NSW GOVERNMENT

15

Research report

Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care

Children's Relationships with their Family and Carers: First Five Years in Out-of-Home Care

Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care in NSW

Research Report No. 15

Children's Relationships with their Family and Carers: First Five Years in Out-of-Home Care

Published by
New South Wales Department of Communities and Justice (DCJ)
Family and Community Services Insights Analysis and Research
320 Liverpool Road
Ashfield NSW 2131

Phone + 61 2 9716 2222

December 2020

ISBN: 978-0-6482697-6-2

Recommended citation
Cashmore, J. and Taylor, A. (2020). Children's Relationships with their Family and Carers: First Five Years in Out-of-Home Care. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 15. Sydney. NSW Department of Communities and Justice.

Disclaimer
DCJ funds and leads the Pathways of Care Longitudinal Study. The analyses reported in this publication are those of the authors and should not be attributed to any data custodians. The authors are grateful for the reviewers' comments.

About the information in this report
All the analyses presented in this report are based on the Wave 1-3 unweighted data collected in face-to-face interviews with children, young people and caregivers and DCJ administrative data.

Pathways of Care Longitudinal Study Clearinghouse
All study publications including research reports, technical reports and briefs can be found on the study webpage www.facs.nsw.gov.au/resources/research/pathways-of-care

Study design by NSW Department of Communities and Justice; 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, Chapin Hall Center for Children University of Chicago.

Study data collection by I-view Social Research.

Advisors Expert advice and support has been provided by the CREATE Foundation; Aboriginal Child, Family and Community Care State Secretariat (AbSec); My Forever Family NSW; and program areas.

Acknowledgements We wish to extend our thanks to all the children, young people and caregivers who participated in interviews; childcare teachers, school teachers and caseworkers who participated in on-line survey interviews; and the data custodians in the relevant NSW and Commonwealth government departments. Ms Sammy Verma grew up in care and played a key role in the production of the study video for children and stakeholders. Ms Billy Black also grew up in care and designed the study artwork. Ms Sammy Verma and Mr Samuel Eyeson-Annan both did the voiceover for the audio computer-assisted self-interview (ACASI) for the child/young person interview.

Ethics approval by The University of NSW Human Research Ethics Committee (approval number HC10335 & HC16542); Aboriginal Health and Medical Research Council of NSW Ethics Committee (approval number 766/10); NSW Department of Education and Communities State Education Research Approval Process (SERAP, approval number 2012250); NSW Population & Health Services Research Ethics Committee (Ref: HREC/14/CIPHS/74 Cancer Institute NSW: 2014/12/570).

Contents

List of Figures

List of Tables

Preface

The Pathways of Care Longitudinal Study (POCLS) is funded and managed by the New South Wales Department of Communities and Justice (DCJ). It is the first large-scale prospective longitudinal study of children and young people in out-of-home care (OOHC) in Australia. Information on safety, permanency and wellbeing is being collected from various sources. The child developmental domains of interest are physical health, socio-emotional wellbeing and cognitive/learning ability.

The overall aim of this study is to collect detailed information about the life course development of children who enter OOHC for the first time and the factors that influence their development. The POCLS objectives are to:

- Describe the characteristics, child protection history, development and wellbeing of children and young people at the time they enter OOHC for the first time.
- Describe the services, interventions and pathways for children and young people in OOHC, post restoration, post adoption and on leaving care at 18 years.
- Describe children's and young people's experiences while growing up in OOHC, post restoration, post adoption and on leaving care at 18 years.
- Understand the factors that influence the outcomes for children and young people who grow up in OOHC, are restored home, are adopted or leave care at 18 years.
- Inform policy and practice to strengthen the OOHC service system in NSW to improve the outcomes for children and young people in OOHC.

The POCLS is the first study to link data on children's child protection backgrounds, OOHC placements, health, education and offending held by multiple government agencies; and match it to first-hand accounts from children, caregivers, caseworkers and teachers. The POCLS database will allow researchers to track children's trajectories and experiences from birth.

The population cohort is a census of all children and young people who entered OOHC over an 18 month period for the first time in NSW between May 2010 and October 2011 (n=4,126). A subset of those children and young people 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. For more information about the study please visit the study webpage www.facs.nsw.gov.au/resources/research/pathways-of-care.

The POCLS acknowledges and honours Aboriginal people as our First Peoples of NSW and is committed to working with the DCJ Aboriginal Outcomes team to ensure that Aboriginal children, young people, families and communities are supported and

empowered to improve their life outcomes. The POCLS data asset will be used to improve how services and supports are designed and delivered in partnership with Aboriginal people and communities.

DCJ recognises the importance of Indigenous Data Sovereignty (IDS) and Indigenous Data Governance (IDG) in the design, collection, analysis, dissemination and management of all data related to Aboriginal Australians. The POCLS is subject to ethics approval, including from the Aboriginal Health & Medical Research Council of NSW. DCJ is currently in the process of scoping the development of IDS and IDG principles that will apply to future Aboriginal data creation, development, stewardship, analysis, dissemination and infrastructure. The POCLS will continue to collaborate with Aboriginal Peoples and will apply the DCJ research governance principles once developed.

Executive summary

Children's relationships with those who care for them and about them are essential to their socio-emotional development and well-being. This report examines the relationships that children in out-of-home care (OOHC) have with their carers and with the members of their birth family. It focuses on three key research questions:

- What changes occur in the quantity and quality of contact children in OOHC have with their family members (mother, father, siblings, extended family members) over time?[1]
- How does the type of the child's placement/s affect the amount and type of family contact?
- How congruent are carers' reports and children's reports about the carers' emotional responsiveness?

A second set of questions concerns the associations between children's relationships, contact with their birth family, and their socio-emotional well-being:

- What is the association between children's contact with family members (as reported by their carer/s) and their reported closeness to family members (as measured by the revised Kvebæk tool)?
- What is the association between children's perceptions of their relationship with their caregiving family and their socio-emotional well-being? How does this change over time?
- What is the association between children's perceptions of their relationships with their birth family members and their socio-emotional well-being? How does this change over time?
- Does placing siblings together influence children's felt security and their socio-emotional well-being?

[1] 'Family time' is now the preferred term for 'contact' with parents and members of the child's 'birth family' in Department of Communities and Justice policy and publications, but the questions in POCLS asked carers and others about 'contact' with 'birth parents' and members of the child's 'birth family', so these terms are used in this report. 'Contact' also includes various forms of 'contact', not just face-to-face time, though this was the most common form of 'contact'.

POCLS methodology

The initial Pathways of Care Longitudinal Study (POCLS) interview cohort at wave 1 involved 1,285 children aged 0–17 years who entered care for the first time in NSW (over an 18-month period between May 2010 and October 2011 and who received final orders by 30 April 2013) and their carers (895 households). The initial interview cohort has been extended to include a total of 1,479 children and their carers who were interviewed at least once across the three waves of data collection.

The analyses outlined in this report are based on the data from interviews conducted with the child's primary carer and with children and young people (aged 7 years and older) over three waves of interviews conducted at baseline (wave 1), and then about 18 months apart (waves 2 and 3). The analyses focused on the children who remained in OOHC in relative/kinship care and foster care, and a number of the analyses are based on children who were in the same placement over the three waves to ensure comparability in relationships over time.

Measures used in the study include measures of developmental outcomes (Child Behaviour Checklist (CBCL), Brief Infant-toddler Social and Emotional Assessment (BITSEA); children's ratings of the emotional responsiveness of their carers, and their 'closeness' to members of their carer's household and to people they nominate as special and important to them; and carers' self-reported parenting style (warmth and hostility) and their ratings of how close they are to the children and their responses to a series of questions about which members of their birth family children have contact with, how often, and how well that works.

Children's reports of their relationships with their carers and birth family

Overall, children's views about their relationships with their carers were very positive:

The vast majority of children aged 7 to 17 years indicated that they were 'happy' or 'very happy' living in their current carer household and that their carers help them to feel part of their family.

Both of these ratings were also significantly correlated with their assessments of their carers' emotional responsiveness to them.

Children's placements of figures representing the members of their carer household and their birth family in relative closeness to themselves indicated that:

- They felt closer to their mother and father and female foster carer or relative/kinship carer and then their siblings than to others.
- There were few differences by cultural background or type of care placement or by how long they had been in that placement or by wave.

- There were differences by age, with 9 to 11 year olds indicating more closeness than older children and adolescents.
- Children who were happier in their current placement placed themselves significantly closer overall to those they were living with and to those they were not living with but selected as special and important to them.
- Children who felt their carer/s tried to help them feel part of that family also placed themselves significantly closer overall to the members of that household and in particular their female carer (foster mother, grandmother or aunt).
- The people children mentioned as special and important to them and that they wanted to see more were their parents, siblings and grandparents, in that order, as well as friends.

Carers' reports of the child's household relationships

- The vast majority of both foster and relative/kinship carers reported that they knew the children in their care very well and that the children were very settled and going well.
- They also indicated that they were very close to the child, and that the child was also close to the other carer and other children in the household.
- There was little variation over time or associated with the cultural background of the child, but adolescents were perceived by their carers to be less settled, less likely to be doing well, and to be less close to them and to others in the household than younger children.
- Carers also generally self-reported a high level of warmth and low level of hostility in their parenting style.
- Children's ratings of their carers' emotional responsiveness were, however, not significantly correlated with their carers' self-reported ratings of parenting warmth and hostility, but emotional responsiveness was associated with children's ratings of how happy they were in their current placement.

Children's relationships and contact with their birth family

- Children were more likely to have contact with their mothers than with their fathers: about 75% to 80% of children were reported to have contact with their mothers across the first three waves compared with about 50% or fewer with their fathers.
- Fathers were, however, more likely to have unsupervised contact than mothers, and much more likely to do so, like mothers, when the children were in relative/kinship care compared with foster care.
- Relative/kinship carers were also more likely to report that children were excited or positive about contact before the last contact visit with their father and less likely to report that they were distressed after it than with their mother.

- Most carers were positive about children's contact with their family members and this tended to increase across waves from about two in three carers to three in four carers.
- Similarly, between 80% and 90% of carers indicated that contact was meeting the child's needs very well or fairly well, with the exception of foster carers of Aboriginal children who were somewhat less positive.
- The most common and consistent concerns about contact by both relative/kinship carers and foster carers across the three interviews were parents not making or keeping to the contact arrangements, behaving in problematic ways, and the impact on the child.
- Relative/kinship carers were more concerned than foster carers about the parents' behaviour (though this decreased in wave 3) and about hostility between them and the parents, but they were more likely than foster carers to have a relationship, and one which is positive, with the birth parents at wave 3.
- More relative/kinship carers (as well as foster carers) indicated that the child needed more frequent or consistent contact with family members than wanted less frequent contact, especially with their mother and father and particularly with their siblings.
- Carers' reports of the extent to which contact was meeting the child's needs for maintaining family relationships and the quality of those relationships were strongly and consistently associated with the frequency of contact.
- Carers who were present and involved at contact visits at wave 3 were more positive about their relationship with the birth family.
- In general terms, carers' concerns about the impact of contact on the child's behaviour tended to reduce over time, though less so for foster carers. For those children who were in the same household for all three waves, carers' assessments of the child's reaction before the last visit with their mother and their father were increasingly positive from wave 1 to wave 3. An increasing proportion of both relative/kinship and foster carers over time indicated that children were looking forward to contact with their mother, and their father, and less distressed after it. By wave 3, these children had been living with their carers for at least five years, were older, and carers were more familiar with the child's emotional reactions.

Children's relationship with their father

The odds of children having a good relationship with their father were more than seven times greater if they had at least weekly contact with their father and more than twice as great if they had at least monthly contact. They were also significantly greater for children in their middle years (6 to 11 years old) than for younger children and adolescents.

Children's own reports indicated that their father was commonly selected as an important and significant person in their lives – after their mother, siblings and grandmothers – but

fathers were less likely to be selected in wave 3 if children in foster care did not have a good relationship with their father, according to their carer.

Sibling relationships and co-placement

- Over half the children had at least one sibling living with them in the same care household at wave 1 (58.4%), wave 2 (51.0%) and wave 3 (56.4%).
- Children in relative/kinship care were more likely to be living with at least one sibling, and to be in larger sibling groups, than children in foster care.

Children's relationships and socio-emotional development

A higher level of children's socio-emotional well-being (a lower level of problems) was associated with a number of factors concerning the children's relationships with the people they live with and their contact with their family members. A series of mixed model analyses took into account a number of these factors, such as the child's age and gender, cultural background, placement type, the wave, and whether they changed placements or household at any time from wave 1 to 3.

- Younger children (3 to 5 years) had lower CBCL total problems scores than older children, probably reflecting their shorter exposure to adverse care prior to their entry to OOHC and time with their current carers.
- There was a significant improvement in socio-emotional adjustment (a drop in their children's CBCL internalising and total problems scores) from wave 1 to waves 2 and 3.
- Children in relative/kinship care had significantly lower externalising (acting out) and total problems scores than children in foster care.
- Children who changed households at least once from wave 1 to wave 3 also had significantly higher total problems scores than children who remained in the same household throughout. For children in relative/kinship care who changed households at wave 3, there was a sharp increase from wave 1 to waves 2 and 3, after they had been living in the same placement for approximately four to five years.
- The child's gender and the Aboriginality of the child or the carer were not significant after taking into account the other factors in the models.

What is the association between chi*ldren's perceptions of their relationship with their* caregiving family and their socio-emotional well-being?

- Children who rated their carers as more emotionally responsive had lower CBCL internalising scores (as reported by their carers).
- Children who indicated they were very happy living in their current home also had lower externalising CBCL scores.

- There were no significant differences from the current analysis of how close children indicated they were to members of their carer household and to people they were not living with, but further analysis is being conducted in relation to the patterns of closeness.

What is the association betwee*n carers' perceptions of their own parenting style with the child and the child's s*ocio-emotional well-being? Does this change over time?

- Carers' self-reported warmth and hostile parenting style were significantly associated with the child's socio-emotional outcomes, as measured by their CBCL scores reported by the carers.
- However, children's ratings and their carers' own ratings of emotional responsiveness were not significantly correlated.

What is the association between children's contact with their birth family and their socio-emotional well-being? Does this change over time?

- There was no significant association between the level of contact children had with their parents and their grandparents and their socio-emotional adjustment as measured by their CBCL behaviour problem scores. However, there is some suggestion that children who did not have any contact with their mother had lower CBCL scores if they had more frequent contact with their father.
- Children who were living with their siblings in the care household had significantly lower total problems scores than those who were not.
- Children who were having contact with their siblings (either living in the same or outside the household) had significantly lower internalising and total problems scores compared with those who have no siblings or no sibling contact.
- The findings suggest that the association between children's socio-emotional and behavioural problems and having or not having siblings in their care household is stronger for Aboriginal children than for non-Aboriginal children.

To what extent are carers' perceptions of the child's contact with their birth family associated with the child's socio-emotional development, as reported by the carer?

- Children whose carers indicated that contact was meeting the needs of the children for maintaining their family relationships and was not having an adverse impact on them had significantly lower externalising, internalising and total problems scores.
- Children's internalising, externalising and total behaviour problems (CBCL) scores were higher when carers were concerned that contact was having an adverse impact on the child; and children's internalising problem scores were higher when the carer reported hostility between themselves and the child's family.

What is the association between chi*ldren's perceptions of their relationship with their birth* family and their socio-emotional well-being?

- How close to themselves children placed members of their family they were not living with in the revised Kvebaek task was significantly associated with their externalising scores only for mothers.

Aboriginal and non-Aboriginal children

- Aboriginal children comprised about 40% of the children in the interview cohort across the first three waves of the POCLS.
- There were more Aboriginal children in foster care than in relative/kinship placements at each wave. However, just over one in three Aboriginal children in foster care at each wave were placed with Aboriginal carers or in Aboriginal households.
- There was also a higher proportion of Aboriginal children in foster care than non-Aboriginal children at each wave.
- Aboriginal children were generally more likely to be part of larger families and more likely than non-Aboriginal children to be living with siblings.

There were more similarities than differences between Aboriginal and non-Aboriginal children in their experience in OOHC in the POCLS.

There were no significant differences between Aboriginal and non-Aboriginal children in relation to:

- how close they indicated they felt to members of either their carer household or to members of their birth family
- how close the carers of Aboriginal and other children said they were to the children in their care
- how well they thought the children were getting on
- how close the children were to other children in the household.

However:

- Aboriginal children were also more likely to say that they were happy in their placement than non-Aboriginal children in both foster care and relative/kinship care.
- Both foster carers and relative/kinship carers of Aboriginal children self-reported more warmth and less hostility in their parenting style than the foster carers of non-Aboriginal children.
- Carers of Aboriginal children were less positive that contact was meeting the child's needs of maintaining their family relationships and also more likely to be concerned about parents cancelling or not showing up for contact visits.

- The association between children's socio-emotional and behavioural problems and having or not having siblings in OOHC appears to be stronger for Aboriginal children than for non-Aboriginal children.

1 Introduction

Children's relationships with those who care for them and about them are essential to their socio-emotional development and well-being. Relationships are more complicated for children who are removed from the care of their parents and placed in out-of-home care (OOHC). Those children need to develop relationships with the people they are now living with, people who may be members of their extended family or unrelated to them; they also need to understand and navigate their relationships with their parents, siblings and other members of their birth family. How they manage this is very likely to change over time and to differ for children who are removed as infants or very young children and those who are older and have established relationships with parents and siblings and are dealing with their sense of loss and confusion, and missing their parents and siblings.

A number of aspects of children's experience in OOHC are likely to contribute to their feelings of security and to their socio-emotional development and well-being. These include the warmth and parenting style of their carers, the opportunity and permission for children to have contact with their birth family, and others who are significant to them, the age at which they enter OOHC, and whether they are in relative/kinship or foster care and the continuity of that placement. The focus of this report is on children's relationships with their carers and with members of their birth family, particularly their siblings, and the changes over time from wave 1 to wave 3, as well as how these changes are associated with children's socio-emotional development. This report focuses on children who remained in the same placement over the three waves because doing so allows an analysis of relationships that develop over time rather than the complication of changes in placement that compromise children's developing relationships with their carers. Analysis of children's relationships when they change placements and the impact on their socio-emotional development and well-being will be the focus of a further report.

1.1 Relative/kinship care

A critical factor in the analyses is whether children go to live with relatives or kin, as opposed to foster carers they have no familial relationship with. Formal relative or kinship care is now the predominant form of care for children in OOHC in Australia, and particularly in NSW (52.3% compared with 43.5% foster care and 4.1% in residential, group homes and other placements).[2] One of the key reasons for this policy and practice

[2] Australian Institute of Health and Welfare (AIHW) (2019) Data tables: Child protection Australia 2017–18, Table S36.

is that it allows children to maintain their connections with their family and cultural background (Delfabbro, 2017, 2018) and is expected to provide more stability and emotional security for children; at the same time, it helps to meet the chronic shortage of placements for children in OOHC. There is an extensive body of literature and a number of reviews (Delfabbro, 2017; Zinn, 2012), including two Cochrane reviews (Winokur, Holtan & Valentine, 2009; Winokur, Holtan & Batchelder, 2014) on the possible benefits and differences between children in relative/kinship and foster care. In their recent review of 102 studies, Winokur, Holtan and Batchelder (2018) concluded that compared with children in foster care, 'children in kinship care experience fewer behavioral problems and mental health disorders, better well-being, less placement disruption, fewer mental health services, and similar reunification rates'.

Similarly, in NSW, as outlined in the previous POCLS reports, there is some support for children in relative and kinship care having warmer and more supportive relationships with their carers and more frequent contact with other family members, and better outcomes in terms of their socio-emotional and cognitive development on wave 1 of the POCLS study. This is despite the fact that relative/kinship carers, commonly grandparents, are older and have fewer financial and other resources than foster carers (Delfabbro, 2017). There is, however, little evidence to date of a direct effect of kinship care on children's social-emotional development. In particular, the studies to date have not accounted for two sample biases. First, a possible selection bias, whereby extended family are more likely to agree to care for children who have fewer behavioural difficulties, while children with more severe difficulties are placed with foster families. Second, a possible survivor bias, whereby children who experience placement changes are more likely to 'migrate' from kinship care to foster care, rather than in the opposite direction. It will therefore be important to take account of these effects and to establish whether there is evidence of any causal link in subsequent waves of the POCLS study, taking a range of factors into account.

1.2 Children's co-placement with siblings

Sibling relationships are generally seen as having a potentially protective function for children when they are removed from the care of their parents. The main expected benefits are to provide comfort and mitigate the loss or attenuation of children's

---

Amendments in 2014 to the Children and Young People (Care and Protection) Act 1998 in NSW to facilitate and increase the permanency and stability for children in out-of-home care have prioritised long-term guardianship with relatives or kin over adoption when there is no realistic possibility of returning children to their parents; the last option is long-term parental responsibility to the Minister (Child Protection Legislation Amendment Act 2014; Ross & Cashmore, 2016).

relationship with their parents and other family members, a disruptive and often painful experience for children even if these relationships have been neglectful, abusive or problematic (Gass, Jenkins & Dunn, 2007; Hegar, 2005; Herrick & Piccus, 2005). Sibling relationships are also expected to provide support well into adulthood and hopefully life-long, and to provide a sense of identity for children and relational continuity (Dunn, 2007; Richardson & Yates, 2014; Ripoll-Núñez & Carrillo, 2014).

While the overall benefits in terms of children's identity and managing loss are generally assumed, the research findings are mixed and not straightforward. Research on sibling co-placement is challenging and complicated by definitional and methodological issues. Children who enter OOHC often do so at different times from their siblings and it is not always clear in administrative databases who their siblings are. The family configurations for children who enter care are often complex and include children with different fathers, those who have never lived together, and those with kinship and other social ties who have lived together but are unrelated. Even if they are removed from the care of their parent/s at the same time, the children may have different needs that cannot be met in the same placement. They may be part of a large sibling group or span a large age range that one carer may not be able to accommodate or manage. One child may have a disability or severe behavioural problems or pose a risk to their siblings. These features all reduce the chances that children will be placed together (Shlonsky, Webster & Needell, 2003; Wulczyn & Zimmerman, 2005). On the other hand, children placed with relatives are more likely to be placed together with their siblings, and in larger sibling groups than children placed with foster carers (Shlonsky, Webster & Needell, 2003; Tarren-Sweeney & Hazell, 2005; Wulczyn & Zimmerman, 2005).

All of these factors make it difficult to match children in OOHC and place them with their siblings. They also make it difficult to conduct research to determine under what conditions there are positive and not so positive outcomes for those placed with siblings compared with those not co-placed, as well as those who have contact with siblings they do not live with. Some studies have differentiated between siblings living in placements with all of their siblings (intact), with some but not all siblings ('splintered') or separated (split) from all siblings, as the only child in the family in care or the only child in that placement. The main outcomes that have been the focus of research are placement stability or disruption, socio-emotional adjustment, and how children perceive their relationships and their placement to be working. In some studies, the co-placement of siblings has been associated with greater stability or longevity of the placement (Chamberlain et al., 2006; Leathers, 2005; Oosterman et al., 2007) and also a greater likelihood of reunification (Akin, 2011; Albert & King, 2008; Webster et al., 2005). However, this is not necessarily causal or in the direction suggested since it is also possible and perhaps even likely that children who are likely to be returned home will be placed together. Sibling groups are also more likely to be placed with relatives, and these

placements are generally more stable and kinship carers very committed to keeping the children together (Delfabbro, 2017).

The findings for children's adjustment and mental health outcomes were more mixed, with lower problem scores for children placed with their siblings for at least some groups of children (Hegar & Rosenthal, 2011; Tarren-Sweeney & Hazell, 2005 – girls more affected than boys) and 'few or no differences' as reported by carers or young people in other studies (Hegar & Rosenthal, 2011; Linares et al., 2007). In Hegar and Rosenthal's (2011) study, there were no differences on internalising or externalising CBCL scores by carers and young people, but the school performance of children placed with all of their siblings was better than that of those who were split or splintered from their siblings, and there was a significant interaction for the teachers' CBCL scores for children in kinship care. There were no significant differences in children's perceptions of how close they were to their carer, how much they liked living there or how much they felt part of the family. In Linares et al.'s (2007) study, whether children were continuously together, continuously apart from their siblings or in a placement where they were together but then separated from their sibling was unrelated to their behaviour and conduct problems or depression and anxiety. The child's report of the quality of the sibling relationship was a significant predictor of their behaviour problems. If the relationship was positive (warm and close), the child's behaviour problems improved over 14 months; if the relationship was seen as negative and conflictual, the child's behaviour problems got worse. Again, as Tarren-Sweeney and Hazell (2005) point out, the direction of effect is difficult to determine, in that poor mental health may lead to separation from siblings or vice versa; separation from siblings may lead to poor mental health; and good mental health may lead to stable placements with siblings or vice versa.

1.3 Children's contact with their family of origin

Children's contact with their parents and family is defined as one of the principles of the Children and Young Persons (Care and Protection) Act 1998 (NSW) (section 9 (f)) and the NSW Child Safe Standards for Permanent Care (2015). Standard 4 (Identity) refers to the legislative requirement that 'children and young people who cannot remain in the care of their family should be cared for by people who understand and respect their religion, culture and language'. It includes the following indicator that 'Children and young people's case plans or adoption plans include strategies to assist them to maintain meaningful connections with family, community, culture and language'. Standard 5 (Family and significant others) refers to the legislative requirement that 'Children and young people who cannot remain in the care of their families are entitled to ongoing relationships with family, people of significance, friends and community'. In addition, 'children and young people must be given opportunities to participate in decisions regarding contact with families and other people of significance'.

Despite the good intentions behind these principles, making contact work and maintaining the child's family relationships while building a stable and secure relationship with their carers can be difficult territory for all concerned – the child, the birth parents, siblings and other family members as well as the carers – and is not at all straightforward (Collings & Conley Wright, 2020; Kiraly & Humphries, 2015, 2016; Sen & Broadhurst, 2011). It is also not clear what the outcomes are for children in OOHC and other permanency placements. The intended benefits of contact with family members are for children's identity and socio-emotional well-being, but there is relatively little research to indicate how this plays out over time for children of different ages, in different types of placements, and different lengths of time in care.

Contact is a very complex and contentious issue, and there is considerable policy and practice debate about the amount of contact children should have, with whom, under what circumstances, and whether it should be face-to-face and supervised. The frequency and type of contact with different family members when children are in different types of placements, and the age at which they enter care as well as the likelihood that they will return home, are all likely to affect children's relationships and their longer-term outcomes. It is therefore very important to understand how these factors interact and how they affect children's perceptions, experiences and outcomes.

1.4 Research questions

The Pathways of Care Longitudinal Study (POCLS) provides an important avenue for insight into understanding the changes over time for children of different ages in different types of care and the impact on their socio-emotional development and well-being. A number of aspects of children's experience in OOHC are likely to contribute to their feelings of security and well-being. These include the warmth and parenting style of their carers, the opportunity and permission for children to have contact with their birth family and others who are significant to them, the age they enter OOHC, whether they are in relative/kinship or foster care, and the continuity of that placement. This report presents the findings of the first three waves of interviews with carers and with children and young people (aged 7 years and older). It focuses on children's developing relationships with their carers and those they are living with and the maintenance of their relationship with members of their birth family, particularly those for whom there are data for all three waves and in the same placement across the three waves.

The first set of questions focuses on children's relationships with their family and with their carers:

- How do children's relationships with their carers change over time (as reported by their carer/s and by the child)?

- What changes occur in the quantity and quality of contact children in OOHC have with their family members (mother, father, siblings, extended family members) over time?
- How does the type of the child's placement/s affect the amount and type of family contact? Do children in relative/kinship care have more family contact than those in foster care?

The second set of questions concerns the association between their relationships, contact with their family, and their socio-emotional well-being:

- What is the association between children's contact with family members (as reported by their carer/s and by the child) and the child's reported closeness to family members (as measured by the revised Kvebæk tool)?
- What is the association between children's perceptions of their relationships with their caregiving family and their socio-emotional well-being? How does this change over time?
- What is the association between children's perceptions of their relationships with their birth family and their socio-emotional well-being? How does this change over time?
- Is there any association between children's socio-emotional well-being and whether or not they are placed with their siblings?

2. Data sources and measures

2.1 POCLS cohort

The analyses outlined in this report are based on the unweighted data from interviews conducted with the child's primary carer and with children and young people (aged 7 years and older) over three waves of interviews conducted at baseline, and then at about 18 months apart. To be included in the POCLS sample, children had to be on final orders from the NSW Children's Court by 30 April 2013. Full details of the sample methodology are provided in the Wave 1 Baseline Statistical Report (AIFS, Chapin Hall and FACS, 2015).[3]

The POCLS interview cohort involved 1,285 children and their carers (895 households) who were interviewed for the baseline survey in wave 1. The interview cohort has been extended to include a total of 1,479 children and their carers who were interviewed at least once across the three waves of data collection.[4] The sample of 1,479 comprised 734 boys (49.6%) and 745 (50.4%) girls, with an average age of 5 years at the time of the wave 1 interview and therefore 8 years old at the time of the wave 3 interview.

Table 2.1 shows that most children were under 6 years of age at waves 1 and 2, and all had 'aged out' of the youngest age group by wave 3, about three years on average after the first interviews were conducted. There were approximately equal numbers of male and female children across waves.

[3] The study-eligible cohort included 2,828 children who entered care for the first time between May 2010 and October 2011.

[4] If carers of children in the study-eligible cohort had not consented to participate in the study and the children in their care then changed placements, the children's new carers were asked if they were willing to participate in the study with the children.

Table 2.1. Number and percentage of children by interview wave and age group at interview wave

Child's age group	Wave 1		Wave 2		Wave 3	
	n	%	n	%	n	%
Under 3 years	567	44.1	226	18.8	0	0
3–5 years	265	20.6	440	36.7	464	44.9
6–8 years	193	15.0	208	17.3	227	22.0
9–11 years	136	10.6	165	13.8	167	16.2
12–17 years	124	9.6	161	13.4	175	16.9
Total	1,285	100.0	1,200	100.0	1,033	100.0

Table 2.2 shows that approximately 35% of the children in each wave were identified as having Aboriginal heritage or identity based on Department of Communities and Justice (DCJ) administrative data and/or the wave 3 interview with the carer. A small but consistent proportion of children in the study across waves (10%) were identified as having a culturally and linguistically diverse background (CALD). A smaller proportion of children (about 4.4% to 6.0%, waves 1 to 3) were identified as having a mixed Aboriginal–CALD background.

Table 2.2. Number and percentage of children by cultural background (Aboriginal and CALD) by wave

Cultural background	Wave 1		Wave 2		Wave 3	
	n	%	n	%	n	%
Aboriginal	438	34.1	420	35.0	357	34.6
Aboriginal and CALD	57	4.4	60	5.0	62	6.0
CALD	131	10.2	110	9.2	100	9.7
Other Australian	659	51.3	610	50.8	514	49.8
Total	1,285	100.0	1,200	100.0	1,033	100.0

Not all the carers were interviewed at each wave, and Table 2.3 shows the various combinations. For some analyses where the aim is to make clear comparisons between children who were in all three waves, that will be specified.

Table 2.3. Number of children by combinations of carer interviews across wave

Combination of waves	n
Wave 1 only	229
Waves 1 and 2	150
Waves 1 and 3	24
Wave 2 only	67
Waves 2 and 3	101
Wave 3 only	26
Waves 1 and 2 and 3	882
Total	1,479

In addition, some children changed placements and were living in different households: 766 of 882 children in all three waves remained in the same household from wave 1 to wave 3. The carers for some of these 766 children may not have participated in all three waves.[5]

Numbers of children by placement type

Table 2.4 shows the numbers of children in each placement type at each wave for those in the interview cohort. Foster care was the most common placement for children at each wave, beginning with 51.4% at wave 1. Relative/kinship placements were the next most common, with 46.5% at wave 1. The numbers and percentages of children in both types of placement reduced over waves, as children were restored, entered guardianship and adoption arrangements or did not contribute to subsequent waves. At wave 3, for example, nine children were adopted and 161 children were on guardianship orders. Most of these children on guardianship orders (158/161) had been in relative/kinship

[5] Some analyses in this report will specify and/or compare the carer's responses for children who remained in the same households across waves even if there was not data at all three interviews.

placements prior to their change of order/legal status; they are no longer counted as being in OOHC.

A small number of young people aged 12 to 17 years were in residential care: 26 in wave 1 (2.0%), 21 in wave 2 (1.8%), and 20 in wave 3 (1.9%). The focus of the analyses in this report is on children in foster care and relative/kinship care.

Table 2.4. Number and percentage of children by placement type and legal order for those who have exited OOHC at each wave

Placement type and legal order	Wave 1		Wave 2		Wave 3	
	n	%	n	%	n	%
Restoration	0	-	109	9.1	68	6.6
Adoption	0	-	2	0.2	9	0.9
Guardianship	0	-	12	1.0	161	15.6
Foster care	661	51.4	555	46.3	483	46.8
Relative/kinship care	598	46.5	501	41.8	292	28.3
Residential care	26	2.0	21	1.8	20	1.9
Total	1,285	100.0	1,200	100.0	1,033	100.0

Table 2.5 shows the number of Aboriginal and CALD and Aboriginal/CALD and other Australian children by type of placement at each wave. It indicates that there were more Aboriginal children (both in number and proportion) in foster care than in relative/kinship placements at each wave. However, separate analysis indicates that just over one in three Aboriginal children in foster care (36.4% in wave 1, 33.6% in wave 2, and 37.0% in wave 3) were placed with Aboriginal carers or in Aboriginal households. Similarly, there were more CALD children in foster care than in relative/kinship placements at each wave.

Table 2.5. Number and percentage of children by cultural background and placement type at each wave

	Aboriginal		Aboriginal–CALD		CALD		Other Australian		Total
Wave 1	n	%	n	%	n	%	n	%	n
Foster care	235	53.6	34	59.6	69	52.7	323	49.0	661
Relative/kinship care	198	45.2	22	38.6	61	46.6	317	48.1	598
Total*	433	34.4	56	4.4	130	10.3	640	50.8	1,259
Wave 2									
Foster care	209	49.8	29	48.3	56	50.9	261	42.8	555
Relative/kinship care	170	40.5	24	40.0	47	42.7	260	42.6	501
Restoration	28	6.7	4	6.7	5	4.5	72	11.8	109
Total*	407	34.9	57	4.9	108	9.3	593	50.9	1,165
Wave 3									
Foster care	170	47.6	30	48.4	50	50.0	233	45.3	483
Relative/kinship care	106	29.7	21	33.9	20	20.0	145	28.2	292
Restoration	14	3.9	4	6.5	5	5.0	45	8.8	68
Guardianship	62	17.4	4	6.5	17	17.0	78	15.2	161
Total*	352	35.1	59	5.9	92	9.2	501	49.9	1,004

*The total does not equal the total number of children participating at each wave because residential care and adoption were not included due to small sample sizes and the restriction on reporting small cell sizes.

Number of siblings

Just after entering care for the first time on final orders, just over half the children (58.4%) had at least one sibling living with them in the same care household; this dropped to 46.3% at the wave 2 interview and was 56.4% at wave 3 (Table 2.6). At each wave, children in relative/kinship care were significantly more likely to have a sibling living with them than children in foster care (Table 2.7), and to be in larger sibling groups than those in foster care. Nearly one in four children with co-resident siblings in relative/kinship households (23.3%) were living with three or more siblings compared with 13.3% in foster

care placements. The numbers of children in relative/kinship care in wave 3 with co-resident siblings dropped, however, as a significant number of these children exited OOHC on guardianship orders.

Table 2.6. Number and percentage of children with co-resident siblings at each wave

Number of siblings co-resident in household	Wave 1		Wave 2		Wave 3	
	n	%	n	%	n	%
No siblings	534	41.6	645	53.8	450	43.6
1 sibling	411	32.0	287	23.9	313	30.3
2 siblings	202	15.7	163	13.6	162	15.7
3 siblings	61	4.7	50	4.2	56	5.4
4 siblings	53	4.1	36	3.0	32	3.1
5 siblings	19	1.5	16	1.3	16	1.5
6 or more siblings	5	0.4	3	0.3	4	0.4
Total	1,285	100.0	1,200	100.0	1,033	100.0
Children in relative/kinship care with co-resident siblings*	386	64.5	284	56.7	176	60.8
Children in foster care with co-resident siblings*	360	54.5	267	48.1	246	50.9

*It is possible that some of the siblings that children are living with in relative/kinship care are not in OOHC on final orders.

As Table 2.7 shows, the proportion of children living with siblings in the same placement was significantly higher in relative/kinship care than foster care at each wave.[6]

[6] Wave 1, $\chi 2 = 13.27$, 1 df, p = .000; wave 2, $\chi 2 = 7.67$, 1 df, p = .005; and wave 3, $\chi 2 = 6.40$, 1 df, p = .011.

Table 2.7. Number and percentage of children in foster and relative/kinship care with siblings in or outside the care placement household by wave

		n and % within type of care at interview	No siblings	Sibling(s) outside household only	Sibling(s) in same household only	Sibling(s) both in and outside household	n
Wave 1	Foster care	n	119	182	176	184	661
		%	18.0	27.5	26.6	27.8	100.0
	Relative/kinship care	n	107	105	246	140	598
		%	17.9	17.6	41.1	23.4	100.0
	Total	n	226	287	422	324	1,259
		%	18.0	22.8	33.5	25.7	100.0
Wave 2	Foster care	n	101	187	117	150	555
		%	18.2	33.7	21.1	27.0	100.0
	Relative/kinship care	n	102	125	176	110	513
		%	19.9	24.4	34.3	21.4	100.0
	Total	n	203	312	293	260	1,068
		%	19.0	29.2	27.5	24.3	100.0
Wave 3	Foster care	n	75	163	102	146	486
		%	15.4	33.5	21.0	30.0	100.0
	Relative/kinship care	n	78	95	144	133	450
		%	17.3	21.1	32.0	29.6	100.0
	Total	n	153	258	246	279	936
		%	16.3	27.6	26.3	29.8	100.0

2.2 Interviews with carers

The interviews were conducted with the carer who knew the child best and/or was willing to be interviewed.[7] The interview with the carer covered a range of developmental domains, including the child's socio-emotional well-being, cognitive development and health, as well as a range of questions about the care environment, including specific questions about the carer's' relationship with the child, the child's relationships with others in the household, with their birth parents and with peers. The focus of this report is on the child's relationships, as perceived by the carers, and by the child. The questions asked of carers and children and young people are outlined in the results section and there were several standardised scales of parenting style, and of the child's behaviour. When reporting the qualitative data, some details such as the child's gender and age that do not add to our understanding of the narrative may have been changed to protect the confidentiality of the children and families.

Carers' parenting style

Carers were asked to rate their interactions with the child in response to a series of questions that provide three 'derived' scores of emotional responsiveness to the child: (a) warmth of parenting; (b) hostility and (c) parental monitoring.[8]

Warmth of parenting is a combined score for the following four rating scale questions:[9]

1. How often do you tell [study child] how happy [he/she] makes you?
2. How often do you have warm, close times together with [study child]?
3. How often do you enjoy listening to [study child] and doing things with him/her?
4. How often do you feel close to [study child] both when he/she is happy and when he/she is upset?

---

[7] In recruiting carers, it was suggested that the carer who knows the child best is the interviewee, but in some cases, the other carer may have been more interested in joining the study, or both carers may know the child equally well.

[8] All are used in the Longitudinal Study of Australian Children:

(a) warmth of parenting (Paterson & Sanson, 1999)

(b) hostility (Institut de la Statistique du Québec, 2000), and

(c) parental monitoring (Goldberg et al., 2001).

See https://growingupinaustralia.gov.au/data-and-documentation

[9] The response options were 1 = 'never, almost never', 2 = 'rarely', 3 = 'sometimes', 4 = 'often', and 5 = 'always/almost always', giving a possible total score ranging from a minimum of 4 to a maximum of 20.

Hostility is a composite of the following three questions in relation to the carer's responses to how they have been 'feeling or behaving with [study child] over the last 4 *weeks'*:

1. I have been angry with [study child].
2. When [study child] cries, he/she gets on my nerves.
3. I have lost my temper with [study child].

This measure may reflect the carer's coping responses to the stresses associated with caring for a child with disruptive behaviours and may be a proxy indicator of the child's behavioural and social relationship difficulties with that carer at that time or over time.

Child Behaviour Checklist (CBCL)

The CBCL was completed by the carers of children aged 3 to 18 years (Achenbach & Rescorla, 2001).[10] The CBCL measures child problem behaviour and yields two principal composite indices: internalising and externalising. The internalising scale is a composite of the anxious-depressed, withdrawn-depressed and somatic complaints syndrome sub-scales. The externalising scale is a composite of rule-breaking and aggressive behaviour syndrome scales measuring disruptive behaviours. The total problems score is the total score for all 120 problem behaviour items. All three scale scores – internalising, externalising, and total problems scores – are used in the analyses in this report.[11]

2.3 Interviews with children

Children aged 7 to 11 years who agreed to participate in the study used a computer-assisted questionnaire (CASI) on an iPad, assisted where needed by a trained interviewer. Older children and young people aged 12 to 17 years generally completed the activity without assistance. The qualitative and quantitative questions asked about school, work, their friends, health and well-being, behaviour, casework, support, where they are living, their experiences of being in care, and for older young people, about leaving care and living skills. The CASI self-interview allows for privacy and standardisation of the interview, with some flexibility and choice in the order in which

[10] The CBCL was selected for the present study for the same reasons that Tarren-Sweeney (2017) outlined: '1. because it yields valid and reliable mental health estimates (Halle & Darling-Churchill, 2016); 2. because of the availability of a large amount of comparative data for high-risk populations (Armsden et al., 2000; Heflinger et al., 2000); and 3. because there are Australian normative data (Hensley, 1988; Sawyer et al., 2000)'.

[11] CBCL scores can be presented in a raw score format; as percentile T-scores or the scores can be classified as falling into 'clinical', 'borderline clinical' and 'normal' ranges.

the various modules of questions are responded to. The audio-assisted delivery also helps children and young people who have difficulty reading, with a 'play' button that allows the questions to be repeated and a text box for recording responses and other thoughts. At the end of the questions, the interviewer asks if there is anything else they would like to say, and games are available to play at the completion of the process.

Closeness of children's relationship (adapted Kvebæk) (7–17 years)

Children and young people aged 7 to 17 years were asked to indicate who they felt close to, and to what extent, using an activity adapted from the Kvebaek Family Sculpture Technique (Cromwell, Fournier & Kvebæk, 1980; Gardner, 1996, 2004). The child is asked first to place a figure to represent him/herself on a board, and then to select figures to represent other people and place them according to how close they feel to them. The first set relates to the people the child is living with in their current placement; the second set concerns the people children are not living with but whom they consider to be 'important and special people' in their lives. The placement of the figures on the board provides a visual representation of children's perceived emotional closeness to the people they are living with and to people otherwise important to them but with whom they are not living.

In reporting the data from the Adapted Kvebaek Family Sculpture Technique, we have changed some details to protect the confidentiality of the children and their selections in line with the APA Publication Guidelines[12] and our ethical obligations. For example, the editing rules to mask an individual's identity included changing the gender of the child and/or the gender of their siblings, and not reporting cultural background where it is not important to the 'narrative' or understanding.

Children's reports of the carer's emotional responsiveness[13]

Children aged 7 to 17 years were asked to respond to the following questions using a rating scale to indicate how often the adults looking after them:

1. Help you if you have a problem
2. Listen to you
3. Praise you for doing well
4. Do things with you that are just for fun

---

[12] Publication Manual of the American Psychological Association (7th ed.)(2020), p. 22.

[13] Emotional Responsiveness Scale from the Parenting Style Inventory II, adapted version (PSI-II: Darling & Toyokawa, 1997; Cronbach's alpha = 0.74 (n = 318)). These five items were adapted from six items used in the longitudinal Study of Australian Children by combining two related to parents/carers helping children if they have a problem.

5. Spend time just talking with you?[14]

The combined score for emotional responsiveness was very consistent and high, being close to the maximum score of 25, across waves[15] and by placement type,[16] Aboriginality and CALD background.

Children aged 12 years and older were also asked whether their carers knew what they did with their free time and where they went when they went out at night.

2.4 Data and analysis

The analyses in the remainder of this report are based on children in relative/kinship care and foster care.[17] The results in this report for comparisons across waves are based on two main groups of children: children for whom there are data for all three waves (n = 882) and a subset of that group, children who were in the same household for all three waves (n = 767). The selection of the base sample was to reduce heterogeneity and reduce possible biases; for example, using the data for children who were in the same household for all waves means that the reports by carers of children's birth family contact and assessments of their adjustment and behaviours took place in the same environment and, in most cases, were done by the same carer[18] over all waves.[19] See Appendices A, G and H for further information about the data management and analyses presented in this report.

