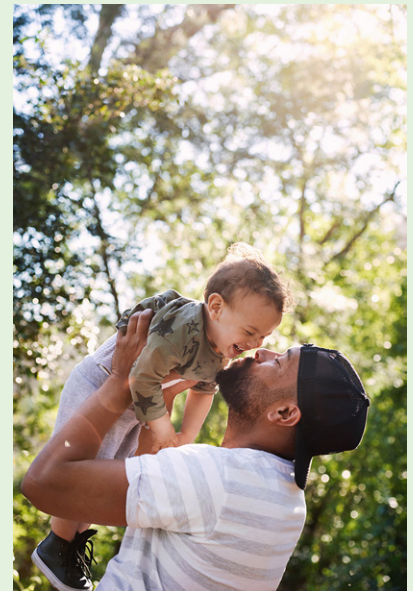
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What has the POCLS told us and how has it helped to shape policy and practice?

The POCLS has produced an extensive dataset from over 5,000 interviews conducted over a ten-year period. The POCLS has worked with academics, researchers and practitioners to produce over 50 research reports, journal articles, and evidence to action notes on topics including developmental outcomes (physical, cognitive, socio-emotional wellbeing), placement stability, permanency, family time and family connections. The POCLS has also produced a range of technical reports that support researchers and analysts to use the data asset.

Reflecting on the findings from across the ten years of the Study, and the changes in OOHC policy and practice over this time, the following findings remain important priorities for the sector.

“ A lot of evidence is produced retrospectively but this is the first prospective evidence-based policy making. While a lot of the findings for children in OOHC tend to be negative, many of the POCLS findings have also been positive. That is important to point out. ”

Researcher [University]

“ The findings of the POCLS have been extremely significant in informing and supporting DCJ policy and casework practice with children and young people in care, their families and carers. ”

District Colleague [DCJ]



Child Wellbeing



Findings

Of the children that entered care as infants at Wave 1, 36% were at risk of developmental delay in physical health (measured using health indicators at birth), and 70% were at risk of delay in cognitive ability and socio-emotional development (measured using standardised assessments).

Among the 370 children that entered care as infants at Wave 1, 20% were identified with early social-emotional concerns which worsened overtime (30% by Wave 3). A large group of infants had positive physical and cognitive development, and the proportion of children 'at risk' decreased from 65% at Wave 1 to 36% at Wave 3, being supported with increased service provision over time.

One in five children aged 12 months to 17 years had clinical level socio-emotional difficulties (from Wave 1 to 4), associated with factors including: age at assessment, carer's psychological stress levels, pre-care exposure to substantiated Risk of Significant Harm (ROSH) reports for emotional abuse or multiple types of abuse, and number of OOHC placement changes.

Aboriginal children interviewed between Waves 1 to 3 were generally following a similar developmental trajectory to non-Aboriginal children in relation to socio-emotional, cognitive and physical development. Around 15% of Aboriginal children had emotional difficulties and around 30% required extra support with language development.

Family time (i.e., frequent contact with birth parents) is associated with positive socio-emotional outcomes for all children in OOHC.

Recommendations

Children's need for support changes over time. Support needs should be reviewed regularly to align services to their needs.

Early assessment and identification of vulnerabilities and developmental delays in children who enter care as infants is critical.

Promoting universal services and supports upfront including mental health services, for every child that comes into OOHC rather than waiting for a need to be identified, assessed and referred for support, is preferable – that is, a proactive system and a move away from a 'screening-refer' process.

Caseworkers need to support carers, parents and children to make family time a positive experience for all.

Implementation

The OOHC Health Pathway Program provides all children in statutory OOHC with a health assessment (including socio-emotional), intervention, monitoring and review.

Intensive Support Services (ISS) support children in OOHC with complex needs and developmental trauma. Interventions are aimed at enhancing safety and wellbeing, placement stability and developing and implementing plans designed to transition children to less intensive and/or more sustainable living arrangements.

Currently DCJ and NGOs provide training and support to carers with family time arrangements including practical methods to prepare children for family contact.