The mixed model analyses in section 6 using the CBCL scores were based on 1,339 children who took part in the study in one or more of waves 1 to 3, and who were in

[14] The response options were: 'always' / 'often' / 'sometimes' / 'hardly ever' / 'never' / Pass.

[15] The means ranged from 21.05 (SD = 3.6) at wave 1 to 21.44 (SD = 3.71) at wave 2 and 21.00 (SD = 4.3) at wave 3.

[16] The means ranged from 21.72 (SD = 3.42) for children in foster care to 20.81 (SD = 4.09) for children in relative/kinship placements and 20.6 (SD = 3.86) for young people in residential care.

[17] Children who were adopted or restored or on guardianship orders in waves 2 or 3 were excluded from these analyses, allowing us to focus on the children who were in OOHC over the three waves of interview. Children and young people in residential care facilities were also excluded from the analyses, due to the small numbers in this type of placement.

[18] Different carers in the same household sometimes shared the task.

[19] It should be noted, however, that it was common for children to change placements prior to the wave 1 interview. Nearly two-thirds of the children changed placement at least once prior to the wave 1 interview (805, 63.5% of all children at wave 1) (Wulzcyn & Chen, 2017, Table 3.1, p. 7).

foster or relative/kinship care in a given wave (those in residential care in a wave were omitted for that wave). These 1,339 children provided 3,090 observations (a mean of 2.3 waves per child). 882 children had data for three waves, but not all of them were in foster or relative/kinship care for all three of the waves. These analyses provide some comparison of children who remained in the same placement (87.5%) with those who changed placements. Appendix G provides a detailed explanation of these analyses.

One of the limitations of these data and of the analyses is that much of the information comes from carers, so this means that many of the associations between measures are subject to potential bias and unreliability and, importantly, will show some association simply because the same people provided them. As Milan and Pinderhughes (2000) noted, in terms of their study's limitations in relation to relational measures and self-reports:

> It is unlikely that any scaled rating measure adequately captures the complexity of these cognitive structures. … Furthermore, correlations between representations of self and others are subject to respondent biases. (p. 78)

They called for further research which 'combines multiple measures and informants collected over a longer period of time'; this is one of the benefits of the POCLS.

3. Children's reports of their relationships with their carers and birth family

The perspectives of children and young people in OOHC are very important because it is their subjective views and understandings of relationships that are very likely to influence how they settle into their new living arrangements and how this affects their outcomes. As a number of studies using different methodologies have shown, 'children and adults often have different understandings of key concepts or different priorities' so it should not be assumed that parents' or carers' views necessarily reflect children's views and understanding (Holland, 2009, p. 232).

Children and young people who were interviewed responded to several tasks to indicate the closeness of their relationships and their perceptions of their carers' parenting. Overall, they were very positive.

3.1 Children's reports on their relationships with their carers and birth family

As outlined in section 2.3, children were asked to place figures on a board to indicate how special and important people they are living with (members of their caregiving household) were to them, and then to repeat it for other people in their lives who are important to them but not living with them.

In total, 331 children made a placements matrix for the people they were living with in their current placement in wave 1, 279 in wave 2, and 232 in wave 3. The figures for their families of origin and other people who are special to them were 305 in wave 1, 259 in wave 2 and 217 in wave 3. Overall, 48 children provided data for the family they were living with on all three waves, and of these, 43 were living in the same household across these three waves. There were no systematic differences associated with their type of care or Aboriginality but children of CALD background were somewhat less likely to complete the task on wave 3 than non-CALD children. There were differences by age. In each wave, children aged 9 to11 years were the most likely age group to do the task. In wave 3, no children over 12 years and older completed this task.[20] A number of younger children who were under 7 in waves 1 and 2 'aged into' the task at wave 3.

[20] Some children elected not to do this aspect of the survey and some provided closeness ratings. This is outlined in the technical report for these data (Taylor and Cashmore, 2020).

Who did children place on the boards?

Children and young people were asked to select figures for all the people they were currently living with (board 1) so the number and 'type' of people is influenced by the configuration of those households. The most commonly placed figures the children were living with were their female carers: grandmothers more frequent than aunts for children in relative/kinship care, and foster mothers for children in foster care (Table 3.1).[21] Children in relative/kinship care were more likely to be living with at least one sibling at each wave than children in foster care (see Table 2.7) and consistent with this, birth siblings were more commonly selected in relative/kinship care.[22]

[21] Mixed model analyses that included placement type, wave and Aboriginality indicate that Aboriginal children in foster care placed significantly more people on board 1 (mean of 5.21, SE = .17) than those in relative/kinship care (mean = 4.31, SE = .18) and non-Aboriginal children in either foster (mean = 4.03, SE = .15) or relative/kinship care (mean = 3.95, SE = .14) (χ^2 = 7.0, 1 df, p = .0068).

[22] A check against the numbers of children with siblings living in the household indicated that the vast majority of children with siblings living in their household did place at least one sibling on the board.

Table 3.1. Numbers of people selected by children for people special and important to them they live with (board 1) by type of placement

People live with:	Relative/kinship care			Foster care		
	Wave			Wave		
	1	2	3	1	2	3
Foster mother	20	10	6	139	118	95
Foster father	18	9	5	113	99	78
Foster brother	6	5	6	121	92	68
Foster sister	12	2	4	89	88	70
Birth brother	124	128	78	82	72	62
Birth sister	113	123	71	82	77	59
Birth grandmother/great-grandmother	98	98	56	1	4	1
Birth grandfather/great-grandfather	64	62	39		5	1
Birth aunt	67	53	32	2	5	
Birth uncle	56	68	26	1		
Cousin	66	46	23	2	5	
Other	13	5	3	26	29	23
Number of children/young people	161	145	87	149	129	101
Total number of people selected	818	754	436	807	723	558
Average number of people selected	5.08	5.2	5.01	5.42	5.6	5.52

Note: Shadowed rows are adult carer figures, and the number of study children providing data at each wave ranged from 232 to 331. The figures in italics indicate some apparent inconsistencies with placement type, e.g. 'foster mother' in relative/kinship care and birth relatives in foster care, but the available data do not allow these to be resolved.

Table 3.2 shows the numbers of people that children were not living with that they selected as special and important to them (board 2). Birth mothers, brothers and sisters, and then birth fathers were the most commonly people selected and placed on board 2 as special and important.[23]

[23] Similar mixed model analyses for the people selected on board 2 with placement type, wave and Aboriginality indicated that children in foster care selected more people as special and important to

Table 3.2. Numbers of people selected by children for people special and important to them they are not living with (board 2) by type of placement

People live with:	Relative/kinship care			Foster care		
	Wave			Wave		
	1	2	3	1	2	3
Birth mother	110	87	39	86	73	46
Birth father	72	75	39	65	54	27
Birth sister	72	56	28	94	54	38
Birth brother	95	50	28	106	81	55
Birth grandmother/great-grandmother	36	35	14	49	42	31
Birth grandfather/great-grandfather	24	30	15	34	21	14
Birth aunt	51	58	32	29	29	10
Birth uncle	50	34	17	18	16	5
Cousin	62	93	44	33	29	31
Peer friend	101	111	*	91	79	*
Adult friend	29	19	*	31	29	*
Other	94	105	202	69	80	166
Number of children/young people	154	138	80	131	117	95
Total number of people selected	879	811	354	836	704	518
Average number of people selected	5.71	5.88	4.40	6.38	6.02	5.45

Note: The number of children providing data at each wave ranged from 217 to 305. Shadowed rows are adult figures. * 'Other' in wave 3 included friends (both adult and same age).

An important aspect is who children do not select to place on the board of the special people who are important to them but not living with them. A comparison of the numbers of children completing the task at each wave and the numbers of birth mothers and fathers selected for placement indicates that only 71.4% of children in relative/kinship care and 65.6% in foster care selected their mother at wave 1, as

---

them (mean = 5.2, SE= .15) than children in relative/kinship care (mean = 4.7, SE = .14) (χ^2 = 7.33, 1 df, p = .0068); there was also a trend for Aboriginal children to select significantly more people (5.16) than non-Aboriginal children (mean = 4.76, SE = .13) (χ^2 = 3.63, 1 df, p = .0568).

special and important to them, and this proportion decreased over time (waves) to less than 50%. For fathers, the pattern also decreased over waves for children in foster care (waves 1 to 3: 49.6%, 46.2%, 28.4%, respectively) but remained fairly constant for children in relative/kinship care (waves 1 to 3: 46.8%, 54.5%, 48.8%).

Carers were asked to indicate which family members the child in their care had contact with, and of those, who they had a good relationship with (see section 5.1). This provides a useful indication of the family members who might be expected to be identified by children as important and special in their lives. Figures 3.1a and 3.1b show the proportion of children who put their mother on the board in waves 1 to 3 according to whether the child's carer indicated the child had contact and a good relationship with their mother versus those who had contact but did not have a good relationship. Children who reportedly have a good relationship with their mother and contact with her were significantly more likely to select and place her on the board as a special person in their lives than those who did not have a good relationship with her and were less likely to do so in wave 3 than wave 1.[24] As Figure 3.1a shows, a consistent 75–78% of children in relative/kinship care with a good relationship with their mother, for example, put her on the board compared with a lower and decreasing proportion of other children over waves with and without a good relationship with their mother.[25]

The pattern for fathers, was somewhat different, with children in relative/kinship care sustaining a high likelihood of placing their father on the board as a special person if they reportedly had a good relationship,[26] at around 80%. As Figure 3.1b shows, there

---

[24] Logistic regression with mother selected on board by child as outcome measure and the following predictors: placement type, wave, and carer's report of whether or not the child had a good relationship with their mother. Overall model: $\chi^2 = 41.97$, 4 df, $p < .0001$. Placement type was not significant.

Odds ratio for child reportedly having a good relationship with their mother = 4.67, z = 5.70, p = .000.

Odds ratio for wave 3–wave 1 comparison = .353, z = -3.49, p = .000.

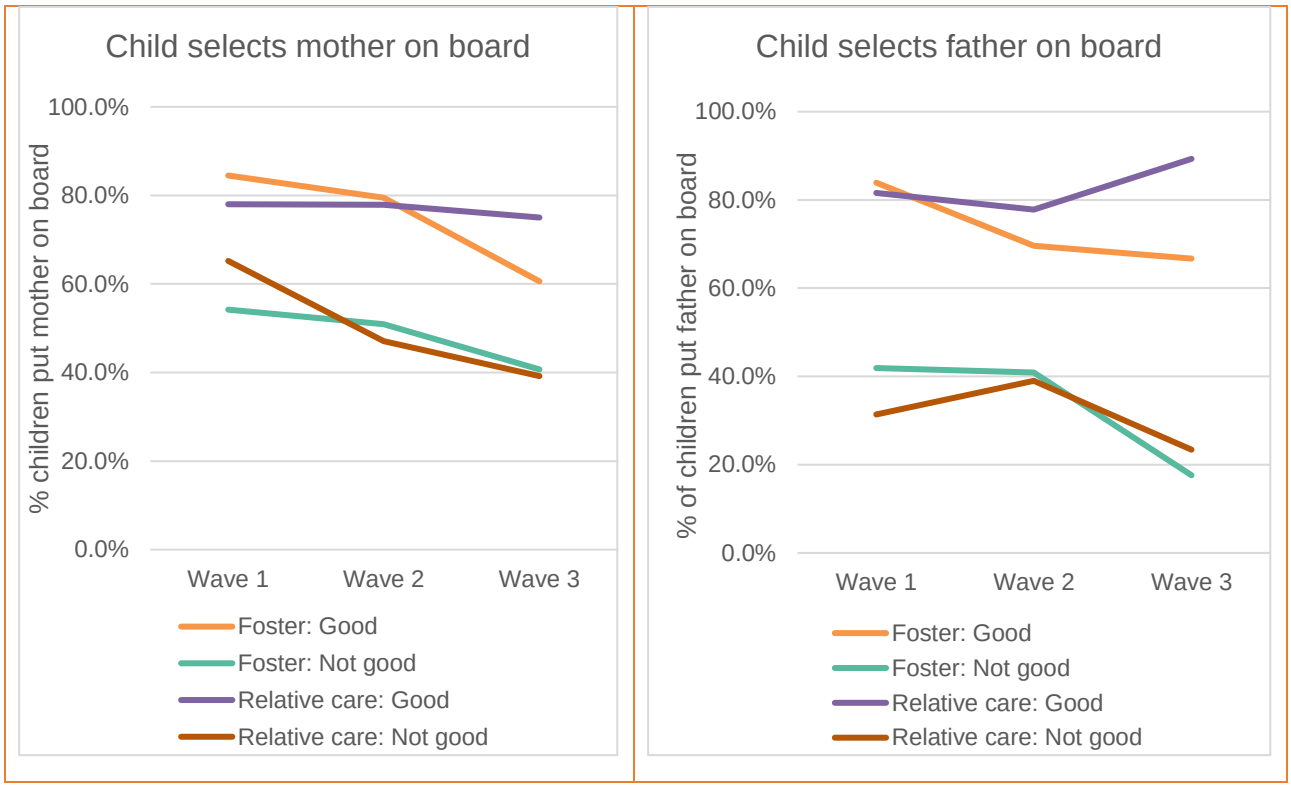
[25] However, the interaction terms including the three-way wave x placement type x 'good relationship' were tested but were not significant predictors of whether children put their mother on the board. This will be worth testing in wave 4.

[26] Similar logistic regressions tested the same predictors for fathers as for mothers: overall model: $\chi^2 = 54.36$, 4 df, $p < .0001$; again the interaction terms were tested but were not significant predictors. Placement type was again not significant.

Odds ratio for child reportedly having a good relationship with their father = 20.50, z = 7.13, p = .000.

was also a significant drop-off overall from wave 1 to wave 3 for children who reportedly did not have a good relationship with their father.[27]

Figure 3.1. Percentage of children placing (a) mother and (b) father on the board **by carers' report of the quality of their relationship with them (good/not good),** type of placement and wave.



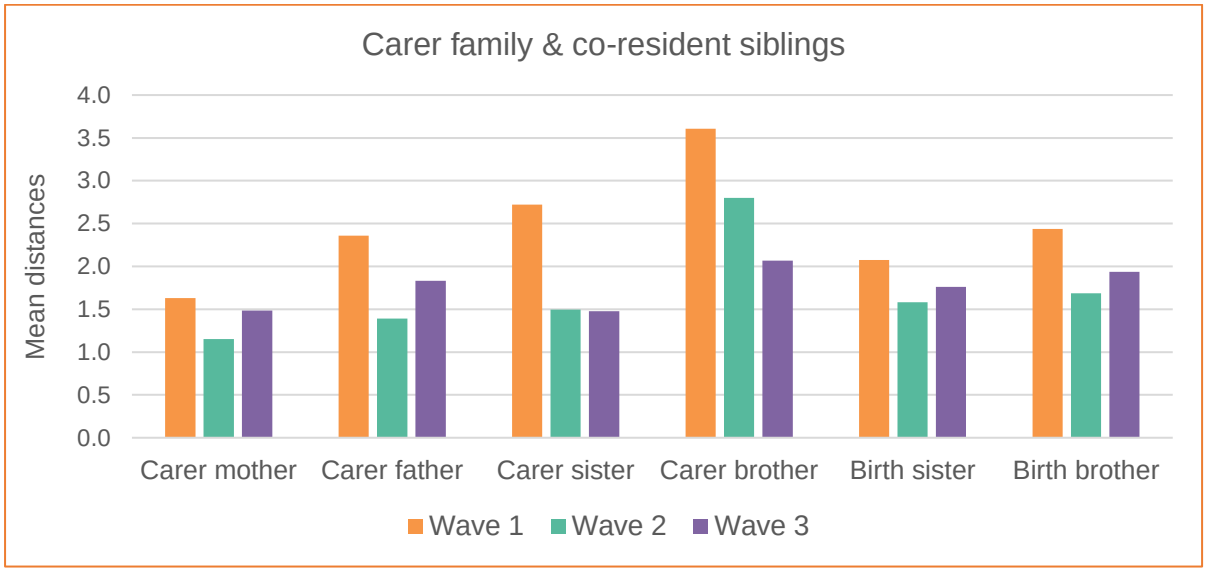
How close did children place themselves to members of their carer household and birth family?

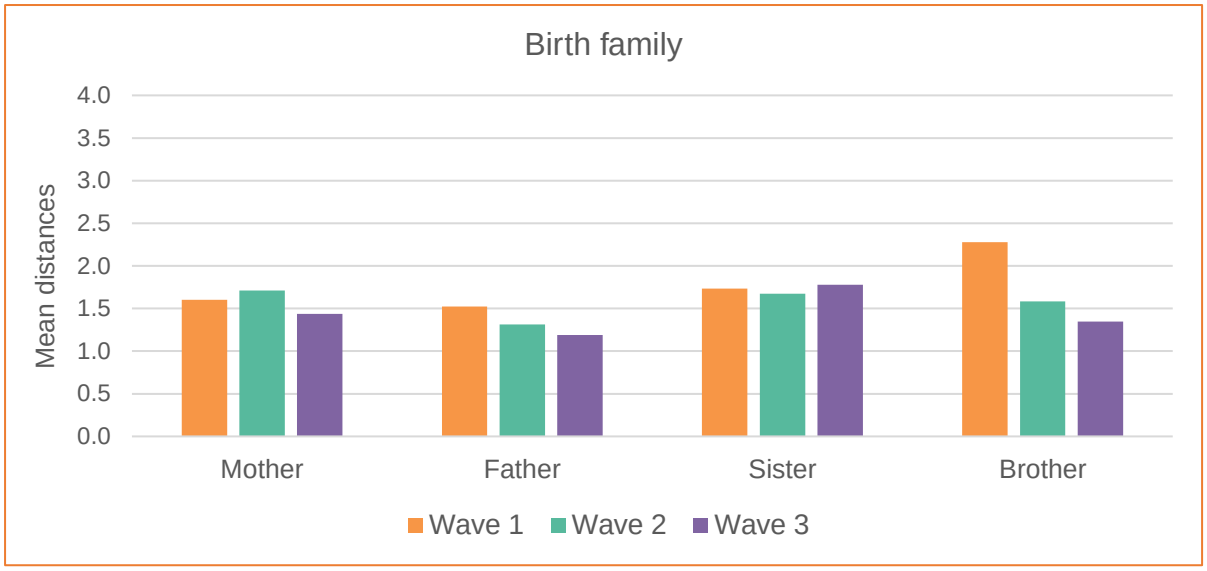
Figures 3.2a and 3.2b show the adjusted mean distances from members of their carers' family household and members of their birth family – taking their age, gender and cultural background into account for children who remained in the same carer household across the three waves. As in wave 1, children and young people in both relative/kinship and foster care placed themselves closer to their female carers (their grandmothers, aunts and foster mothers) than to their male equivalents (their

[27] Odds ratio for wave 3–wave 1 comparison = 0.405, z = –2.61, p = .009.

grandfathers, uncles or foster fathers); they also placed themselves significantly closer to their birth mother, their birth father and siblings, and the birth siblings they were living with than to other family members. The time (wave) effect indicates that children placed themselves on average closer to the people they were living with (board 1) on wave 2 and tended also to do so on wave 3 (Figure 3.2a). There were, however, no significant differences over time for how close children placed themselves to members of their birth family and other special people they selected (board 2) (Figure 3.2b), but as Table 3.2 indicates, there was some drop-off over time in some family members being selected. Aboriginal children in both relative/kinship and foster care placements selected a higher proportion of aunts, uncles, and cousins (7.2%, 5.2% and 10.0%, respectively) among those selected as special and significant to them than other Australian children (4.8%, 3.5% and 6.4%, respectively) across all three waves.

Figure 3.2. Adjusted mean distances for (a) carer family household and (b) birth family by wave





In wave 1, children were also asked to indicate the three people they placed on the boards who were most 'special or important' to them. The most commonly selected persons were their mother, their siblings, their grandmother, father and main female carer (foster mother), as well as aunts and male carers (foster father) (Table 3.3). There were no systematic differences by Aboriginality, gender or age.

Children in waves 2 and 3 were also asked whether there was anyone they would like to see or people they don't see enough. A substantial number of children – more than 200 at waves 2 and 3, about fairly equally divided between foster care and relative/kinship care – said there were people they would like to see more. The most common persons were birth parents, followed by friends and then siblings and other relatives such as grandparents and aunts and uncles (Table 3.4). There were no systematic differences by Aboriginality,[28] gender or age, apart from girls who responded wanting to see their extended family more than boys in wave 2, and 9- to 11-year-olds being keen to see their birth parents more than older or younger children.

[28] See Appendix E Table E1 for a breakdown by Aboriginality.

Table 3.3. Persons named as special or important people by children in wave 1

Special or important people in wave 1	n	% of responses	% of children
Mother	89	17.9	52.7
Birth siblings:			
Sister/s	63	12.7	37.3
Brother/s	54	10.8	32.0
Grandmother /great-grandmother	54	10.8	32.0
Father	48	9.6	28.4
Foster mother	42	8.4	24.9
Foster father	27	5.4	16.0
Male friend	23	4.6	13.6
Female friend	17	3.4	10.1
Aunt	16	3.2	9.5
Uncle	6	1.2	3.6
Grandfather/great-grandfather	18	3.6	10.7
Foster brother	9	1.8	5.3
Foster sister	8	1.6	4.7
Cousin/s	6	1.2	3.6
Other	18	3.6	10.7
Total	498	100.0	

Note: Children and young people could nominate up to three people. The '% of responses' column shows the number of nominated people as a percentage of all people mentioned, while the '% of 'children' column shows the nominations of each person as a percentage of children. For example, 'foster mother' was nominated by 42 out of 169 children (24.9%), and these nominations made up 8.4% of all 498 nominations.

Table 3.4. Persons children wanted to see more

Significant people child would like to see more		Relative/kinship care		Foster care	
		Wave 2	Wave 3	Wave 2	Wave 3
Birth parent	n	66	51	51	38
	%	51.6	45.1	50.0	38.4
Siblings	n	33	39	37	29
	%	25.8	34.5	36.3	29.3
Friends	n	46	29	36	29
	%	35.9	31.0	35.3	29.3
Grandparents, aunts, uncles	n	36	31	38	33
	%	28.1	27.4	14.5	14.8
People lived with before	n	18	9	17	11
	%	14.1	8.0	16.7	11.1
Caseworker	n	8	5	5	65
	%	6.3	4.4	4.9	6.1
Teachers/school counsellors	n	10	3	4	2
	%	7.8	2.7	3.9	2.0
Total		128	113	102	99

Note: Percentages are based on number of respondents. The coloured bands indicate the persons who at least 25% of children indicated they would like to see more.

Separate mixed model analyses were conducted to examine the distances that children placed themselves from people in two different groups:

- those they were living with at each wave (members of the carer family household, including co-resident siblings: family/board 1); and
- the people children were not living with that they selected as 'important and special' people in their lives (mostly members of their birth family: family/board 2).

Children were included in the analyses if they had contributed data on all three waves, but had not necessarily done the Kvebæk task on each wave. The numbers of children at waves 1–3 was 192, 220 and 215 for board 1, and 174, 203 and 201 for board 2.

The first set of analyses were basic main effects models which included the child's age (at each wave),[29] gender and cultural background (Aboriginality and CALD), the type of placement (foster and relative/kinship), whether they had changed placements (at least once from wave 1 to wave 3), and time (in relation to interview wave and time in current placement) for both those they were living with and special and important people they were not living with. The child's age and their relationships with particular people were both highly significant factors in these models. The second set of analyses added children's ratings of how happy they were living there and the extent to which their carer helped them to feel part of the family,[30] children's ratings of their carers' emotional responsiveness, and their carers' self-reported ratings of the warmth or hostility of their parenting as predictor variables. The second set of analyses were based on wave 2 and wave 3 data only. Table 3.5 shows the results for the first set of analyses (based on all three waves).[31]

For children's closeness to the people they were living with, and also for the people who they included as special and important to them, there were no significant differences associated with:

- placement type
- the child's gender or cultural background (Aboriginality)
- time (interview wave) or time in their current placement, and
- whether they changed households from one wave to another at least once over the three waves.

Nor was there any significant effect associated with children's ratings of their carers' emotional responsiveness or their carers' self-reported ratings of the warmth or hostility of their parenting.

For children's closeness to the people they were living with, children placed themselves significant closer to their foster mother than to their foster brother, foster sister and birth sister in that order. Importantly, children who said their carers 'always'

[29] In all the analyses in this report, the child's age is their age at each wave (interview).

[30] This was because the questions about how happy children were living in the carer household and whether the carer helped them to feel part of the family were asked only in waves 2 and 3 so reducing the number of observations for this model. The step process allows the consistency of significant factors to be tested across the different models. An interaction model was also tested but provided very similar results and none of the interactions was significant.

[31] This includes the results for the specific variable from the 'additional factors' models (based on wave 2 and 3 data).

tried to help them feel part of the family were significantly closer overall to others than those who said their carers did so ‘often’ or only ‘sometimes’ (p = .0014). Similarly, children who said they were happy living there, in the carer’s household, were closer overall to others (p = .0144). In addition, there was a marginally significant age effect (p = .0113) with children aged 9 to 11 years placing themselves closer to others than younger children (7 to 9 years) and older children and adolescents.

For children’s closeness to the people they were not living with, again children varied by age and in the indicative closeness of certain relationships over others. Children placed themselves significantly closer to their mother than to their uncles, cousins and others, and marginally so to their grandfather. Age was significant, with children aged 9 to 11 years placing themselves closer to others than younger children (7 to 9 years) and older children and adolescents. In addition, children who said they were happy living in the carer’s household were closer overall to other special and important people they had selected. This suggests that being happy in the placement does not detract from feeling close to special family members (no ‘zero-sum ‘game’). It may also reflect a halo or transfer effect – or a general propensity to be more positive in their ratings, though this did not apply to their ratings of how much they thought their carer tried to make them feel part of the carer’s family.

Figures 3.3a and 3.3b show the relative closeness to the child’s own position for the people the child lived with and people they selected as special and important to them who they did not live with, adjusted for all other factors in the additional factors mixed model analyses.

Table 3.5. Summary of mixed model analyses predicting distance between child and members of carer family and special people children are not living with (birth family and others)

Factors	Carer family (board 1) Overall model: χ^2 = 193.8, 21 df, p < .0001 %R^2 = 7.2	Birth family and other special people (board 2) Overall model: χ^2 = 223.2, 20 df, p < .0001 %R^2 = 12.6
Relationship to child	Overall χ^2 = 107.9, 11 df, p < .0001 %R^2 = 3.4 - Foster father* - Foster sister*** - Foster brother*** - Birth sister*** - Birth brother*** - Birth grandmother - Birth grandfather - Birth aunt - Birth uncle* - Cousin* cf foster mother	Overall χ^2 = 38.37, 10 df, p < .0001, %R^2 = 2.0 - Birth father - Birth brother - Birth sister - Birth grandmother - Birth grandfather* - Birth aunt - Birth uncle** - Cousin** - Friend** - Other*** cf birth mother
Age	χ^2 = 26.6, 2 df, p = .0001, %R^2 = 1.9. + 6–8-year-olds significantly greater distance than for 9–11- and 12–17-year-olds	χ^2 = 48.6, 2 df, p = .0001, %R^2 = 4.6 + 6–8-year-olds significantly greater distance than for 9–11- and 12–17-year-olds
Child's ratings of how happy in current placement †	χ^2 = 8.5, 2 df, p = .014, %R^2 = 6.8. + 'Happy' and 'very happy' significantly greater than 'unhappy'.	χ^2 = 10.9, 2 df, p = .0044, %R^2 = 3.5 + 'Happy' and 'very happy' significantly greater than 'unhappy'.
Child's ratings of extent carer/s help them to feel part of family †	χ^2 = 15.6, 3 df, p = .0014, %R^2 = 2.6. Often > Always (.05)	Not significant
• Cultural background • Child's gender • Placement type • Changed placement • Wave • Time in current placement • Carer's self-reported parenting style of warmth and hostility • Children's ratings of carers' emotional responsiveness	• NS • NS • NS • NS • NS • NS • NS • NS	• NS • NS • NS • NS • NS • NS

NS Not significant

* p < .05; ** p < .01; *** p < .001.

+ Distances significantly greater .05, Bonferroni-adjusted.

Note: The analyses were based on children who provided data at all three waves. They were therefore tested on a reduced sample and the results are not comparable with the results for other variables in the table.

† These variables were collected in waves 2 and 3 only. They were therefore tested on a reduced sample and the results are not comparable with the results for other variables in the table.

The numbers of children (and observations) in the full sample: Family 1 (the carer family): 339 (2,565), Family 2 (birth family and people special and significant to children): 322 (2,523).

The numbers of children (and observations) in the reduced sample: Family 1: 226 (1,308), Family 2: 217 (1,266).

In further analyses, interactions between selected variables in the models were tested. For the carer family, there was a significant interaction between the child's gender and the child's relationship to the person they placed on the Kvebæk matrix ($\chi 2$ (11) = 25.6, p = .0073, % R2 = 4.1).

Figure 3.3a. Mean distances **– closeness to child's own position** on board 1 for people child lives with in current placement (see Appendix B Table B.1 for means). Dark colour represents those in relative/kinship care.

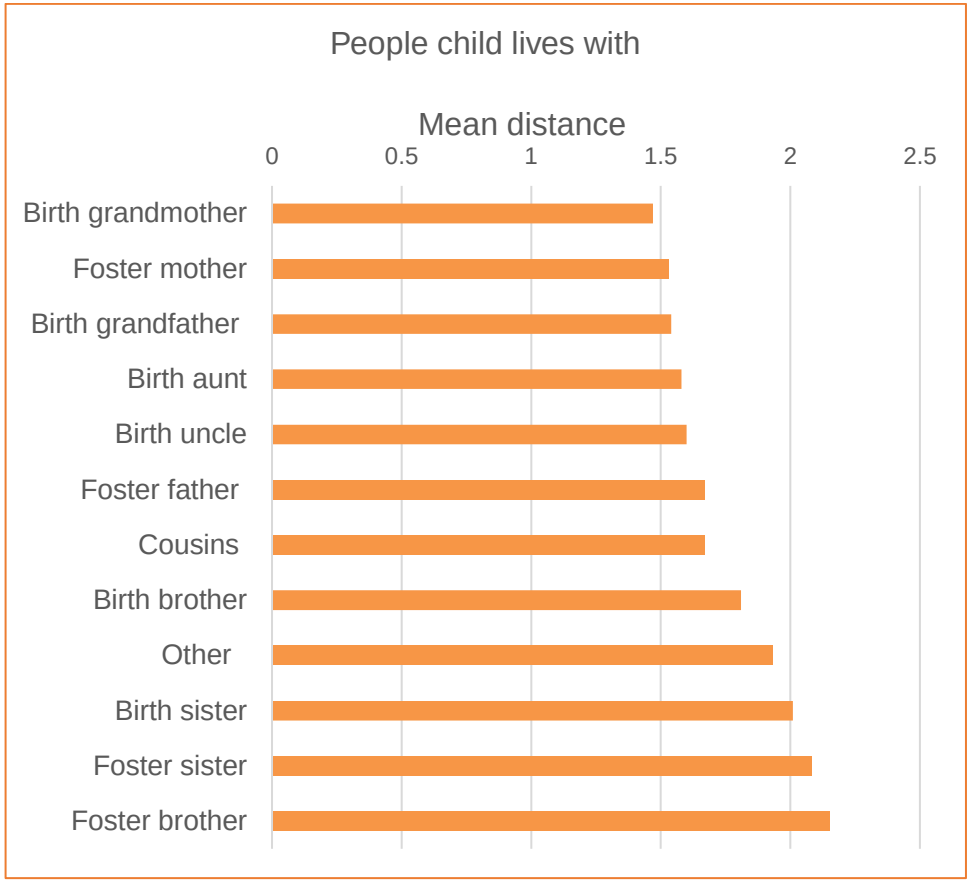
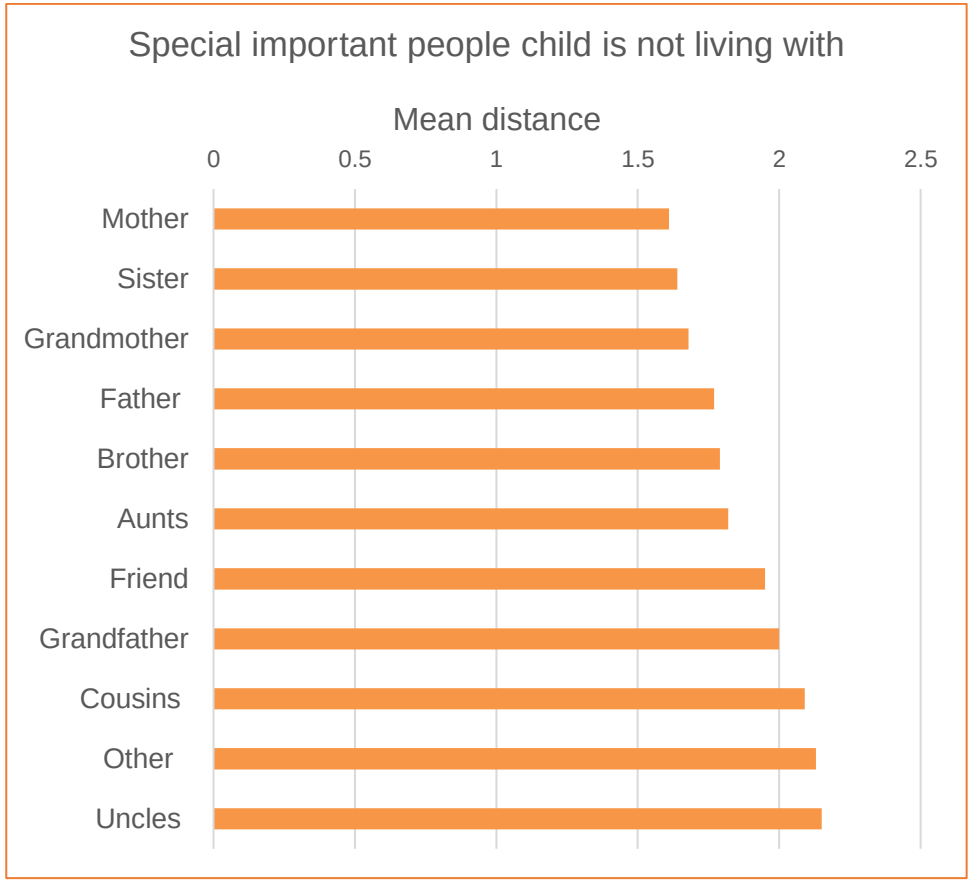


Figure 3.3b. Mean distances **– closeness to child's own** position on board 2 for people child does not live with but selected as special and important (see Appendix B Table B.2 for means).



Figures 3.4 and 3.5 provide examples of children's placements of the people they were living with relative to their own position on the board and the people they selected that they were not living with but were special and important to them. Some details in the following figures and text have been changed to protect the confidentiality of the children and their responses, in line with the APA Publication Guidelines (7th ed) and our ethical obligations. Figure 3.4a indicates how the relative closeness of the people the child was living with changed for an Aboriginal child in relative/kinship care from wave 1 when the child was 9 years old to wave 2 (age 10) and wave 3 (age 12). The child was living with several siblings and their aunt and uncle. In wave 1, the child placed themself centrally but some distance from all other members of the family; in waves 2 and 3, the child was closely surrounded by their siblings, aunt and uncle. Figure 3.4b shows the same child's placements for people the child selected as special and important to them – people the child was not living with. The child's birth mother and father were selected at each wave but placed at some distance in wave 1, and much closer in waves 2 and 3. As outlined earlier, Aboriginal children were more likely to include extended family members (aunts, uncles, and cousins) as special and significant people in their lives than other Australian children.

Figure 3.4a. Board placement for waves 1 to 3, Aboriginal child in same relative/kinship household

Figure 3.4b. Board placement for others special and important to same child in waves 1 to 3

On the other hand, Figure 3.5a shows another child remaining some distance from their foster father and foster sibling in wave 1 (age 8) through to wave 3 (age 10) but being quite close to their foster mother. The special and important people selected, people the child was not living with, included their mother, father and three siblings, who surrounded the child, as well as two grandmothers, grandfathers and an aunt, closely placed, at wave 1 (Figure 3.4b). The child's parents and two siblings, aunt and uncle and one grandmother were retained at wave 2 and surrounded the child at wave 2, and several friends were added. The child's parents, siblings and grandmother were included at wave 3, but not so closely placed. The tightness of the birth family contrasts with the more distant placement of the child's foster family.

Figure 3.5a. Board placement for waves 1 to 3, child in same foster household

Figure 3.5b. Board selections and placements for special and important people for waves 1 to 3

3.2 Children's reports of their carers' emotional responsiveness

Children's ratings of their carers' emotional responsiveness were based on their ratings of how often the adults looking after them help them if they have a problem, listen to them, praise them for doing well, do things with them that are just for fun, and spend time just talking with them (see section 2.3). Children's overall mean scores for the emotional responsiveness of their carers were very consistent and high, being close to the maximum score of 25, across waves and by placement type.[32] The mean score was 21.05 (SD = 3.6) in wave 1; in waves 2 and 3, the scale scores were not significantly different (mean of 21.4 at wave 2 and 21.0 in wave 3). There was little or no difference between Aboriginal and non-Aboriginal children[33] or by CALD background.

Children and young people also responded to a question in waves 2 and 3 about the extent to which their carer helps them to feel part of the family, again on a 5-point rating scale (1 = 'always' to 5 = 'never'). Over 80% of children and young people at each wave and in both relative/kinship and foster care said 'always'. There were no significant differences for Aboriginal and non-Aboriginal children.[34]

In waves 2 and 3, children were also asked whether they were happy living 'here' (in their current home). Most children in foster care (98.5%) and relative/kinship care (97.5%) in wave 3 said they were 'very happy' or 'happy'. The figures were very similar for wave 2. There was little difference by gender, Aboriginality or age except that in wave 2, males (p = .039), and non-Aboriginal children (p = .024) and CALD children in foster care (p = .016) were somewhat, though not significantly,

[32] The means ranged from 21.72 (SD = 3.42) for children in foster care to 20.81 (SD = 4.09) for children in relative/kinship placements and 20.6 (SD = 3.86) for young people in residential care. High scores for carers' emotional responsiveness indicates a positive parenting style, i.e. the higher the score, the more emotional responsive a carer is perceived to be.

[33] The means for Aboriginal children ranged from 21.45 (SD = 2.99) in wave 1 to 21.77 (SD = 3.61) in wave 2 and 20.88 (SD = 4.33) in wave 3 to 21.52 (SD = 3.69) in wave 1 for non-Aboriginal children.

[34] At waves 2 and 3, 82.1% and 84.3% of Aboriginal children said their carer 'always helped them to feel part of the family' compared with 82.6% and 81.6% of non-Aboriginal children. The highest proportion was for 88.4% of Aboriginal children in foster care in wave 3.

less likely (at p = .01) to be 'very happy' than females, Aboriginal[35] and non-CALD children.

Children saying their carers help them to feel part of the family was significantly correlated with them being happy living in their current home. This was the case for both Aboriginal and non-Aboriginal children in foster and relative/kinship care (Table 3.6).

Table 3.6. Correlations **between children's ratings of carers helping** them to feel **part of the family and child's happiness living there**

Spearman rho correlations between children's ratings of carers helping them to feel part of the family and child being happy living there by wave		
	Wave 2	Wave 3
Aboriginal children	.336* (n = 84, p = .002)	.195 (n = 114, p = .038)
Non-Aboriginal children	.413** (n = 112, p < .0001)	.472** (n = 152, p < .0001)

* p < .01; ** p < .001

Children who rated their carers as being more emotionally responsive (on the individual items and the overall score) were significantly more likely to say they were happy living in their current home, and that their carers help them to feel part of the family. The correlations were statistically significant (p < .001, ranging from .258 to .503). This was the case for both Aboriginal children and non-Aboriginal children (Table 3.7).

[35] See Figure E.1 in Appendix E for a comparison of Aboriginal and non-Aboriginal children's mean ratings of how happy they were in their placement.

Table 3.7. Correl**ations between children's ratings or carers' emotional responsiveness, carers helping them to feel part of the family and child's** happiness living there

Spearman rho correlations between children's ratings of carers' emotional responsiveness and child being happy living there by wave				
	Wave 2		Wave 3	
	Happy living	Helps child to feel part of family	Happy living there	Helps child to feel part of family
Aboriginal children	-.369**	-.503**	-.225	-.399**
Non-Aboriginal children	-.258**	-.388**	-.421**	-.470**

** p < .001

Note: The child's scale for being happy living in their current placement was rated on a 4-point rating scale where 1 = 'very happy' and 1 = 'very unhappy', so negative correlations with emotional responsiveness indicate that children were happier when they perceived their carers as being more emotionally responsive. The R^2 values for variance in common range from 5% to 25%.

3.3 Summary

Overall, children's views about their relationships with their carers were very positive, consistent with the findings of the two recent surveys of children and young people in OOHC by the Australian Institute of Health and Welfare (2016, 2019a). The vast majority of children aged 7 to 17 who participated in the POCLS interviews indicated that they were happy or very happy living in their current care household, and this was significantly correlated with their ratings of whether their carers helped them to feel part of their family. Both of these ratings were also significantly correlated with their assessments of their carers' emotional responsiveness to them.

Children also indicated by their placement of the members of their carer household and their birth family in relative closeness to themselves that they felt closer to their mother and father and female foster carer or relative/kinship carer and then their siblings than to others. There were few differences by cultural background or type of care placement. The people children mentioned as special and important to them and who they wanted to see more were their parents, siblings and grandparents, in that order, as well as friends. There were some marked differences in the pattern of their placements of the figures on both boards and some changes over waves, and these will be analysed in further analyses in relation to those who remained in the same placement and those who changed.

4. Carers' reports of the child's household relationships

4.1 Carers' perceptions of the child's relationships with members of the caregiving household

Carers were asked to indicate at each interview how well the child was going, how well they knew the child in their care, how close they were to the child, and the quality of the relationship between the child and others in their household. In these analyses, the focus is on children who remained in the same carer household or with the same relative/kinship or foster carer over the three waves to examine the change over time.

At each wave, the way carers rated these aspects of the child's relationship with them and others in the household, and how settled, how well the child was perceived to be going were significantly inter-correlated ($p < .0001$).[36]

Most carers at each wave reported they knew the child in their care 'very well' and this did not change significantly over time for the children who remained in the same household over the three waves. The only significant effect over time was in relation to how well carers said the children were going, with a drop in wave 3, particularly for Aboriginal children ($p = .003$, Odds ratio (OR) wave 3 versus wave 1 = .64; OR wave 3 versus wave 2 = .59) (Table 4.1c).[37]

Table 4.1. Car**ers'** reports of chi**ld's** relationships in carer household by type of care and Aboriginality of child

	Overall (n = 748)	Relative/kinship care (n = 371)	Foster care (n = 377)	Aboriginal (n = 296)	Non-Aboriginal (n = 452)
(a) How well carers know the chil**d: % 'very well'**					
Wave 1	89.0	91.6	86.5	90.9	88.3
Wave 2	94.4	94.3	94.4	93.2	92.0

[36] Spearman rho ranging from .30 to .56 in wave 1, .31 to .54 in wave 2, and .28 to .56 in wave 3. The lower correlations were with the child's relationship with the other carer and other children in the household.

[37] See Appendix C for a note on interpreting odds ratios.

Table 4.1. Car**ers'** reports of chi**ld's** relationships in carer household by type of care and Aboriginality of child (cont.)

(b) How settled the child is: % **'v**ery **well'**					
Wave 1	89.4	87.6	91.3	90.9	88.5
Wave 2	90.6	89.5	91.8	93.2	88.9
Wave 3	90.5	87.9	93.1	90.5	90.5
(c) How well the child is going at the moment: % 'very well'					
Wave 1	78.7	78.4	79.1	80.1	77.9
Wave 2	80.8	80.3	81.2	81.4	80.3
Wave 3	73.7	71.9	75.5	72.2	74.7

The main and consistent difference was associated with the age of the child, with a substantial decrease associated with the age of the children in the proportion of carers indicating that they knew the child well – from over 95% for children under 3 years to about 80% for children aged 6 to 11 and 75% for children and adolescents aged 12 to 17 years, though the proportion also increased over time for older children (Table 4.2a). There was little difference between relative/kinship carers (87.8%) and foster carers (82.3%) in how well they said they knew the children across waves. There were also no significant differences associated with the child's cultural background or Aboriginality.

Around 90% of carers also reported that the child in their care had settled 'very well', with no significant difference over waves. There was little difference between foster and relative/kinship care or with the child's gender or cultural background. [38] Again, there were, however, significant differences associated with the age of the child. While the carers of younger children were more likely to be positive about how well the children had settled than carers of older children and adolescents, they were also more likely to be positive in subsequent waves for children in the same age who were of course older at each wave (Table 4.2b).