The POCLS evidence has been:

- part of the evidence base in the development of the ISS **Elver program model of care** to support young people aged 6-17 years.
 - widely distributed to ISS caseworkers to support professional learning and to inform practice.
 - referenced in forums and conferences highlighting the developmental vulnerabilities of children living in OOHC.
 - integrated into the **Family Time Practice Advice Topic** for casework practice, particularly on the link between family time and children's socio-emotional wellbeing.
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FACSIAR Lunch and Learn webinar

May 2023: Family time: Supporting positive and lasting connections for children in care

Watch the recording: www.facs.nsw.gov.au/resources/research/research-seminars/past-seminars/2023-seminars/may-2023-family-time-supporting-positive-and-lasting-connections-for-children-in-care

Education



Findings

Student wellbeing is directly related to educational engagement and performance.

Almost half of the children in the POCLS (46%) scored in the 'higher achieving' range in the NAPLAN Year 3 reading assessment. Although a lower proportion than the general population (74%), it shows many children who experience OOHC are achieving well.

Higher levels of reading achievement were associated with a range of factors including average or above cognitive ability, low externalising behaviour and highly educated carers.

Among Aboriginal children, 32% were in the higher achieving range for reading assessment. A high proportion of Aboriginal children (80%) had carers who indicated they were involved in school (such as contact with teachers or attending events). Around 11% received tutoring or other help outside the home.

Several services and supports were associated with higher achievement in reading including children having an education plan and carers attending training.

Overall, improving achievement over time was rare while falling behind was common among children in OOHC regardless of whether their Year 3 reading scores were high, average or low. Children in care often need additional support to achieve well in school, even if they are doing well early on.

Recommendations

Provide additional supports to children (resources to support learning, learning activities outside school based on child's interest etc.) as well as supports to carers to help children thrive at school.

Tutoring to assist children in OOHC to reach their potential needs to be explored for all children, not just those identified as requiring additional support.

Training for carers may also help them to support children in their care to improve reading achievement.

DCJ, Department of Education, NGO providers and carers should work to implement the OOHC Education Pathway to improve children's educational outcomes, along with the OOHC Health Plan to address socio-emotional and behavioural needs that can impact on education.

Implementation

Since 2010, all children in statutory OOHC in NSW are required to participate in the **OOHC Education Pathway** and have an OOHC Education Plan.

Since 2018, all school aged children have **Personalised Learning and Support Planning (PLaSP)** initiated within 30 days of entering OOHC or starting at a new school. Aboriginal children and young people attending NSW public schools have a **Personalised Learning Pathway (PLP)**.

The POCLS findings have been:

- discussed at a **FACSIAR lunch and learn and roundtables and webinars** with the Department of Education, where recent key policy changes for NSW public schools were detailed to support strengths based, positive behaviour support approaches.
 - integrated into **Caseworker Development Program** content including the inclusion of advice about educational planning for children in OOHC and key events that should trigger a review and additional support.
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References

- Miriam J. Maclean, Fernando Lima, Melissa O'Donnell, Positive reading achievement outcomes in children who experience out-of-home care: Characteristics and predictors, Child Abuse & Neglect, 2023.
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FACSIAR Lunch and Learn webinar

February 2022: Improving educational outcomes for children and young people with child protection contact

Watch the recording: www.facs.nsw.gov.au/resources/research/research-seminars/past-seminars/2022-seminars/february-2022-improving-educational-outcomes-for-children-and-young-people-with-child-protection-contact

Placement Stability



Findings

Placement stability influences children's developmental outcomes in OOHC, domains including physical health, cognitive ability and socio-emotional development.

Children are likely to achieve placement stability if they:

- entered care at a younger age
- were placed with relative/kinship carers
- had carers with low levels of psychological stress
- had carers who are satisfied with the services (caseworker accessibility, help from caseworker, relationship with other agencies, foster parenting experiences and meet other foster parents) in performing their caring role.

Placement changes, particularly in the time-to-first placement change varied for children by DCJ Districts. The District differences could be explained by differences in the level of carer satisfaction with the services from caseworkers within the District.

Recommendations

In considering placement, caseworkers should adhere to Child Permanent Placement Principles (CPPP). For Aboriginal children, effective implementation of Aboriginal and Torres Strait Islander Child Placement Principles (ATSICPP) is critical to achieve placement stability, connection to country and community.

Casework training and skill development can help early identification of known risk factors of placement breakdown.

It is important that caseworkers proactively support carers to address their psychological distress and dissatisfaction in their caring role.

Carer training programs can help them to understand the impact of trauma on child development.

Implementation

The Permanency Support Program (PSP) commenced in 2017 to provide tailored services to children in the child protection and OOHC systems. The PSP reforms introduced a shift in funding model from placement-based funding to a service-based model, with the aim of enabling the delivery of services to foster permanency within two years after entry in OOHC. In a commitment to ongoing learning and improvement, the PSP was evaluated in 2023 but showed only slight improvement for some children. Recommendations are currently being reviewed and implemented by the Department. Another key area of concern that the Department is working on is the increase in High Cost Living Arrangements, which often result from placement breakdown.

In December 2018, the Office of the Senior Practitioners proposed changes to the **OOHC accreditation and Quality Assurance Management tool** to prioritise placement stability as a focus area for intervention. The POCLS evidence on the association between placement stability and developmental outcomes supported such initiatives and informed policy and program development in NSW. Currently DCJ is running a range of trauma informed programs that support children to achieve placement stability in care such as **OurSpace** and **Links**.

DCJ's Assessment Practice team used the POCLS findings to inform the **design of the new OOHC assessment model**, particularly related to factors impacting on placement stability and the help needed by carers to support children in their care.

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Restoration of Aboriginal Children



Findings

Once on final court orders, restoration of Aboriginal children to their parents is highly unlikely – only 15% of the POCLS sample were restored by Wave 4. For those who were restored, the average time in OOHC was 2.5 years.

A high proportion of Aboriginal children entering OOHC, regardless of their care outcome (whether they stay or exit OOHC), had a very small number of substantiated ROSH reports prior to removal, with 40% entering OOHC following just one (or none) substantiated ROSH report.

The Aboriginality of carers did not have an impact on whether children remained in OOHC or were restored.

Aboriginal children who were placed in foster care were slightly more likely to be restored than those in relative/kinship care. Parents whose Aboriginal children had been restored (n=39) indicated that they would have liked more engagement and support from child protection agencies prior to their children being removed.

Parents wanted more support in the transition to restoration and in the early stages of restoration, so they could be better practically and psychologically equipped for their children to return home.

Recommendations

Wherever practical (i.e., where the safety of the child is not immediately compromised), it is important that Aboriginal parents/carers are given a clear warning that child removal is imminent if they do not address the concerns of the department.

Following the warning, intensive casework should be undertaken with the family to support them to address concerns and keep the child at home. Parents needs to be supported more pre-, during and post-transition to help the children to achieve better outcomes after returning home.

Demonstrate active efforts at each stage of DCJ's work with Aboriginal children and families that the child protection agency has done their best to keep children with their family, return them home safely, and support children in out-of-home care as much as possible.

Implementation

The NSW Government is working on several reforms in response to the 25 recommendations made by the Family is Culture Report: Independent Review of Aboriginal Children and Young People in Out-of-Home Care in NSW.

The Office of the Senior Practitioner has finalised a new **Restoration Practice Advice** topic, which has stronger links to contemporary evidence, including from the POCLS.

A new Restoration Practice mandate was published in August 2023, responding to the POCLS research and issues raised by caseworkers, families and other research.

The DCJ Assessment Practice team used the POCLS findings related to consideration of culture for children in care to inform the design of the **new OOHC Assessment Model** and the development of the new **Safety-In-Care assessment tool**, including definitions and guidance around culture as a strength, source of identity and protection for children in care, and disconnection from culture as a source of harm.

The POCLS has funded ten **Aboriginal led research projects** that will use the POCLS data to further build the evidence base to improve the outcomes for Aboriginal children and families.