[38] Cochran Q not significant for type of placement, Aboriginality or CALD background.

Table 4.2. Car**ers'** reports of chi**ld's** relationships in carer household, by age of child

	Under 3 years	3–5 years	6–8 years	9–11 years	12–17 years	Sig	
	%	%	%	%	%	n	p
(a) How well carers know the chil**d: % 'very well'**							
Wave 1	95.8	85.3	80.2	80.3	72.0	767	p < .0001
Wave 2	99.5	97.1	90.6	91.2	75.5	767	p < .0001
Wave 3 #	-	-	-	-	-	-	
(b) How settled the child is: % **'**very **well'**							
Wave 1	97.0	85.9	79.3	77.3	76.0	767	p < .0001
Wave 2	97.3	97.1	90.6	91.2	75.5	766	p < .0001
Wave 3	-	95.7	88.0	81.7	84.4	766	p < .0001
(c) How well the child is going at the moment: % 'very well' (n = 767)							
Wave 1	90.3	74.4	62.1	62.1	48.0	767	p < .0001
Wave 2	92.0	82.3	71.1	75.8	65.3	767	p < .0001
Wave 3	-	81.8	66.1	64.3	64.4	765	p < .0001

Note: Change over time across waves was analysed using Cochran Q for the tracked sample across waves.
This question was not asked in wave 3.

Carers were also asked to say how well they thought the child in their care was going at that time (Table 4.2c). Carers were somewhat less positive in this regard for children older than 3 years in wave 1, and especially for adolescents, than for other questions, but there was a marked increase in carers saying children were going very well from wave 1 to wave 2, though not into wave 3.[39]

[39] In these analyses, again the focus is on children who remained in the same carer household or with the same relative/kinship or foster carer over the three waves to examine the change over time. The same pattern was evident for all children without the restriction of children being in the same household on all three waves.

Carers' perceptions of their relationship with the child

The vast majority of carers reported having either a 'very close' or 'quite close' relationship with the children in their care.[40] At all three waves, over 85% of carers said they had a 'very close' relationship with the child (Table 4.3a). There were no significant differences over time or associated with the type of placement (foster or relative/kinship care) or with the gender or cultural background of the child (Aboriginal/non-Aboriginal or CALD/non-CALD children).

Table 4.3. Car**ers'** reports of chi**ld's** relationships in carer household by wave (change over time) and placement type

	Overall (n = 748)	Relative/kinship care (n = 371)	Foster care (n = 377)	Aboriginal (n = 296)	Non-Aboriginal (n = 452)
(a) Carer's relationship with the child: % very close					
Wave 1	85.6	87.6	83.7	84.8	86.2
Wave 2	88.9	89.0	88.9	87.5	89.8
Wave 3	86.9	86.5	87.3	87.8	86.3
(b) The other carer's relationship with the child: % very close					
Wave 1	79.8	78.4	80.8	78.9	80.3
Wave 2	83.9	80.7	86.8	83.9	84.0
Wave 3	84.2	82.2	79.2	86.2	82.9
(c) Child's relationship with other children in household: % very close					
Wave 1	80.0	80.9	79.2	78.5	81.2
Wave 2	83.6	84.3	83.0	85.2	82.5
Wave 3	79.9	80.5	79.4	81.1	79.1

Each carer who participated in the interview was also asked to say how close they thought the child's relationship was with the other carer in the household, generally their male spouse or partner. The pattern was very similar, but with the other carer

[40] The question carers were asked was: How would you describe your relationship with the child? Response categories were 'very close', 'quite close', or 'not very close'.

reportedly somewhat less likely to be very close to the child than the primary carer respondent in wave 1 but not in later waves (Table 4.4). Again, there were no significant differences between foster and relative/kinship carers or associated with the child's Aboriginality or CALD cultural background.

The age of the child was, however, highly significant across the board, with carers of younger children reporting feeling 'very close' to the child significantly more than the carers of older children: over 95% for carers of children under 3 said they were 'very close' to the child in waves 1 and 2 but reducing to 62.9% from 66.7% for children and adolescents aged 12 to 17 years in waves 1 to wave 3. The increasing percentage of carers indicating their relationship with children was 'very close' over waves – for children aged 3 to 11 years – is of course likely to be a reflection of the carers having more time with the children in their care (Table 4.4a). The other carer was also reported to be significantly more likely to be very close to younger children than to older children (Table 4.4b).

Table 4.4. Car**ers'** reports of chi**ld's** relationships in carer household, by age of child

	Under 3 years	3–5 years	6–8 years	9–11 years	12–17 years	Significance	
	%	%	%	%	%	n	p
(a) Carer's relationship with the child: % very close							
Wave 1	95.8	78.7	76.5	63.6	66.7	764	p < .0001
Wave 2	97.9	94.2	78.9	79.1	65.3	767	p < .0001
Wave 3	-	95.9	84.9	77.4	62.9	766	p < .0001
(b) Other carer's relationship with the child: % very close #							
Wave 1	93.9	67.0	61.8	51.4	40.0	510	p < .0001
Wave 2	95.6	89.3	72..2	70.8	55.6	577	p < .0001
Wave 3	-	95.2	81.7	69.1	55.6	548	p < .0001
(c) Child's relationship with other children in household: % very close #							
Wave 1	92.1	74.8	62.7	64.4	47.1	658	p < .0001
Wave 2	91.8	88.8	72.6	71.3	76.3	659	p < .0001
Wave 3	-	89.7	75.3	64.9	68.4	654	p < .0001

The reduction in the numbers of responses to these two questions (b and c) compared with (a) is a result of there being no other carer or children in the household.

The vast majority of children were reported by their carer to be very or quite close to at least one carer at all three waves, with fewer than 15 children reportedly 'not very close' at any of the three waves.

Carers' reports of children's relationship with other children in the household

Most children were perceived by carers to be 'very close' (72.4%) or 'quite close' (22.9%) to other children in the household, with the exception of adolescents.[41] There was no significant change over time for children in the same households (Table 4.3c). There was a clear age gradient with older children being reported to be less likely to be very close than younger children (Table 4.4c). While most carers of children under 3 years (over 90.0%) reported that the children were 'very close' to other children in the household, this dropped substantially for older children and adolescents. The effect of the child's age differed by placement type but not by time in the placement.

There was no significant difference associated with the gender of the child or the child's Aboriginality or CALD cultural background.

4.2 Carers' reports of their emotional responsiveness

Carers' parenting style was based on three measures – parental warmth, hostility and monitoring (for 12- to 17-year-olds only), as outlined in section 2.2. Similar to the children's reports, there was a high degree of consistency across waves and little difference associated with placement type, or the child's age, Aboriginality or CALD background. The mean scores were also high, on average around 17, near the possible maximum score of 20. Foster carers of non-Aboriginal children tended, however, to self-report being lower on warmth (Figure 4.1) and higher on hostility (Figure 4.2) than the carers of Aboriginal children or relative/kinship carers of non-Aboriginal children.

[41] The question was: How would you describe [Study Child]'s relationship with other children and young people living here in your household? The response options were 1 'very close', 2 'quite close', 3 'not very close', or 'don't know' or 'refused'.

Figure 4.1. Carers self-reported parenting (warmth) for Aboriginal and non-Aboriginal children by care type

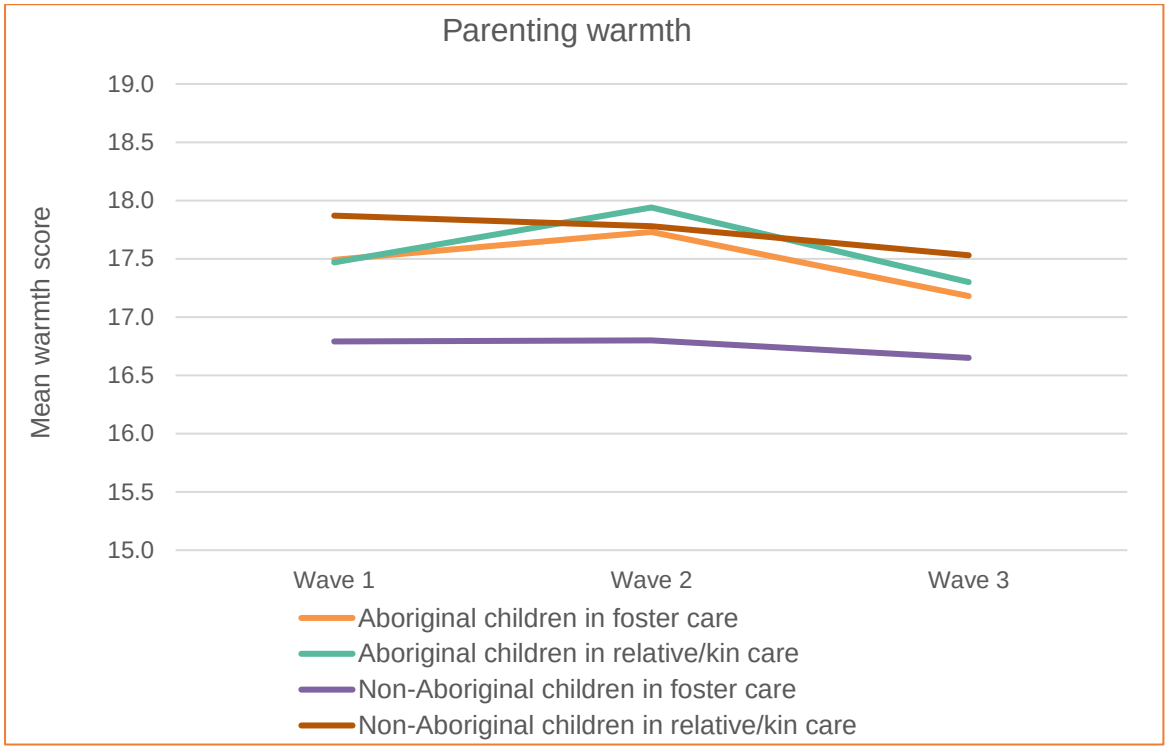
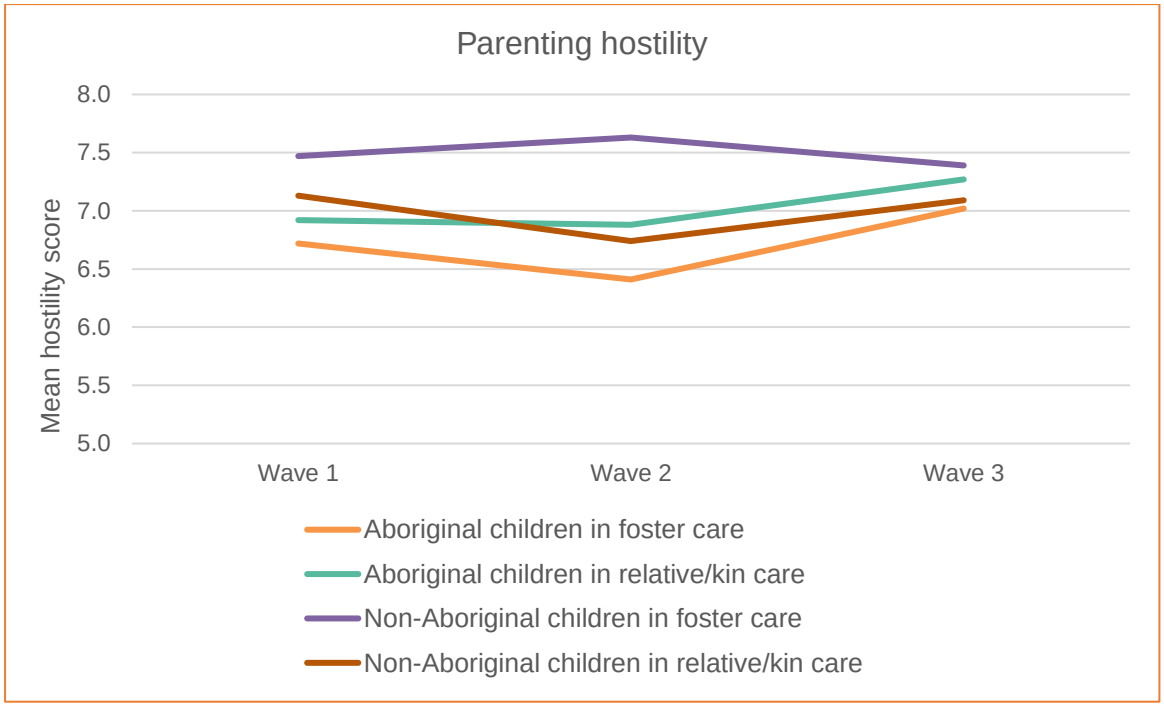


Figure 4.2. Carers self-reported parenting (hostility) for Aboriginal and non-Aboriginal children by care type



Conversely, and positively, the carers' mean scores for hostility were at the low and more positive end of the range.[42] They were also quite consistent across waves with little difference again associated with placement type, or the child's age, gender, Aboriginality or CALD background (see Figure 4.2).

The carers' self-rated warmth of parenting and hostility scores were significantly and negatively correlated at each wave (r = –.326, n = 1,285, p <. 001), and warmth was highly correlated with parental monitoring across waves, and types of care (average correlations around 0.55, p < .001).

4.3 Comparing children's and carers' views about parenting style

Children's views about the parenting style of their carer were poorly correlated with the self-reported ratings given by the adults who were looking after them. The questions do appear to tap similar concepts in terms of the carer enjoying and doing things with the child and being seen to do so by the child. There was little difference between Aboriginal and non-Aboriginal children in this regard. This suggests that children do not see the emotional responsiveness of their carers in the same way as their carers do. While this is somewhat surprising, it may indicate a response bias by carers or that children in these circumstances are not sensitive or well attuned to their carers' responsiveness.

Children's ratings of how happy they were living there (on waves 2 and 3) were, however, significantly and positively correlated with carers' parenting warmth scores for children in both foster and relative/kinship care.[43] Just asking children how happy they are may be a good indicator of the carer's parenting approach and relationship with the child. There was no association at all between children's reported happiness and the carers' self-reported hostility, indicating that children who have experienced abuse or neglect and separation from their family may be de-sensitised to negative moods and voice tones and carer hostility.

4.4 Summary

The vast majority of both foster and relative/kinship carers reported that they knew the children in their care very well and that the children were very settled and going

[42] The response options for each question were 1 = 'not at all' through to 10 = 'all the time', giving a possible score range from 3 to 30.

[43] For example, Spearman rho = -.368 for children in foster care in wave 2, n = 555, p = .003; and -401, n = 485, p = .000 at wave 3.

well. They also indicated that they were very close to the child, and that the child was also close to the other carer and other children in the household. There was little variation over time or associated with the child's cultural background, but adolescents were perceived to be less settled, less likely to be doing well, and to be less close to them and to others in the household than younger children. Carers also generally self-reported a high level of warmth and low level of hostility in their parenting style. Children's ratings of their carers' emotional responsiveness, however, were not significantly correlated with their carers' self-reported ratings of parenting warmth and hostility, but their ratings of how happy they were living there were.

5. Children's relationships and contact with their birth family

Children in OOHC, members of their family and children's carers have a complex set of relationships to negotiate. These relationships change over time and may become closer or more difficult depending on the circumstances, who the carer is, and how old the children were at the time they enter care and how long they remain with the carer. A key aspect is the child's contact with members of their birth family.

This section is based on the carers' perceptions and reports of those relationships, and about children's contact with their birth family and how well that is seen to be meeting the child's needs for maintaining their relationships with their family and others who are important to them.

5.1 Carers' reports of children's relationships with birth family members

Primary carers were asked a series of questions about children's relationships and contact with members of their birth family.[44] As in wave 1, children in relative/kinship care were reported as more likely than children in foster care to have a good relationship with their parents, and their maternal and paternal grandparents, aunts and uncles and cousins (Table 5.1). The pattern was similar for the difference between children in relative/kinship and foster care and was similar for children's relationship with their mother but not significantly so ($p < .01$). In contrast, children were perceived to be just as likely to have a good relationship with their siblings in relative/kinship care as in foster care in all three waves. Conversely, carers reported that children in foster care were much more likely to have a good relationship with none of their birth family members than children in relative/kinship care.

[44] The carer was asked: Who does [study child] have a good relationship with in [his/her] birth family? and provided with a list of family members, starting with their mother.

Table 5.1. Carer reports of birth family members with whom a child has a good relationship, for children in foster and relative/kinship care by wave

Child has a good relationship with	Relative/kinship care			Foster care		
	Wave 1	Wave 2	Wave 3	Wave 1	Wave 2	Wave 3
Mother (%)	39.6	35.5	31.8	26.1	27.0	27.5
Father* (%)	33.6	36.6	32.4	17.3	18.1	17.6
Siblings (%)	52.6	56.9	52.8	52.8	56.5	58.3
Maternal grandparents** (%)	48.0	41.5	34.9	15.1	13.6	15.1
Maternal aunts/uncles** (%)	44.4	42.8	33.5	9.1	8.4	9.0
Cousins** (%)	56.4	53.4	45.3	10.1	10.3	11.8
Paternal grandparents** (%)	30.6	30.9	27.7	11.0	13.2	13.9
Paternal aunts/uncles** (%)	30.6	32.5	27.7	3.1	4.2	5.3
Any other relations (%)	0.0	0.3	0.8	0.0	0.6	0.6
None of these** (%)	4.3	3.3	2.8	23.6	19.5	15.4
Total (n)	369	369	358	318	359	357

Note: Percentages and totals are based on respondents involved in the same household in all three waves to provide the best basis for comparison. Shaded rows indicate significant differences between children in relative/kinship and foster care (* $p < .01$, ** $p < .001$).
Comparable tables for all children (Table D.1) and for children in all three waves but not necessarily in the same household (Table D.2) are presented in Appendix D.

A series of logistic regression analyses were conducted to test the association between children's relationships with each of their family members – as perceived by their carer – and the following factors: the child's age and Aboriginality, the type of placement, how long children had been in that placement, whether they were living with any siblings, and the frequency of contact.[45] Table 5.2 summarises the

[45] These analyses excluded children in residential care and those who were having no contact at all with that family member.

significant results (odds ratios in significant effects). Taking all other factors into account, there were no significant changes over time (waves 1 to 3) or associated with the child's Aboriginality (see Table E.2a for children in relative/kinship care and Table E.2b for children in foster care in Appendix E). Nor were there any significant effects for the length of time the child was in that placement (for children for whom there were data for all three waves in the same placement), and whether they were living with any siblings. There were significant differences at each wave between children in foster and relative/kinship placements except for their relationship with their mother and their siblings (taking into account children who were living in the same household with at least one of their siblings). For fathers, for example, the odds ratios ranged from 2.61 in wave 2 to 2.24 in wave 3, and 2.42 in wave 1; the odds of children having a good relationship with their father were more than twice as great for children in relative/kinship care than in foster care.[46] The pattern was consistent for both their maternal and paternal relatives but was more marked for aunts and uncles than for grandparents.[47] On the other hand, a significantly and substantially larger proportion of children in foster care than in relative/kinship care were reported to have a good relationship with none of their family members (see Table 5.1 for percentages: odds ratios of 6.88 in wave 1, 7.10 in wave 2 and 6.32 in wave 3).

The child's age was a significant factor. Compared with under 3-year-olds, the odds of children having a good relationship with their mothers, fathers, siblings and grandparents were significantly greater for older children and adolescents aged 12 to 17 years; there was no significant effect for aunts, uncles and cousins.

The one consistent effect across all family members was the frequency of contact. Compared with less than monthly contact, the odds of children reportedly having a good relationship with each of their family members were significantly greater for contact that was more frequent (at least monthly) and particularly for at least weekly contact with fathers, grandparents and paternal aunts and uncles. The odds of a child having a good relationship with their grandparents if they were having at least

[46] See Appendix C for an explanation of odds ratios.

[47] Odds ratios for maternal aunts/uncles ranged from 5.09 (wave 3) to 8.16 (wave 2) and for maternal grandparents from 3.01 (wave 3) to 5.19 (wave 1). Similarly, the odds ratios for paternal aunts/uncles ranged from 6.86 (wave 3) to 13.78 (wave 1) and for paternal grandparents, from 2.37 (wave 3) to 3.57 (wave 1).

weekly contact, for example, were at least 10.7 times that for children with less than monthly contact.

One group of children, mostly in foster care, had some contact with family members, but the carer reported the children did not have a good relationship with any member of their birth family: 139 in wave 1 (112 in foster care), 108 in wave 2 (91 in foster care) and 85 in wave 3 (71 in foster care). Of most concern are the eight children who, according to their carers, did not have a good relationship with any family members and were also not close to either or any of their carers.

Table 5.2. **Summary of logistic regression analyses predicting carers' reports of who the child has a good relationship** with in their birth family (people they are not living with) and odds ratios (OR) for significant comparisons: * p < .05, ** p < .01, *** p < .0001

Good relationship with family member	Overall model χ^2, 12 df	Contact frequency **(Sig different from 'less than monthly')**	Age of child (Age groups sig different from under 3-year-olds)	Placement type (Foster v relative/kinship)
Mother	109.76***	2.44 (at least monthly)*** 3.51 (at least weekly)***	2.47 (3–5 years)*** 4.73 (6–8 years)*** 6.39 (9–11 years)*** 6.12 (12–17 years)***	1.57*
Father	71.4***	2.33 (at least monthly)*** 7.34 (at least weekly)****	2.87 (6–8 years)*** 2.46 (9–11 years)*	2.12**
Siblings	55.3*	2.44 (at least monthly)*** 3.51 (at least weekly)***	2.44 (3–5 years)*** 3.00 (9–11 years)** 2.71 (12–17 years)*	
Maternal grandparents	63.9***	3.22 (at least monthly)*** 11.67 (at least weekly)***	2.68 (3–5 years)** 2.62 (6–8 years)* 4.17 (12–17 years)*	2.79**
Paternal grandparents	40.9***	2.84 (at least monthly)*** 10.71 (at least weekly)***	5.26 (12–17 years)*	2.45*
Maternal aunts/uncles	66.3***	2.75 (at least weekly)***		5.20***
Paternal aunts/uncles	45.46***	2.43 (at least monthly)* 8.24 (at least weekly)***		4.88***
Cousins	81.35***	2.19 (at least monthly)** 5.38 (at least weekly)***		5.22**

5.2 Children's contact with family members

Carers were asked to indicate which family members (that children were not living with) children had contact with, how frequently, and what type of contact. Table 5.3 shows how many children were having contact (of any type) with different family members at each wave. (See Table E.4 in Appendix E, which indicates little difference between Aboriginal and non-Aboriginal children.)

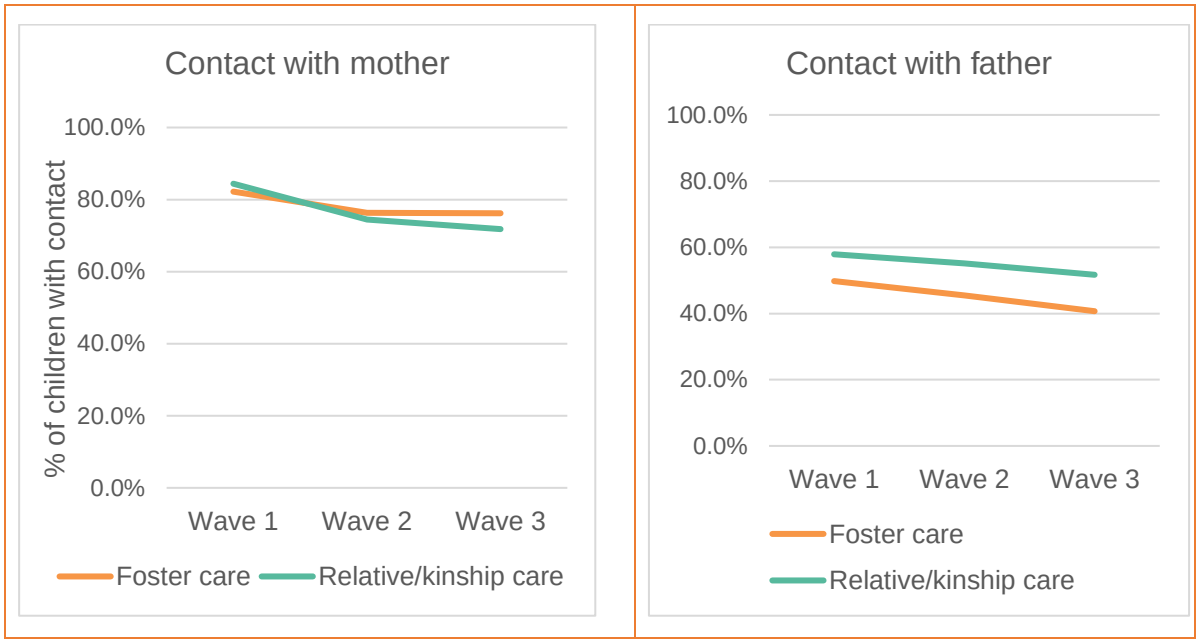
Table 5.3. Carer reports of which birth family members the child has contact with (not including those they live with) by wave for children in foster and relative care providing data on all three waves (in order of numbers and % on wave 1)

	Wave 1		Wave 2		Wave 3	
Child's contact with:	n	%	n	%	n	%
Mother	728	83.2	648	75.4	630	74.1
Father	469	53.6	430	50.1	391	46.0
Siblings	422	48.2	465	54.1	489	57.5
Cousins	381	43.5	410	47.7	366	43.1
Maternal aunts/uncles	329	37.6	327	38.1	307	36.1
Maternal grandparents	298	34.1	295	34.3	282	33.2
Paternal grandparents	226	25.8	229	26.7	212	24.9
Paternal aunts/uncles	198	22.6	229	26.7	201	23.6
Maternal great-grandparents	74	8.5	75	8.7	63	7.4
Paternal great-grandparents	37	4.2	36	4.2	33	3.9

Note: To provide a simple basis for comparison, these figures exclude children who were restored or provided survey data for the first time after wave 1. There is in fact little difference, however, in percentage terms using all children, using children for whom there are data for all three waves, and children in the same household over all three waves for whom there are data. For example, the respective percentages of children having contact with their mother in waves 1 to 3 are for all children: 83.2%, 75.5% and 73.7%; for children in all three waves: 83.6%, 75.0% and 73.6%; and for children in the same household for all three waves: 82.2%, 76.3% and 73.7%.
These family member categories are also not mutually exclusive, and some children may see several grandparents and some children may only see one.

Around 80% of children were in contact with at least one of their parents in each wave (87.0% in wave 1, 82.1% in wave 2 and 79.9% in wave 3, based on children with data for all waves). Significantly more children had contact with their mother than with their father across all three waves (Table 5.3 and Figure 5.1), with some reduction across waves for both parents; the largest percentage drop was for children in relative/kinship care having contact with their mother (a drop of 12.6 percentage points from 84.4% in wave 1 to 71.8% in wave 3).

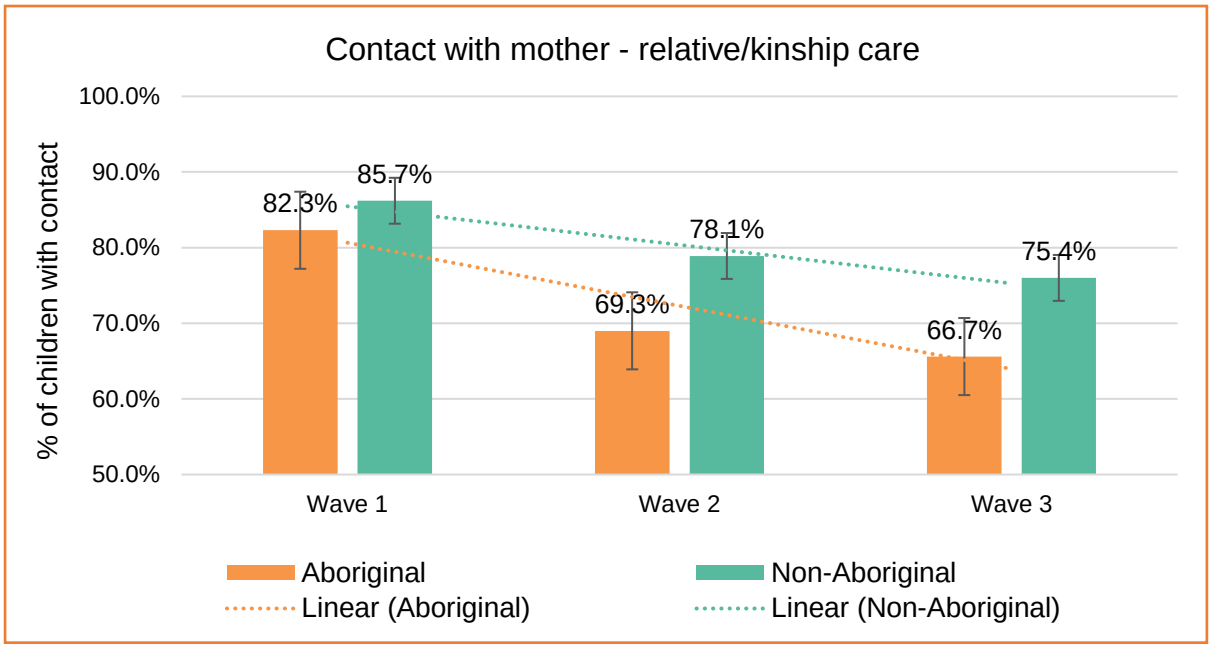
Figure 5.1. Percentage of children in relative/kinship and foster care with contact with (a) mother and (b) father by wave (for children in all three waves)

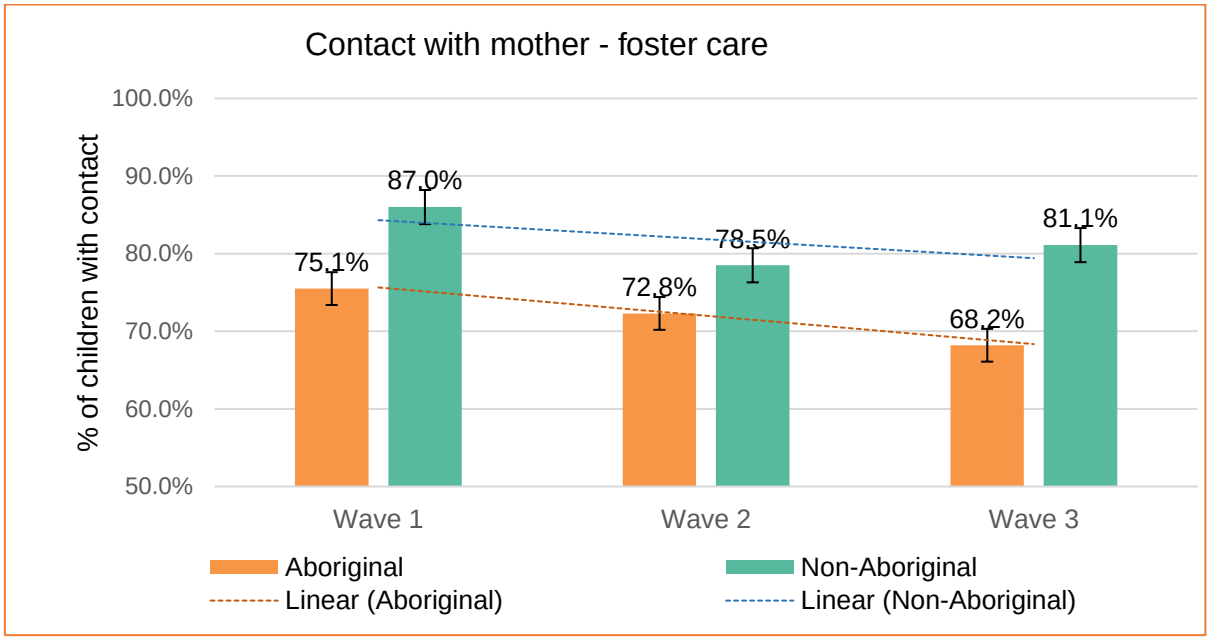


The percentage of Aboriginal children having contact with their mother reduced over waves in both relative/kinship care (82.3% in wave 1 to 66.7% in wave 3) and in foster care (75.1% in wave 1 to 68.2% in wave 3) (Figures 5.2a and 5.2b). It was lower for Aboriginal children than for non-Aboriginal children in each wave and type of care but significantly so only for children in foster care in waves 1 and 3 (Figure 5.2b).[48]

[48] Wave 1: $\square^2$ = 9.47, 1 df, p = .002; wave 3: $\square^2$ = 13.697, 1 df, p < .0001. These figures are based on children for whom there were data for all three waves (tracked sample). The figures are generally within several percentage points for children living in the same household or with the same carer

Figure 5.2. Percentage of Aboriginal and non-Aboriginal children in (a) relative/kinship care and (b) foster care having contact with their mother by wave

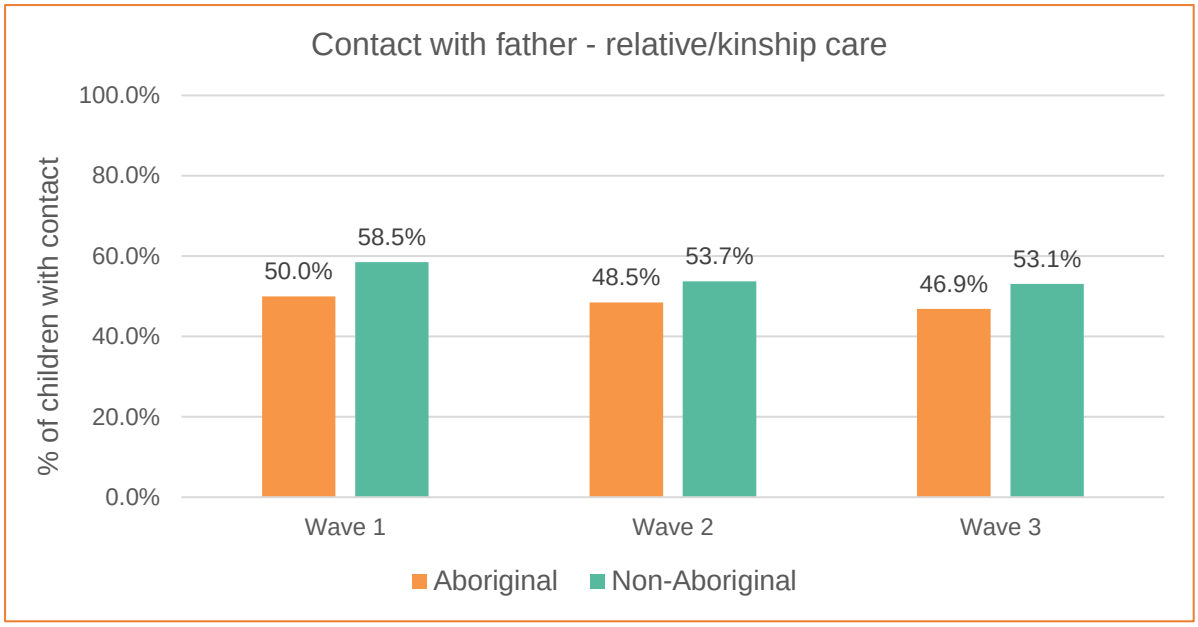


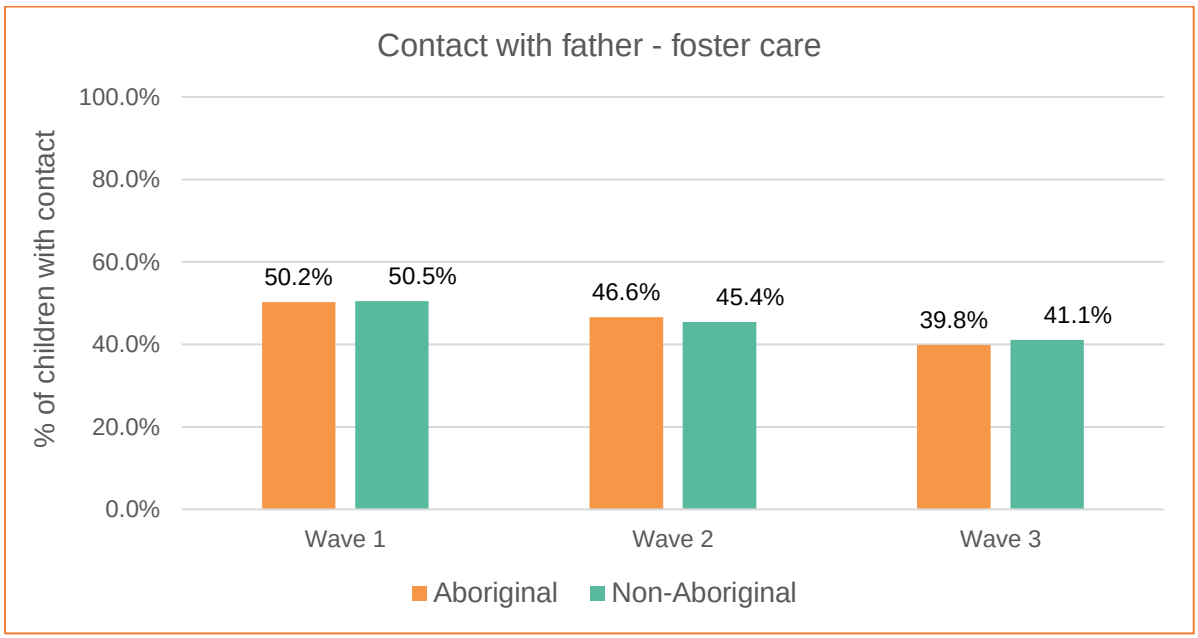


across waves and follow the same pattern for the significant difference between Aboriginal and non-Aboriginal children.

While children having contact with their father was substantially less common than with their mother, there was less drop-off over waves, though from a lower base (around 50% compared with around 80% for mothers: see Table 5.1). Unlike contact with mothers, the percentage of Aboriginal and non-Aboriginal children having contact with their father did not differ in either relative/kinship or foster care (Figures 5.3a and 5.3b).

Figure 5.3. Percentage of Aboriginal and non-Aboriginal children in (a) relative/kinship care and (b) foster care having contact with their father by wave

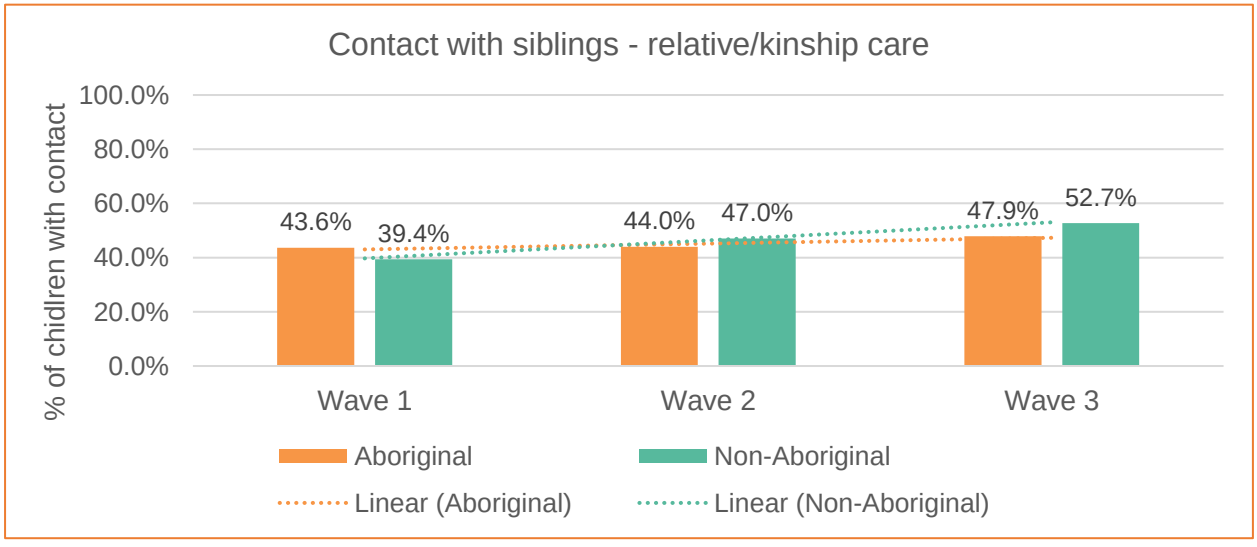


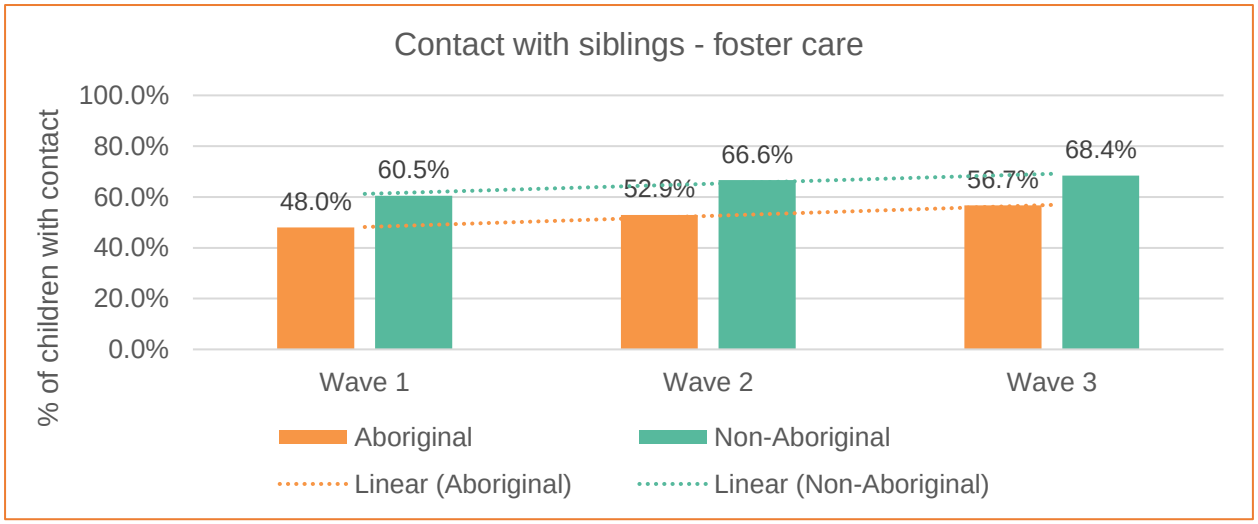


Contact across waves increased only for siblings. In wave 1, just under half of all the children across relative/kinship care and foster care (48.2%) were in contact with birth siblings they were not living with; this increased to 57.5% in wave 3. Children in foster care were more likely to have contact with siblings they were not living with than children in relative care, and this trend increased over waves. But children in foster care were more likely to have siblings who were living outside the household and less likely to have siblings living in the same household across waves than children in relative/kinship care (see Table 2.7). Taking into account the siblings that they were living with, children in relative/kinship were just as likely to have contact with their siblings inside or outside the household.

Aboriginal children in foster care were significantly less likely than non-Aboriginal children in foster care to have contact with siblings they were not living with. However, nearly double the proportion of Aboriginal children in foster care were living with siblings (35.3% on wave 1 and 28.6% on wave 2) than non-Aboriginal children in foster care (20.7% on wave 1 and 15.5% on wave 2). There were, however, no significant differences between Aboriginal and non-Aboriginal children in relative/kinship care both in relation to the proportion who have contact with the siblings they were not living with (Figure 5.4a) and the proportion who were living in the same household as their siblings (see Table E.3 in Appendix E).

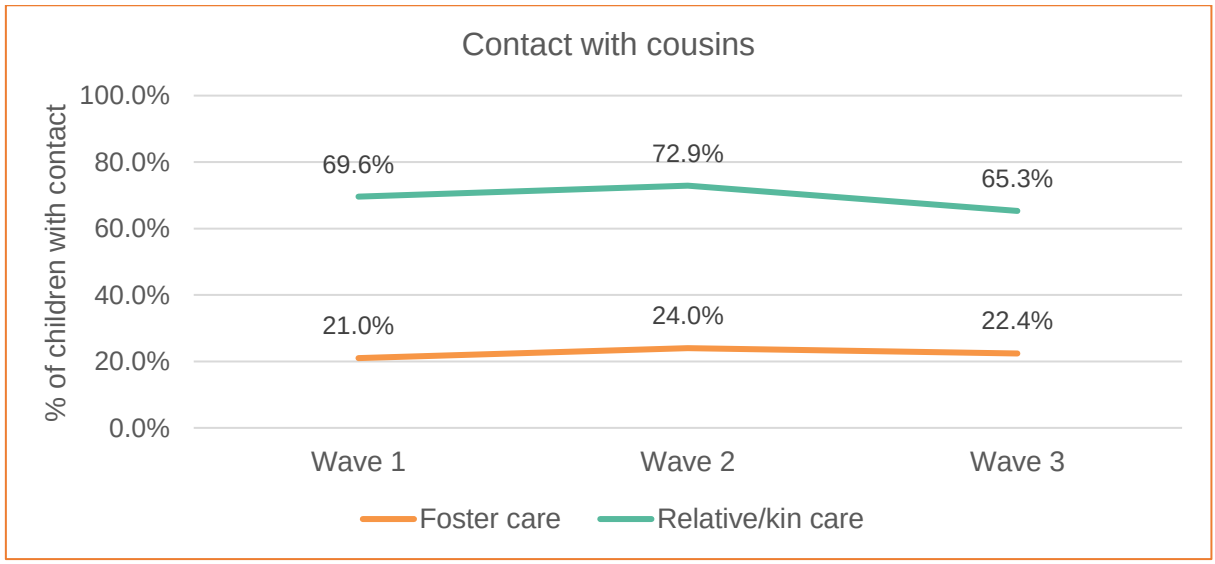
Figure 5.4. Percentage of Aboriginal and non-Aboriginal children in (a) relative/kinship care and (b) foster care having contact with siblings they were not living with by wave





Contact with cousins was the next most common, and quite consistent across waves (Figure 5.5). Nearly three times the proportion of children in relative/kinship care were having contact with their cousins than children in foster care (in wave 2, for example, 72.9% compared with 24.0%). There was little difference associated with Aboriginality.[49]

Figure 5.5. Percentage of children in relative/kinship care and foster care and having contact with cousins by wave



[49] For children in relative/kinship care, Aboriginal and non-Aboriginal children were just as likely to have contact with their cousins, but Aboriginal children in foster care were more likely than non-Aboriginal children in foster care to do so at wave 1 ($p = .009$) and wave 3 ($p = .004$).

Around a third of the children at each wave were having contact with various members of their extended family, most commonly their maternal aunts and uncles (around 37%) and maternal grandparents (around 33%). About one in four children across waves were having contact with their paternal aunts and uncles (Table 5.3).

Just over half the children were having contact at each wave with at least one of their grandparents (56.9% in wave 1, 55.2% in wave 2 and 56.7% in wave 3), somewhat but not markedly higher for those in relative/kinship (around 60%) than foster care (54%).

Children were, however, more likely to have contact with adult members of both their maternal and paternal extended family that they are not living with, if they were in relative/kinship care than foster care. Two to three times the percentage of children in relative/kinship care had contact with both maternal and paternal family members than children in foster care (dashed line in Figure 5.6). On the other hand, at least 40% of children in foster care in each wave had contact with no adult members of either their maternal or paternal family compared with only 12.0% to 17.5% of children in relative/kinship care over waves 1 to 3 (dotted line in Figure 5.6).[50] There was less difference in relation to maternal or paternal relatives alone. This indicates that contact for children in relative/kinship care is not restricted to the maternal or paternal relatives,[51] depending on who they are living with, though it is likely that contact with maternal relatives is more likely if children are living with their maternal relatives, and similarly for paternal relatives.[52]

Between 6% and 12% of children had no contact with any members of their birth family on each wav (60 children in wave 1 to 72 in waves 2 and 3. There was no significant difference between Aboriginal or non-Aboriginal children in this regard (Table E.4 in Appendix E).

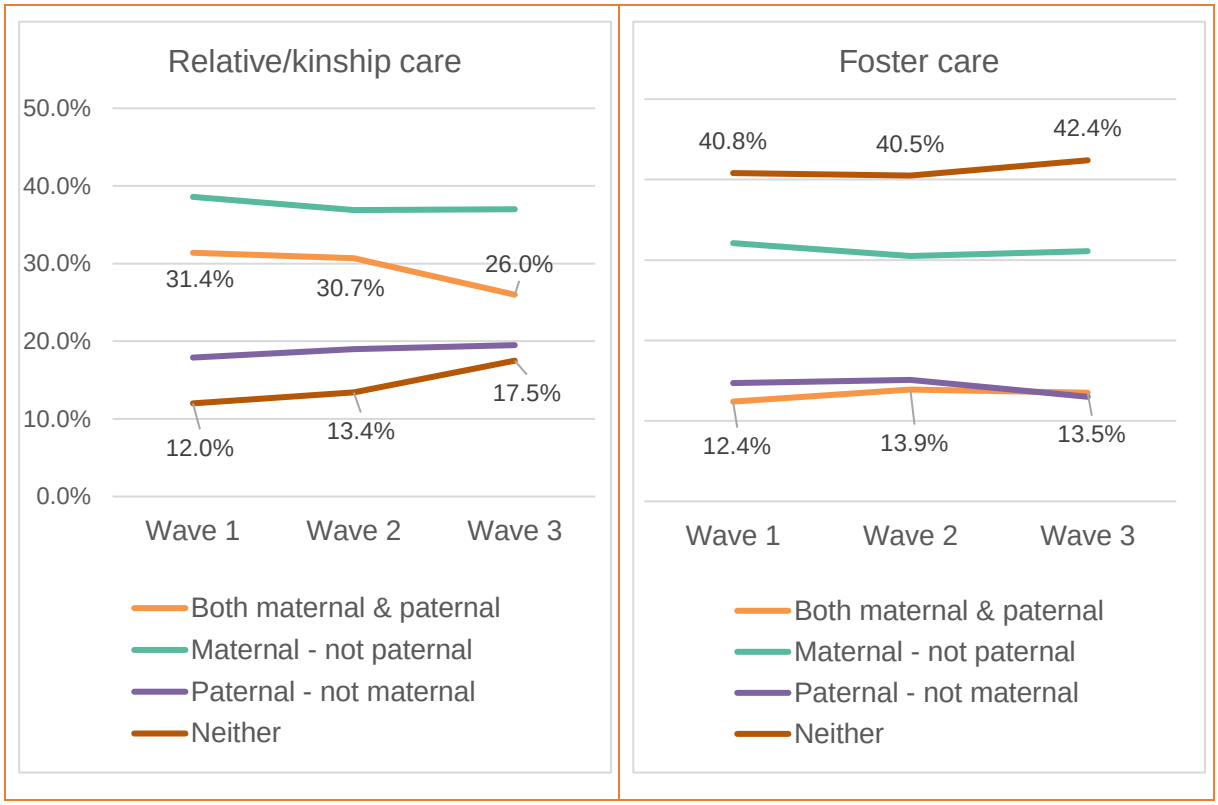
---

[50] Wave 1: $\square^2$ = 10.56, 1 df, p = .001; wave 2: $\square^2$ = 7.14, 1 df, p = .004; wave 3: $\square^2$ = 3.16, 1 df, p = .038.

[51] There was no significant difference between Aboriginal and non-Aboriginal and CALD children in the amount of contact children had with their maternal and paternal adult relatives.

[52] Further work on the data is needed to be able to determine whether children in relative/kinship care are living with maternal or paternal relatives.

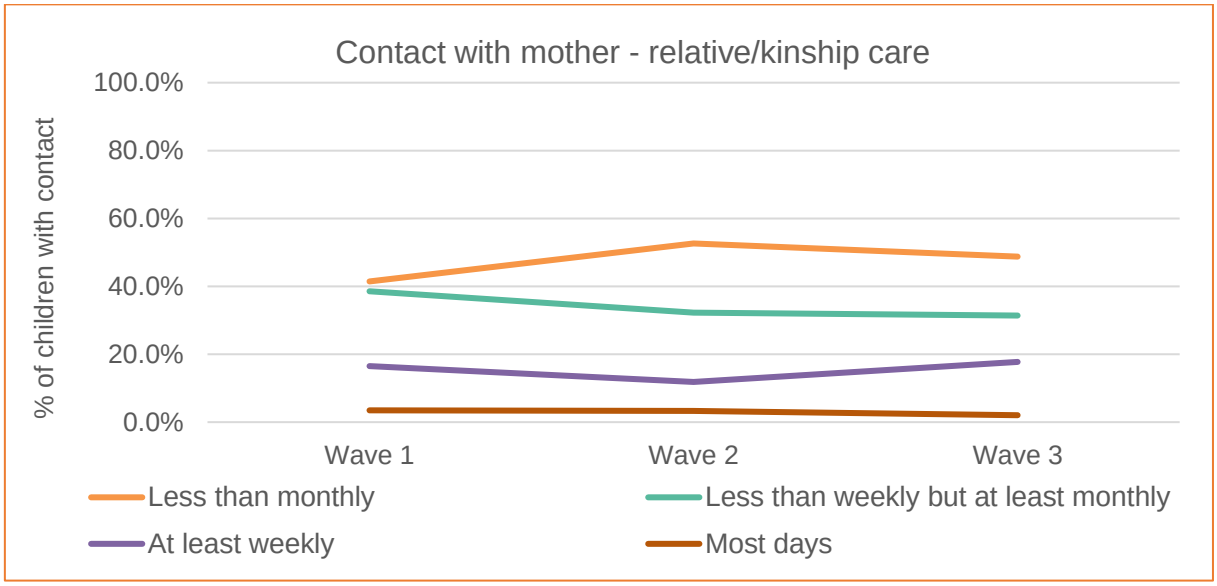
Figure 5.6. Percentage of children in (a) relative/kinship care and (b) foster care in contact with maternal and paternal relatives (not including parents) by wave

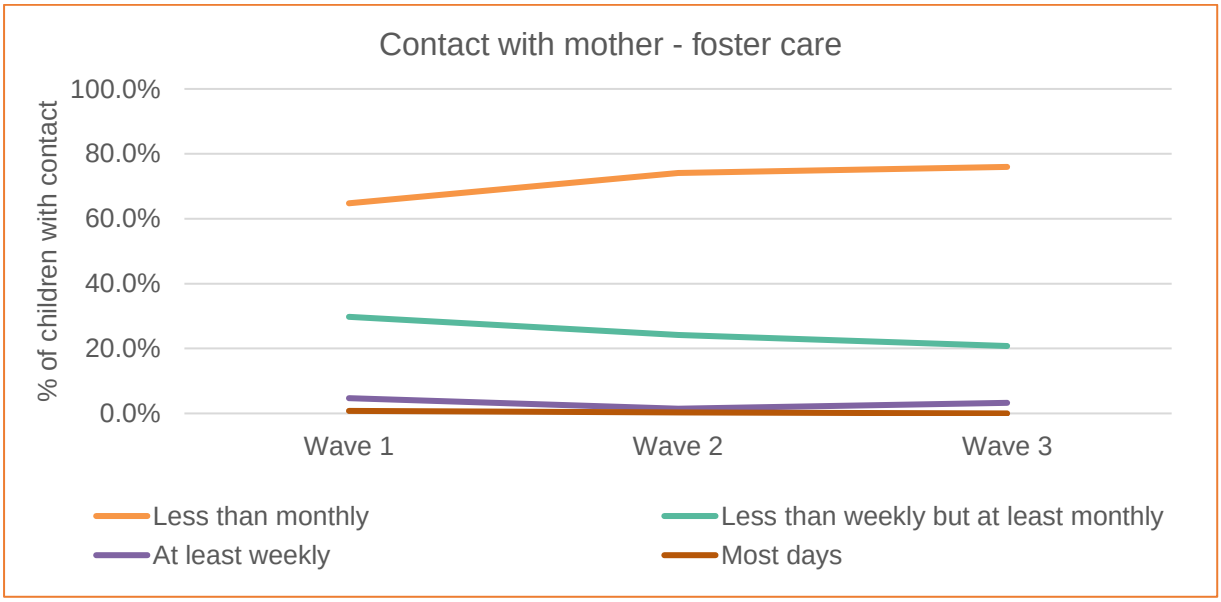


5.3 Frequency of contact

The frequency with which children had contact with members of their birth family reduced over time for children in foster care but generally remained fairly stable for children in relative/kinship care across family members. Figure 5.7 shows the frequency with which children in relative/kinship and foster care were having contact with their mother across waves (based on children in all three waves). It indicates that contact on a daily or weekly basis was very uncommon, and that the most common was less than monthly contact.

Figure 5.7. Frequency of contact for children in (a) relative/kinship care and (b) foster care with their mother by wave





Children placed with relatives were significantly more likely than children in foster care to have more frequent contact (at least monthly) with their mother, father and siblings, and with their grandparents, aunts and uncles and the cousins they were not living with. For mothers, for example, about 25% of children in foster care and about 50% in relative/kinship care had contact at least monthly in waves 2 and 3 (Table 5.4). Children in relative/kinship care also had contact with a significantly greater number of family members than children in foster care across all waves (mean of 2.48 compared with 1.04, $p < .0001$).

Table 5.4. Percentage of children with at least monthly contact with birth family members by type of placement and wave (carer report)

Children with at least monthly contact with	Relative/kinship care			Foster care		
	Wave 1 %	Wave 2 %	Wave 3 %	Wave 1 %	Wave 2 %	Wave 3 %
Mother	58.6	47.4	51.2	35.2	25.9	24.0
Father	49.8	46.7	48.8	31.4	19.5	18.3
Siblings	67.1	58.9	57.6	51.4	39.3	67.1
Cousins	73.2	77.8	74.4	40.6	20.4	19.6
Maternal aunts/uncles	60.4	66.1	66.2	30.0	19.4	15.2
Maternal grandparents	54.5	58.5	52.2	28.7	28.5	18.9
Paternal grandparents	49.2	49.1	35.6	28.3	21.5	24.1
Paternal aunts/uncles	64.4	61.1	67.8	37.5	19.0	24.4
Maternal great-grandparents	79.2	56.1	64.6	39.1	22.2	20.0
Paternal great-grandparents	51.6	60.0	65.4	n < 10*	n < 10*	n < 10*

Note: This does not include relatives that children live with and is based on children in the same household at all three waves.

There were no significant differences, however, between Aboriginal and non-Aboriginal children (see Table E.5 in Appendix E) nor between CALD and non-CALD children within foster and relative/kinship care in the frequency of contact with family members. There was a non-significant trend for Aboriginal children in relative care to have at least monthly contact with a greater number of family members than non-Aboriginal children, but this may reflect greater numbers of siblings and the larger family size for Aboriginal families.

5.4 Type of contact

The predominant form of contact most children had with their parents and the siblings they were not living with, was supervised face-to-face contact (Table 5.5). Around

90% of children in foster care had supervised contact with their mother and with their father, maintained at about that level across waves for those children having contact with their parents. The percentage of children in relative/kinship care with supervised face-to-face contact reduced as unsupervised contact increased significantly over waves. Fathers who were having contact with children in relative/kinship care were more likely than mothers to have unsupervised contact (Table 5.5).

There was a similar but less marked predominance of supervised face-to-face contact over unsupervised contact with siblings for children in relative/kinship care with unsupervised contact as likely in waves 2 and 3 as supervised contact – but again not for children in foster care. By wave 3, 50.2% of children in relative/kinship care had unsupervised contact but only 26.1% of children in foster care.

A similar pattern was evident for children's maternal and paternal grandparents, with supervised contact continuing to be the predominant form of contact for children in foster care, but unsupervised contact being more common from wave 1 for children in relative/kinship care. Unsupervised contact for children in relative/kinship care was even more common than supervised contact for aunts and uncles, and cousins (Table 5.6). Carers made a number of comments about supervised contact, with some seeking more supervision and others less; these comments are discussed later in section 5.5.

Overall, only about 10% of children had overnight stays with their family members, and that was most often with their grandparents, and then aunts/uncles and cousins. Only 2–3% had overnight stays with either of their parents, but this increased to 9.2% by wave 3 for children in relative/kinship care. Overnight stays were very rare for children in foster care.

Children were more likely to have telephone contact with their mothers (19.0%) and fathers (14.9%) than with other family members. Telephone contact was more common for older children and adolescents and for those in relative/kinship care than foster care. Telephone contact with parents increased over time to around 40% (37.5% for mothers and 42.2% for fathers) for children in relative/kinship care; for children in foster care, telephone contact increased from around 5–7% to about 20% by wave 3. All other relatives were also more likely to have telephone contact with children in relative/kinship care than in foster care (Table 5.6). There was minimal contact (2–5%) via email, social media or video calls, even for siblings or cousins.

Table 5.5. Percentage of children in relative/kinship care and foster care with different forms of contact with members of their immediate birth family

	Relative/kinship care			Foster care		
Type of contact	Wave 1 %	Wave 2 %	Wave 3 %	Wave 1 %	Wave 2 %	Wave 3 %
Mother						
Supervised ##	90.7	82.2	68.9	97.1	93.3	90.8
Unsupervised ## +	9.6	18.4	28.7	2.6	6.4	7.7
Overnight #	2.0	4.9	9.2	0.5	0.6	0.9
Telephone ## +	24.3	35.9	37.5	7.6	13.4	18.4
Father						
Supervised # +	83.1	65.8	57.8	95.7	88.8	89.4
Unsupervised # +	15.6	34.2	38.4	4.3	9.3	6.7
Overnight +	3.8	8.4	9.0	0.4	0.5	1.1
Telephone ## +	19.8	32.4	42.2	5.6	14.6	21.7
Siblings						
Supervised #	68.9	48.9	49.3	85.4	77.1	75.7
Unsupervised # +	31.1	51.1	50.2	17.3	25.1	26.1
Overnight	8.4	7.4	13.2	3.9	3.3	3.9
Telephone	14.4	15.3	16.6	7.1	9.1	12.0
Email	1.8	1.1	0.0	0.0	0.7	1.1

Significant effect for wave – for children in relative/kinship care only.
Significant effect for wave – both relative/kinship and foster care.
+ Significant effect for type of care – significantly higher proportions marked by coloured cells.
Percentages are calculated as proportion of children with data on all three waves who were having contact with that family member.

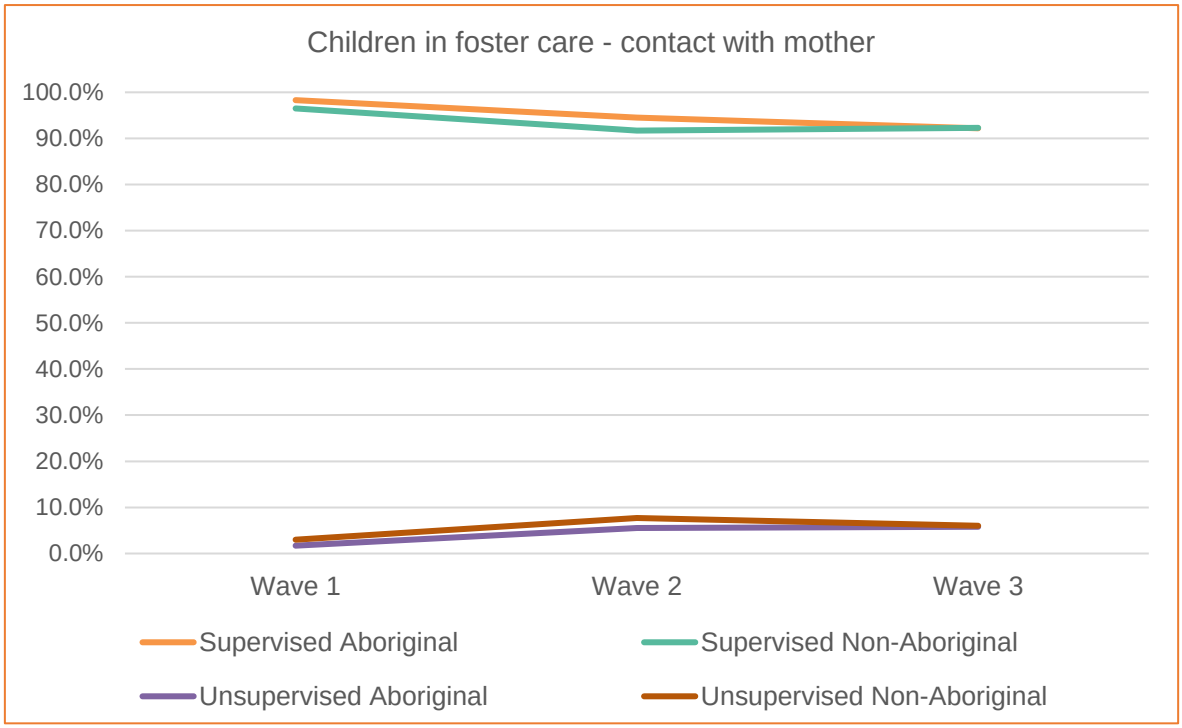
Table 5.6. Percentage of children in relative/kinship care and foster care with different forms of contact with members of their extended birth family (based on data in all three waves)

Type of contact	Relative/kinship			Foster care		
	Wave 1 %	Wave 2 %	Wave 3 %	Wave 1 %	Wave 2 %	Wave 3 %
Maternal grandparents						
Supervised +	41.2	28.5	36.3	76.5	71.5	71.5
Unsupervised ## +	54.2	68.5	62.8	22.9	27.9	24.3
Overnight #	13.0	18.5	15.9	5.4	3.6	5.3
Telephone ##	13.0	22.3	18.6	6.6	14.5	13.0
Paternal grandparents						
Supervised +	42.4	35.2	26.9	72.9	70.2	63.9
Unsupervised +	55.9	65.7	70.2	25.2	28.9	31.5
Overnight +	14.4	14.8	13.5	3.7	5.8	10.2
Telephone +	18.6	21.3	16.3	4.7	9.1	16.7
Maternal aunts/uncles						
Supervised +	22.6	17.9	12.8	64.4	69.9	58.9
Unsupervised +	76.5	82.6	86.7	35.6	30.1	39.3
Overnight +	11.9	11.6	16.9	4.0	1.0	4.5
Telephone	8.8	18.3	15.9	6.9	8.7	9.8
Paternal aunts/uncles						
Supervised # +	39.6	21.1	8.2	67.3	71.4	58.2
Unsupervised # +	60.4	80.1	91.8	34.7	25.4	41.8
Overnight	9.4	11.4	13.7	6.1	1.6	0.0
Telephone	11.4	12.7	12.3	12.2	9.5	9.1
Cousins						
Supervised # +	32.4	15.2	8.3	63.9	68.5	52.9
Unsupervised # +	66.9	84.8	91.7	38.1	30.6	47.1
Overnight	8.1	7.6	10.2	3.1	0	2.9
Telephone	9.9	14.6	11.4	7.2	7.4	6.6

As in Table 5.5: # and ## Significant effect for wave and + Significant effect for type of care.

There were no significant differences between Aboriginal and non-Aboriginal children in foster care in the type of contact they had with their mother, father, siblings and other family members (Figure 5.8).

Figure 5.8. indicates the predominance of supervised contact over unsupervised contact for both Aboriginal and non-Aboriginal children in foster care

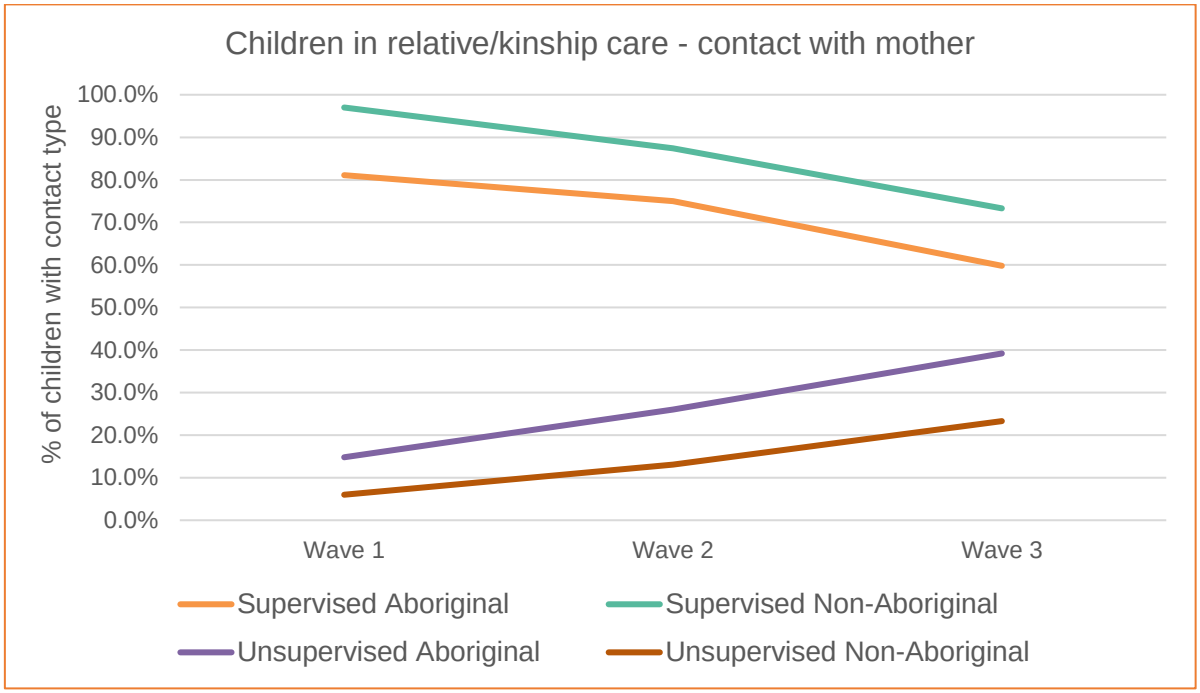


For children in relative/kinship care, however, there were significant differences between Aboriginal and non-Aboriginal children in the pattern of supervised and unsupervised contact with both their mother and their father.[53] As Figure 5.9 shows, Aboriginal children in relative/kinship care were less likely to have supervised contact with their mother than non-Aboriginal children in all three waves: in wave 1, for example, 81.1% of Aboriginal children compared with 97.0% of non-Aboriginal children had supervised contact ($p < .001$), and in wave 2, 75.0% of Aboriginal

[53] For ease of comparison, these analyses were based on children living in the same household across the three waves, though the proportions of children and the pattern of results were very similar whether they involved all children, or all children for whom there were data across three waves or children in the same household across three waves.

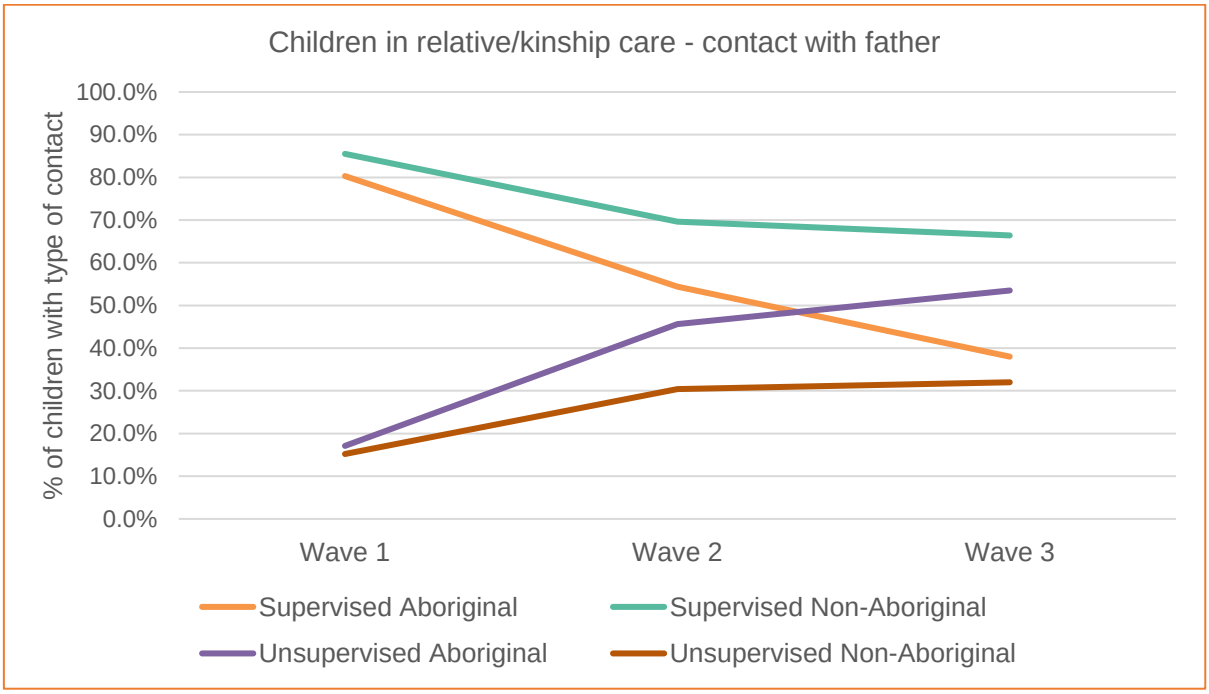
children and 87.4% of non-Aboriginal children (p = .007), then reducing further to 59.8% and 73.3%, respectively, in wave 3. Conversely, Aboriginal children in relative/kinship care were more likely than non-Aboriginal children relative/kinship care to have unsupervised contact with their mother in waves 2 and 3 (p = .003).

Figure 5.9. Percentage of Aboriginal and non-Aboriginal children in relative/kinship care with supervised and unsupervised face-to-face contact with their mother



For fathers (Figure 5.10), the pattern was similar for children in foster care to that for contact with mothers, but fathers whose children were in relative/kinship care were more likely to have unsupervised contact than mothers (see Figure 5.9). For contact with fathers, the difference between Aboriginal and non-Aboriginal children in relative/kinship care was significant only at wave 3, with Aboriginal children in relative/kinship care more likely to have unsupervised contact (53.5%) and less likely to have supervised contact (38.0%) than non-Aboriginal children (66.4%).

Figure 5.10. Percentage of Aboriginal and non-Aboriginal children in relative/kinship care with supervised and unsupervised face-to-face contact with their father (living in the same household at all three waves)



In summary, children were most likely to have contact with their mother, then their father and siblings, and then their maternal and paternal relatives. Aboriginal children in foster care were less likely to see their mother than non-Aboriginal children. There were no significant differences, however, between Aboriginal and non-Aboriginal children in either relative/kinship care or foster care in the likelihood of having contact with their father or siblings or in the frequency of contact (the proportion of children with at least monthly contact). The main and consistent differences were associated with the type of placement, with children in relative/kinship care being more likely to see members of their family, to see them more often, and to see them without supervision in waves 2 and 3. Aboriginal fathers whose children were in relative/kinship care, were, however, more likely to have unsupervised contact than mothers and more likely than the fathers of non-Aboriginal children.

5.5 Carers' concerns about contact

Carers were asked to indicate whether there were any problems with the child's contact with their birth family. About one in three carers (30.3%) reported no problems in wave 1; one in four carers reported one problem (26.0%), one in five (19.3%) reported two, and 13.3% reported at least three. Table 5.7 presents the percentage of foster and relative/kinship carers who reported problems with contact

at each wave, in order from the most common to least common for both relative/kinship and foster carers. Overall, the most common problems in wave 1 were parents' behaviour, parents cancelling or 'not showing up' and the impact of contact on the child. Parents cancelling or not showing up and parents' behaviour remained quite consistent problems for foster carers but reduced for relative/kinship carers over the three waves of interviews (for children who remained in the same household over the three waves).

The least frequently reported problems concerned a perceived lack of support from the caseworker, an unsafe environment or problems with supervised contact in terms of the behaviour of another family member (not the parent).[54] Very few birth parents were reported to not want contact. Relatively few children were reported by their carers not to want contact, but there was a trend for this to increase over time as the children got older and to be slightly more common for children in foster care than in relative/kinship care (see Table 5.7).

Table 5.7 also shows the significant effects, based on logistic regression, for Aboriginality, CALD background and the age of the child, and the differences between waves 1 to 3.

Concerns about the impact of contact on the child decreased over time but remained higher for foster carers than for relative/kinship carers. It was also related at wave 3, with carers rating their relationship with the birth family as poor and not being present and involved with contact.[55] Concerns about interrupting the child's routine, time and distance, and lack of support from the caseworkers also decreased over time, and were significantly less common at waves 2 and 3 than at wave 1. The only significant age difference was that there was less concern about interrupting the child's routine for school-aged children (older than 5 years), and largely reflects the change in children's routines and their less restrictive sleep patterns as they get older.

Relative/kinship carers were significantly more troubled than foster carers by hostility between themselves and the birth parents (odds ratio = 3.13) and by the parent's behaviour (odds ratio = 1.53) (see Table 5.7 for percentages). On the other hand, relative/kinship carers were significantly less likely to be concerned about the impact

[54] Very few carers mentioned problems with an unsafe environment or parental behaviour or supervision (only 6 at wave 1 and 9 at waves 2 and 3) or problems with the supervisor (28 on wave 3 and only 2 on wave 2). Parents reportedly not wanting contact numbered 9, 13 and 20 at waves 1 to 3.

[55] $\chi^2 = 13.40$, 2 df, p = .001: 88% of carers who were present and involved did not mention the impact of contact on the child at wave 3 as a problem.

of contact on the child and by any interruption to the child's routine. They were also significantly more likely to have a relationship, and one which is positive, with the birth parents at wave 3 than foster carers.[56] Nearly 70% (69.3%) of relative/kinship carers rated their relationship as 'positive' compared with 56.7% of foster carers; they were also more likely to rate their relationship as 'negative' (10.4% of relative/kinship carers compared with only 2.8% of foster carers).[57] Carers who were not present and involved in contact at wave 3 were the most likely to be negative about their relationship with the birth family and contact; none of the carers who were present and involved indicated that hostility was a problem.[58]

There were several differences associated with the child's cultural background. Carers of non-Aboriginal children were significantly less concerned about parents cancelling or not showing than the carers of Aboriginal children (odds ratio = .65). The carers of children with a culturally diverse background were less likely than other carers to indicate a problem with the parents' behaviour (odds ratio = .54) or lack support from the caseworker (odds ratio = .26), though few carers indicated this was a problem (Table 5.7).

Carers who indicated that there were problems with any of the issues in relation to contact were also asked to indicate what the main problem was (Table 5.8). The same issues caused the most concern: parents not showing up and parents' behaviour at the contact visit. Relative/kinship carers of both Aboriginal children and non-Aboriginal children were more troubled than foster carers of non-Aboriginal children by the parent's' failure to show up and by their behaviour.

[56] Carers were asked at wave 3 to rate their relationship with the birth family s/he has contact with on a 5-point scale from 1 = positive to 5 = negative. [fam16_new3_carer]

[57] $\chi^2 = 60.36$, 3 df, $p < .0001$. More than one in five foster carers (22.5%) said children did not have a relationship with their birth family compared with only 3.9% of relative/kinship carers.

[58] $\chi^2 = 12.16$, 2 df, $p = .002$.

Table 5.7. Percentage of relative/kinship carers and foster carers indicating problems with contact and significant effects for type of care, Aboriginality, CALD background and age of the child

Problems with contact	Relative/kinship carers			Foster carers			Significant differences (p < .01)				
	Wave			Wave							
	1 %	2 %	3 %	1 %	2 %	3 %	Wave	Kinship cf foster	Non-Aboriginal < Aboriginal	CALD < non-CALD	Age
Parent cancelling or not showing up	34.8	32.2	27.0	33.3	28.4	30.6			OR = .65	OR = .54	
Parent's behaviour	36.7	36.8	27.3	27.4	24.6	25.6		OR = 1.53			
Impact of contact on the child	25.1	17.6	15.9	33.3	26.5	22.8	2,3 < 1	OR = .49			
Interrupts child's sleep and routines	18.3	7.8	10.3	30.5	19.7	12.8	2,3 < 1	OR = .43			12–17 < 3–5 years and < 3 years
Time/distance	18.1	10.5	12.5	16.9	11.7	10.6	2,3 < 1				
Hostility between birth family and carer	15.1	14.3	11.1	4.0	6.3	5.6		OR = 3.13			
Child not wanting contact	5.4	6.5	9.7	9.3	8.7	11.4					
Lack of support from the caseworker	8.9	3.8	3.3	7.6	6.0	3.1	2,3 < 1			OR = .26	

Note: Based on children in same household for all three waves for simplicity of comparison.

Table 5.8. Percentage of carers indicating the main problem with contact for Aboriginal and non-Aboriginal children in relative/kinship and foster care

Waves	Relative/kinship carers						Foster carers						Significant effects	
	Aboriginal children			Non-Aboriginal children			Aboriginal children			Non-Aboriginal children				
	1 %	2 %	3 %	1 %	2 %	3 %	1 %	2 %	3 %	1 %	2 %	3 %	Wave	Foster > kin
Parent cancelling or not showing	21.0	33.9	24.3	27.2	24.6	17.3	23.6	33.1	31.5	18.2	17.0	21.3	W2 v W3	
Parent's behaviour	25.2	19.7	21.4	22.6	23.0	28.1	12.4	9.9	13.7	14.2	7.5	14.8		W1
Impact on child	13.3	11.8	14.6	15.5	12.0	9.4	21.9	19.9	21.0	27.0	19.0	18.6		
Time/distance	17.5	7.1	11.7	10.0	8.7	5.8	12.9	8.6	4.0	6.2	8.5	8.2		
Interrupts child's sleep and routines	7.7	1.6	3.9	7.5	5.5	0.7	15.2	7.3	1.6	16.4	13.0	7.1	p < .01	
Hostility – birth family and carer	2.8	5.5	2.9	4.2	4.9	5.8	2.8	2.0	0.8	2.2	1.0	3.3		
Child not want contact	2.1	3.9	4.9	2.5	2.2	5.8	4.5	2.6	4.8	6.9	4.0	5.5		
Lack of support – caseworker	3.5	2.4	2.9	2.5	0.5	2.2	0.6	4.0	0.0	1.5	2.0	2.2		
Other – birth family not want contact	7.0	14.2	1.9	7.9	18.6	1.4	6.2	12.6	4.8	7.3	28.0	0.5		

Note: Based on children in the same household on all three waves. Coloured cells indicate more than 20% of carers indicating main problem.

5.6 Children's reactions to contact (carer report)

The perceived impact of contact on the child's behaviour and emotional state was one of the most frequent concerns indicated by carers across waves, and for foster carers more than relative/kinship carers. This concern was explored by asking carers how children had reacted to contact with their mother and their father after their last contact visit and how they were beforehand.[59]

The carers' assessments of the child's behaviour before the last visit was increasingly positive for both relative/kinship and foster carers from wave 1 to wave 3. Based on children in the same household or the same carers for all three waves carers, this reflects children being in the placement for up to five years and the carers' greater exposure to the child's emotional reactions (Figure 4.6 for relative/kinship carers and foster carers). This is similar to the pattern at wave1, with more carers indicating that the child was positive, the longer the child had been in their care. It also reflects the child's increasing age. Carers of the youngest children (children under 3) at wave 1 and at wave 2 were the most likely to say the child's emotional state before the last contact visit was neutral (71.4% for mothers at wave 1 and 60.8% at wave 2; 68.4% at wave 1 and 58.1% at wave 2 for fathers), presumably reflecting younger children's limited capacity to anticipate contact with a person they saw on an irregular basis and had not been living with for over a year (on average about 13 months). Carers of children in the middle years (6 to 8 years and 9 to 11 years) were the most likely at all three waves to say the child was looking forward to contact with their mother, with 12- to 17-year-olds being seen to be increasingly positive across waves.

Relative/kinship carers were consistently and significantly more positive than foster carers about the child's behaviour both before and after the last contact visit with their mother and their father on all three waves, as Figures 5.10 and 5.11 show.[60] Both relative/kinship and foster carers indicated that after the last contact visit children were more likely than before it to show negative behaviours and stress reactions to contact with their parents (see Figures 5.10 and 5.11). While about one in five foster carers assessed the child as reacting negatively, with anxiety or some distress after their mother's and father's contact visits, fewer relative/kinship carers reported negative

[59] Carers were asked to rate the child's behaviour both before and after the last contact visit with their mother and their father on a 5-point scale: 1 = Positive and showed no distress; 2 = Slightly positive; 3 = Neutral; 4 = Slightly negative; 5 = Negative and was anxious or typically showed signs of distress.

[60] There were several non-significant trends (at $p < .05$ rather than $p < .05$) in the same direction for children's reported reactions after their last contact with their mother.

reactions to the father's contact compared with the mother's contact (10.6%), particularly by wave 3 (2.6%). Again, there were differences by placement type and the age of the child, which followed a similar pattern to the pre-contact reactions. Contact with fathers was, however, significantly less common and frequent than contact with mothers.

There were consistent trends ($p < .05$) for foster carers of Aboriginal children to report that the child's behaviour was significantly more likely to be positive than the foster carers of non-Aboriginal children both before and after children's last contact with their father. The only significant difference for relative/kinship carers was in wave 2 (74.0% of relative/kinship carers of Aboriginal children reported positive behaviours before the last visit with their father compared with 47.8% for non-Aboriginal children ($p = .002$)). The only significant difference in relation to children's last visit with their mother was that foster carers of Aboriginal children were more likely to be positive in relation to the child's reaction after the visit than those caring for non-Aboriginal children at wave 2 (30.4% compared with 18.2%; $p = .002$).

There were no significant differences reported by the carers of CALD children.

Overall, carers' views about the child's behaviour and emotional state after their last contact were significantly less positive than their assessment of the child's state before this contact with both their mother and their father, after taking into account the type of placement and frequency of their contact. Placement type was significant, with foster carers less positive than relative/kinship carers. For fathers, there was little difference between foster and relative/kinship carers in their before-contact rating, but foster carers were significantly more negative than relative/kinship carers in their after-contact assessment of the child's behaviour.