Family is Culture legislation began on 15 November 2023. At the heart of the changes is the concept of 'active efforts'. Most of the changes already exist in NSW Practice Framework. However, a 60 minute e-learning session has been made mandatory for all DCJ district practitioners and practice leaders to explain the key changes and what they mean to our practice with Aboriginal children and families.

The Aboriginal Child Safety and Wellbeing Reform Forum in August 2023 reinforced a tangible and serious commitment by NSW government to community-led, culturally appropriate, and holistic approaches to family wellbeing, and to reducing the number of Aboriginal and non-Aboriginal kids coming into care.

The Aboriginal Authority for Restoring Children (AARC), a new independent body will be working with DCJ to further this work and return Aboriginal children home safely, wherever possible.

References

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FACSIAR Lunch and Learn webinar

November 2022: Restoration from out-of-home care for Aboriginal children and families: Challenges, pathways and positive practices

Watch the recording: www.facs.nsw.gov.au/resources/research/research-seminars/past-seminars/2022-seminars/november-2022-restoration-from-out-of-home-care-for-aboriginal-children-and-families-challenges,-pathways-and-positive-practices

Children from a Culturally and Linguistically Diverse (CALD) Background



Findings

Almost two in five CALD children entered OOHC aged below 3 years.

Prior to entry to OOHC, CALD children received fewer ROSH reports compared to non-CALD children.

Overall, CALD children had similar levels of developmental outcomes compared to non-CALD children over the five-year period since entering OOHC.

Carers reported that many CALD children in OOHC had little exposure to their birth language and had little access to cultural and religious activities or connections to their culture and cultural communities.

A quarter to a third of CALD children did not identify with their cultural background.

Most carers were positive about CALD children's contact with their birth family and reported that this contact was meeting the child's needs in maintaining their family relationships, with the relative/kinship carers of CALD children being the most positive.

Recommendations

Provide support to CALD families to connect with culturally responsive early intervention and family preservation services (including pre-natal, parenting programs, support networks) to reduce the numbers of CALD children entering OOHC.

OOHC cultural plans should include regular monitoring of cultural practices and activities (e.g., language, attendance at cultural events) to preserve the child's cultural identity and maintain lifelong connections to their community and family.

Caseworkers should facilitate regular and meaningful birth family contact for CALD children.

Ensure there is an adequate number of culturally trained caseworkers or workers with a relevant CALD background and language skills, to work with CALD children and families.

Recruit caseworkers from culturally diverse backgrounds.

Implementation

Multicultural Services, in the Office of the Senior Practitioner provides co-ordination and support to the **DCJ Multicultural Caseworker Program**. Multicultural caseworkers work directly with their target communities and support caseworkers in their own Community Services Centre (CSC) and other CSCs in their work with migrant and refugee families through cultural consultation and secondary casework, assisting caseworkers working with families from their target community.

The identity and culture casework practice mandate has been updated to provide more robust guidance and clear minimum expectations to caseworkers around cultural planning for children's identity including the development and maintenance of ongoing connections to siblings, family, community and other important people. The family contact for children in care practice mandate and supporting documents have been recently reviewed.

References

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FACSIAR Lunch and Learn webinar

April 2023: Supporting Culturally Diverse Families and Children with Child Protection Contact and in Out-of-Home Care

Watch the recording: www.facs.nsw.gov.au/resources/research/research-seminars/past-seminars/2023-seminars/april-2023-supporting-culturally-diverse-families-and-children-with-child-protection-contact-and-in-out-of-home-care

Children with Disability



Findings

A high proportion of children and young people in OOHC have a disability, no matter how and at what point the disability is defined.

Children and young people with disability are more likely to be male, placed in foster care and especially residential care, and their number of placements is higher than children without disability.

Children with disability have poorer outcomes than children without disability on most outcome measures, except for measures of problems and bonding at schools.

Having disability is associated with poorer outcomes for children in OOHC regardless of their placement arrangements (i.e., relative/kinship care, restoration, guardianship/adoption, foster care or residential care).



Recommendations

There should be a consistent definition of disability applied to all children and young people in OOHC. Furthermore, disability should be assessed over time.