Figure 5.11. **Children's reported reactions before and after last contact visit with their mother by wave and type of care – carers' ratings**

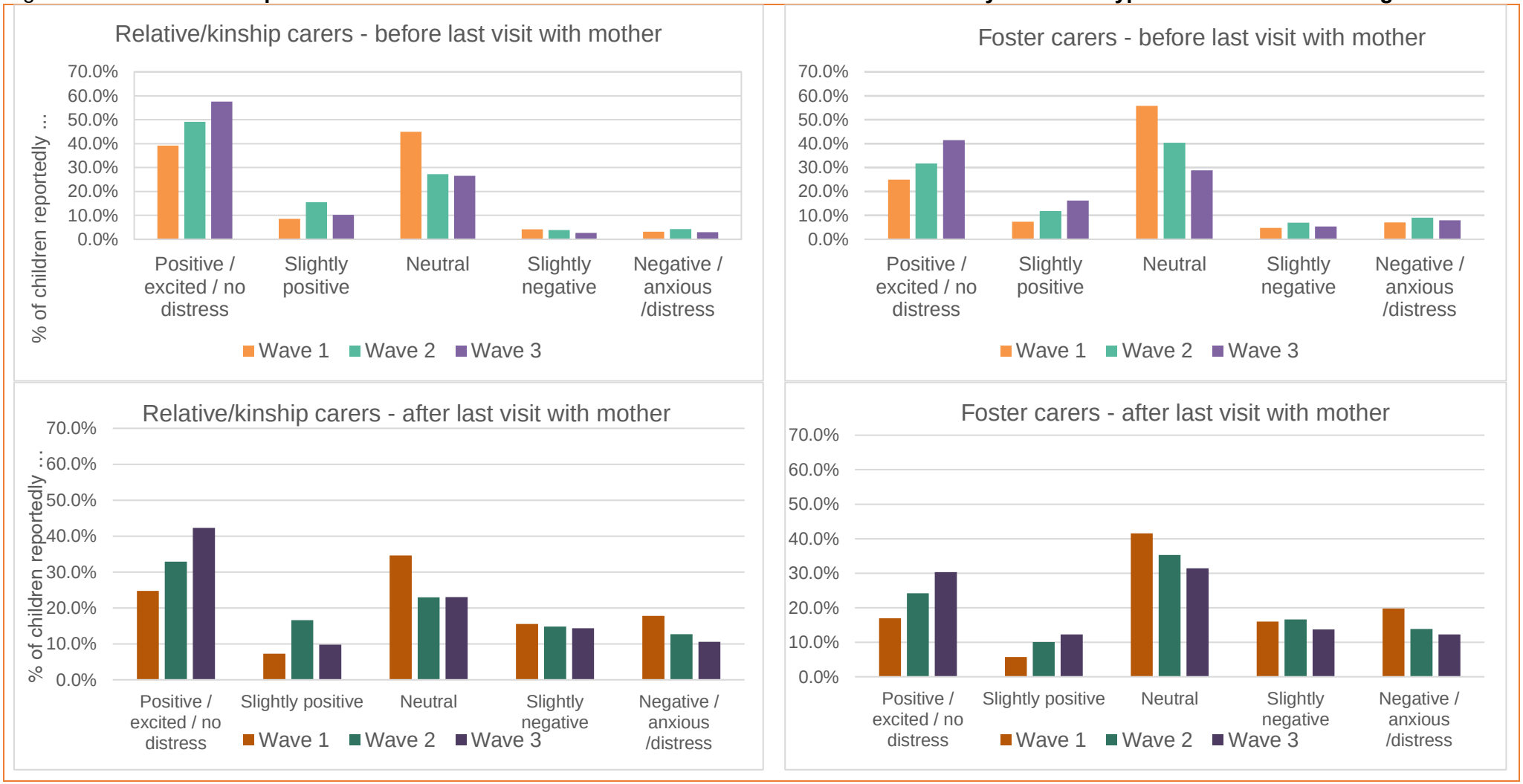
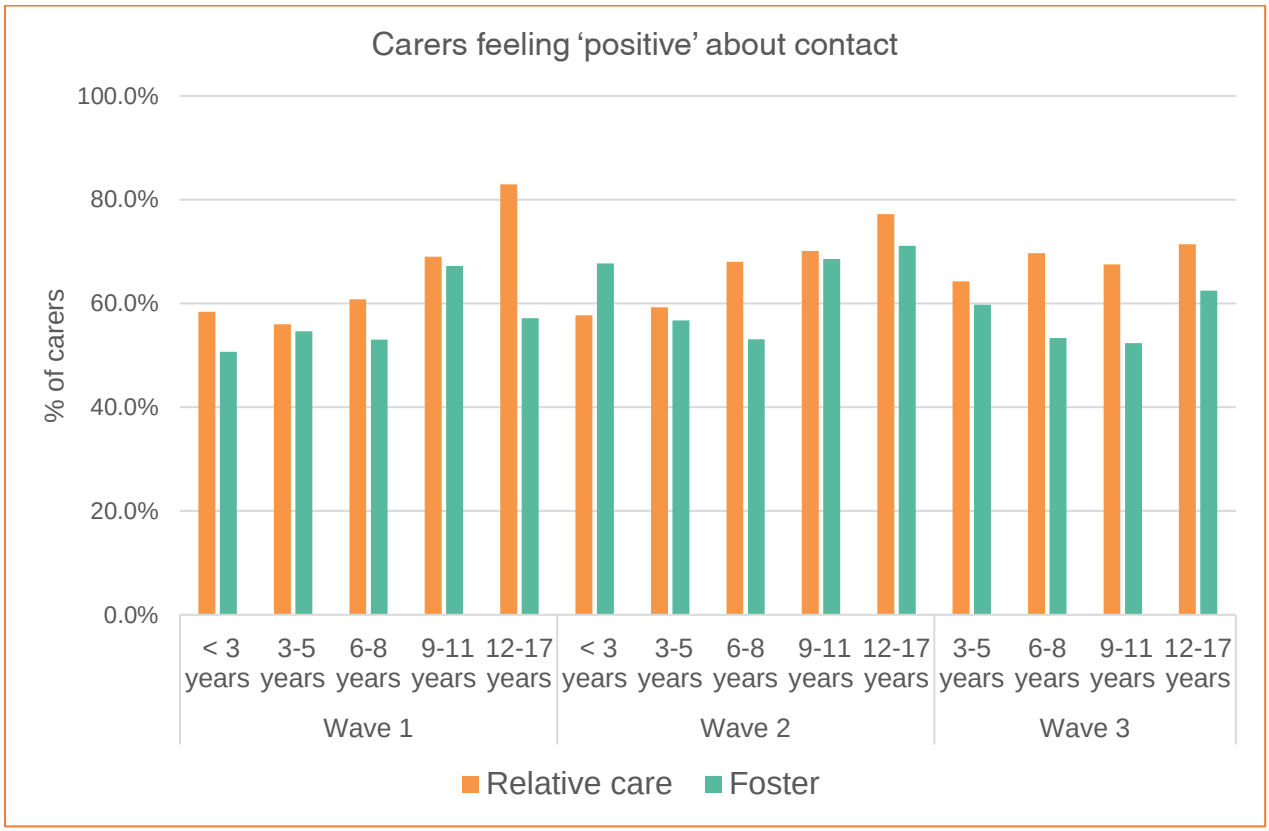


Figure 5.12. **Children's reported reactions before and after last contact visit with their father for children by wave and type of care**

5.7 Overall feelings about contact and how well it is meeting the child's needs in maintaining family relationships

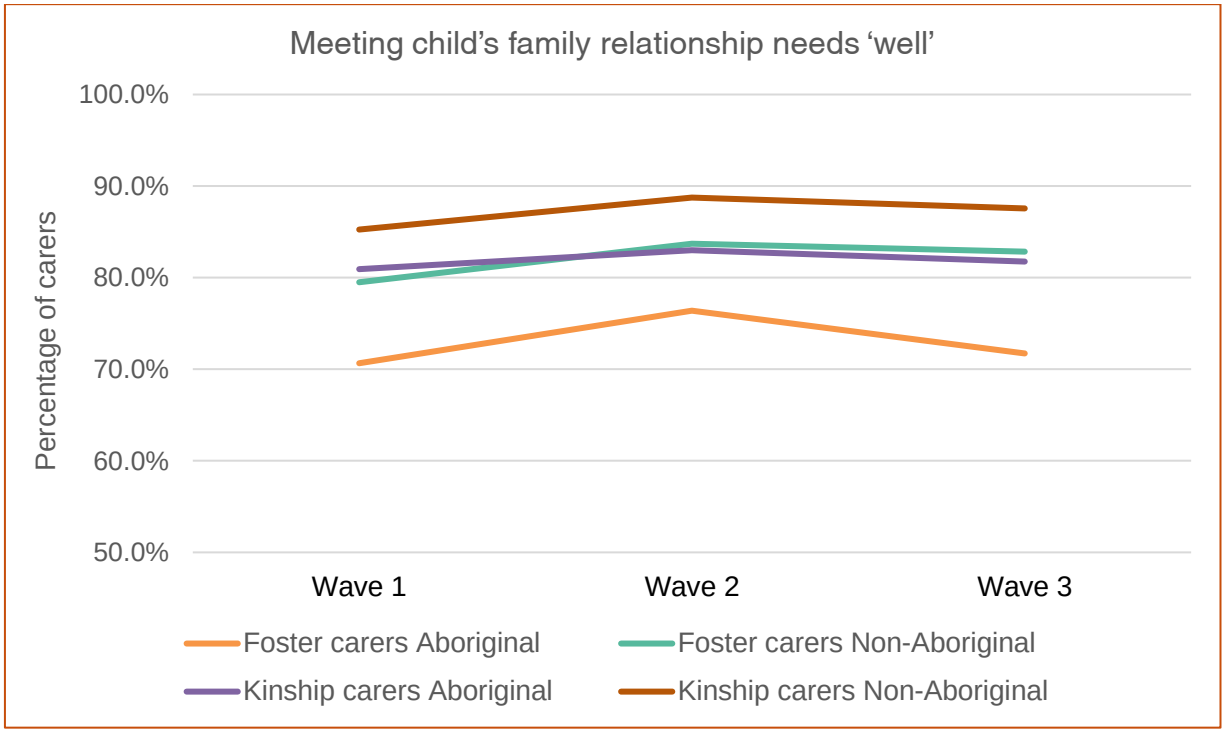
Carers were asked at each wave what their overall feeling was about the child's contact with their birth family on a 5-point scale (1 = 'positive' to 5 = 'negative'). Overall, in each wave, most carers were 'positive' or 'slightly positive', and this increased from wave 1 (67.2%) to wave 2 (75.2%) and wave 3 (75.1%). There were no significant differences associated with the child's gender or cultural background but there were differences associated with the child's age in relative/kinship care compared with foster care across the three waves. As Figure 5.13 indicates, there was a general pattern for relative/kinship carers to be more likely to be 'positive' than foster carers, and for relative/kinship carers to be more likely to be positive with older than younger children. For example, relative/kinship carers of 12 to 17 year olds in wave 1 were the most positive: 83.0% at wave 1 and 77.2% in wave 2 compared with fewer than 60% of relative/kinship carers of children younger than 6 years at waves 1 and 2. This was not so much the pattern for foster carers, particularly in waves 2 and 3.

Figure 5.13. **Relative/kinship and foster carers' feeling about the child's** contact with family members by age of child and wave



Overall, around 80% of carers indicated that the needs of the child in maintaining their family relationships were being met 'very well' or 'fairly well' at each wave. There was little difference associated with the type of placement or the age or gender of the child beyond wave 1, when the relative/kinship carers of the youngest children were more positive than those of older children. Whether the child was male or female made no difference. There were some differences for the carers of Aboriginal children, with foster carers of Aboriginal children being the least likely and relative/kinship carers of non-Aboriginal children the most likely to say the child's needs in maintaining their family relationships were being met well (see Figure 5.14).

Figure 5.14. **Percentage of relative/kinship and foster carers indicating child's needs being met 'very well' or 'fairly well' in maintaining family relationships by** Aboriginality



Another series of logistic regression analyses were conducted to predict carers' ratings of how well children's contact with family members was meeting their needs for maintaining these relationships,[61] with a number of factors as the predictors: the

[61] Separate logistic analyses were conducted using the frequency of contact with each family member with the four ratings/response categories of the dependent variable (how well the child's needs were

frequency of contact with that family member, whether the child had siblings in and outside the care household, the child's age, gender and cultural background (Aboriginality and CALD), the type of placement and their time in the placement, and the wave (time). Table 5.9 summarises the significant results, with the odds ratios for significant effects.

There were no significant effects associated with the child's age and gender, the time the child had been in that placement or whether they were living with any siblings. Taking all other factors into account, the main change over time was that carers perceived that contact was meeting the child's needs better on wave 2 than on wave 1, consistent with the bump evident for wave 2 in Figure 5.13. The type of placement was not significant per se[62] but it was significant in interaction, with the child's CALD cultural background, with the odds of relative/kinship carers of CALD children being two to three times more likely to say that the child's needs for the maintenance of their family relationships were being well met. On the other hand, the carers of Aboriginal children, and particularly foster carers, were less likely to say that these children's needs were well met by family contact than the carers of non-Aboriginal children, as Figure 5.13 indicates. This difference was also evident taking into account whether the children were in foster care with Aboriginal carers; Aboriginal foster carers were less positive that children's needs for contact were being met than non-Aboriginal foster carers of Aboriginal children.

Again the one consistent effect across all family members was the frequency of contact. The odds that the child's needs were being met well were significantly greater where contact was more frequent – at least monthly or weekly for all family members (Table 5.9). The odds of the child's needs being met well were four to seven times greater if they were having at least weekly contact or on most days with their mother, father and siblings. For example, 61.0% of carers reported that contact was meeting the child's needs for family contact very well for children who had at least weekly contact with their maternal grandparents compared with 34.7% with contact less than monthly. Fewer children had contact with paternal grandparents but the pattern was the

being met) combined to provide a binary variable with 'very well' + 'fairly well' vs 'not very well' + 'not well at all'.

[62] These analyses excluded the small number of children and young people in residential care.

same: 66.7% of children having their needs met ‘very well’ when contact was at least weekly compared with 39.9% with less than monthly contact.

And again, the concern is with the 7% to 10% of all the children (51 to 61 children in foster care and 16 to 28 in relative/kinship care) across the three waves whose carers indicated that their need for family relationship was ‘not being met at all well’. A further 11% to 15% (53 to 94 children in foster care and 51 to 68 children in relative/kinship care) were seen by their carers as not having their needs met well (‘not very well’). These children were mostly in the youngest age group in wave 1 and more likely to be Aboriginal than non-Aboriginal.

Table 5.9. **Summary of logistic regression analyses predicting carers' reports of how well contact was meeting the child's need for family relationships and odds ratios (OR) for significant comparisons,** * p < .05, ** p < .01, *** p < .0001

Contact meeting **child's** needs for family relationships	Overall model χ^2 (17 df)	Contact frequency **(Sig different from 'no contact')**	Aboriginality of child	Wave	Placement type x Cultural background CALD x rel/kinship
Mother	100.53***	2.87 (at least monthly)*** 5.92 (at least weekly)*** 7.36 (most days)***	0.57*	Wave 2: 2.28** Wave 3: 3.12**	2.29**
Father	66.63***	1.93 (at least monthly)*** 3.04 (at least weekly)*** 4.65 (most days)***	0.48*	Wave 2: 1.85*	3.09**
Siblings	73.37***	1.94 (at least monthly)*** 4.04 (at least weekly)*** 2.55 (most days)**	0.52**	Wave 2: 1.73**	3.27*
Maternal grandparents	47.45***	2.32 (at least monthly)** 2.78 (at least weekly)*	0.50**	Wave 2: 1.71**	2.88**
Paternal grandparents	54.99***	3.91 (at least monthly)** 5.65 (at least weekly)*	0.46**	Wave 2: 1.77**	2.91*
Maternal aunts/uncles	50.14***	2.36 (at least monthly)** 2.65 (at least weekly)**	0.49**	Wave 2: 1.81*	3.20*
Paternal aunts/uncles	47.6***	2.02 (less than monthly)** 2.07 (at least weekly)*	0.48**	Wave 2: 1.77**	3.02*

5.8 Carers' comments

Carers' comments as to how children's contact with their birth family could better meet their needs provide some very useful insights into their views about the value, costs and difficulties of contact. [63] Just under 40% of carers at waves 1 and 2, and 31.3% at wave 3 provided some suggestions and comments.[64] Their comments highlight some of the concerns and problems outlined earlier but also make clear the perceived value of contact in maintaining the child's relationships with members of their birth family and for their developing identity. As outlined in the earlier report on wave 1, carers were mixed in their comments calling for increased contact, particularly with siblings, but also for reduced or no contact with parents, and with some particular family members, because of these adults' behaviours. Overall, however, more carers commented on the need for the child to have more contact with their mother and with their father at each wave rather than less contact. Their comments were mostly about having more frequent contact as well as more consistent contact, particularly for children under 5 years, who were the most numerous age group.

A number of carers clearly differentiated between preferring to see more contact with siblings but less with parents. Very few carers commented that they would prefer to see less contact with siblings; none in wave 1, and only four and three in waves 2 and 3, respectively.

The main complaint or comment about parents was their failure to make or follow through with arrangements, and the impact this had on children. Some carers viewed the parents' 'failure' to 'show up' as reason for stopping contact altogether. The other common reason given for stopping or reducing contact was that parents needed to be drug free.

> I either want the parent to come to contact or to step away all together as it messes with his head [the child]. I fully support contact if the parent comes.
>
> (Foster carer of 6–8-year-old at wave 3)

Carers' calls for more contact related to the frequency, consistency and length of visits, including overnight unsupervised visits, and was across the board from

[63] Some details such as the child's gender and age that do not add to our understanding of the narrative may have been changed to protect the confidentiality of the children and families in the quotes in this section.

[64] These open-ended responses were analysed using NVivo.

relative/kinship and foster carers of Aboriginal and non-Aboriginal children, and CALD and non-CALD children.

> *She needs more contact with her family, doesn't get much at all with her parents and when it happens it's only 2 hours in a park or at the office, it's not much.*
>
> (Foster carer of 3–5-year-old at wave 2)

> Let the parents have unsupervised visits, and overnight stays.
>
> (Relative/kinship carer of 3–5-year-old at wave 3)

> At present the child has no contact with any family members. The siblings are interstate but the parents are here in NSW. I would like some contact to be established with the family so that the child has those connections.
>
> (Foster carer of 6–8-year-old Aboriginal child at wave 1)

Parental circumstances (one serving time in gaol and the other drug-affected) meant there had been no contact for a child by wave 2 (3 years after entering care), but the foster carer was concerned that the lack of contact with the birth family was having an adverse impact on the child:

> *We are not in touch with the child's birth family at all. This concerns her; she is* remembering things that happened when she was with her biological parents and this is affecting her behaviourally. She has not had any contact with her birth parents. It would be great to establish ongoing contact for her sake.
>
> (Foster carer of 9–11-year-old at wave 2)

While fewer than 10% of carers mentioned the lack of support and supervision by caseworkers when asked about any problems with contact at both waves 2 and 3, a number of carers wanted more assistance in arranging visits and with supervision to make sure that the parents 'behaved well' and did not make promises they could not keep.

> Should go back to supervised contacts, the child gets picked up or we would take her to the contact visit, to prevent any future hostility, there is some jealousy happening between us and her mother. If it was supervised there would be no conflict.
>
> (Relative/kinship carer of 6–8-year-old at wave 2)

> There are no consequences for the birth parents when they turn up for contact under the influence of drugs and or alcohol. This does not seem to be monitored which subjects the child to bad behaviour. Contact workers need to have better training to recognise these circumstances. The actual visits do not seem to be correctly supervised and the child is affected by the adverse things the birth parents say to her.
>
> (Relative/kinship carer of 6–8-year-old at wave 3)

Some carers wanted to supervise the contact visits themselves.

> Carer to supervise contact to provide a secure base for the child. More focus with attachment and bonding with the primary care giver. More child focus and less parent focus. Discussion with carers regarding extended family visiting and not just telling *us. Listening to carer's re: 'what we think the child needs'.*
>
> (Foster carer of under 3-year-old at wave 2)

There was a larger number of comments specifically related to the need for increased contact with particular family members, mainly the child's mother, father, siblings and grandparents; siblings were a common concern. Contact was seen as helping the child to understand who their mother, father and siblings are, to learn about their culture, and to reduce their feelings of loss.

> More visitation with parents even though they are incarcerated.
>
> (Relative/kinship carer of under 3-year-old at wave 2)

> I am confident with the relationship she has with her siblings and grandmother. It is very natural and her older sister understands the child is her sister, and as they grow older I think the older sister will be a good role model for the study child, and we have a strong family relationship with siblings adopted parents. However, I have concerns with (any) contact with the birth parents, due to the father as an unknown quantity as *he hasn't had anything t*o do with the child. Contact with birth mum is just *unpredictable and easily disturbed by the child's behaviour and she is clumsy with* the child. From what I see the contact is more about her than the child.
>
> (Foster carer of under 3-year-old at wave 2)

Time and distance and wanting to share the travel arrangements were also fairly common issues for carers.

> *I'd like to see the child getting together more often with* their siblings but the distance makes it difficult. They are younger children and it is hard to arrange. I would like the child to see their older sibling more often.
>
> (Relative/kinship carer of 9–11-year-old at wave 3)

> The other side of the family should have to travel to us instead of the children having to travel for 4 hours each way, or at least half way.
>
> (Relative/kinship carer of 3–5-year-old at wave 2)

> Make the other grandparents travel here for weekend contact instead of child always going up there.
>
> (Relative/kinship carer of 6–8-year old at wave 3)

Concerns were voiced by a number of carers about consistency both in the people present at contact and known people driving the child to contact visits for children in both short and long-term placements. In this case, arrangements were made by wave

2 to resolve this problem, with the carer driving the child to contact and having the contact at the same house.

> I just think maybe there should be someone who could come and build [eg: a contact worker] a relationship with the child especially when very young so that when it comes to contact visits with the birth family the child already has a familiarity with the transport person to save the anxiety and distress with unfamiliar people. The child in my care was very distressed during contact visits when younger and a lot of the stress was being sent with a stranger in a car to those contact visits.
>
> (Foster carer of under 3-year-old at wave 1)

> We have had a meeting and arranged for him to go once a month for the full day in the same house with the same people and I drive him to contact now so that different *people aren't picking h*im up and making him insecure.
>
> (Foster carer of under 3-year-old at wave 2)

Some carers, like the relative/kinship carer of an Aboriginal child, indicated at wave 3 that they were relocating to be closer to the child's family members because contact with the child could not be maintained.

> We try our hardest to set up contact with the *parents and quite often they don't turn up. Trying to maintain contact with the parents is hard, it's not hostility, they just don't* turn up.
>
> (Foster carer of 3–5-year-old Aboriginal child at wave 2)

One foster carer of a 3–5-year-old suggested that the contact would be better if the parents 'get together on the one day because there is no animosity between the parents and the child would benefit having both together'.

Some carers were critical of the Department and agencies for not providing more support, locating or tracing parents and siblings, and arranging contact with siblings who were with other carers:

> If FACS could arrange more frequent contact with siblings for play dates etc. They have left it up to the carers to contact each other to make this happen but the other *carer is very busy and the appointments are never kept. It's very important that the* siblings keep in touch on a regular basis to form a bond that will become very important as time goes on.
>
> (Foster carer of 3–5-year-old at wave 1)

> I have requested our agency try to contact the aunty they saw for the first time in June but they have never gotten back to me. The parent is unreachable. Our agency does not always follow up on these issues.

> *… to have contact with h*er siblings, I have asked to have contact but FACS said they *can't get hold of them.*
>
> (Carer of child under 5-years at wave 2)

One foster carer continued to make similar comments at subsequent interviews about the lack of contact for the child:

> Consistently maintain contact with the birth family members that they are able to. More effort from the agency to maintain links with family and community members.
>
> The situation is difficult as the birth parents cannot be traced. There are half brothers and sisters that I have asked that they be traced so the child can meet them and possibly have regular contact.

In particular, the foster carers of Aboriginal children commented on the need for contact to be more structured and more culturally appropriate and meaningful:

> *We'd love to be able to initiate some contact with the paternal side of the child's birth* family and maintain his cultural identity through having contact with the paternal family. It would also be great for us to be able to have contact with the siblings and be able to have family functions together that are not supervised by a caseworker. More informal get togethers.
>
> (Foster carer of 6–8-year-old Aboriginal child at wave 2)
>
> The parents meet the child at a shopping centre food court. There is no opportunity for them to interact and make the visit meaningful. The parents are also looking after a few other children at the same time, so there is no one-on-one time or quality time *with the child's biological family. I think it would be helpful if structured activities were* put in place during contact visits it would be more helpful for the child. Activities such as craft, play dough, etc.
>
> (Foster carer of 3–5-year-old Aboriginal child at wave 2)

A small number of carers (n = 21) referred to their concerns about children having contact with their parent (mostly their father, 16 fathers) in prison or about the poor influence of this parent on the child after their release from prison. Several carers, both foster and relative/kinship carers, did not agree that the children in their care 'should have to go to jail' to see their father.

> The father is in prison and there is a suggestion that the child should visit him in prison. I hope this will not happen as I do not want to see the child in that environment.
>
> (Foster carer of 3-5-year-old at wave 2)

While one option can be phone calls or a video link, this was not always arranged as requested and it was also not seen as a good option for one kinship carer who wanted them to stop because she said it was distressing for the child. One kinship carer of a

6–8-year-old, however, was keen for the child to have some contact with her father because she is ‘constantly thinking of him in jail, writes to him but he doesn’t answer her letters so she feels nobody loves her … and because her mother ignores her when she does visit’.

> Due to the child not wanting to have contact with either parent I would like to see it pushed back to 4 times a year. The child spends a very distressing time crying and refusing to go prior to each contact.
>
> (Foster carer of 3–5-year old – parent in prison at wave 3)

> The birth father used to have contact and he is now in jail. When there is contact, the father is aggressive and swears in front of the child and this is not controlled by the supervisor.
>
> (Foster carer of child, aged 6–8-year old at wave 3)

There is considerable information in the open-ended comments carers made about contact, and further analysis of these coded comments would yield further insights the sometimes fraught and sometimes supportive relationship between the child’s family and the carer and their family.

6. Children's relationships and socio-emotional development

Children's relationships with the people they are living with and with members of their family are likely to be associated with and possibly have an influence on their socio-emotional development and adjustment.

In this section of the report, the outcome measures are children's CBCL T-scores, as rated by carers, across the three waves on the internalising and externalising scales and their combined total problems score. Higher scores on these scales indicate more emotional and behavioural problems.

6.1 Methods, variables and the sample

The results described in this chapter are largely drawn from mixed models analyses which include a number of independent variables, including placement type and wave, and demographic characteristics – the gender, age and Aboriginality of the children,[65] and the carer's Aboriginality. In addition, the models contained a number of independent variables hypothesised to be associated with children's CBCL internalising, externalising and total problems T-scores: whether the children had contact with their birth parents and siblings; carers' concerns about the impact of family contact; the carers' views on how well the children's needs for contact with their birth family were being met; and the carers' self-reported ratings of the warmth or hostility of their parenting style with the child. Whether children had changed household in which they were living was also included. (See Appendix G for a detailed description of the main omnibus analysis, sample and the variables.) The analyses were based on data for children and young people who were in foster or relative/kinship care and who had provided data on any of the first three waves of the

[65] Overall tests of the interactions between each variable, the child's Aboriginality, the type of placement, and wave, were carried out and found not to be statistically significant, so only a main effects model is reported in these analyses. The tests of the interactions are described further in Appendix G.

survey.[66] The small number of adolescents in residential care were excluded.[67] Because of the correlation between the three CBCL scores (internalising, externalising and the total score), the focus here is on the analyses of the total problems score.[68]

6.2 Changes in CBCL scores over time, by age and change of placement

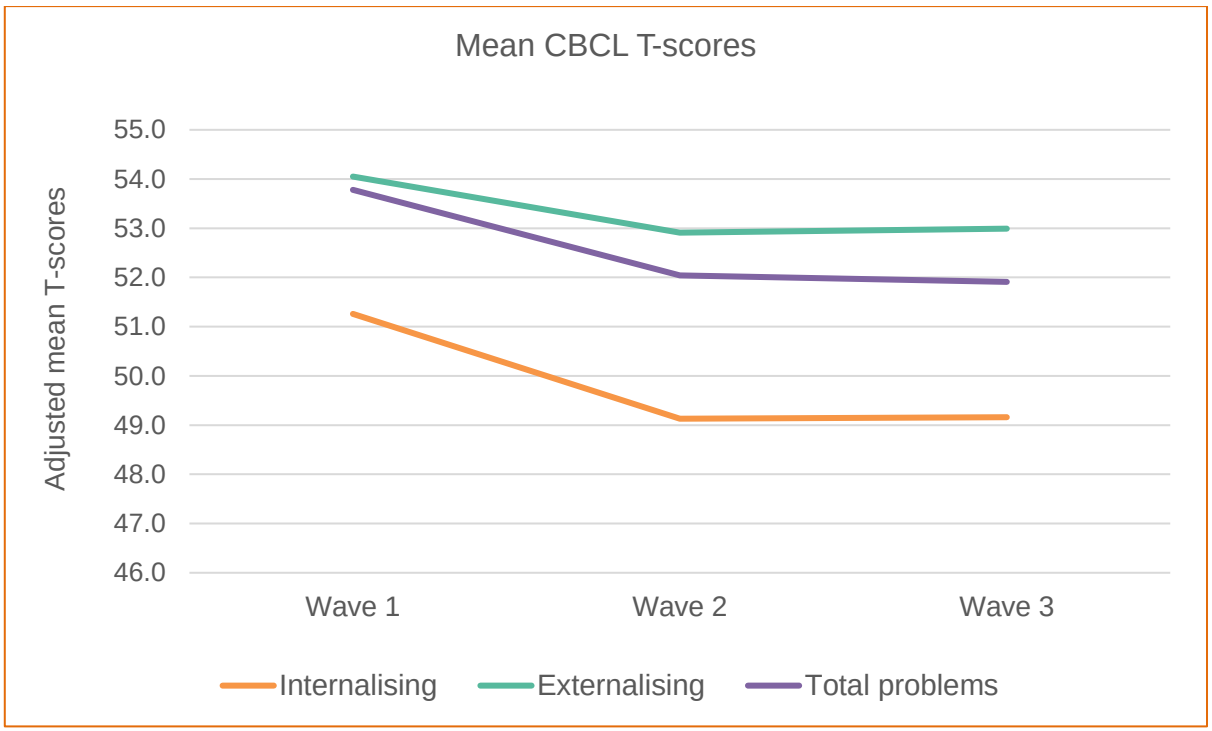
As Figure 6.1 shows, the total CBCL score was highest at wave 1, dropping at waves 2 and 3. After taking into account all the other factors in the mixed model analysis, the differences between wave 1 and waves 2 and 3 were significant (for example, for total problems at wave 1 cf wave 2, b = -1.74, SE = .41, $p < .001$; for wave 1 cf wave 3, b = -1.87, SE = .50, $p < .001$). The pattern was similar for internalising and externalising problems but significant only for internalising problems. The differences between wave 1 and waves 2 and 3 were also found when only the children for whom there were data at all three waves were included in the analysis.

[66] In some analyses in which children's ratings were included (for example, their ratings of their carer's emotional responsiveness (PSI)), the sample size is smaller because these questions were asked only of children aged 7 years and older, and some measures, such as whether they were happy living there, were asked only in waves 2 and 3.

[67] Unless otherwise stated, the results for individual variables reported here were adjusted for all other variables in the model (that is, the effects of the other variables were held constant), but where appropriate, results adjusted only for wave, placement type, and the child's gender and Aboriginality are given. The household effect was taken into account by including it as a random variable, as was the correlation between the multiple responses given by individuals. With household and child as random variables, the effect of district, which could also have been included, was negligible. The model was therefore a two-level one, with the repeated measures for each individual nested within household. An alpha level of .01 was used, and comparisons between levels of categorical variables were Bonferroni-adjusted in order to maintain this level. With reference to an association or a difference, 'significant' is used as shorthand for 'statistically significant' at the alpha or Bonferroni-adjusted level. Appendix G provides more detailed description of the methods, variables and sample.

[68] Variations in associations over the three scores are noted where appropriate; the regression coefficients and effect sizes for all three scores are presented in Tables 1–3 in Appendix G.

Figure 6.1. Mean internalising, externalising and total problems scores by wave[69]



The child's age was also significant, with higher total CBCL problem scores for children aged 6 to 8 years and older, and adolescents aged 12 to 17 years (for example, b = 6.08, SE = .96, p < .001 for children aged 6 to 8 years compared with younger children). There was a similar pattern for externalising problems but only 12- to 17-year-olds were significantly different from the youngest children on internalising problems (b = 3.90, SE = 1.07, p < .001). This may reflect an exposure effect, consistent with earlier research that indicates that children who are placed for adoption and in longer-term foster care generally fare better than those who are placed later, at older ages (Biehal et al., 2010; Rutter, 2000).

Preliminary analysis was also undertaken to examine the effect of age of entry to the POCLS interview cohort on subsequent changes in the CBCL measure total problems score. Children and young people entered the study at different ages – ranging from

[69] Internalising and externalising were highly correlated (from .67 to .72 over the three waves). It was therefore expected that the associations between each of the CBCL measures and the other variables would be similar.

less than a year to 17 years, with a mean age at wave 1 of 5.2 years (SD = 4.2). Children who enter at different ages will therefore be at different points on the trajectory of their CBCL scores. See Appendix F for an outline of this preliminary analysis.

The mixed model analysis also indicates that children in relative/kinship care had significantly lower CBCL total T-scores (mean = 51.2, SD = .49) than children in foster care (mean = 53.6, SD = .46) and also lower externalising problem scores.[70] The child's gender and the Aboriginality of the child or the carer were not significant.

Children in relative/kinship care who changed households at least once from wave 1 to wave 3 also had significantly different patterns of total problems CBCL T-scores from children who remained in the same households. As Figure 6.2 shows, children who remained in the same household from wave 1 to wave 3 had flat or decreasing CBCL total problems T-scores, as did children who changed households in wave 2. In relative/kinship care, however, the total problems scores increased sharply from wave 1 to waves 2 and 3 for children who changed households at wave 3 after approximately 4–5 years in the same placement. That increase preceded the change in household at wave 3 despite the fact that they had significantly lower socio-emotional and behavioural problems at wave 1 than the other children in relative/kinship care. This pattern was also quite different for children in foster care.[71] The hypothesis that the children in relative/kinship care who changed households at wave 3 may have been older children and adolescents whose behaviour was seen as more problematic with increasing age is not borne out by the mean age of these children – they were in fact younger than the children in foster care who changed households at wave 3.[72] In both relative/kinship care and foster care, however, children who remained in the same households over the three waves were younger at wave 1 and at subsequent waves than those who changed households. This difference requires further exploration, and whether this is maintained beyond wave 3.

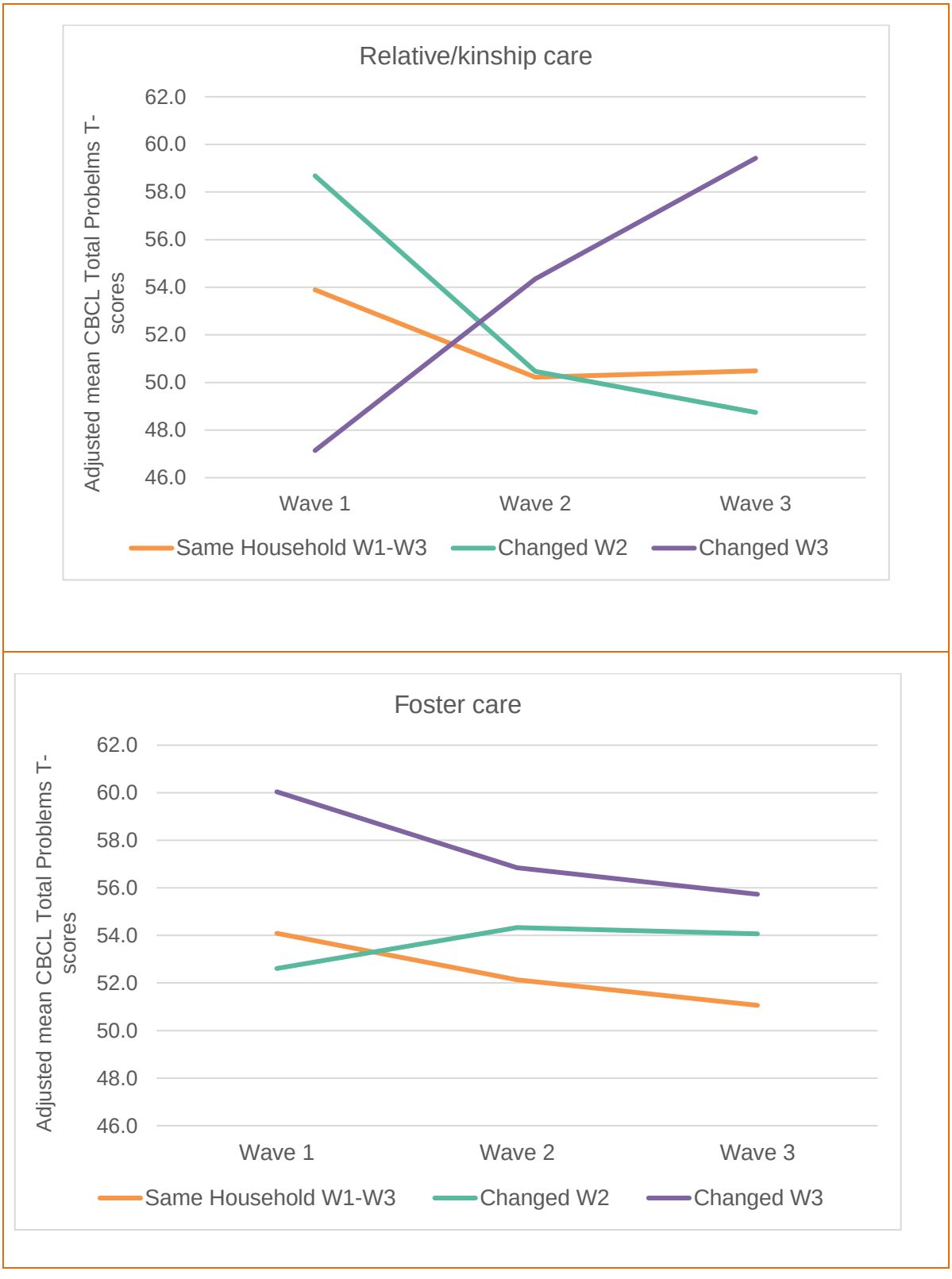
---

[70] For total CBCL problem scores, b = -2.34, SE = .63, p = .001, but R^2 = 1%; for externalising problems, b = -2.03, SE = .63, p = .001.

[71] There was a significant interaction effect between the type of placement and whether and when children changed households (p < .01). There were also significant interaction effects with similar patterns for children in relative/kinship care compared with foster care for internalising and externalising problems.

[72] At wave 3, the mean age of children in relative/kinship care who changed households at wave 3 was 9.87 (SD = 3.87) and in foster care, 11.54 (SD = 3.97).

Figure 6.2. Mean total problems CBCL T-scores by wave and placement change



6.3 Children's relationships with their carers and their socio-emotional well-being

- What is the association between chi*ldren's perceptions of their relationship with* their caregiving family and their socio-emotional well-being? How does this change over time?

Children's relationship with their carers and their reports about them and how happy they were living in the current placement are dealt with first. As outlined earlier (see section 3.2), children who rated their carers as being more emotionally responsive were significantly more likely to say they were happy living in their current home, and that their carers helped them to feel part of the family.[73]

Children who are more 'comfortable' with their carers and with living in their home may be likely to be less anxious and have fewer behavioural and emotional problems, and also to be perceived in this way by their carers. The association between children's ratings of the emotional responsiveness of their carers and the child's internalising score was significant (b = -.29, SE = .09, p = .001), but the associations with externalising and total problems scores, though in the same direction, were not. This means that the more emotionally responsive children rated their carers to be, the lower their CBCL internalising scores.[74] This is important because the two measures are not reported by the same person – with children reporting how emotionally responsive their carers are and carers reporting on the child's socio-emotional behaviours.

- What is the association betwee*n carers' perceptions of their own parenting style with the child and the child's s*ocio-emotional well-being? How does this change over time?

Carers' own reports of their parenting style in terms of how warm and how hostile they were with the child were significantly associated with the child's socio-emotional outcomes, as measured by their CBCL scores reported by the carers. Hostile parenting was significantly positively associated with all three measures, meaning that

[73] These questions were asked only for waves 2 and 3, and the numbers were relatively small (373 in wave 2 and 388 in wave 3).

[74] It should be noted that the numbers of children saying they were 'unhappy' or very unhappy' were very small. The mean internalising T-score for children saying they were 'very happy' was 48.1 compared with 61.3 for children saying they were 'very unhappy'.

an increase in carer self-rated hostile parenting was associated with higher (more problematic) CBCL scores (for example, for total problems, b = 1.02, SE = .06, p < .001). The magnitude of these associations[75] suggests that CBCL scores and parenting style may be to some extent measures of the same thing (both are provided by the carers) and/or that there is a reciprocal relationship between the variables, which seems quite likely: the child behaves problematically, which leads the carer to adopt sterner practices.

The association was in the opposite direction for warm parenting for total problems (b = -.49, SE = .09, p < .001) and for externalising and internalising problems.[76]

The means of the carers' ratings of their warmth and hostility did not change significantly over waves.

6.4 Children's contact with their birth family and their socio-emotional well-being

- What is the association between children's contact with their birth family and their socio-emotional well-being? Does this change over time?

The omnibus mixed model analyses involved testing the association between the three CBCL scales (internalising, externalising and total problems) and:

- whether children had contact with their parents and grandparents they were not living with and the frequency of their contact with their mother and father[77]
- whether children had contact with their siblings, including whether they were living with any of their siblings in the carers' household
- the carers' concerns about the child's contact with their birth family, in relation to the parents' behaviour on contact visits, in cancelling or not showing for visits,

[75] The effect sizes were quite large for hostile parenting (R^2 of 7.4% for internalising problems, 14.1% for total problems and 17.7% for internalising problems).

[76] The effect sizes were not as large for warm parenting style (R^2 of 1.04% for internalising problems, 1.94% for total problems and 2.08% for internalising problems).

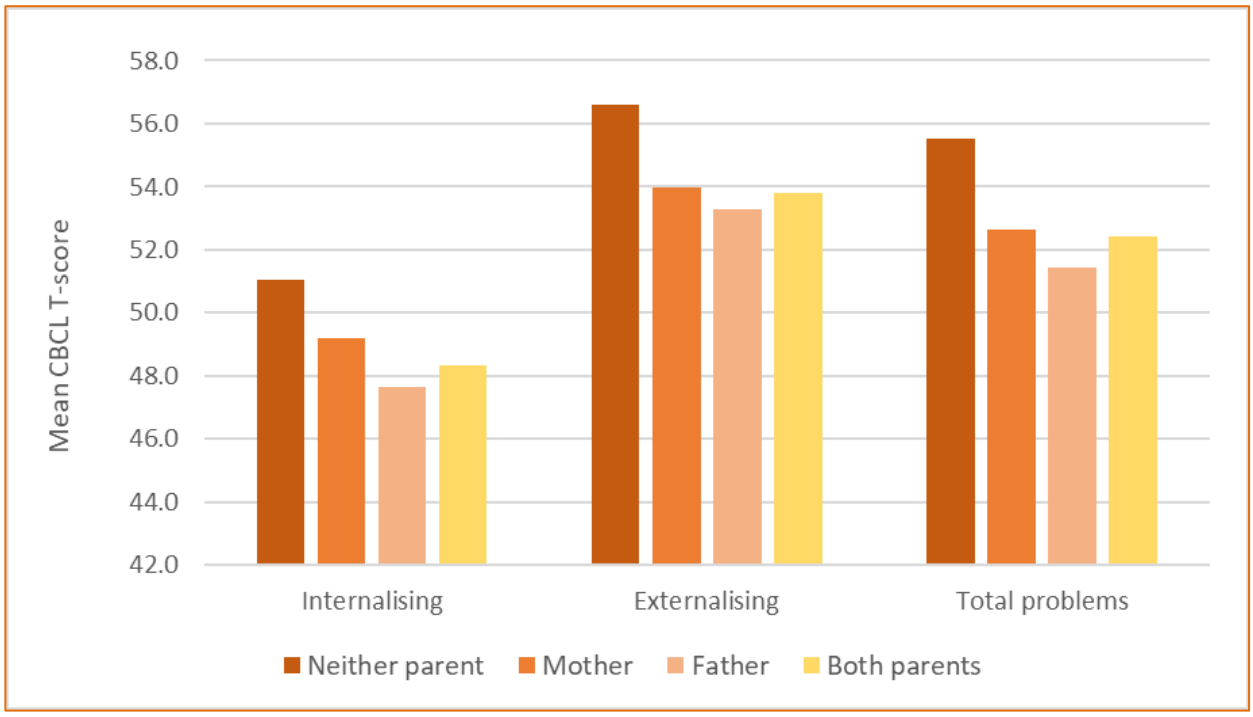
[77] Preliminary analysis indicated that the number of persons the child had contact with in their birth family, and whether this was at least once a month, was not associated with their CBCL scores.

the perceived impact on the child, and any hostility between the birth family and the carers[78]

- the carer's' views on how well the child's needs were being met with maintaining family relationships and their overall feeling about the child's contact with the birth family.[79]

Initial analyses using the simple measure of whether children had contact with their mother, father or at least one or both parents indicated that children had higher internalising, externalising and total CBCL T-scores if they had no contact with either parent (Figure 6.3).

Figure 6.3. Mean CBCL T-scores for children with contact with neither, one or both parents



[78] Four measures were included: parents not showing or cancelling (fam10_07); parental behaviour (fam10_03); impact of contact on the child (fam10_05_recode); and hostility between the birth family and the carer (fam10_04).

[79] Two measures were used: carers' rating on how well the child's needs were being met with maintaining family relationships (fam12), and their overall feeling about the child's contact with the birth family (fam9).

Further analysis using the frequency of children's (at least monthly) contact with their parents and their grandparents found a marginal interaction effect for children's externalising (p = .04) and a non-significant trend for total CBCL T-scores (p = .054).[80] More frequent contact with both parents was not associated with lower socio-emotional and behavioural problems.

- Is placing siblings together associated with better socio-emotional outcomes?

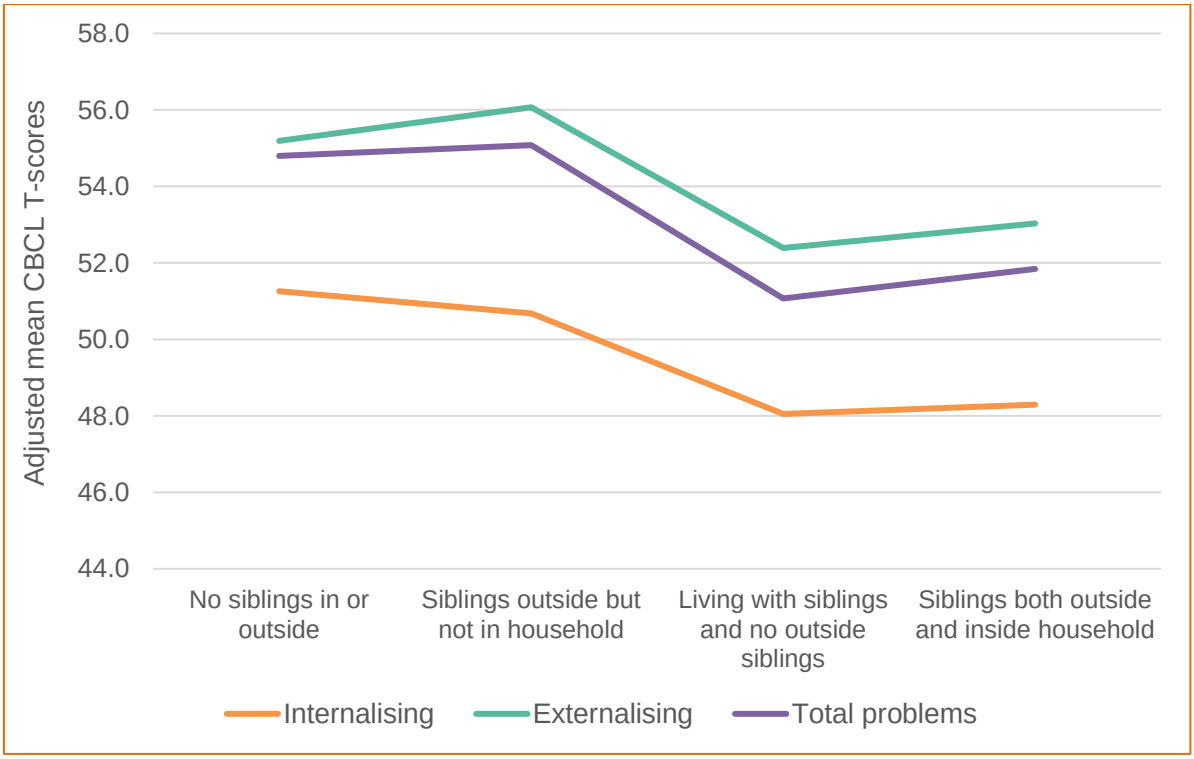
Since some children were living with siblings in the same placement, and some also had contact with other siblings outside the household, a four-category variable was used in the mixed model analysis to reflect this. The categories were: (1) no contact with siblings;[81] (2) contact outside the family but not inside the family (i.e. they were not living with any siblings); (3) contact within the family but not outside it; and (4) contact both inside and out. Overall, children who lived with one or more siblings in their foster or relative/kinship care family had significantly lower total problems scores than those who did not live with any siblings (b = -2.14, SE = .62, p < .001).[82] A priori contrasts between having contact with a sibling and not having such contact were significant for each of the three CBCL scores. Children who were living with at least one sibling and had no siblings outside the care household and those who had contact both inside and outside their household had significantly lower internalising and total problems scores compared with those who had no siblings or no sibling contact. The CBCL scores of children who only had contact with siblings who were living elsewhere were not significantly different from children without siblings or sibling contact (see Figure 6.4 and Tables 1–3 in Appendix G). This may indicate the benefit of placing children with a sibling and may also reflect a survivor effect whereby children with more behavioural and socio-emotional problems are more likely to be 'split off' from their siblings into separate placements.

[80] These interactions are not significant or only marginally significant at the .01 level in the omnibus mixed model as outlined in section 6.1 (e.g. whether children changed households, whether they were living with any of their siblings, placement type, age, Aboriginality, wave and the various relationship measures as outlined in section 6.5).

[81] Children who had no contact with siblings in or outside their care household also included children who had no siblings (or none that were identified in the administrative database or survey responses).

[82] These results are from the mixed model analysis and so take into account all the other variables as outlined in Tables 1–3 in Appendix G.

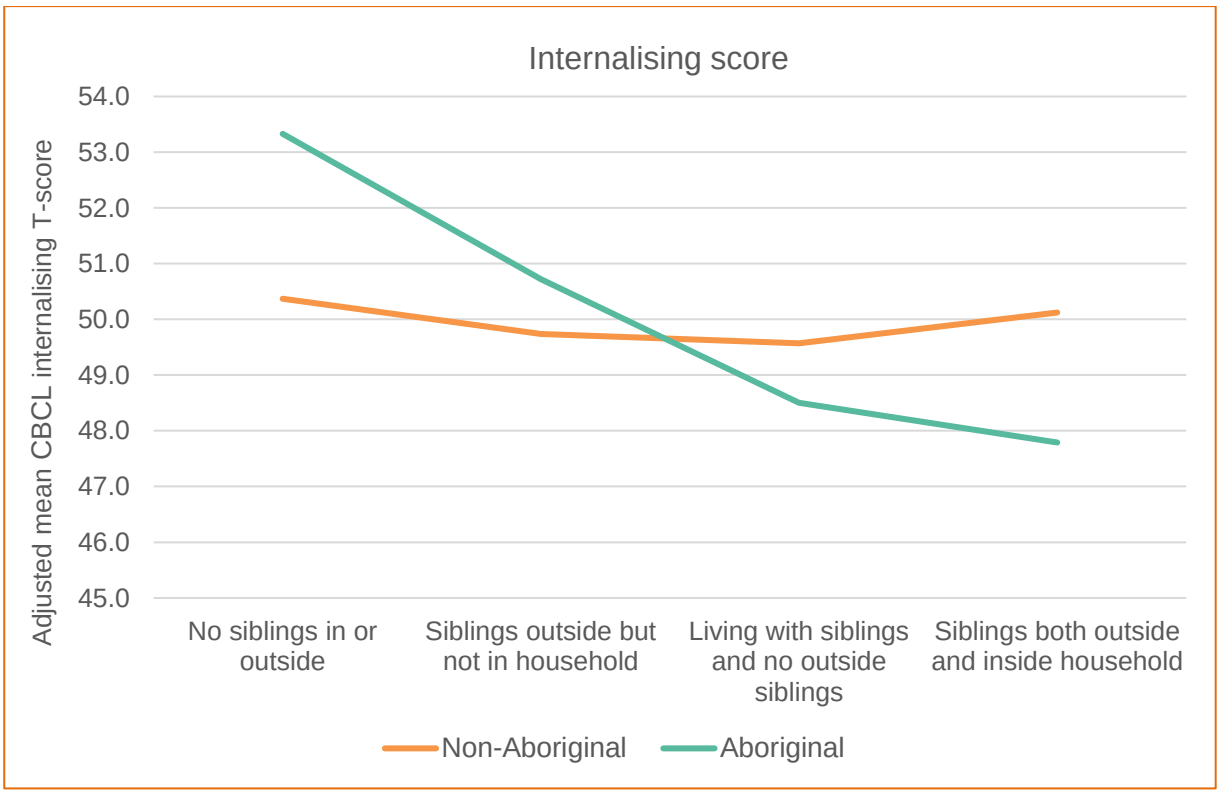
Figure 6.4. Mean internalising, externalising and total problems scores by **children's contact with siblings** inside and/or outside their care household



The only significant effect related to the child's Aboriginal background involved an interaction with children's contact with siblings inside and/or outside their care household.[83] Figure 6.5 suggests that the association between children's socio-emotional and behavioural problems and having or not having siblings in OOHC is stronger for Aboriginal children than for non-Aboriginal children.

[83] For internalising CBCL scores, the interaction effect was significant at the nominal level of .01, and at $p < .02$ for total problems and externalising scores. See Appendix G.

Figure 6.5. Mean inter**nalising CBCL problems scores by children's contact with siblings inside and/or outside their care household and the child's Aboriginality**



- *To what extent are carers' perceptions of the child's contact with their birth family associated with the child's* socio-emotional development, as reported by the carer?

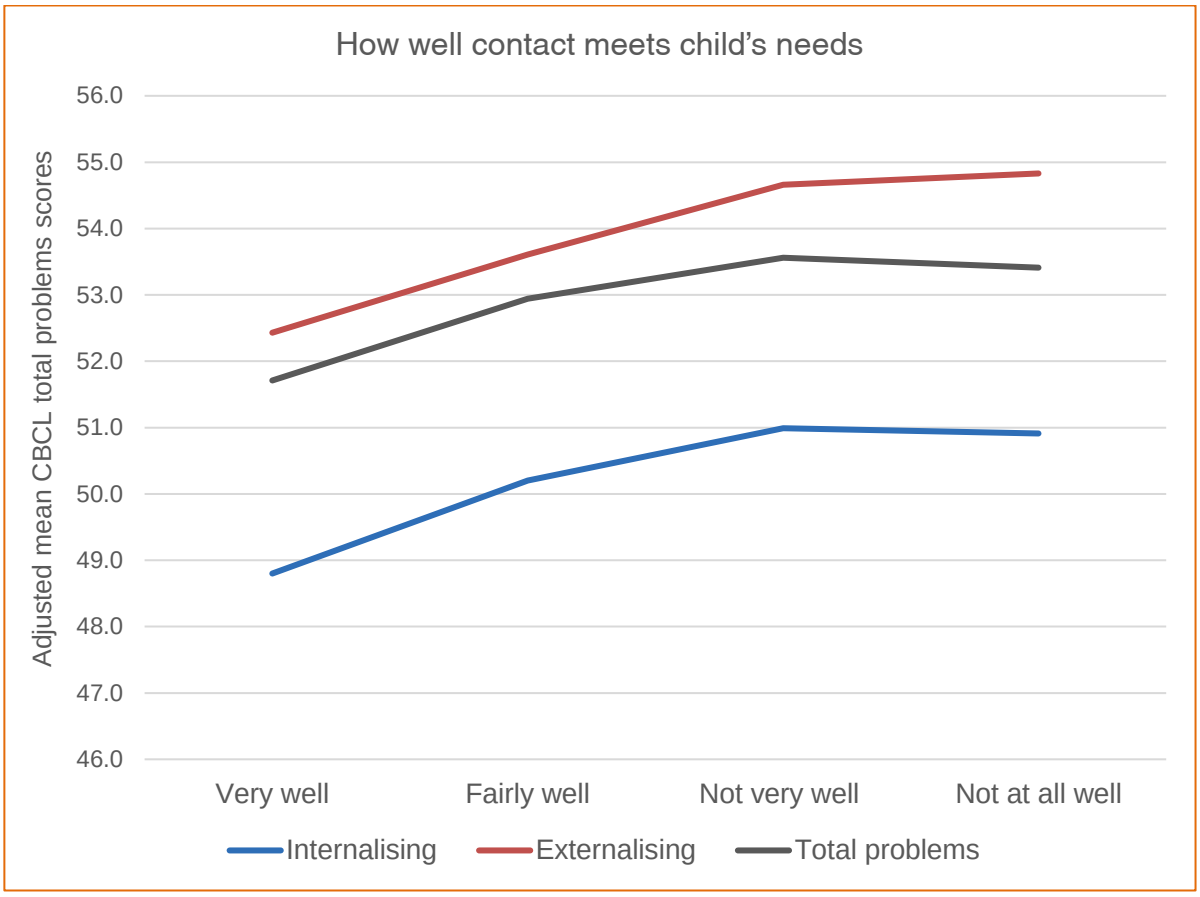
Several measures concerning the impact of contact on the child and problems associated with contact between the children and their birth families were included in the mixed model analyses. These included the carer's perceptions of:

- how well contact was meeting the child's needs for maintaining family relationships
- the impact of contact on the child
- hostility between the birth family and carer.

The main effect for how well contact was meeting the child's needs was significant for all three CBCL scores. The pattern of means over the 'very well', 'fairly well', 'not very well' and 'not at all well' categories was similar for all CBCL scores (Figure 6.6), with significantly lower total, internalising and externalising CBCL scores when carers rated contact as meeting the child's needs 'very well' compared with 'fairly well' and

'not very well'.[84] As Figure 6.6 shows, the association is not linear. The proportion of carers who rated contact as meeting the child's needs 'very well' increased from wave 1 (.37 or 37%) to waves 2 and 3 (.48 or 48% and .49 or 49%, respectively).

Figure 6.6. Adjusted means for internalising, externalising and total problems scores by **carers' ratings of how well family contact is meeting child's needs**



Carers' concerns about two aspects of family contact were also significantly associated with their ratings of the child's behaviour and socio-emotional well-being: concern about the impact of contact on the child's behaviour and feelings, and the level of hostility between the birth family and carer. The mean internalising,

[84] For example, based on the main mixed model analysis, for CBCL total problems, comparing 'very well' and 'fairly well', b = 1.23, SE = .43, p = .004; for internalising, b = 1.49, SE = .44, p = .001; and externalising scores, b = 1.17, SE = .45, p = .009. See Tables 1–3 in Appendix G for the full set of coefficients, SEs and p values.

externalising and total problems CBCL scores were higher when contact was seen to have an unfavourable impact on the child[85] and for internalising problems scores when the carer reported hostility between themselves and the child's family.[86]

Carers were also asked to rate their overall feeling about the child's contact with their birth family and, as indicated earlier, almost 73% said that they were 'positive' (60.4%) or 'slightly positive' (12.4%). The remainder were 'neutral', 'slightly negative' or 'negative'. While the overall association between the carers' ratings and the CBCL outcomes was not significant, there was a significant difference, Bonferroni-adjusted, between the 'negative' and 'positive' ratings for the total problems score.[87]

In summary, the simple measure of whether children had contact with their mother or father was not associated with children's socio-emotional problems, but children who were living with siblings within the care household had lower total socio-emotional and behavioural problems scores than those who were not. The carers' perceptions of the impact of birth family contact on the child, the relationship between the carer and the birth family, and the extent to which contact was perceived to be meeting the child's needs were also important factors. Carers' self-reported hostile parenting style was also significantly and strongly associated with their reports of the children's socio-emotional problems, and their self-reported warmth was also significant but weaker.

6.5 Children's relationships with birth family and CBCL

- What is the association between chi*ldren's perceptions of their relationship with* their birth family and their socio-emotional well-being? How does this change over time?

There were very few significant correlations between children's placements of the people they regarded as special and important that they were not living with and their CBCL T-scores. The only significant – and low correlations – were between how close

[85] For total CBCL problems scores, b = 2.80, SE = .51, p < .001, and b = 3.03, SE = .52, p < .001 for internalising and b = 2.39, SE = .53, p < .001 for externalising problems. The R^2 effect size ranged from 1.8% to 2.7%.

[86] For internalising problems, b = 2.01, SE = .70, p = .004.

[87] For total CBCL problem scores, b = 3.21, SE = .89, p <= .001, and also p = .006 for internalising and p = .007 for internalising problems.

the child placed their mother to themselves, and their externalising score. The greater the distance from their mother on waves 1 and 2, the higher the externalising score (wave 1: r = .222, n = 195, p = .002; wave 2: r = .287, n = 73, p = .014). Given the lack of significant correlations, further analyses were not carried out. Further analyses will be carried out, however, using the coded patterns of the adapted Kvebæk measure.

6.6 Summary

Children's socio-emotional well-being is associated with a number of factors concerning their relationships with the people they live with and their contact with their family members. The more emotionally responsive children rated their carers to be, the lower their CBCL internalising scores, as reported by their carers. Children who indicated they were very happy living in their current home also had lower externalising CBCL scores. There were no significant differences from the current analysis of how close children indicated they were to members of their carer household and to people they were not living with, but further analysis is being conducted in relation to the patterns of those placements.

Carers' self-reported warmth and hostile parenting style were also significant predictors, though children's ratings and their carers' own ratings of emotional responsiveness were not significantly correlated.

Children's contact with their parents and their siblings were also significant factors. Children who had contact with both or at least one parent had lower CBCL scores than those who had contact with neither. Those who were living with their siblings in the care household also had significantly lower problems scores than those who were not, whether or not they had contact with siblings outside it. The carers' perceptions of the impact of birth family contact on the child, the relationship between the carer and the birth family, and the extent to which contact was perceived to be meeting the child's needs were also associated with children's socio-emotional problems.

7. Policy and practice implications

The quality and sustainability of children's relationships with the people they are living with and with their family members and others who are important to them are critical to their socio-emotional development. For the children in the POCLS cohort in OOHC for the first time on final orders, the findings of the first three waves of interviews with their carers and with children aged 7 and older have some important policy and practice implications in relation to the quality and sustainability of those relationships.

7.1 Children's relationships with their carers

For children who are removed from the care of their parent/s, the people they live with provide a critical environment and context for their development and lived experience. Joining a new household, working out the way these relationships work, and learning the 'rules' of what is acceptable and appropriate behaviour there takes time. This is very likely to vary according to children's age, developmental status, and how long they lived with their parent/s and other carers before they enter the new household (Schofield, 2003).

The vast majority of children aged 7 and older living in the same household across all three waves reported that they were happy living in their current home at each wave. There was little difference between children in relative/kinship and foster care, or by age or gender or Aboriginality or cultural background, except that Aboriginal children and males in foster care were somewhat less likely to say they were very happy there than other children. These overall high percentages of children who are 'happy' are in line with the findings of the AIHW (2016, 2019) national surveys of over 2,000 children aged 8 to17 in OOHC. In the AIHW surveys, 91–92% of children reported feeling 'both safe and settled' in the placement, and 94% reported feeling close to at least one family group – the people they live with or family members they were not living with.

Children's reports of how happy they are in their current home or household were also correlated with the extent to which they reported their carers help them to feel part of the family. While children's ratings of their carers' emotional responsiveness to them were not correlated with the carers' own ratings of the warmth and hostility of their parenting, children's reported happiness in their current home was positively correlated with their carers' own ratings of the warmth of their parenting style in relation to that child.

Most carers also reported that they felt 'very close' to the child, with no significant differences between relative/kinship and foster carers or by cultural background. The main difference was associated with the age of the child, with carers increasingly likely across waves to say that they felt very close to children aged 3 to 11 years who

were in the same placement across the three waves. Increasing closeness over time was not the case for adolescents, however, with carers less likely to say they felt very close to adolescents than to younger children and no change over time. Carers also reported the child was increasingly close to the other carer and to other children in the household over time, and again with the same age gradient, with younger children closer than older children and adolescents.

7.2 Children's contact and relationships with members of their birth family

The vast majority of children had contact with at least one family member at each wave, most commonly their mother, their siblings and their father, in that order. This is consistent with other studies in Australia, and in other countries (Fernandez, 2009; McWey, Acock & Porter, 2010; Moyers, Farmer & Lipscombe, 2006; Ofsted, 2009; Sinclair et al., 2005). It is also consistent with the order of people that children indicated were special and important to them in wave 1, and the people they most wanted to see more in waves 2 and 3. Grandparents and friends also featured fairly commonly in children's responses. Cousins, grandparents, and aunts and uncles outside the child's care household were the next most likely people for children to have contact with. While there was some reduction in the percentage of children having contact with their parents from wave 1 to wave 3, contact with siblings, cousins, grandparents, and aunts and uncles remained at a stable but lower level across waves.

Again, consistent with findings in other studies both in Australia and in the US and UK, children in relative/kinship care were significantly more likely to have more frequent contact with their mother, father and siblings, as well as their grandparents, aunts, uncles and cousins, than children in foster care (Farmer, 2009; Sen & Broadhurst, 2011). Boyle's (2017) thematic synthesis of the findings of 11 studies on contact reported that carers were more positive about children's contact with siblings and grandparents than with parents.

Contact was more likely with their maternal than paternal relatives, and contact with both maternal and paternal adult relatives (grandparents and aunts and uncles) was more common for children in relative/kinship care than for those in foster care. Conversely, contact with neither maternal nor paternal adult relatives was also more common for children in foster care than in relative/kinship care. What is not clear, however, from these data is whether this is different for children living with maternal rather than paternal relatives.

There was also a gradual increase from wave 1 to wave 3 in the proportion of children in relative/kinship arrangements having unsupervised contact with their mother and

their father, with a similar percentage decrease in supervised contact. Supervised contact remained the predominant type of contact for children in foster care across all three waves, with fewer than 10% of children having unsupervised contact with either parent at any wave. The main differences between relative/kinship and foster carers in terms of children's contact were therefore the frequency and type of contact, not whether they had contact per se.

The people that children were not living with who they nominated in wave 1 as being special and important in their lives were most commonly their mother, their siblings, their grandmother, father and main female carer (foster carer or grandmother or aunt). These were also the main people that children nominated in waves 2 and 3 as people they wanted to see more, as well as their friends – their parents, siblings, and grandparents and aunts and uncles. In the recent Australian Institute of Health and Welfare (AIHW) national survey, 38.0% of children and young people in OOHC indicated that they wanted some changes to their contact arrangements with family, and of these, nearly two-thirds (64.5%) said they wanted more contact with particular family members and a third (33.4%) wanted changes in the arrangements in relation to location, time and type of contact. Only 4.0% wanted less contact (AIHW, 2019a, b).

Carers' perceptions and concerns about contact

Overall, most carers were positive about children's contact with their family members, and this tended to increase from wave 1 to wave 3 (from about two in three carers to three in four carers). Similarly, between 80% and 90% of carers indicated that contact was meeting the child's needs very well or fairly well in maintaining the child's relationship with family. There was little difference associated with the type of placement or the age or gender of the child beyond wave 1; at this wave relative/kinship carers of the youngest children were more positive than those of older children. Foster carers of Aboriginal children were, however, somewhat less positive than relative/kinship carers of Aboriginal children about how well contact was meeting the child's needs for family relationships. Aboriginal foster carers were also less positive that children's needs for contact were being met than non-Aboriginal foster carers of Aboriginal children.

Both relative/kinship carers and foster carers' most common and consistent concerns about contact across the three interviews were parents not making or keeping to the contact arrangements, behaving in problematic ways, and the impact on the child. Relative/kinship carers were more concerned than foster carers about the parents' behaviour (though this decreased in wave 3) and about hostility between them and the parents. On the other hand, relative/kinship carers were more likely at least to have a relationship, and one which is positive, with the birth parents at wave 3 than

foster carers. Despite these concerns, there were more relative/kinship carers (as well as foster carers) who indicated that the child needed more frequent or consistent contact with family members than wanted less frequent contact, especially with their mother and father and particularly with their siblings.

Carers' reports of the extent to which contact was meeting the child's needs for maintaining family relationships and the quality of those relationships were strongly and consistently associated with the frequency of contact that children had with their parents, siblings and members of their extended family. Carers who were present and involved at contact visits at wave 3 were more positive about their relationship with the birth family, and more likely to see contact as meeting the child's needs. The direction of effect is not clear, and may well be bi-directional, with carers who are present and involved at contact visits able to establish a better relationship with the birth family, and/or carers having a better relationship being more willing to be present and involved and to be accepted by the birth family. Consistent with the findings in other studies, carers who see the value of contact for the child and whose own relationships with birth family members are more positive may also be willing to be involved in maintaining contact for the children (Collings & Conley Wright, 2020). Contact is likely to be more frequent and informal and unsupervised, and also to meet children's needs, and to be perceived to be doing so, in these circumstances. Further analysis is needed to examine the direction of effect, and also how this relates to concerns about contact. Where there are negative views about contact, this needs to be examined over time, and the concerns addressed by casework in relation to the different purposes of contact, how it works, and how it is (or isn't) supported by casework.

In general terms, carers' concerns about the impact of contact on the child's behaviour tended to reduce over time, though less so for foster carers. For these children, who were in the same household for all three waves, carers' assessments of the child's reaction before the last visit with their mother and their father were increasingly positive from wave 1 to wave 3. An increasing proportion of both relative/kinship and foster carers over time indicated that children were looking forward to contact with their mother, and their father, and less distressed after it. By wave 3, these children had been living with their carers for at least five years, were older, and carers more familiar with the child's emotional reactions.

Fathers' contact and involvement with children

Unlike mothers, fathers are often not 'core business' for children in the child welfare system and children in OOHC, despite increasing recognition of the role and involvement of fathers in the general community, as well as when parents separate in family law disputes (Bellamy, 2009; Fletcher, 2008; Zanoni et al., 2013). A series of studies in the US, Canada, UK and Ireland has found that caseworkers tend to focus

on mothers and to overlook fathers and feel less confident engaging with them (Brown et al., 2009; Maxwell et al., 2012a, 2012b; Scourfield, Smail & Butler, 2015; Zanoni et al., 2013). There are a number of reasons for the relatively low level of involvement of fathers of children involved with child protection and in OOHC. Fathers in these families are often not living with the children before they enter OOHC, with complex family composition common and children in the family having different fathers (Maxwell et al., 2012a). They may not be identified by mothers or information about them not included in child welfare files or little assessment of their possible role and risks to the children or involved (Brandon, Philip & Clifton, 2019; Strega et al., 2008). They are much less likely than mothers to see their children and to see them less frequently when they are in OOHC (Biehal et al., 2010; McDowall, 2018).

Since one of the primary factors in children's entry to OOHC is family violence, more often by fathers or male partners than by mothers, there may also be concerns about their role as perpetrators of family violence. While there is evidence that children in high-risk families who have a positive relationship with a supportive adult male figure benefit in terms of better cognitive achievement scores, more self-confidence and social acceptance, children who experience inconsistent and aggressive relationships with father figures have more behavioural and emotional problems (Bellamy, 2009; Brandon, Philip & Clifton, 2019; Dubowitz et al., 2001; Stormshak et al., 2000).

Research on fathers' involvement in the lives of their children before and after they enter OOHC is also sparse and tends to rely more on the reports of mothers, carers and caseworkers than on direct reports from fathers (Bellamy, 2009). In the current POCLS study, Delfabbro (2018) reported that fathers were less likely to be consulted about the child's placement into OOHC than mothers were; around 40% of fathers were not consulted compared with 22% of non-Aboriginal mothers and 14% of Aboriginal mothers (p. 63).

In this report, the focus is on children's relationships with their birth family, those they live with, and others who are important in their lives. Children in the POCLS interview cohort were less likely to have contact with their fathers than with their mothers: about 75% to 80% of children were reported to have contact with their mothers across the first three waves compared with about 50% or fewer with their fathers. Contact with their father was more common for children in relative/kinship care than for children in foster care, as was the case for mothers. Fathers were, however, more likely to have unsupervised contact than mothers, and much more likely to do so, like mothers, when the children were in relative/kinship care compared with foster care. Relative/kinship carers were also more likely to report that children were excited or positive about contact before the last contact visit with their father and less likely to report that they were distressed after it than with their mother. This may reflect the support of paternal relatives and a selectivity factor; while fathers are less likely to

have contact, those who do so may be more engaged and seen as not representing a risk to the children. As Bellamy (2009) suggested, 'Lack of contact could be a proxy for a perceived risk of harm' (p. 260), a finding that 'merits further study'. Less supervision for fathers with their children may also be more likely for children in the care of paternal than maternal relatives, but it is worth noting that the large-scale US NSCAW study found that placements with 'paternal grandparents were at a higher risk of subsequent investigation than placements with maternal grandparents' (Helton, Boutwell & DiBernardo, 2017). Further analysis using the administrative data will be important to test this proposition and to assess the extent to which children are removed from the care of their mothers and placed with paternal relatives, following violence perpetrated by fathers or male partners.

Children's relationship with their father

The odds of children having a good relationship with their father were more than seven times greater if they had at least weekly contact with their father and more than twice as great if they had at least monthly contact. They were also significantly greater for children in their middle years (6 to 11 years old) than for younger children and adolescents. The direction of 'effect' is likely to be two-way – with children who had a closer relationship with their father likely to have more frequent contact, and children with more frequent contact developing a closer relationship. Children's own reports indicated that their father was commonly selected as an important and significant person in their lives – after their mother, siblings and grandmothers – but fathers were less likely to be selected in wave 3 if children in foster care did not have a good relationship with their father, according to their carer. It is worth noting that while some carers reported problems with parents' behaviour and with parents not 'showing up' for contact, they were more likely to say that children needed more contact rather than less contact with their father as well as their mother to meet the child's needs for a relationship with members of their birth family. According to carers, children were excited and tended to be more positive about contact with their fathers both before and after it than with mothers, though fewer children had contact with fathers, and less frequent contact, as outlined earlier. There was, however, no significant association with children's socio-emotional and behavioural problems (as reported by their carers) and the frequency of their contact with their parents or grandparents, except that there appears to be a compensatory 'effect' when children do not have any contact with their mother.

Sibling relationships and co-placement

In the POCLS interview cohort, over half the children (58.4%) had at least one sibling living with them in the same care household at wave 1, wave 2 (51.0%) and wave 3 (56.4%). Children in relative/kinship care were more likely to be living with at least one sibling, and to be in larger sibling groups, than children in foster care. This is similar to the 62.3% of children residing with at least one of their siblings in Tarren-Sweeney

and Hazell's (2005) study based on a sample of 347 children aged 4 to 11 years in court-ordered foster and kinship care in NSW who had been in care on average for more than four years (sampling frame drawn in 1999 and 2002). In that study, 91.6% of children had at least one sibling; 8.4% had no siblings. Only 8.8% of those with siblings were 'the only member of their sibling group to have ever been in care' (p. 829). The relatively small number of children in kinship care in this study (only 14% of children) was significantly more likely than those in foster care to be in a placement with one of their siblings.[88]

A survey by CREATE of 1,133 children and young people in OOHC found that 4.5% did not have any siblings and 16.6% indicated that none of their siblings were in care (McDowall, 2018). Those who had siblings in care were fairly evenly divided between those placed with all of their siblings (together, 27.4%), those placed with some (splintered, 26.0%) and those not placed with any of their siblings (split, 30.0%). Consistent with other studies, including the POCLS study, children in relative/kinship care were more likely to be placed together (43%) than those in foster care (23%) and less likely to be split (23% in relative/kinship care and 36% in foster care).[89] Children and young people who were placed together, or with at least one of their siblings, had fewer placement changes compared with those not placed with any of their siblings and those who were the only children in their family in care.[90] It is important to note, however, that data on sibling placements are not uniformly collected in Australia and there are complications and limitations related to the definition of siblings, who are more likely to be maternally related than paternally related, and to be more complex in Aboriginal communities, and varying with different data sources (administrative databases, child or carer or parent or caseworker report).

---

[88] Only 14% of children in Tarren-Sweeney and Hazell's (2005) study were in relative/kinship care.

[89] There are several possible reasons for this difference: first, relative/kinship carers are more likely than foster carers to accommodate larger sibling groups, even though this may stretch their resources; second, when a child is moved and separated from his siblings after some time together, he or she may be more likely to be placed in a new foster placement rather than a new kinship placement.

[90] These estimates are similar to the findings from US studies, taking heed of the cautions about the variations and inadequacies of the definition of siblings, and variations in the sources of the data (administrative databases or child/carer/parent/caseworker report). In Shlonsky, Webster and Needell's (2003) analysis of 35,216 children in care in California, 66% of children were placed with at least one of their siblings; similarly, in Hegar and Rosenthal's (2011) analysis of the National Study of Child and Adolescent Well-being (NSCAW) data for children in long-term foster care, 66% of children were placed with at least one sibling, but only 20% with all of their siblings.

An important and still unresolved issue is the short-term and longer-term benefits for children in OOHC being placed with their siblings. Sibling relationships can be close and warm and supportive, and protective in terms of family-wide adverse life events (Waite et al., 2011; Wojciak, 2017; Wojciak, McWey & Waid, 2018). They often also involve some level of rivalry, conflict and ambivalence, which can be beneficial socialising experiences for children in general. Siblings were commonly the people that children in this study, like those in other studies, say they want more contact with (Lundstrom & Sallnas, 2012: Wojciak, McWey & Helfrick, 2013). Brothers and sisters were also the most commonly mentioned people named as 'special or important' to the children in the POCLS.

For some children, however, sibling relationships can be abusive or violent (Dunn, 2007) and for children coming from abusive and violent circumstances, this behaviour may continue into the care environment and cause siblings to be separated (Barth et al., 2007; Gustavsson & MacEachron, 2010). A number of carers at different times in the POCLS indicated some concern about the level of aggression and conflict between some siblings, either placed together or on contact visits. On the other hand, other carers commented positively on the caring and protective nature of children's relationships with their siblings, with some noting the parenting role some children and young people had assumed for their siblings.

It is therefore important to explore the existence of sibling relationships for children entering care and to assess them 'from the perspective of each child (as age appropriate)' – who the child considers to be a sibling and asking the child 'about the actual and desired frequency of contact with each sibling' (Child Welfare Information Gateway, 2013, p. 4).

7.3 Children's socio-emotional developmental outcomes

How well children in OOHC fare after they are placed with relatives/kinship or a foster carer, and how well contact with members of their family works and how those arrangements affect their developmental outcomes are critical issues for policy and practice. Carers' reports of children's behaviour problems indicated improvements in their socio-emotional development, from wave 1 to waves 2 and 3. This is consistent with the findings of several other studies, which also showed improvement in CBCL measures over time for children in OOHC (Fernandez, 2009; Linares et al., 2007; Tarren-Sweeney & Goemans, 2019). This improvement is important because commentary on adverse comparisons of children in OOHC with other children in the general population is common but generally fails to take into account the 'starting point' for children in care. The more important measure of how children fare during their time in OOHC is how well they are faring compared with their 'starting point' from the time of their removal from their parent/s.

From a policy and practice perspective, it is important to understand what factors are associated with, and potentially make a difference to, children's socio-emotional outcomes. Key among these are likely to be children's relationships with the people they are living with and their continuing relationship and contact with members of their birth family and other people who are special and important to them. Children's own views and their carers' views about the carers' emotional responsiveness, as well as how happy children are and whether they feel that their carers are trying to make them feel part of the 'new' family and household, were significantly associated with children's socio-emotional behaviours. Children whose carers self-reported a more hostile parenting style and response to the child had significantly higher internalising, externalising and total problems CBCL T-scores than children whose carers reported less hostility. Conversely, while carers' parenting style reports did not change significantly over time, children whose carers reported greater warmth had lower externalising and total CBCL scores. It should be noted the carers reported on both their own parenting style and on the child's problem behaviours so the association between them is not surprising but may also reflect a reciprocal relationship between them. For example, the child's problem behaviours may result in the carer adopting sterner practices and this may play out in a feedback loop with children reacting with more difficult behaviours. The tone of the carers' household and parenting style may therefore influence children's socio-emotional behaviours and the extent to which they change over waves, as reported by the carers. As Brody (2005) concluded, 'Children with active or emotionally intense personalities receive different, usually more negative, parenting than do children with calm and easy going personalities' (p. 124).

Importantly, children's independent reports of their carers' emotional responsiveness and of how happy they are there, and the extent to which they say they are helped to feel part of the family are also associated with their behavioural outcomes, as reported by their carers.

Children's contact with their birth family

Children's contact with their parents and siblings was significantly associated with children's socio-emotional behaviours, as measured by CBCL scores based on their carers' reports. It was not simply a function of whether or not children had contact with their birth family but the frequency and reported quality of that contact – whether it was seen to be meeting the child's needs in maintaining family relationships and not marked by problems such as hostility between the carers and the birth family or perceived negative impact on the child.

Children whose carers indicated that contact had an adverse impact on children and was not meeting the child's needs for maintaining family relationships had higher internalising, externalising and total problems scores. Similarly, children whose carers

reported hostility between themselves and the child's family had higher internalising problems. These effects were significant after taking into account a number of other factors, including the child's age, gender, Aboriginality, placement type, change in household, and the carer's parenting style. The nature of this association is not clear at this stage but is likely to be complex. It is likely, for example, that children are sensitive to the tone and quality of the relationships between the child's family members and their carers and that may affect their behaviours, with hostility and concerns about their time with their family members unsettling and disturbing them (Collings & Conley Wright, 2020; Kiraly & Humphries, 2015, 2016). Children's difficult behaviours may also upset carers and encourage them to minimise contact that they believe unsettles the child and that they believe does not work in meeting the child's needs to maintain family relationships. Similar concerns arise in family law matters following parental separation (Ganong, Coleman & Chapman, 2016).

Co-placement with at least one sibling was an important factor that was associated with children reportedly having fewer socio-emotional and behavioural problems. This may indicate a benefit of placing children with a sibling, but as indicated earlier, it may also reflect a 'survivor effect' whereby children with more behavioural and socio-emotional problems are more likely to be 'split off' from their siblings into separate placements.

As the UN Guidelines for the Alternative Care of Children[91] point out, it may not always be in children's best interests or their wish to be placed with some siblings if those relationships and their interactions are unsafe or undermine children's other relationships (Linares et al., 2007). This means that careful assessment, including listening to children's views and concerns, and those of the carers who can observe the day-to-day interactions between children, is clearly warranted. There is, however, no specific requirement in legislation in NSW or elsewhere in Australia to make 'reasonable efforts', as in the US child welfare legislation[92] and case law (Gustavsson & MacEachron, 2010; Hegar & Rosenthal, 2011; Waid, 2014) or UK policy and

[91] The principle in the UN Guidelines for the Alternative Care of Children (64/142) states that: 'Siblings with existing bonds should in principle not be separated by placements in alternative care unless there is a clear risk of abuse or other justification in the best interests of the child. In any case, every effort should be made to enable siblings to maintain contact with each other, unless this is against their wishes or interests' (para 17).

[92] Fostering Connections to Success and Increasing Adoptions Act 2008.

legislative guidance,[93] or outlined in the UN Guidelines and article 9 of the Conventions on the Rights of the Child, to keep siblings together. While there is no NSW legislative requirement to consider co-placement or co-location of siblings, it is part of NSW casework practice.[94]

The burden of making and maintaining the contact arrangements when siblings are separately placed also generally falls on the carers, reducing the likelihood of frequent contact for children with their siblings, particularly when there are a number of siblings involved. Approaches that support relationships between siblings in permanent care and adoption include a well-defined sibling co-placement policy and agency-based plans for facilitating and implementing sibling placements and contact as well as testing programs that aim to develop and support sibling relationships (McBeath et al., 2014). This also requires attention to asking about and recording in administrative databases and in casework files information about children's siblings, including those who the children regard as important and special people.

7.4 Aboriginal children

The focus in this section is on the relationships Aboriginal children in care have with their family, kinship group and the people they are living with in OOHC, and how this differs depending on whether they are in relative/kinship care or foster care; some analyses are concerned with differences between Aboriginal and non-Aboriginal children.

The concept of kin and family is broader and quite different for Aboriginal people than for non-Aboriginal people, including both members of the extended family and others within the community who are considered to be family, and with less emphasis on the genetic relationship (SNAICC, 2005).

Aboriginal children comprised about 40% of the children in the interview cohort across the first three waves of the POCLS. There were more Aboriginal children in foster care than in relative/kinship placements at each wave. There was also a higher proportion of Aboriginal children in foster care than non-Aboriginal children at each wave. As

[93] Children's Act 1989; Department of Health, 1989; Scottish Government, 2009, though 'a survey of looked-after children reported that around three in five children had siblings in care and more than 70 per cent of them were separated from siblings (Ofsted, 2012)' (Jones, 2016).

[94] This is outlined in the Permanency Case Management Policy Rules and Practice Guidance: https://www.facs.nsw.gov.au/download?file=595198.

Delfabbro (2018) reported, despite the Aboriginal Placement principle, '58% of children with an Aboriginal heritage are placed into non-Aboriginal placements' (p. 55).

There were more similarities than differences between Aboriginal and non-Aboriginal children in their experience in OOHC in the POCLS. There were no significant differences between Aboriginal and non-Aboriginal children in how close they indicated they felt to members of either their caregiver household or to members of their birth family. Nor were there any significant differences in how close the carers of Aboriginal and other children said they were to the children in their care, how well they thought the children were getting on, and how close the children were to other children in the household; Aboriginal children were generally more likely to be part of larger families and more likely than non-Aboriginal children to be living with siblings.

Both foster carers and relative/kinship carers of Aboriginal children, however, self-reported more warmth and less hostility in their parenting style than the foster carers of non-Aboriginal children. Aboriginal children were also more likely to say that they were happy in their placement than non-Aboriginal children in both foster care and relative/kinship care.

There were also some differences in relation to children's contact with members of their birth family. While Aboriginal children in foster care were less likely than non-Aboriginal children to have contact with their mother, Delfabbro (2018) also found that Aboriginal children placed with non-Aboriginal carers were significantly more likely to have contact with their parents than those in Aboriginal households. There was also a clear trend for unsupervised contact to increase over time and be more common for Aboriginal than non-Aboriginal children with both mothers and fathers.

Aboriginal children in foster care but not in relative/kinship care were significantly less likely than non-Aboriginal children in foster care to have contact with siblings they were not living with. However, nearly double the proportion of Aboriginal children in foster care were living with siblings than non-Aboriginal children in foster care. Similarly, based on caseworker reports for a sub-sample of children in the POCLS, Delfabbro (2018) found that 78% of Aboriginal children have some sort of face-to-face contact with their externally placed siblings several times per year compared with 90% for non-Aboriginal children.

The main difference, however, between Aboriginal and other children was that their carers were less positive that contact was meeting the child's needs of maintaining their family relationships and also more likely to be concerned about parents cancelling or not showing up for contact visits. A number of carers of Aboriginal children wanted more contact for children with family members, and particularly with

fathers and siblings. Like other carers, carers were looking for more rather than less contact and for more support in arranging and maintaining family contact.

Delfabbro (2018) analysed developmental measures including the CBCL scores and reported small but significant differences between Aboriginal and non-Aboriginal children for internalising and total problems but not for externalising problems, with greater improvements in these two measures in the non-Aboriginal group from wave 1 to wave 3. There were, however, few significant effects associated with Aboriginality in children's reported socio-emotional and behavioural problems, as measured by their CBCL scores, after taking into account a range of factors. One difference that deserves further attention is the indication that Aboriginal children without any siblings in the household had higher CBCL problems scores than non-Aboriginal children. Further analyses using the new measures in wave 3 and beyond, concerning carers' relationship with the birth family and their involvement in contact, as well as carers' health and stressful life events, would be useful to explore this association. It is possible that an effect on children's socio-emotional and developmental measures may reflect the greater impost on older Aboriginal relative/kinship carers with fewer resources and larger households of children.

7.5 Summary

'Contact is one of the top three areas in which children and young people seek greater influence over decision making' (Morgan, 2012).

Managing contact is often difficult for children and young people and for parents and other members of the birth family, as well as the child's carers. The emotional pain for birth parents and the artificiality of contact visits in public spaces makes it very difficult for parents to establish and sustain contact and to maintain a satisfactory relationship with their children (Gibson, 2015; Haight, Kagle & Black, 2003; Larkins et al., 2015). It can also be a difficult situation for carers, and particularly relative/kinship carers to manage, especially when they are alert to the emotional impact on the children of contact visits even when they go well. As Larkins et al. (2015) found, contact was most likely to meet the needs of children and be satisfactory for parents and carers:

> where rights were respected, where committed workers spent time on relationship building and where resources were made available to children and families … social workers will need to spend more time, not less, on building and maintaining relationships with children and young people and their families. This would support the dynamic process of facilitating contact when this is appropriate, providing the necessary emotional support when it is not, and enabling contact to become a safe possibility wherever and whenever there is potential for change. (p. 310)

For young children coming into care, being placed with siblings is also likely to be beneficial, absent safety concerns and depending on appropriate assessment and gradual transitions from other placements. As Brody (2005) concluded:

> Sibling relationships that are characterized by a balance of nurturance and conflict can provide a unique opportunity for children to develop the ability to understand other people's emotions and viewpoints, to learn to manage anger and resolve conflict, and to provide nurturance themselves. (p. 124)

7.6 Further research

Further analyses could examine:

- the effect of sibling co-placement on the stability of the placement
- the pattern of children's placements on the adapted Kvebæk task across waves
- the 'effect' of changed placements on children's relationships with those they are living with, and with family members they are not living with.

8. References

Achenbach, T. M., & Rescorla, L. A. (2001). Manual for the ASEBA school-age forms & profiles. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.

Akin, B. A. (2011). Predictors of foster care exits to permanency: A competing risks analysis of reunification, guardianship, and adoption. Children and Youth Services Review, 33, 999–1011.

Albert, V. N., & King, W. C. (2008). Survival analyses of the dynamics of sibling experiences in foster care. Families in Society, 89(4), 533–541.

American Psychological Association (APA) (2020). Publication Manual of the American Psychological Association. 7th Edition. American Psychological Association. Washington, DC.

Australian Institute of Health and Welfare (AIHW) (2016). The views of children and young people in out-of-home care: overview of indicator results from a pilot national survey 2015. Bulletin 132. Cat. no. AUS 197. Canberra: AIHW.

Australian Institute of Health and Welfare (AIHW) (2019a). The views of children and young people in out-of-home care: Overview of indicator results from the second national survey 2018. Cat. no. CWS 68. Canberra: AIHW.

Australian Institute of Health and Welfare (AIHW) (2019b). National framework for *protecting Australia's children: Supplementary tables*. https://www.aihw.gov.au/reports/child-protection/nfpac/data

Barth, R. P., Lloyd, E., Green, R. L., James, S., Leslie, L. K., & Landsverk, J. (2007). Predictors of placement moves among children with and without emotional and behavioural disorders. Journal of Emotional and Behavioral Disorders, 15(1), 46–55.

Bellamy, J. L. (2009). A national study of male involvement among families in contact with the child welfare system. Child Maltreatment, 14(3), 255–262.

Biehal, N., Ellison, S., Baker, C., & Sinclair, I. (2010). Belonging and permanence. Outcomes in long term foster care and adoption. London: BAAF.

Boyle, C. (2017). 'What is the impact of birth family contact on children in adoption and long-term foster care?' A systematic review. Child and Family Social Work, 22, 22–33.

Brandon, M., Philip, G., & Clifton, J. (2019). Men as fathers in child protection. Australian Social Work, 72, 447–460.