Provide early intervention at different levels including the child themselves, the care placement, school and other contexts in which the child is engaging.

Caseworkers need to ensure that children are assessed as early as possible and receive the supports they require at the earliest opportunity, in particular NDIS support where this is appropriate and available, as well as support in long day care, preschool etc.

Implementation

DCJ is improving the definition, collection, management and utilisation of disability-related data to:

- better understand the prevalence of disability among people in contact with the care and protection system, particularly Aboriginal children and families.
- ensure the support needs of people with disability are met and ensure that disability does not unfairly impact the process or outcome of care and protection-related decision-making.

DCJ is developing **Caseworker Learning Resources** to uplift capability in:

- understanding, identifying and working with people with disability, including making reasonable adjustments.
- understanding and navigating the NDIS to support care leavers to transition to adult disability services.

DCJ is working with NSW Health to review the **OOHC Health Pathway Program**, which supports children in OOHC with access to timely and age-appropriate health assessments, intervention, monitoring and review of their health needs. This will better inform the physical, developmental and mental health assessments that children undertake through the Pathway process and will ensure that health planning is better able to meet disability-related support needs.

NSW has been collaborating with the Commonwealth and other jurisdictions to develop a **National Disability Data Asset (NDDA)**, which will link service and outcome data for all people with disability to better understand the life experiences and outcomes of people with disability in Australia.

References

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 - Cheng, Z., Tani, Massimiliano., Katz, Ilan. (2022). Outcomes for Children with Disability in Out-of-Home Care: Evidence from the Pathways of Care Longitudinal Study in Australia'. Unpublished.
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FACSIAR Lunch and Learn webinar

February 2023: Supporting children and young people with disabilities in out-of-home care

Watch the recording: www.facs.nsw.gov.au/resources/research/research-seminars/past-seminars/2023-seminars/february-2023-supporting-children-and-young-people-with-disabilities-in-out-of-home-care

Children who Exited Care on Guardianship Orders



The findings below are related to a cohort of children who automatically transitioned to guardianship orders as a result of the legislative amendment proclaimed in NSW on 29 October 2014 – they are referred to as the ‘transitioned guardians’ cohort.

Findings

Compared with children in OOHC and relative/kinship care, children from the transitioned guardians cohort:

- did not improve in cognitive ability and socio-emotional development both in the short term (immediately after exit) and medium term (three to four years after exit).
- fared better on outcomes related to birth family connection in the short term but fared equally in the medium term.
- were more likely to have a good relationship with their siblings in the short term and had more frequent contact with their mothers and maternal grandparents in the short term.

Nevertheless, legal permanency through guardianship orders improved children’s relationships with their guardians in the medium term.

Recommendations

Provide post-guardianship assistance to children from the transitioned guardians cohort for a wide range of interventions to enable them to improve their socio-emotional and cognitive development.

As the transitioned guardians did not receive any casework support prior to guardianship orders, they need to be supported to help children with socio-emotional challenges and cognitive difficulties who have experienced trauma.

Support transitioned guardians to better manage children's relationships with birth family members by providing post-permanency support services including counselling and information sessions.

Implementation

DCJ provides post guardianship financial assistance to transitioned guardians for a wide range of therapeutic interventions including counselling, occupational therapy and speech therapy to meet the child's need for optimal cognitive and socio-emotional development.

The Guardianship Financial Guidelines ensure no transitioned guardian will be disadvantaged by the transition to guardianship. In April 2021, changes were made to the Guidelines regarding children from this cohort which include:

- eligibility for new financial plans to be developed on request, and
- eligibility for contingencies, including out of guidelines contingencies for any identified support needs.

Ongoing training and support are available to transitioned guardians through My Forever Family.

The Aboriginal guardianship support model (AGSM) is currently being trialed in the Hunter and South Western Sydney districts to improve longer-term support needs for transitioned guardians. The AGSM provides a one-stop-shop of cultural and other supports to Aboriginal children on guardianship orders and their guardians. The trial runs for two years through to December 2023 and an independent process and outcomes evaluation will help inform decision-making on extending the AGSM beyond the approved trial period.