Brody, G. H. (2005). Siblings' direct and indirect contributions to child development. Current Directions in Psychological Science, 13, 124–126.

Brown, L., Callahan, M., Strega, S., Walmsley, C., & Dominelli, L. (2009). Manufacturing ghost fathers: The paradox of father presence and absence in child welfare. Child and Family Social Work, 14(1), 25–34.

Cashmore, J. (2014). Children living away from home. In G. Melton, A. Ben-Arieh, J. Cashmore, G. S. Goodman & N. K. Worley (eds), The SAGE handbook of child research (pp. 316–338). Los Angeles, USA: Sage Publications.

Cashmore, J., & Paxman, M. (2006). Predicting after-care outcomes: The importance of 'felt' security. Child and Family Social Work, 11, 232–241.

Chamberlain, P., Price, J. M., Reid, J. B, Landsverk, J., Fisher, P. A., & Stoolmiller, M. (2006). Who disrupts from placement in foster and kinship care? Child Abuse & Neglect, 30(4), 409–424.

Chen, H., Cohen, P., & Chen, S. (2010). How big is a big odds ratio? interpreting the magnitudes of odds ratios in epidemiological studies. Communications in Statistics – Simulation and Computation, 39, 860–864.

Child Welfare Information Gateway (2013). Sibling issues in foster care and adoption. Washington, DC: US Department of Health and Human Services, Children's Bureau.

Collings, S., & Conley Wright, A. (2020). Two families joined by a child: The role of direct contact in fostering relationships between birth and carer families in permanent care. Journal of Family Studies. https://doi.org/10.1080/13229400.2020.1756899

Cromwell, R. E., Fournier, D. and Kvebaek, D., (1980). The Kvebaek family sculpture technique: A diagnostic and research tool in family therapy. Jonesboro TN: Pilgrimage, Inc.

Darling, N. & Toyokawa, T. (1997). Construction and validation of the parenting style inventory II (PSI-II). Unpublished manuscript. Department of Human Development and Family Studies, Pennsylvania State University.

Delfabbro, P. (2017). Relative/kinship and foster care: A comparison of carer and child characteristics. Pathways of Care Longitudinal Study: Outcomes of children and young people in out-of-home care. Research Report Number 7. Sydney. NSW Department of Family and Community Services.

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.

Delfabbro, P. H., Fernandez, E., McCormick, J., & Kettler, L. (2013). Reunification in a complete entry cohort: A longitudinal study of children entering out-of-home care in Tasmania, Australia. Children and Youth Services Review, 35, 1592–1600.

Drapeau, S., Simard, M., Beaudry, M., & Charbonneau, C. (2000). Siblings in family transitions. Family Relations, 49, 77–85.

Dubowitz, H., Black, M. M., Kerr, M. A., Litrownik, A. J., Radhakrishna, A., English, D., et al. (2001). Father involvement and children's functioning at age 6 years: A multisite study. Child Maltreatment, 6, 300–309.

Dunn, J. (2007). Siblings and socialization. In J. E. Grusec & P. D. Hastings (eds), Handbook of socialization: Theory and research (pp. 309–327). New York: The Guilford Press.

East, P. L., & Khoo, S. T. (2005). Longitudinal pathways linking family factors and sibling relationship qualities to adolescent substance use and sexual risk behaviors. Journal of Family Psychology, 19(4), 571–580.

Farmer, E. (2009). How do placements in kinship care compare with those in non-kin foster care: Placement patterns, progress and outcomes? Child and Family Social Work, 14(3), 331–342.

Fernandez, E. (2009). Children's wellbeing in care: Evidence from a longitudinal study of outcomes. Children and Youth Services Review, 31(10), 1092–1100.

Fletcher, R. (2008). Father-inclusive practice and associated professional competencies (Australian Family Relationships Clearinghouse Briefing no. 9). Melbourne: Australian Institute of Family Studies.

Ganong, L., Coleman, M., & Chapman, A. (2016). Gatekeeping after separation and divorce. In L. Drozd, M. Saini & N. Olesen (eds) Parenting plan evaluations: Applied research for the Family Court (2nd ed.). Oxford: Oxford University Press. Accessed: https://www.oxfordclinicalpsych.com/view/10.1093/med:psych/9780199396580.001.0001/med-9780199396580-chapter-11?print=pdf

Gardner, H. (1996). The concept of family: Perceptions of children in family foster care. Child Welfare, LXXV (2), 161–182.

Gardner, H. (2004). Perceptions of family: complexities introduced by foster care. Part 1: Childhood perspectives, Journal of Family Studies, 10, 170–187.

Gass, K., Jenkins, J., & Dunn, J. (2007). Are sibling relationships protective? A longitudinal study. Journal of Child Psychology and Psychiatry, 48(2), 167–175.

Gibson, M. (2015). Shame and guilt in child protection social work: New interpretations and opportunities for practice. Child & Family Social Work, 20, 333–343.

Goldberg, C.J., Spoth, R., Meek, J., & Moolgard, V. (2001). The Capable Families and Youth Project: Extension-university-community partnerships. *Journal of Extension, 39,* www.joe.org/joe/2001june/a6.php

Groza, V., Maschmeier, C., Jamison, C., & Piccola, T. (2003). Siblings and out-of-home placement: Best practices. Families in Society, 84(4), 480–490.

Gustavsson, N. S., & MacEachron, A. E. (2010). Sibling connections and reasonable efforts in public child welfare. Families in Society, 91(1), 39–44.

Haight, W. L., Kagle, J. D., & Black, J. E. (2003). Understanding and supporting parent–child relationships during foster care visits: Attachment theory and research. Social Work, 48, 195–207.

Hegar, R. L. (2005). Sibling placement in foster care and adoption: An overview of international research. Children and Youth Services Review, 27(7), 717–739.

Hegar, R. L., & Rosenthal, J. A. (2011). Foster children placed with or separated from siblings: Outcomes based on a national sample. Children and Youth Services Review, 33(7), 1245–1253.

Helton, J. H., Boutwell, B. B., & DiBernardo, M. (2017). The relative safety of paternal, maternal, and traditional foster care placements. Child Abuse & Neglect, 70, 1–10.

Herrick, M. A., & Piccus, W. (2005). Sibling connections: The importance of nurturing sibling bonds in the foster care system. Children and Youth Services Review, 27(7), 845–861.

Holland, S. (2009). Listening to children in care: A review of methodological and theoretical approaches to understanding Looked after Children's perspectives. Children & Society, 23, 226–235.

Institut de la Statistique du Québec (2000). Longitudinal Study of Child Development in Québec (ÉLDEQ 1998-2002): 5-month-old infants, parenting and family relations, 1 (10). Québec, Canada: l'Institut de la Statistique du Québec.

Jones, C. (2016). Sibling relationships in adoptive and fostering families: A review of the international research literature. Children & Society, 30(4), 324–334.

Kiraly, M., & Humphries, C. (2015). A tangled web: Parental contact with children in kinship care. Child and Family Social Work, 20(1), 106–115.

Kiraly, M., & Humphries, C. (2016). 'It's about the whole family': Family contact for children in kinship care. Child and Family Social Work, 21(2), 228–239.

Larkins, C., Ridley, J., Farrelly, N., Austerberry, H., Bilson, A., Hussein, S., Manthorpe, J., & Stanley, N. (2015). Children's, young people's and parents' perspectives on contact: Findings from the evaluation of social work practices. British Journal of Social Work, 45, 296–312, https://doi.org/10.1093/bjsw/bct135

Leathers, S. (2005). Separation from siblings: Associations with placement adaptation and outcomes among adolescents in long-term foster care. Children and Youth Services Review, 27(7), 793–819.

Leve, L. D., Harold, G. T., Chamberlain, P., Landsverk, J. A., Fisher, P. A., & Vostanis, P. (2012). Practitioner review: Children in foster care – Vulnerabilities and evidence based interventions that promote resilience processes. Journal of Child Psychology and Psychiatry, 53, 1197–1211.

Little, R.J.A. (1988). A test of missing completely at random for multivariate data with missing values. Journal of the American Statistical Association, 83, 404,1198–1202.

Linares, L. O., Li, M., Shrout, P. E., Brody, G. H., & Pettit, G. S. (2007). Placement shift, sibling relationship quality, and child outcomes in foster care: A controlled study. Journal of Family Psychology, 21(4), 736–743.

Lundström, T. & Sallnäs, M. (2012). Sibling contact among Swedish children in foster and residential care – Out of home care in a family service system. Children and Youth Services Review, 34, 396–402.

McBeath, B., Kothari, B. H., Blakeslee, J., Lamson Siu, E., Bank, L., Linares, L. O., ... & Shlonsky, A. (2014). Intervening to improve outcomes for siblings in foster care: Conceptual, substantive, and methodological dimensions of a prevention science framework. Children and Youth Services Review, 39, 1–10.

McCormick, A. (2010). Siblings in foster care: An overview of research, policy, and practice. Journal of Public Child Welfare, 4(2), 198–218.

McDowall, J. J. (2015). Sibling placement and contact in out of home care. Sydney: CREATE Foundation.

McDowall, J. J. (2018). Out-of-*home care in Australia: Children and young people's* views after five years of National Standards. Sydney: CREATE Foundation.

Maclean, K. (1991). Meeting the needs of sibling groups in care. Adoption and Fostering, 15(1), 33–37.

McWey, L. M., Acock, A., & Porter, B. E. (2010). The impact of continued contact with biological parents upon the mental health of children in foster care. Children and Youth Services Review, 32, 1338–1345.

Malm, K., & Zielewski, E. H. (2009). Nonresident father support and reunification outcomes for children in foster care. Children and Youth Services Review, 31(9), 1010–1018.

Maxwell, N., Scourfield, J., Featherstone, B., Holland, S., & Tolman, R. (2012a). Engaging fathers in child welfare services: A narrative review of recent research evidence. Child and Family Social Work, 17(2), 160–169.

Maxwell, N., Scourfield, J., Holland, S., Featherstone, B., & Lee, J. (2012b). The benefits and challenges of training child protection social workers in father engagement. Child Abuse Review, 21(4), 299–310.

Mignon, S. I., & Ransford, P. (2012) Mothers in prison: Maintaining connections with children, Social Work in Public Health, 27(1–2), 69–88.

Milan, S. E., & Pinderhughes, E. E. (2000) Factors influencing maltreated children's early adjustment in foster care. Development and Psychopathology, 12(1), 63–81.

Miron, D., Sujan, A., & Middleton, M. (2013). Considering the best interests of infants in foster care placed separately from their siblings. Children and Youth Services Review, 35(9), 1385–1392.

Moyers, S., Farmer, E., & Lipscombe, J. (2006). Contact with family members and its impact on adolescents and their foster placements. British Journal of Social Work, 36, 541–559.

Neil, E. (1999). The sibling relationships of adopted children and patterns of contact after adoption. Adoption & Fostering, 23(1), 59–60.

NSW Department of Family & Community Services (2016, December). Birth family contact for children in out of home care: What does the Pathways of Care Longitudinal Study tell us? FACSAR Evidence to Action note. Retrieved from http://www.facs.nsw.gov.au/?a=388334

Ofsted (2009). Keeping in Touch. Manchester: Ofsted.

Ofsted (2012). *Children's Care Monitor 2011: Children on the state of social care in* England. Manchester: Ofsted.

Oosterman, M., Schuengel, C., Wim Slot, N., Bullens, R. A. R., & Doreleijers, T. A. H. (2007). Disruptions in foster care: A review and meta-analysis. Children and Youth Services Review, 29(1), 53–76.

Paterson, G. & Sanson, A. (1999). The association of behavioural adjustment to temperament, parenting and family characteristics among 5 year-old children. Social Development, 8, 293-309.

Richardson, S. M. & Yates, T. M. (2014). Siblings in foster care: A relational path to resilience for emancipated foster youth. Children and Youth Services Review, 47, 378–388.

Ripoll-Núñez, K., & Carrillo, S. (2014). Sibling relationships and children's social well-being. In A. Ben-Arieh, F. Casas, I. Frønes, & J. E. Korbin (eds), Handbook of Child Well-Being (pp. 1817–1842). Dordrecht: Springer.

Ross, N. & Cashmore, J (2016). Adoption reforms New South Wales style: A comparative look. Australian Journal of Family Law, 30, 51-75.

Rushton, A., Dance, C., Quinton, D., & Mayes, D. (2001). Siblings in late permanent placements. London: British Agencies for Adoption and Fostering.

Rutter, M. (2000). Resilience reconsidered: Conceptual considerations, empirical findings, and policy implications. In J. P. Shonkoff & S. J. Meisels (eds), Handbook of early childhood intervention (pp. 651–682). New York: Cambridge University Press.

Schofield, G. (2003). Part of the family: Pathways through foster care. London: British Agencies for Adoption and Fostering.

Scottish Government (2009). The Looked-After Children (Scotland) Regulations 2009. Edinburgh: Scottish Government.

Scourfield, J., Smail, P., & Butler, D. (2015). A systemic approach to improving the engagement of fathers in child safeguarding. Child Abuse Review, 24, 129–139.

Sen, R., & Broadhurst, K. (2011). Contact between children in out-of-home placements and their family and friends networks: A research review. Child and Family Social Work, 16, 298–309.

Shlonsky, A., Webster, D., & Needell, B. (2003). The ties that bind: A cross-sectional analysis of siblings in foster care. Journal of Social Service Research, 29(3), 27–52.

Shlonsky, A., Bellamy, J., Elkins, J., & Ashare, C. J. (2005). The other kin: Setting the course for research, policy, and practice with siblings in foster care. Children and Youth Services Review, 27(7), 697–716.

Sinclair, I., Baker, C., Wilson K., & Gibbs, I. (2005). Foster children. Where they go and how they get on. London: Jessica Kingsley.

SNAICC Aboriginal and Torres Strait Islander Cultural Support Plan (2005) – State Government of Victoria. https://www.snaicc.org.au/aboriginal-torres-strait-islander-cultural-support-plan-2005-state-government-victoria-vic/

Staff, I., & Fein, E. (1992). Together or separate: A study of siblings in foster care. Child Welfare, 71(3), 257–270.

Stormshak, E. A., Bierman, K. L., McMahon, R. J., & Lengua, L. J. (2000). Parenting practices and child disruptive behavior problems in early elementary school. Journal of Clinical Child Psychology, 29(1), 17–29.

Strega, S., Fleet, C., Brown, L., Dominelli, L., Callahan, M., & Walmsley, C. (2008). Connecting father absence and mother blame in child welfare policies and practice. Children and Youth Services Review, 30(7), 705–716.

Tarren-Sweeney, M., & Hazell, P. (2005). The mental health and socialization of siblings in care. Children and Youth Services Review, 27(7), 821–843.

Tarren-Sweeney, M. (2017). Rates of meaningful change in the mental health of children in long-term out-of-home care: A seven- to nine-year prospective study. Child Abuse & Neglect, 72, 1–9.

Tarren-Sweeney, M. (2018). The mental health of adolescents residing in court-ordered foster care: Findings from a population survey. Child Psychiatry & Human Development, 49(3), 443–451.

Tarren-Sweeney, M., & Goemans, A. (2019). A narrative review of stability and change in the mental health of children who grow up in family-based out-of-home care. Developmental Child Welfare, 1(3), 273–294.

Thorpe, M. B., & Swart, G. T. (1992). Risk and protective factors affecting children in foster care: A pilot study of the role of siblings. Canadian Journal of Psychiatry, 37, 616–622.

Turney, D. (2012). A relationship-based approach to engaging involuntary clients: The contribution of recognition theory. Child and Family Social Work, 17(2), 149–59.

United Nations General Assembly (2010). Guidelines for the Alternative Care of Children (Resolution 64/142).

Unrau, Y. A., Seita, J. R., & Putney, K. S. (2008). Former foster youth remember multiple placement moves: A journey of loss and hope. Children and Youth Services Review, 30, 1256–1266.

Waid, J. (2014). Sibling foster care, placement stability, and wellbeing: A theoretical and conceptual framework. Journal of Family Social Work, 17(3), 283–297.

Waite, E. B., Shanahan, L., Calkins, S. D., Keane, S. P., & O'Brien, M. (2011). Life events, sibling warmth, and youths' adjustment. Journal of Marriage and Family, 73, 902–912.

Washington, K. (2007). Research review: Sibling placement in foster care: A review of the evidence. Child and Family Social Work, 12, 426–433.

Webster, D., Shlonsky, A., Shaw, T., & Brookhart, M. A. (2005). The ties that bind II: Reunification for siblings in out-of-home care using a statistical technique for examining non-independent observations. Children and Youth Services Review, 27, 765–782.

Welty, C., Geiger, M., & Magruder, J. (1997). Sibling groups in foster care: Placement barriers and proposed solutions (report to the Legislature of June 1997). Sacramento, CA: California Department of Social Services.

Winokur, M., Holtan, A., & Valentine, D. (2009). Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. Cochrane Database of Systematic Reviews: CD006546. doi:10.1002/14651858.CD006546.pub2

Winokur, M., Holtan, A., & Batchelder, K. E. (2014). Kinship care for the safety, permanency, and well-being of maltreated children. Cochrane Database of Systematic Reviews 2014, Issue 1. Art. No.: CD006546. DOI: 10.1002/14651858. CD006546.pub3.

Winokur, M., Holtan, A., & Batchelder, K. E. (2018). Systematic review of kinship care effects on safety, permanency, and well-being outcomes. Research on Social Work Practice, 28(1), 19–32.

Wojciak, A. S. (2017). 'It's complicated.' Exploring the meaning of sibling relationships of youth in foster care. Child & Family Social Work, 22(3), 1283–1291.

Wojciak, A. S., McWey, L. M., & Helfrich, C.M. (2013). Sibling relationships and internalizing symptoms of youth in foster care. Children and Youth Services Review, 35, 1071–1077.

Wojciak, A. S., McWey, L. M., & Waid, J. (2018). Sibling relationships of youth in foster care: A predictor of resilience. Children and Youth Services Review, 84, 247–254.

Wulczyn, F., & Zimmerman, E. (2005). Sibling placements in longitudinal perspective. Children and Youth Services Review, 27(7), 741–763.

Wulczyn, F., & Chen, L. (2017). Placement changes among children and young people in out-of-home care. Pathways of Care Longitudinal Study: Outcomes of

Children and Young People in Out-of-Home Care. Research Report Number 8. Sydney. NSW Department of Family and Community Services.

Zanoni, L., Warburton, W., Bussey, K., & McMaugh, A. (2013). Fathers as 'core business' in child welfare practice and research: An interdisciplinary review. Children and Youth Services Review, 35, 1055–1077.

Zinn, A. (2012). Kinship foster family type and placement discharge outcomes. Children and Youth Services Review, 34, 602–614.

Appendix A: Data analyses

Most of the analyses in this report were based on 'stacked' or 'long' format data. That is, the information for successive waves for a given child, instead of being recorded on a single record (e.g., age_at_wave1, age_at_wave2 and age_at_wave3) is recorded as a single variable (age) on multiple records, one for each wave for each participant. This has many advantages for the analysis and graphical representation of longitudinal data.[95]

Some of the data were stacked even more. For example, there was a separate record for every person each children placed on the Kvebæk matrix, which represented the interpersonal 'distance' between them ('study child') and the people they were living with (care households) and the people they selected as special and important to them, mostly members of their birth family (section 2.2).

Future analyses will draw on more of the data and test the stability of the results given here.

Analyses

The analyses described in this report range from the relatively simple (e.g., contingency tables or cross-tabulations) to the more complex (e.g., longitudinal mixed models).

Most of the results are presented in two- or three-way cross-tabulations of categorical variables which show the frequency and percentage of cases in each combination of the levels of the variables involved. In some cases, the statistical significance of the association between two variables is tested using the chi-squared test of independence. This tests whether study children who are in a given category on one variable (e.g., in foster care versus relative/kinship care) are more or less likely to be in a given category on another variable (e.g., living with a sibling or not). This example is derived from Table 2.7 where the statistically significant chi-squared result given in

[95] The POCLS involves a large number of participants and comprises a large amount of information, stored in numeric, categorical and text formats. As each wave of data is added, the complexity of possible analyses, and the number of possible subsets of cases and variables used in the analyses, becomes greater. The complexity is increased by the fact that not all participants in the study contribute information on all waves.

footnote 6 indicates that study children in relative/kinship care were more likely to be living with siblings than those in foster care (64.5% versus 54.5%).

Chi-squared tests were only used with data from individual waves so as not to violate the assumption of the independence of individual observations, which would occur, for example, if an individual child was included more than once in the same table.

The association between variables which were numeric, or at least had ordered categories, was tested using Spearman correlation, which gives a statistic ρ (rho) which is the conventional Pearson correlation of the ranked values of the two variables. The larger the absolute value of rho, the stronger the positive (or negative) association between the variables, with a non-significant value indicating that the association is not different from zero.

Analyses with one outcome variable, such as whether a study child was seen to have a good relationship with a given person (Table 5.2), or their score on a standardised scale (e.g., the CBCL scores, section 6) with more than one other variable used multiple regression. Such analyses allow us to assess the strength of the association of one or more variables, usually called independent variables, with the single outcome variable. The independent variables may be numeric or categorical. In addition, it is possible to test the association of each of the independent variables with the outcome variable with the other independent variables held constant. Thus, for example, apparent differences between districts in terms of the outcome variable may be explained in terms of a third variable which differs over districts.

When the outcome variables were categorical and had two categories, binary logistic regression was used. There were usually multiple independent variables. The results can be described using odds ratios, which show the change in the odds of a particular outcome occurring with a one-unit increase in a given independent variable.

Section 6 describes the results of mixed model regression analyses with numeric CBCL measures as the outcome variables. These analyses are referred to as ‘mixed’ because they contain both fixed and random variables. The random variables can take into account the lack of independence of observations due to their being from the same participant over waves, from study children who live in the same household and, more remotely, from those who are in the same district. Observations for the same person obtained on different occasions will be related; observations for different people in the same household may also be related due to the shared environment and, most importantly, shared carers. The same reasoning applies to districts.

The use of random factors for person, household and district overcomes problems due to the lack of independence of observations mentioned above in relation to cross-tabulations. Although random factors have been mentioned specifically in connection

with the mixed models for numeric outcomes, they were also used in the logistic regression analyses described above, so they are more properly called ‘mixed model logistic regressions’.

Appendix B: Distances from adapted Kvebæk Family Sculpture Technique

Table B.1. Mean distances over three waves for members of carer family **household placed on board 1 in order of closeness to child's own position on** board

Child's selection and placement	Marginal mean	SE	Bonferroni significance
Birth grandmother	1.47	.124	AB
Foster mother	1.53	.110	A
Birth grandfather	1.54	.141	ABC
Birth aunt	1.58	.149	ABC
Birth uncle	1.60	.150	ABC
Foster father	1.67	.117	ABC
Cousins	1.67	.194	ABC
Birth brother	1.81	.091	ABC
Other	1.93	.197	ABC
Birth sister	2.01	.089	C
Foster sister	2.08	.125	BC
Foster brother	2.15	.128	C

Note: Margins sharing a letter in the group label are not significantly different at the 1% level. Foster mother as reference point.

Table B.2. Mean distances between child and members of birth family and other special people over three waves placed on board 2 in order of closeness to **child's own position on board**

Child's selection and placement	Marginal mean	SE	Bonferroni significance
Mother	1.61	.093	A
Sister	1.64	.117	AB
Grandmother	1.69	.124	AB
Father	1.77	.101	AB
Brother	1.79	.103	AB
Aunt	1.82	.126	AB
Friend	1.95	.106	B
Grandfather	2.00	.151	AB
Cousins	2.09	.118	AB
Other	2.13	.104	AB
Uncle	2.15	.166	AB

Note: Margins sharing a letter in the group label are not significantly different at the 1% level. Mother as reference point.

Appendix C: Interpreting odds ratios

This example is based on Table 4.1(c) which shows the percentage of carers who responded 'very well' in response to the question, How well is the child going at the moment?

As Table C.1 shows, for Aboriginal children, 80.1% carers responded 'very well' at wave 1, 81.4% at wave 2 and 72.2% at wave 3. The percentage increases slightly from wave 1 to wave 2. We'll first calculate the odds ratio to show the magnitude of that change. (For the purposes of this demonstration, we won't consider whether the change is statistically significant.)

Odds ratios can be calculated from cell frequencies or percentages – but using percentages means it is not necessary to go back to the original table.

First, calculating the odds ratio to show the magnitude of that change (without considering whether the change is statistically significant):

Table C.1 Percentage of Aboriginal children reportedly going 'very well' and 'not very well'

	'Very well' %	'Not very well' %
Wave 1	80.1%	19.9%
Wave 2	81.4%	18.6%
Wave 3	72.2%	27.8%

Table C.1 shows not only the percentage of children who were reported to be going very well at waves 1 and 2, but also the percentage of children who were reported not to be going very well (fairly well, not very well or not at all well). The figures for not very well in the table were obtained by subtracting the percentage for very well from 100: % not very well = 100 – % very well.

The odds of an Aboriginal child reportedly going very well in wave 1 are simply:

Wave 1: % going very well / % 'not *very well'* = 80.1/19.9 = 4.0

That is, the percentage doing very well is four times the percentage who are not going very well. In other words, the odds of going very well are favourable.

Odds at wave 2: % going very well / % not going very well = 80.4/18.6 = 4.3.

Only a small increase, probably not worth bothering about, but we'll nevertheless continue with the example by using the odds ratio to compare the two odds.

OR = 4.3/40 = 1.075.

The OR is scarcely greater than 1, but it is greater than 1, meaning that the odds of going very well at wave 2 are greater than (1.075 times) those at wave 1.

As an aside, let's calculate the ORs for some imaginary outcomes:

- % very well OR (comparing the percentages for later waves with that for wave 1)
- Wave 1 80.1 1 (comparing the wave 1 percentage with itself gives OR = 1)
- Wave 2 85 1.41
- Wave 3 90 2.24
- Wave 4 95 4.72.

Notice that the OR increases quite quickly as the percentage progressively increases above 80.1.

Returning to Table 4.1(c), we can see that the percentage of Aboriginal children who are said to be going very well is lower at wave 3 (72.2%) than at wave 1 (80.1%).

Calculating the OR to assess the magnitude of this change:

	'Very well' %	'Not ***Very well'*** %
Wave 1	80.1	19.9
Wave 3	72.2	27.8

Wave 1: % going very well / % not going very well = 80.1/19.9 = 4.0

Wave 3: % going very well / % not going very well = 72.2/27.8 = 2.6.

OR = .65

Because the OR is less than 1, we can see that the percentage of Aboriginal children said to be going very well at wave 3 is less than the percentage at wave 1.

How big an odds ratio is worth taking notice of?

It is assumed that the odds ratio is being used here as a measure of effect size rather a test of significance (although it is possible to use it for that purpose by testing whether it is significantly greater or smaller than 1).

There are some complexities involved (e.g., Chen, Cohen, & Chen, 2010), but given a difference between two percentages is statistically significant, ORs of 1.5 or greater are worthy of notice (.67 or smaller if the second percentage is smaller).

Appendix D: Tables for carers' report of who the child has a good relationship with

Table D.1. Car**ers'** report of who the child has a good relationship with in their birth family, by placement type and by wave (all children)

Good relationship with family member		Relative/ kinship care			Foster care		
		Wave 1	Wave 2	Wave 3	Wave 1	Wave 2	Wave 3
Mother	n	261	192	141	183	155	135
	%	44.8	38.2	32.8	32.3	30.4	29.8
Father*	n	184	170	130	110	96	78
	%	31.6	33.8	30.2	19.4	18.8	17.2
Siblings	n	314	282	229	299	288	261
	%	53.9	56.1	53.3	52.7	56.5	57.6
Maternal Grandparents**	n	277	203	155	93	74	67
	%	47.5	40.4	36.0	16.4	14.5	14.8
Paternal grandparents**	n	164	143	122	53	52	53
	%	28.1	28.4	28.4	9.3	10.2	11.7
Maternal great-grandparents**	n	283	230	157	58	47	43
	%	48.5	45.7	36.5	10.2	9.2	9.5
Paternal great-grandparents**	n	170	149	120	28	24	28
	%	29.2	29.6	27.9	4.9	4.7	6.2
Maternal aunts/uncles**	n	337	280	202	52	51	55
	%	57.8	55.7	47.0	9.2	10.0	12.1
Paternal aunts/uncles**	n	277	203	155	93	74	67
	%	47.5	40.4	36.0	16.4	14.5	14.8
Cousins**	n	164	143	122	53	52	53
	%	28.1	28.4	28.4	9.3	10.2	11.7
None of these**	n	25	16	12	112	91	71
	%	4.3	3.2	2.8	19.8	17.8	15.7
Total		583	503	430	567	510	453

* p < .01 and ** p < .001

Note: Column percentages do not add up to 100%, as children may have relationships with multiple family members. Percentages and totals are based on respondents.

Table D.2. Carers' reports of birth family members that child has a good relationship with for children in foster and relative/kinship care by wave (children involved in all three waves but not necessarily in same household)

Child has a good relationship with	Relative/kinship care			Foster care		
	Wave 1 %	Wave 2 %	Wave 3 %	Wave 1 %	Wave 2 %	Wave 3 %
Mother	40.8	35.9	33.3	33.3	33.2	34.2
Father*	33.2	35.9	31.8	22.0	21.1	20.4
Siblings	54.5	58.7	53.5	63.9	65.5	65.8
Maternal grandparents**	48.8	41.8	35.4	18.7	15.9	17.7
Maternal aunts/uncles**	47.0	45.6	34.9	11.3	10.4	11.1
Cousins**	58.2	55.9	46.5	11.9	12.3	14.4
Paternal grandparents**	31.7	31.0	28.9	11.0	13.2	13.9
Paternal aunts/uncles**	30.9	32.8	28.1	5.2	5.5	7.1
Any other relations	0.0	0.3	1.0	0.0	0.5	0.5
None of these*	3.6	4.9	6.3	14.1	14.5	12.8
Total	385	390	381	327	365	368

* $p < .01$ and ** $p < .001$

Note: Percentages and totals are based on respondents involved in all three waves but not necessarily in same household. Coloured rows indicate significant differences between children in relative/kinship and those in foster care.

Appendix E: Tables for Aboriginal children

Table E.1. Persons who children nominated in waves 2 and 3 that they wanted to see more for Aboriginal and non-Aboriginal children

Significant people child would like to see more		Aboriginal children		Non-Aboriginal children	
		Wave 2	Wave 3	Wave 2	Wave 3
Birth parent	n	48	44	77	49
	%	47.5	43.6	48.1	34.0
Siblings	n	33	32	48	47
	%	47.5	31.7	48.1	32.6
Friends	n	33	28	62	54
	%	32.7	27.7	38.8	34.7
Grandparents, aunts, uncles	n	26	27	5	37
	%	25.7	28.7	34.4	37.5
People lived with before	n	18	7	24	15
	%	17.8	6.9	15.0	10.4
Caseworker	n	7	4	8	7
	%	6.9	4.0	5.0	4.9
Teachers/school counsellors	n	6	2	13	3
	%	5.9	2.0	8.1	2.1
Someone else	n	8	1	11	17
	%	7.9	1.0	6.9	11.8
Total	n	101	101	160	144

Note: % are based on respondents. The coloured bands indicate the persons who at least 25% of children indicated they would like to see more.

Table E.2a. Carers' reports of birth family members that child has a good relationship with for Aboriginal and non-Aboriginal children in relative/kinship care by wave

Child has a good relationship with	Aboriginal children			Non-Aboriginal children		
	Wave 1 %	Wave 2 %	Wave 3 %	Wave 1 %	Wave 2 %	Wave 3 %
Mother	32.6	41.1	31.6	41.6	33.8	29.8
Father	32.6	41.1	31.6	34.2	33.8	32.9
Siblings	52.2	58.2	56.4	52.8	56.1	50.7
Maternal grandparents	42.8	38.3	32.3	51.1	43.4	36.4
Maternal aunts/uncles	40.6	39.7	28.6	46.8	44.7	36.4
Cousins	53.6	53.2	46.6	58.0	53.5	44.4
Paternal grandparents	25.4	34.0	26.3	32.0	33.3	28.9
Paternal aunts/uncles	30.6	32.5	27.7	33.8	31.6	28.4
Any other relations	0.0	0.7	1.5	0.0	0.0	0.4
None of these	6.5	3.5	2.3	3.0	3.1	3.1
Total number	138	141	133	318	359	357

Note: Percentages and totals are based on respondents involved in the same household on all three waves to provide the best basis for comparison. No significant differences by Aboriginality of child.

Table E.2b. **Carers' reports of birth family members that child has a good** relationship with for Aboriginal and non-Aboriginal children in foster care by wave

Child has a good relationship with	Aboriginal children in foster care			Non-Aboriginal children in foster care		
	Wave 1 %	Wave 2 %	Wave 3 %	Wave 1 %	Wave 2 %	Wave 3 %
Mother	27.3	24.5	23.8	25.4	28.6	29.9
Father	28.1	23.0	21.0	10.7	15.0	15.4
Siblings	53.7	57.6	57.3	52.3	55.9	58.9
Maternal grandparents	10.7	10.8	11.2	17.8	15.5	17.8
Maternal aunts/uncles	10.7	11.5	9.8	8.1	6.4	8.4
Cousins	14.9	17.3	16.8	7.1	5.9	8.4
Paternal grandparents	14.0	14.4	17.5	6.1	10.5	7.0
Paternal aunts/uncles	2.5	5.0	4.2	3.6	3.6	6.1
Any other relations	0.0	0.7	0.8	0.0	0.5	0.9
None of these	17.4	16.5	13.3	27.4	21.4	16.8
Total number	121	139	143	197	220	214

Note: Percentages and totals are based on respondents involved in the same household on all three waves to provide best basis for comparison. Coloured rows indicate marked differences between Aboriginal and non-Aboriginal children in foster care.

Table E.3. Percentage of Aboriginal and non-Aboriginal children living with siblings in the same household or with siblings outside household by type of care

Foster care by wave		Siblings in and outside household			
		No siblings either in or out* %	Sibling(s) out but not in %	Sibling(s) in but not out %	Sibling(s) in and out %
Aboriginal	Wave 1	16.7	22.7	35.3	25.3
	Wave 2	18.5	29.8	28.6	23.1
	Wave 3	16.4	28.4	26.9	28.4
Non-Aboriginal	Wave 1	18.9	30.9	20.7	29.6
	Wave 2	18.0	36.6	15.5	30.0
	Wave 3	14.7	37.2	16.8	31.2
Relative/kinship care by wave		**Siblings in and outside household**			
		No siblings either in or out* %	Sibling(s) out but not in %	Sibling(s) in but not out %	Sibling(s) in and out %
Aboriginal	Wave 1	15.9	19.5	40.5	24.1
	Wave 2	22.0	27.0	34.0	17.0
	Wave 3	19.3	22.4	32.8	25.5
Non-Aboriginal	Wave 1	19.0	16.4	41.5	23.0
	Wave 2	18.5	22.7	34.5	24.3
	Wave 3	15.9	20.2	31.4	32.6

* About the same proportion of Aboriginal and non-Aboriginal children had no contact with siblings either because they had no siblings or because there was no contact.

Table E.4. Carers' reports of which birth family members the child has contact with (not including those they live with) by Aboriginality (percentage of children with contact)

Child's contact with	Aboriginal children			Non-Aboriginal children		
	Wave 1	Wave 2	Wave 3	Wave 1	Wave 2	Wave 3
	%	%	%	%	%	%
Mother	84.7	75.0	72.8	89.5	80.7	81.4
Father	55.4	51.5	46.6	57.1	52.4	49.6
Siblings	51.4	50.6	55.9	50.4	60.0	63.5
At least one grandparent	47.7	41.8	44.6	46.4	46.4	45.3
Maternal grandparents	34.3	30.9	30.9	36.9	37.5	37.5
Paternal grandparents	33.0	31.3	31.3	23.4	23.0	23.0
Maternal great-grandparents #	9.8	10.4	8.4	8.3	8.2	7.4
Paternal great-grandparents #	5.5	4.6	4.7	3.8	4.2	3.7
At least one aunt/uncle	43.1	46.3	45.0	45.6	44.2	41.0
Maternal aunts/uncles	44.0	37.8	35.6	36.7	40.8	39.5
Paternal aunts/uncles	23.5	30.5	28.1	24.0	25.9	22.7
Cousins	51.1	54.0	49.4	42.5	46.8	42.6
None of these	6.7	8.8	12.2	7.5	8.6	6.6

Note. Some children may see several grandparents or aunts and uncles and some children may only see one. The responses relate to family members the children are not living with.
# indicates small n for that family member (20 or fewer for Aboriginal/non-Aboriginal children in type of care by wave).
Coloured cells indicate substantial differences between Aboriginal and non-Aboriginal children.

Table E.5. Carers' reports of which birth family members the child has at least monthly contact with (not including those they live with) by Aboriginality (percentage)

Children with at least monthly contact with	Aboriginal children			Non-Aboriginal children		
	Wave 1 %	Wave 2 %	Wave 3 %	Wave 1 %	Wave 2 %	Wave 3 %
Mother	44.0	30.5	34.8	47.7	39.3	37.8
Father	38.9	28.4	34.2	42.0	37.2	35.1
Siblings	55.4	42.8	42.5	59.1	49.8	47.2
Maternal grandparents	37.8	41.7	26.3	41.6	41.7	35.5
Paternal grandparents	39.8	34.0	32.0	38.8	34.8	27.7
Maternal great-grandparents#	59.6	29.4	48.1	71.8	63.4	58.3
Paternal great-grandparents#	38.9	53.3	60.0	57.9	47.6	55.6
Maternal aunts/uncles	62.0	50.0	48.2	54.9	51.2	47.2
Paternal aunts/uncles	61.0	57.0	51.1	55.8	56.6	59.5
Cousins	66.5	62.1	57.6	63.8	63.1	60.1

Note. Some children may see several grandparents or aunts and uncles and some children may only see one. The responses relate to family members the children are not living with.
# indicates small n for that family member (20 or fewer for Aboriginal/non-Aboriginal children in type of care by wave).

Figure E.1. **Children's reports of whether they were happy ('very happy' or 'happy') living in current placement by Aboriginality and type of care**

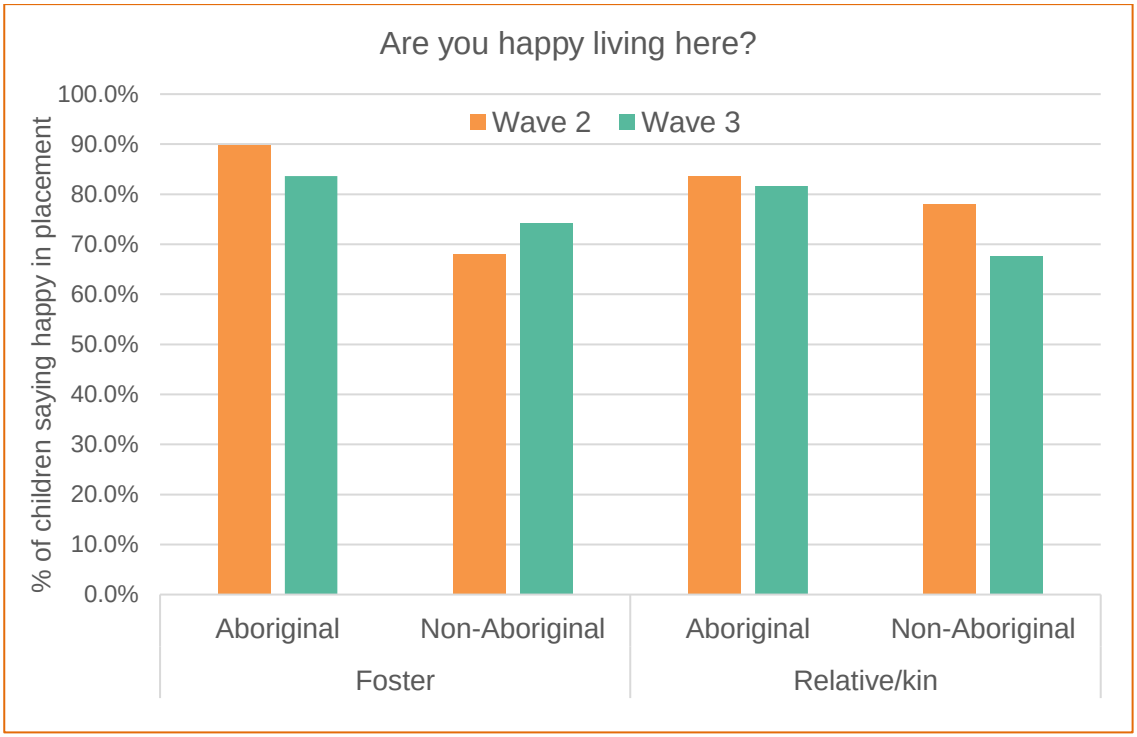
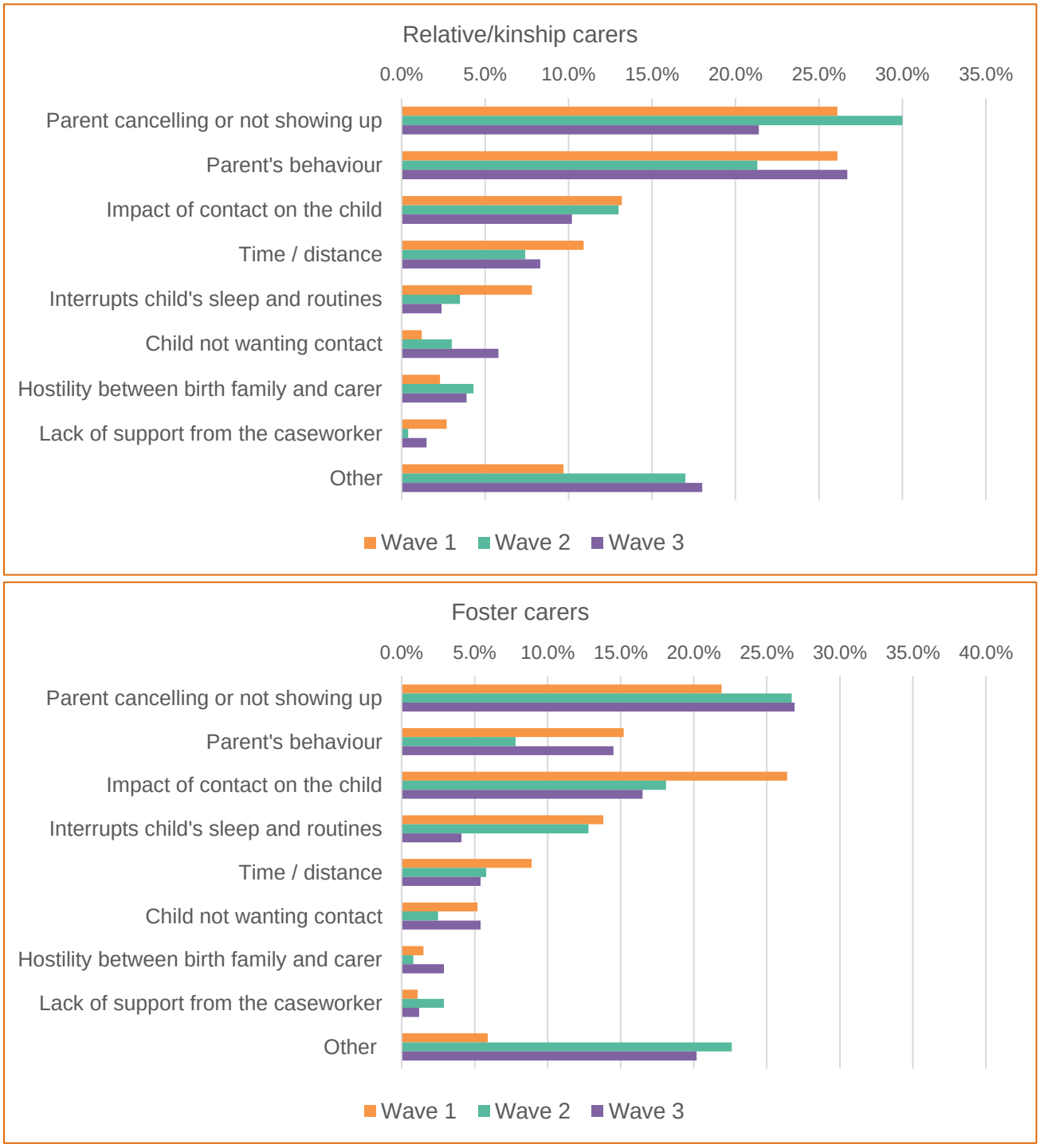


Table E.6. Percentage of relative/kinship carers and foster carers of Aboriginal and non-Aboriginal children indicating problems with contact

	Foster carers							Relative/kinship carers						
	Aboriginal children			Non-Aboriginal children			p < .01	Aboriginal children			Non-Aboriginal children			p < .01
	Wave 1 %	Wave 2 %	Wave 3 %	Wave 1 %	Wave 2 %	Wave 3 %		Wave 1 %	Wave 2 %	Wave 3 %	Wave 1 %	Wave 2 %	Wave 3 %	
Parent cancelling or not showing up	33.6	37.6	33.1	35.5	28.8	23.5	# W2, W3	33.3	35.7	36.8	33.3	23.8	26.4	# W2, W3
Parent's behaviour	33.6	39.0	24.1	38.5	35.4	29.2		18.5	23.8	29.2	32.9	27.8	23.1	^ W1
Impact of contact on the child	22.1	14.9	15.0	26.8	19.2	16.4		28.1	24.5	22.2	36.5	27.2	23.1	
Interrupts child's sleep and routines	16.4	5.0	13.5	19.5	9.6	8.4		24.4	17.5	11.1	34.2	21.1	13.9	
Time/distance	18.6	9.2	13.5	17.7	11.4	11.9		21.5	12.6	11.1	14.2	11.2	10.2	
Hostility between birth family – carer	10.0	12.8	10.5	18.2	15.3	11.5		3.7	9.1	4.9	4.1	4.5	6.0	# W2
Child not wanting contact	7.1	4.3	8.3	5.4	7.9	10.6		9.6	7.0	11.1	9.1	9.9	11.6	
Lack of support from caseworker	10.7	5.0	3.8	7.8	3.1	3.1		5.9	9.1	1.4	8.7	4.0	4.2	
Other	-	1.4	6.0	-	2.6	11.5		-	0.7	12.5	-	2.2	18.5	

Note: Significant effects with type of care: # Aboriginal higher concern than non-Aboriginal; ^ non-Aboriginal higher concern than Aboriginal.