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Contact with the Criminal Justice System



Findings

A small but significant cohort of the POCLS sample have experience with the youth justice system.

Youth who offended or entered custody generally did so after they had entered OOHC (rather than before entry)— offending was highest in the six months before and the six months after entry to care.

Youth predominantly placed in residential care had higher offending rates - a 20-fold difference compared to other placements.

Youth with in-care ROSH reports had higher in-care offending rates than those with fewer reports.

The predominance of custodial admissions due to police refusal of bail was also significant. Very few of the young people in the POCLS who were admitted to custody had extensive offence histories: around 21% had just one proven offence before their first custodial admission, and approximately 6% had no proven offence at all.

Recommendations

Provide upfront therapeutic care and support to youth placed in residential care using trauma-informed approaches. This is to manage a young person's challenging behaviour associated with their experience of complex trauma, before it escalates into criminal behaviour.

While responding to crisis situations, residential caseworkers need to take necessary steps to de-escalate the challenging behaviours of young people before making a police contact, unless there are immediate safety risks.

To reduce custodial remands, greater support needs to be provided to the youth at the police station and at court. These could include caseworkers supporting applications for police bail through the provision of reports, staff attending police stations/court to support young people; facilitating access to court diversion options and providing support including visits to those in detention etc.

Implementation

The POCLS evidence and recommendations are in line with DCJ's current initiative – the Joint Protocol - aimed at reducing youth involvement with the criminal justice system while in care.

The **Joint Protocol** has been in operation since July 2019 and provides a shared commitment between Intensive Therapeutic Care (ITC) and residential care service providers, DCJ and NSW Police to reduce the unnecessary and inappropriate contact of young people in care settings with the criminal justice system.

References

- Dr Katherine McFarlane and Mark O'Donoghoe. Cross-over kids' - Youth in OOHC in NSW with criminal justice experience'. Unpublished.
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FACSIAR Lunch and Learn webinar

November 2021: Improving outcomes for children and young people in out-of-home care with justice contact

Watch the recording: www.facs.nsw.gov.au/resources/research/research-seminars/past-seminars/2021-seminars/november-2021-improving-outcomes-for-children-and-young-people-in-out-of-home-care-with-justice-contact

Carer Support



Findings

Carer satisfaction plays an important role in children's development.

Carers who were in paid employment and were looking after multiple children had a higher likelihood of concern for their well-being and caregiving.

Carers with older children experienced more placement challenges than those with younger children.

Carers who were satisfied with caseworker assistance had a lower likelihood of potential concern for their caregiving and well-being.

Kinship carers who had experienced 2 or more stressful life events or who had a non-government organisation case manager had a higher likelihood of concern for well-being and caregiving.

Older kinship carers were less likely to show signs of potential concern about their well-being and caregiving.

Recommendations

Provide support to all carers regardless of placement type (e.g., foster, kinship) from the beginning of the placement. The support needs to be flexible to suit the unique needs of carers including those who are employed and those with multiple children in their care.

Provide additional support to carers at critical times, such as when a child in their care starts school. Monitor carer psychological distress and provide support accordingly.

Implementation

The **NSW Carers Strategy**: Caring in New South Wales 2020–2030 focuses on four priority areas including better access to information, services and supports; and better health and wellbeing.

Currently all carers have a carer development or learning plan which sets out their learning needs, interests and opportunities. For DCJ carers, caseworkers conduct an **Annual Carer Review** which records any education or training courses carers have completed, and any programs or services they may need or want to access.

The POCLS findings have:

- informed Practice Learning content including the **Practice Leadership Program and Change Together**.
 - informed content in the **Caseworker Development Program** on the links between carer support and outcomes for children in OOHC, with the POCLS research centred in this learning.
 - AbSec also provides support to Aboriginal carers and carers caring for Aboriginal children by providing access to personalised support via its carer support helpline, carer support groups, training and resources.
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References

- Ryder T, Zurynski Y, Mitchell R. (2022). Exploring the impact of child and placement characteristics, carer resources, perceptions and life stressors on caregiving and well-being. *Child Abuse Negl.* 2022 May;127:105586. doi: 10.1016/j.chiabu.2022.105586. Epub 2022 Mar 14. PMID: 35299131.
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FACSIAR Lunch and Learn webinar

August 2022: Foster and relative/kinship carers - Insights and best practice to improve well-being and meet service and support needs

Watch the recording: www.facs.nsw.gov.au/resources/research/research-seminars/past-seminars/2022-seminars/august-2022-foster-and-relativekinship-carers-insights-and-best-practice-to-improve-well-being-and-meet-service-and-support-needs

Leaving Care



Findings

Just under two thirds (62%) of young people aged 15-17 years (n=213) were in the typical range for socio-emotional wellbeing at the time of interview (Waves 2-5).

Young people in foster care or on guardianship orders at the time of their most recent interview were more likely to 'probably' or 'definitely' manage independent living after leaving care (59% and 66% respectively) compared to those in residential care (50 %) and relative or kinship care (42%), according to their caregivers.

The caregivers of at least 80% of young people, (regardless of their age at first entry into care), indicated that they would be happy to have the young person stay for as long as they wanted once they turn 18 while 55% of young people indicated they would be willing to stay.

Nearly half of the leaving care cohort were 'not at all' worried about turning 18 and their future while about 40% were 'a little bit' worried. Only 12% of the leaving care cohort indicated that they worried 'a lot'.

Recommendations

The findings indicated a need to better understand the trajectories of these young care leavers who had experienced both trauma and OOHC placement.

A longitudinal study that looks into their life outcomes including mental health, education, employment and relationships could provide valuable insights on their support needs before and after they leave care.

Implementation

From 1 February 2023, young people in OOHC can access additional aftercare support until the age of 21, as the NSW Government delivers on its commitment to help young people secure a brighter future.

The **Your Choice, Your Future** package includes:

- the **Staying on Allowance** to support young people who remain with their carers until 21
- the **Independent Living Allowance** – a fortnightly payment for young people who live independently and need financial support until the age of 21
- an expansion of the **Specialist Aftercare Program** – increasing the availability and location of targeted supports for young people when they leave care
- funding for more caseworkers to support young people plan their transition out of care

This investment is on top of existing services and programs funded by the NSW Government to support young people leaving care.

In 2023-24, as part of Wave 6 data collection, the POCLS will interview for the first time young people who have participated in the Study and are now cohort aged 18-25 years. The 'Aftercare Sub-Study', which was co-designed with the POCLS Aboriginal Governance Panel (AGP), Scientific Working Group (SWG), policy experts, practitioners and young people with will explore their longer-term, post care outcomes, adding critical new information to the Study.

References

- Lau, J., & Hopkins, J. (2023). Young people leaving out-of-home care. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Sydney. Communities and Justice. Unpublished.

Where to from here?

It is important to note that whilst there has been action taken in many policy and practice areas to begin to address some of these findings, ongoing work is critical. DCJ continues to work closely with non-government organisations and peak organisations to strengthen OOHC and early intervention support so that there are fewer children entering care, children are restored when safe to do so, and children have a better experience while in care.

Can I access the data?

Publications

The POCLS also produces a range of technical and analytical research reports and evidence to action notes, which are published on the POCLS website.

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

Dashboards

The POCLS interactive dashboards, available freely on the POCLS website, allow stakeholders to explore key POCLS data to gain insights on the experiences and trajectories of children and young people in OOHC.

www.facs.nsw.gov.au/resources/research/pathways-of-care/interactive-dashboards

Survey data

The POCLS is an open data asset and the raw deidentified data is available for approved researchers to self-fund analysis, with the aim that this analysis will generate new insights to inform policy and practice. The process for accessing the data is outlined in the POCLS Guidelines to Access Survey Data and Publication (Technical Report Number 14) available on the POCLS website.

How can I find out more?

Study information and publications are published on the POCLS webpage:

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

Phone: **1800 997 960**

Email: pathways@facs.nsw.com.au