Figure E.2. Percentage of relative/kinship and foster carers for children in same household for all three waves indicating main problem with contact



Appendix F: Taking age ‘at entry’ into POCLS into account

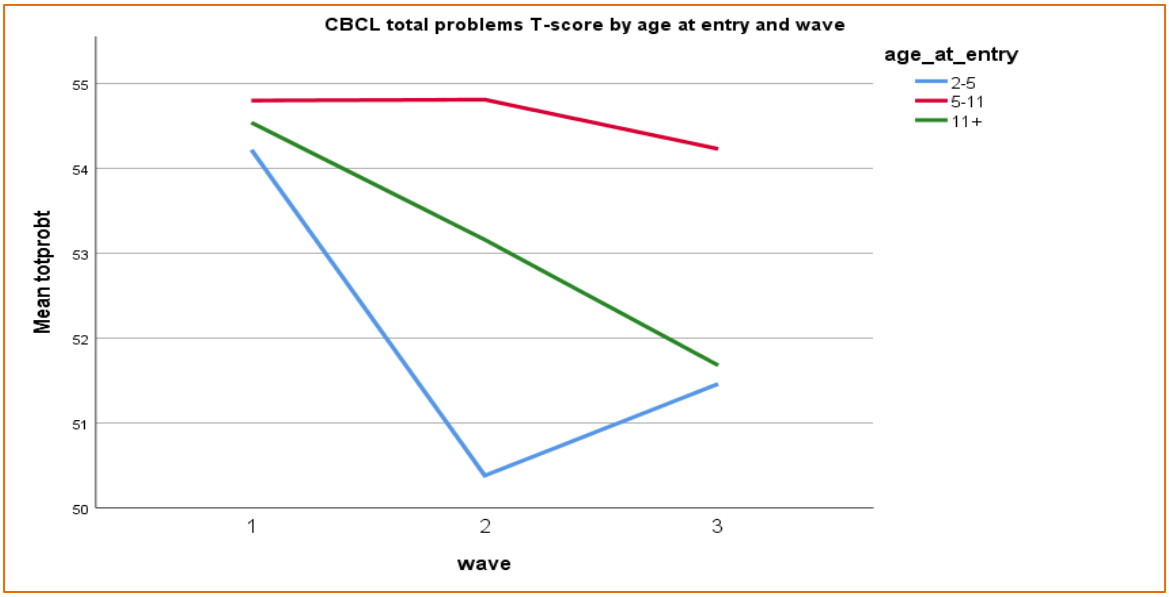
Children and young people entered the study at different ages – the mean age at wave 1 was 5.2 years (SD = 4.2) with a range from less than a year to over 17 years. Measures such as the CBCL change with age regardless of any other influences. Children who enter at different ages will therefore be at different points on the trajectory of their CBCL scores.

Analyses which study individual trajectories, such as latent growth curve models (LGCM) and latent growth mixture models (LGMM) will play a part in understanding the POCLS data. A preliminary mixed model was conducted to analyse the effect of the child’s age at wave 1 (KD_ADMIN_CHILD_AGE_MNTHS), strongly correlated with their age at entry to care, on subsequent changes in the CBCL measure total problems score, expressed as a T-score. The null hypothesis was that any changes in the CBCL score would not differ for children and young people who entered the study at different ages.

The analyses reported in section 6 contained, among other variables, the time-varying covariate of age of the child at each wave. As might be expected, older children had higher CBCL scores. For the analysis reported here, age group at entry to the study, a subject-based covariate, was added to the model. This included the categories 0–2 years, 2–5 years, 5–11 years and 11+ years. Many children (approximately 30%) entered the study under the age of two years but were omitted from this analysis because the CBCL was not used with children in that age group. The children included in the analysis had provided data on all three waves, which gave a sample size of 557 children (1,371 observations).

In terms of the hypothesis, the main interest was in whether wave interacted with age at entry to the study – in other words, did changes over waves in the CBCL total problems score differ for children who entered the study at different ages? The interaction was statistically significant, $\square^2$ (4) = 15.0, p = .0046. As Figure F.1 below shows, the mean total problem score was similar for all groups at wave 1, but differed across groups at waves 2 and 3.

Figure F.1 Mean total CBCL problem score by age at entry and wave

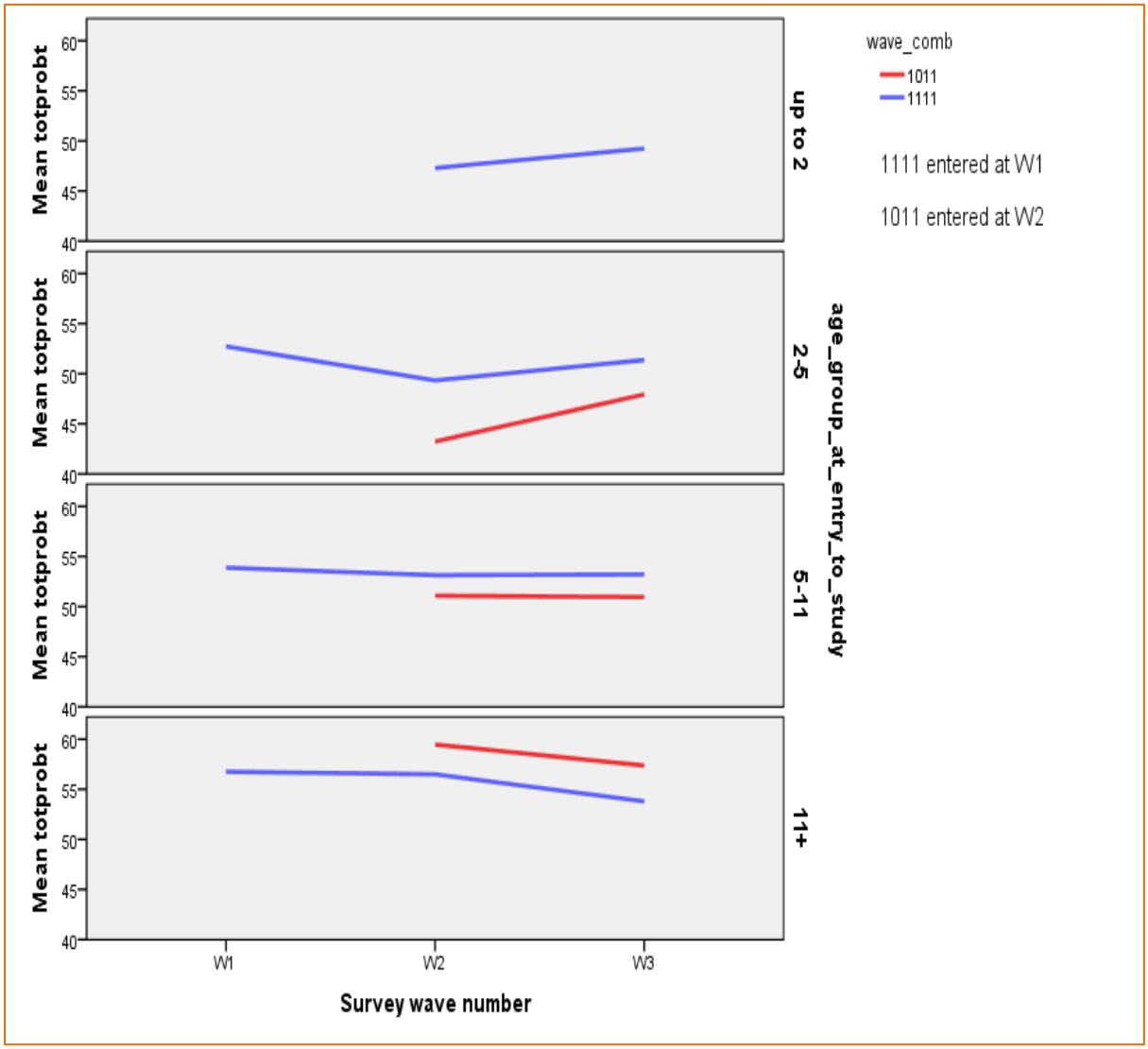


The mean for those in the 2–5-year age group dropped from 54.2 (se 1.16) in wave 1 to 50.4 (.95), in wave 2 then increased slightly to 51.5 (.87) in wave 3 while the mean for the 11+ age group decreased less sharply from 54.5 (1.74) through 53.2 (1.93) to 51.7 (1.98) and that for the 5–11-year age group remained constant above 54.

Although the differences look large in the graph, only one of the interaction contrasts was significant: the change from wave 1 to 2 was different for those in the 11+ age group and those in the 2–5-year age group ($b = 3.84$, $z = 3.63$, $p < .001$). Further investigation would be needed to see whether the profile differences are meaningful, but the results do indicate, if not very emphatically, that such differences do exist and need to be considered.

Figure F.2 below shows the mean total problems score for all age groups and for children who entered the study at wave 2 (red lines) as well as those who entered at wave 1. Unlike the results shown in Figure F.1 above, those in the graph below were not adjusted for other variables. The scores of the children who entered at wave 2 follow approximately the same trajectories as those for children who entered the study at wave 1, but perhaps the CBCL total problems score is a little lower for those who entered aged 2–5 years and 5–11 years and a little higher for those who entered in the 11+ years group. Again, further investigation is needed to assess the substantive significance of these results.

Figure F.2 Mean total CBCL problem score by age group at entry to POCLS for children who entered the study at wave 2 as well as those who entered at wave 1 and wave



Note. The blue line in the top panel is for children who entered the study at wave 1, but who did not provide CBCL data until wave 2 and 3. The red lines in the other panels are for children who did not enter the study until wave 2.

Appendix G: Family contact and CBCL

Family contact and CBCL: Aim of the analysis

The aim of this analysis was to examine the association between three CBCL scales (internalising, externalising and total problems) and

- children's contact with members of their birth family
  - mother (FC_CRR_CONT_MOTH)
  - father (FC_CRR_CONT_FATH)
- carers' concerns about the child's contact with birth family:
  - not showing or cancelling (FC_CRR_ACCFAM_CANCEL)
  - parental behaviour (FC_CRR_ACCFAM_PAR)
  - impact of contact (FC_CRR_ACCFAM_IMPACT))
  - hostility between family and carer (FC_CRR_ACCFAM_HOST)
- carers' views on:
  - how well the child's needs were being met with maintaining family relationships (FC_CRR_ACCFAM_RELN)
  - overall feeling about child's contact with birth family (FC_CRR_ACCFAM)
- whether the child had contact with siblings: (sibs_in_hh_and_outside)
- whether carer 1 was Aboriginal (carer1_aboriginalYN)
- the child's age, sex and Aboriginality (KD_ADMIN_CHILD_AGE_GROUP), (KD_ADMIN_STUDYCHILD_SEX), (KD_ADMIN_STUDYCHILD_ATSI))
- the parenting style of the carer, as reported by the carer (Cawarm, Cahost – centred versions of RC_CRR_CARER_WARMSCORE and RC_CRR_CARER_HOSTSCORE)
- whether the child had changed households over the three waves (HH_change_w1_3).

Note: Variables with capitalised names are from the dataset in the SURE directory: GroupData (G:)\POCLS-Common\Survey data, which used the revised variable names as opposed to the variable names used at the time the analyses were begun. The data used in most of the analyses were copied from the common directory on 21/1/2020.

There were three main aims of the analysis. The first was to assess the amount of variability in the CBCL measures associated with variability in the variables listed above, together with placement type and wave. The second was to identify variables which had a unique association with the CBCL variables, adjusting for the other variables in the

model. The third was to test whether further variability was accounted for when interactions between the variables in the main effects model and (a) the Aboriginality of the child (b) wave and (c) placement type, were included in the model.

The sample

The analysis was based on the 1,339 children who took part in the study on one or more of waves 1 to 3, and who were in foster or relative/kinship care on a given wave (those in residential care on a wave were omitted for that wave). These 1,339 children provided 3,090 observations (a mean of 2.3 waves per child). 875 children had data for three waves, but not all of them were in foster or relative/kinship care for all three of the waves.

Children who took part in a given wave did not necessarily have data for all variables, so the number of observations varied over analyses, depending on what variables were involved. With missing data, and omitted waves, it was possible to use different rules to select samples for analysis. The sample used for the analyses reported here was the most inclusive possible, including every child for whom there were data at any wave (waves 1 to 3). More restricted samples could be selected – e.g., only those children who had full data for all three waves or, more conservatively, children who were in the same household for all three waves. An argument in favour of the same household selection is that comparisons of CBCL scores over time might be more sensitive without the variability introduced by different settings and carers, who might provide different care and use different criteria when doing the CBCL ratings. In deciding to use all available study children and observations, due weight was placed on the properties of maximum likelihood estimation with stacked data, the assumption that values were missing at random as defined by Little (1988), the need for at least the appearance of generalisability, the need to make comparisons as powerful as possible, and the finding that a similar pattern of results was obtained with the types of restricted samples mentioned above.

Initial reduction

Among the variables which measured the carers' concerns about children's contact with their parents, their parents not showing or cancelling (FC_CRR_ACCFAM_CANCEL) was found to be only weakly associated with the CBCL variables. Parental behaviour (FC_CRR_ACCFAM_PAR), although bivariately associated with the CBCL variables, was also correlated with the perceived impact of contact (FC_CRR_ACCFAM_IMPACT) and hostility between the carer and the child's family (FC_CRR_ACCFAM_HOST), and did not have a unique association when adjusted for the other variables. So only the last-named variables (impact and hostility) were included in further analyses.

Main effects mixed model

A repeated measures (wave) random intercept mixed model was used to analyse the data.[96]

The outcome variables were the three CBCL variables – internalising, externalising and total problems, expressed as T-scores. Internalising and externalising problems were highly correlated (from .68 to .72 over the three waves). It was therefore expected that the associations between each of the CBCL measures and the other variables would be similar.

The T-scores were standardised within the age groups 1.5 to < 3 years and 6 to 17 years. This fairly coarse standardisation leaves plenty of room for variation in age within these groups, and therefore for any variation in CBCL scores associated with age.

Table G.1. Regression coefficients and R^2 effect sizes for internalising T-scores

Variable	Coeff (SE)	p	ΔR^2%
Wave**			.36
[Wave 1]			
Wave 2	-2.13 (.43)	< .001	
Wave 3	-2.10 (.51)	< .001	
PL_ADMIN_CHILD_PLACEW1			
[Foster care]			
Relative/kinship care	-1.10 (.60)	.068	
KD_ADMIN_STUDYCHILD_SEX			
[Female]			
Male	.46 (.50)	.352	

[96] The repeated measures residuals were allowed to correlate according to an auto-regressive (ar1) pattern; this was found to provide a better fit than constraining the residuals to meet the assumption of compound symmetry (cs). Maximum likelihood was used in fitting the models so as to allow comparative tests of fit.

KD_ADMIN_CHILD_AGE_GROUP*			.24
[< 3 years]			
3–5 years	1.89 (.75)	.012	
6–8 years	1.29 (.87)	.139	
9–11 years	1.93 (.95)	.042	
12–17 years	3.90 (1.07)	< .001	
KD_ADMIN_STUDYCHILD_ATSI			
[non-Aboriginal]			
Aboriginal	-.21 (.68)	.754	
Carer 1 Aboriginal			
[not identified as Aboriginal]			
Identified as Aboriginal	-.88 (.86)	.307	
Household change w1_3			
[Did not change HH]			
Changed HH	2.37 (.90)	.009	
Not known	1.50 (.75)	.044	
sibs_in_hh_and_outside			
[No Sibs(s) out nor in]			
Sib(s) out but not in	-1.46 (.78)	.063	
Sib(s) in but not out	-2.43 (.84)	.004	
Sib(s) in and out	-2.32 (.82)	.005	
Sibs in HH vs. none in HH*	-1.64 (.59)	.002	
FC_CRR_CONT_MOTH			
[No]			
Yes	.16 (.60)	.79	

FC_CRR_CONT_FATH			
[No]			
Yes	-.17 (.48)	.73	
FC_CRR_ACCFAM_RELN**			.72
[Very well]			
Fairly well	1.49 (.44)	.001	
Not very well	2.20 (.68)	.001	
Not at all well	2.12 (.97)	.029	
FC_CRR_ACCFAM			
[Positive]			
Slightly positive	.50 (.60)	.402	
Neutral	.81 (.65)	.215	
Slightly negative	1.14 (.79)	.148	
Negative	2.46 (.90)	.006	
FC_CRR_ACCFAM_IMPACT**			
[No]			
Yes	3.03 (.52)	< .001	2.67
FC_CRR_ACCFAM_HOST*			
[No]			
Yes	2.01 (.70)	.004	.51
Warm parenting style**	-.40 (.09)	< .001	1.04
Hostile parenting style**	.68 (.06)	< .001	7.41
Cons	48.81 (1.23)		

Random-effects Parameters	Estimate	Std. Err.	[99% Conf. Interval]	
most_frequ~h: Identity				
var(_cons)	42.76913	4.400585	32.81171	55.74835
pocls_id: Identity				
var(_cons)	5.74e-13	7.68e-13	1.83e-14	1.80e-11
Residual: AR(1)				
rho	.2741359	.0382252	.1731072	.3694558
var(e)	69.73251	3.233989	61.88064	78.5807

* p < .01, ** p < .001 R^2 for model .22.

All of the other variables in the model (referred to as independent variables, without any implication of a causal role) were indicator-coded except for the numeric variables Cawarm and Cahost. All independent variables were entered together, and as Tables G.1, 2 and 3 show, some independent variables had statistically significant (p < .01) unique associations with each of the CBCL variables, while others were significantly associated with only one or two of the CBCL variables.

Table G.2. Regression coefficients and R^2 effect sizes for externalising T-scores

Variable	Coeff (SE)	p	ΔR2%
Wave			
[Wave 1]			
Wave 2	-1.13 (.43)	.008	
Wave 3	-1.06 (.51)	.038	
PL_ADMIN_CHILD_PLACEW1*			.55
[Foster care]			
Relative/kinship care	-2.03 (.63)	.001	
KD_ADMIN_STUDYCHILD_SEX			
[Female]			
Male	1.29 (.55)	.019	

KD_ADMIN_CHILD_AGE_GROUP **			3.39
[< 3 years]			
3–5 years	1.97 (.76)	.010	
6–8 years	6.78 (.89)	< .001	
9–11 years	7.02 (.98)	< .001	
12–17 years	6.36 (1.12)	< .001	
KD_ADMIN_STUDYCHILD_ATSI			
[non-Aboriginal]			
Aboriginal	1.41 (.71)	.048	
Carer 1 Aboriginal			
[not ident. as Aboriginal]			
Identified as Aboriginal	-1.70 (.88)	.054	
Household change w1_3			
[Did not change HH]			
Changed HH	2.48 (.96)	.010	
Not known	.80 (.79)	.311	
sibs_in_hh_and_outside			
[No Sibs(s) out nor in]			
Sib(s) out but not in	-.64 (.81)	.427	
Sib(s) in but not out	-2.28 (.87)	.009	
Sib(s) in and out	-2.07 (.86)	.016	
Sibs in HH vs. none in HH*	-1.85 (.62)	.003	
FC_CRR_CONT_MOTH			
[No]			
Yes	-.33 (.62)	.596	
FC_CRR_CONT_FATH			

[No]			
Yes	-.13 (.50)	.789	
FC_CRR_ACCFAM_RELN*			.22
[Very well]			
Fairly well	1.17 (.45)	.009	
Not very well	2.23 (.69)	.001	
Not at all well	2.39 (.98)	.015	
FC_CRR_ACCFAM			
[Positive]			
Slightly positive	1.01 (.60)	.095	
Neutral	.51 (.66)	.435	
Slightly negative	1.25 (.80)	.118	
Negative	2.47 (.91)	.007	
FC_CRR_ACCFAM_IMPACT**			
[No]			
Yes	2.39 (.53)	< .001	1.82
FC_CRR_ACCFAM_HOST			
[No]			
Yes	.77 (.71)	.227	
Warm parenting style**	-.48 (.09)	< .001	2.08
Hostile parenting style**	1.19 (.06)	< .001	17.70
cons	49.23 (1.27)		

Random-effects Parameters	Estimate	Std. Err.	[99% Conf.	Interval]
most_frequ~h: Identity				
var(_cons)	41.18748	5.038384	30.05527	56.44295
pocls_id: Identity				
var(_cons)	14.52828	7.950713	3.548251	59.48591
Residual: AR(1)				
rho	.271927	.0806315	.0546123	.4646461
var(e)	67.86527	7.310631	51.42112	89.56814

* p < .01, ** p < .001 R^2 for model .34.

The main initial interest was in whether the independent variables together had a statistically and practically significant association with problem behaviour as measured by the CBCL. Table G.4 gives goodness of fit indices and estimates of variance accounted for. In terms of -2logLL and also the AIC,[97] which takes account of the number of parameters added to the model, the main effects models provided a better fit to the data than did the null (intercept-only) models.

Calculating the variance accounted for in a two-level AR1 model is complex and requires more information than that provided by the present analysis (Jongerling & Hoijtink, 2017). For our purposes we used an approximation based on a method described by Snijders and Bosker (1999). The combined residual variance and variation around the intercepts (unexplained variance) was compared for models with and without all or one independent variable(s) – the latter when testing the contribution of individual variables. The extent of the reduction in unexplained variance used was to calculate R^2. The overall percentage of variance accounted for according to this method was between 22% and 34% for the three CBCL measures. While these amounts are subject to shrinkage, they are reasonably substantial, and the effects are worthy of further investigation.

[97] AIC – the Akaike information criterion is a mathematical method for evaluating how well a model fits the data it was generated from. AIC is used to compare different possible models and determine which one is the best fit for the data.

Table G.3. Regression coefficients and R^2 effect sizes for total CBCL T-scores

Variable	Coeff (SE)	p	ΔR2%
Wave**			.28
[Wave 1]			
Wave 2	-1.74 (.41)	< .001	
Wave 3	-1.87 (.50)	< .001	
PL_ADMIN_CHILD_PLACEW1**			1.00
[Foster care]			
Relative/kinship care	-2.34 (.63)	< .001	
KD_ADMIN_STUDYCHILD_SEX			
[Female]			
Male	1.16 (.53)	.030	
KD_ADMIN_CHILD_AGE_GROUP**			2.56
[< 3 years]			
3–5 years	2.35 (.74)	.001	
6–8 years	6.08 (.87)	< .001	
9–11 years	6.11 (.96)	< .001	
12–17 years	6.59 (1.1)	< .001	
KD_ADMIN_STUDYCHILD_ATSI			
[non-Aboriginal]			
Aboriginal	.63 (.73)	.391	
Carer 1 Aboriginal			
[not identified as Aboriginal]			
Identified as Aboriginal	-1.50 (.89)	.090	
Household change w1_3**			.48
[Did not change HH]			

Changed HH	3.09 (.98)	.002	
Not known	1.02 (.80)	.202	
sibs_in_hh_and_outside*			1.40
[No Sibs(s) out nor in]			
Sib(s) out but not in	-.83 (.80)	.299	
Sib(s) in but not out	-2.77 (.87)	.001	
Sib(s) in and out	-2.34 (.86)	.006	
Sibs in HH vs none in HH**	-2.14 (.62)	< .001	
FC_CRR_CONT_MOTH			
[No]			
Yes	-.29 (.61)	.627	
FC_CRR_CONT_FATH			
[No]			
Yes	-.30 (.49)	.543	
FC_CRR_ACCFAM_RELN*			.19
[Very well]			
Fairly well	1.23 (.43)	.004	
Not very well	1.85 (.67)	.006	
Not at all well	1.70 (.95)	.075	
FC_CRR_ACCFAM			
[Positive]			
Slightly positive	.90 (.58)	.121	
Neutral	1.10 (.64)	.086	
Slightly negative	1.57 (.78)	.044	
Negative	3.21 (.89)	< .001	
FC_CRR_ACCFAM_IMPACT*			2.4

[No]			
Yes	2.80 (.51)	< .001	
FC_CRR_ACCFAM_HOST			
No]			
Yes	1.34 (.69)	.052	
Warm parenting style**	-.49 (.09)	< .001	1.94
Hostile parenting style**	1.02 (.06)	< .001	14.10
cons	49.54 (1.25)		

Random-effects Parameters	Estimate	Std. Err.	[99% Conf.	Interval]
most_frequ~h: Identity				
var(_cons)	52.90159	5.161617	41.14528	68.01699
pocls_id: Identity				
var(_cons)	3.379057	8.47028	.0053043	2152.589
Residual: AR(1)				
rho	.3500087	.0801068	.1295724	.537478
var(e)	69.3996	8.307723	50.98505	94.46504

* p < .01 ** p < .001 R^2 for model .32.

Table G.4. Fit comparisons between null and full mixed models for each of the CBCL outcomes: main effects models

	Internalising problems	Externalising problems	Total problems
Null (5 df)			
-2logLL	18874.2	19399.6	19216.1
AIC	18884.2	19409.63	19226.1
All (33 df)			
-2logLL	17345.2	17514.2	17424.2
AIC	17411.2	17580.16	17490.2
Diff -2logLL	1529.1	1885.5	1791.9
Var. acc. for	.22	.34	.32

Interactions with Aboriginality

One of the general questions raised about the data was whether the effects of variables such as those included in this analysis differ for Aboriginal and non-Aboriginal children. To answer this question, two-way interaction terms were formed between the variable showing the child's Aboriginality (KD_ADMIN_STUDYCHILD_ATSI) and each of the variables included in the main effects model described above. The fit indices in Table G.5 with interaction effects added to the main effects model can be compared with those for the main effects model shown in Table G.4.

Table G.5. Fit comparisons between null and full mixed models for each of the CBCL outcomes: interaction effects models

	Internalising problems	Externalising problems	Total problems
ME + int. (60 df)			
-2logLL	17309.8	17472.3	17388.0
AIC	17429.8	17592.3	17508.0
Diff -2logLL (27 df)	35.3	41.9	36.2
Var. acc. for	.012	.015	.010

While -2logLL was smaller for the model containing the interactions, the differences were not significant. In addition, the values of the AIC for the models containing the interactions were larger than those for the main effects-only models, indicating that, by this index, any improvement in fit was outweighed by the increase in the number of parameters. The increase in variance accounted for, shown in the last line of Table G.5, ranged from 1% to 1.5%. Very few of the individual interactions were significant, but two were, or were marginal; these seemed worthy of further attention, and are described in the main text.

Interactions with wave and placement

Interactions between the variables in the main effects model and wave and placement type (foster or family/kinship care) were tested in the same way as the interactions involving Aboriginality. As shown in the tables below the interactions as a group did not add significantly to the main effects model. None of the individual interactions was significant.

Table G.6. Goodness of fit indices for interactions between the variables in the model and wave and placement

```
(1a) Wave – Internalising CBCL

Likelihood-ratio test          LR chi2(44) =  47.88
(Assumption: maineff nested in inter1est)     Prob > chi2 = 0.3183

Akaike's information criterion and Bayesian information criterion

------------------------------------------------------------------------------
  Model |  Obs ll(null) ll(model)  df   AIC  BIC
------------+-----------------------------------------------------------------
  maineff |  2,365    . -8672.577  33 17411.15 17601.51
 inter1est |  2,365    . -8648.638  77 17451.28 17895.45
------------------------------------------------------------------------------

(1b) Placement – Internalising CBCL

Likelihood-ratio test          LR chi2(27) =  40.99
(Assumption: maineff nested in inter2est)     Prob > chi2 = 0.0413

Akaike's information criterion and Bayesian information criterion

------------------------------------------------------------------------------
  Model |  Obs ll(null) ll(model)  df   AIC  BIC
------------+-----------------------------------------------------------------
  maineff |  2,365    . -8672.577  33 17411.15 17601.51
 inter2est |  2,365    . -8652.083  60 17424.17 17770.28
```

```
(2a) Wave – Externalising CBCL

Likelihood-ratio test          LR chi2(44) =  42.21
(Assumption: maineff nested in inter1est)     Prob > chi2 = 0.5486
```

```
Akaike's information criterion and Bayesian information criterion
-----------------------------------------------------------------------------
  Model |  Obs ll(null) ll(model)  df   AIC  BIC
-------------+---------------------------------------------------------------
  maineff |  2,367   . -8757.08  33 17580.16 17770.55
 inter1est |  2,367   . -8735.975  77 17625.95 18070.19
-----------------------------------------------------------------------------
```

(2b) **Placement – Externalising CBCL**

```
Likelihood-ratio test          LR chi2(27) =  37.28
(Assumption: maineff nested in inter2est)    Prob > chi2 = 0.0900

Akaike's information criterion and Bayesian information criterion
-----------------------------------------------------------------------------
  Model |  Obs ll(null) ll(model)  df   AIC  BIC
-------------+---------------------------------------------------------------
  maineff |  2,367   . -8757.08  33 17580.16 17770.55
 inter2est |  2,367   . -8738.441  60 17596.88 17943.05
```

(3a) **Wave – Total problems CBCL**

```
Likelihood-ratio test          LR chi2(44) =  47.97
       (Assumption: maineff nested in inter1est)  Prob > chi2 = 0.3149

Akaike's information criterion and Bayesian information criterion

-----------------------------------------------------------------------------
  Model |  Obs ll(null) ll(model)  df   AIC  BIC
-------------+---------------------------------------------------------------
  maineff |  2,368   . -8712.096  33 17490.19 17680.6
 inter1est |  2,368   . -8688.11  77 17530.22 17974.49
```

(3b) **Placement – Total problems CBCL**

```
Likelihood-ratio test          LR chi2(27) =  35.61
(Assumption: maineff nested in inter2est)    Prob > chi2 = 0.1240

Akaike's information criterion and Bayesian information criterion

-----------------------------------------------------------------------------
  Model |  Obs ll(null) ll(model)  df   AIC  BIC
-------------+---------------------------------------------------------------
  maineff |  2,368   . -8712.096  33 17490.19 17680.6
 inter2est |  2,368   . -8694.289  60 17508.58 17854.77
```

Interpretation of the main effects model

Given the correlations between the three CBCL variables, and the consequent similarity of the associations between the independent variables and internalising, externalising and total problems, the results for the total CBCL T-score will be the main focus of discussion. Only one independent variable was statistically significant ($p < .01$) for one of

the CBCL measures and not for total problems. This will be noted in the description. Full details are shown in Tables G.1–G.3.

For both total problems and internalising problems, there was a significant drop from the score at wave 1 to the scores at waves 2 and 3, which did not differ from each other. For total problems, for example, the means were 53.8 (s.e. = .46), 52.0 (.40) and 51.9 (.43). As with all other results given here, the effects are adjusted for all other variables in the main effects model, and the figures in brackets are the standard errors of estimated marginal means. The effect size was very small (R^2 = .28%). As mentioned elsewhere, the R^2 values quoted here were calculated using the ratio of random intercept and error variances for the full model and the full model minus the variable for which effect size was being calculated.

Externalising and total CBCL scores were lower for children in relative/kinship care; 51.2 (.49) versus 53.6 (.46), R^2 = 1%, for the total score, for example.

There were no differences between boys and girls, but CBCL scores for all three scales increased with age, but non-linearly. For the external and total scores, there were clear differences between the scores for children in the younger two categories (less than 3 years, and 3–5 years) and those in the older three categories (6–8, 9–11 and 12–17 years) $p < .01$, Bonferroni-adjusted. Within these two sets, the age categories did not differ. For internalising problems, the only significant difference occurred between the youngest and oldest age categories.

There were no differences between Aboriginal and non-Aboriginal children in terms of the main effects on CBCL scores, and in terms of the overall effects of interactions between Aboriginality and the other variables in the model. However, as mentioned above, there were possible interactions between Aboriginality and two specific variables; these are discussed when describing the effects of these variables.

While the coefficients for the Aboriginality of Carer 1 were negative, none of them was significantly different from zero.

The association between changes in household during the three waves was consistent for each CBCL measure, but the overall association was significant only for the total CBCL score. There was a significant difference between the total CBCL scores for those who changed household at least once (55.0 [.88]) and those who were the same household for all three waves (51.9 [.43]) with the mean for children who may or may not have changed households falling in between (52.9 [.67]). Again, the effect size (.48%) was small.

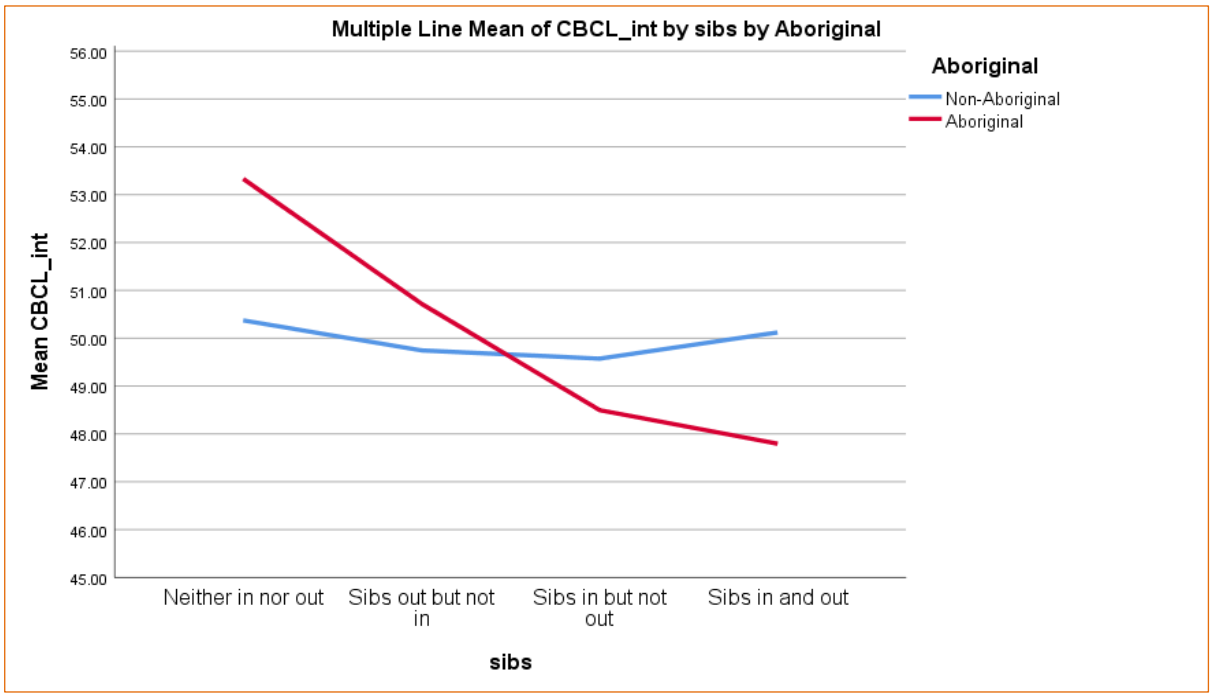
The children's contact with members of their family with whom they were not living was measured by three variables: contact with mother, contact with father (both binary – yes/no – variables) and contact with siblings. The last took into account that a child could

be living with siblings in foster or family/kinship care as well as having contact with siblings who were not in such care.

There were no significant associations between contact with mother and father for any of the CBCL measures. The variable which showed the four combinations of sibling contact within and outside the family providing foster or family/kinship care had a significant association with the total problems score. The general pattern over the CBCL measures was that children who lived with one or more siblings in their foster or family/kinship family had lower CBCL scores than those who did not live with a sibling (which could mean that they did not have a sibling). A priori contrasts between having contact with a sibling and not having such contact were significant for each of the three CBCL scores. For the total problems score, the difference was 2.14 (.62).

Among the largely non-significant interactions between Aboriginality and the other variables in the model, two marginal effects stood out as possibly being worthy of further investigation. One of them involved differences between Aboriginal and non-Aboriginal children in terms of the association between contact with siblings and CBCL scores. For internalising problems, the interaction was significant at the nominal level of .01, while for the other CBCL scales $p < .02$. The graph of the interaction for internalising problems below suggests the possibility that the association between having and not having siblings in OOHC is stronger for Aboriginal children than for non-Aboriginal children.

Figure G.1 (see Figure 6.5). Mean internalising CBCL problems scores by **children's contact with siblings inside and/or outside their care household and the child's Aboriginality**



The association between the carers' ratings of how well the child's needs were being met with maintaining family relationships (FC_CRR_ACCFAM_RELN) and the CBCL scores was significant for all three CBCL scales. The pattern of means over the 'very well', 'fairly well', 'not very well' and 'not at all well' categories, and the significance of differences between the means, varied from CBCL scale to scale (the significance partly due to the varying numbers in each category), but, in each case, the lowest mean CBCL scores were found in the 'very well' category . The effect sizes were small, ranging from .19% to .72%.

Carers were asked to rate their overall feeling about the child's contact with their birth family (FC_CRR_ACCFAM). Almost 73% said that they were 'positive' (60.4%) or 'slightly positive' (12.4%). The remainder were 'neutral', 'slightly negative' or 'negative'. The overall association between the carers' ratings and the CBCL outcomes were not significant but, as can be seen in Tables G.1–G.3, the coefficients for the 'negative' category were noticeably higher than those for the other categories in comparison to the 'positive' category. For the total problems score, there was a significant difference, Bonferroni-adjusted, between the 'negative' and 'positive' categories.

Problems with the child's contact with his or her family (according to the carer) were measured by the (negative) impact of contact (FC_CRR_ACCFAM_IMPACT) and hostility between family and carer (FC_CRR_ACCFAM_HOST). The means of all three CBCL scales were significantly higher for the 'yes' category, indicating that carers thought that contact had a negative impact. For total problems, the mean for 'yes' was 2.8 higher than for 'no' responses. The R^2 effect size ranged from 1.8% to 2.7%, quite large for this analysis. The mean internalising score was significantly higher for children whose carer indicated that hostility between the birth family and themselves was a problem, but the difference was not significant for the other CBCL scales.

The numeric variables measuring the carers' reports about their warm (RC_CRR_CARER_WARMSCORE) and hostile parenting (RC_CRR_CARER_HOSTSCORE) styles were significantly negatively and positively related respectively to all the CBCL variables. The effect sizes were quite large for this analysis, especially for hostile parenting (R^2 ranged from 7.4% to 17.7%). The magnitude of these associations suggests that CBCL scores and parenting style may be to some extent measures of the same thing (both are provided by the carers) and/or that there is a reciprocal relationship between the variables, which seems quite likely: the child behaves problematically, which leads the carer to adopt sterner practices. This clearly needs more investigation.

The interpretation of the effects of the warmth measure may also need some further consideration: while the relationship between warmth of parenting style and each CBCL score was significantly negative for non-Aboriginal children, it was not significant for Aboriginal children. The corresponding interaction effects were marginal (p = .034, .051

and 018 respectively) but this finding militates against any simple interpretation of associations involving these measures.

As noted, the effect sizes of most of the variables were small. This finding has to be considered in the light of the amount of measurement noise and sampling error inherent in the sample. It may be that an association has to be large to even make its presence felt. Information considered in the next section (within- and between-subject effects) suggests that important variables were either not measured or, if measured, not included in the analysis. This will have the effect of deflating effect sizes.

Many of the associations are also between measures which are based on information supplied by the carers. With the best will and care, carers' responses may be liable to halo effects, which may extend to potentially objective ratings such as those on which the CBCL scores are based.

As the number of waves increases, there will be greater opportunities for latent variable analyses which deal more effectively with noise and unreliability and which help elucidate the nature of specific associations found here.

References

Jongerling, J., & Hoijtink, H. (2017). Explained variance and intraclass correlation in a two-level AR(1) Model, Multivariate Behavioral Research, 52, 403–415.

Rabe-Hesketh, S., & Skrondal A. (2012). Multilevel and longitudinal modeling using Stata. Volume 1: Continuous responses. (3rd edn) College Station, Texas: Stata Press.

Snijders, T. A. B., & Bosker, R. J. (1999). Multilevel analysis: An introduction to basic and advanced multilevel modeling. Thousand Oaks: Sage Publications.

Appendix H: Between- and within- subject effects

Between- and within- subject effects

The overall effects of variables the values of which potentially vary over waves are made up of both within-study child and between-study child effects. For example, CBCL scores over waves may be associated with the overall level of warm parenting (RC_CRR_CARER_WARMSCORE) averaged over waves, and also by changes in the level of warm parenting (as assessed by the carers) over waves. In principle, the within- and between- effects will be the same, but often they are not. Proponents of so-called fixed-effects methods (e.g., Allison, 2005, 2009) point out that within-subject effects are not confounded with between-subject differences which are not accounted for in the analysis – those which ideally would have been included but were not. For example, if an SC is measured on three occasions, within-subject associations between a CBCL score and RC_CRR_CARER_WARMSCORE, both measured on the three occasions, are not influenced by between-subject differences, because there are none.

In order to assess the status of the within-subject (level 1) effect the method described by Rabe-Hesketh and Skrondal (2012), was used to create terms which were inserted in the main effects model described above to test the presence and statistical significance of the between- and within-subject effects of variables which were significant in the original analyses. These terms were created by averaging the selected variables over all the observations (the three waves in this case) for a given child to create a between-subject (level 2) version of the variable, and then subtracting the mean from each observation for the individual to produce a within-subject (level 1) version of the variable. The level 1 variable consisted of deviations from the overall mean for that child. While the method is usually applied to continuous variables, such as RC_CRR_CARER_WARMSCORE and

RC_CRR_CARER_HOSTSCORE, there is no reason why it cannot also be applied to binary variables such as FC_CRR_ACCFAM_IMPACT. The mean of binary (0,1) variables is a proportion, and the results of subtracting the average from the value for each wave are deviations from that average.

The tables below show the coefficients for between- [variable names preceded with M_] and within- [W_] effects for the numeric and binary variables which were significant in the original analyses. Starting at the top of the tables, the between-subject coefficients for problems due to the impact of contact with the family (M_FC_CRR_ACCFAM_IMPACT) on the SC are much larger than the within-subject coefficients (7.14 versus 1.23 for the total problems score, for example). This could indicate that much of the apparent effect of this variable is due to the absence of appropriate correlated control variables in the model; when these are implicitly held constant in the within-subject form of the variable, the size

of the association is much lower. And, incidentally, the result could also raise doubts that an assumption of the mixed model analysis, that the variables in the model are not correlated with the random parts of the model, are being met. There is also the possibility that the between-subject association between the impact of contact with the birth family and the CBCL scores is simply larger than the within-subject association.

On the other hand, it is notable that the within-subject effect of M_FC_CRR_ACCFAM_HOST, the problem of hostility between the carer and the family, is larger than the between-subject effect. The within-subject association is only marginally significant, and that only for internalising,

A similar pattern is found for another pair of variables, the self-reported warmth and hostility of the carers' parenting styles (Mawarm, Wawarm, Mahost and Wahost in the above table). According to the above reasoning, the result for the association between parenting warmth and the CBCL scores casts a little doubt on the reliability of that association, but there is little doubt that a hostile parenting style is associated with higher CBCL scores. We need to bear in mind, however, the possible reciprocal nature of the relationship.

Like many supplementary analyses, the fixed effect approach leads to as many questions as it answers (e.g., Mummolo & Peterson, 2018) and to the inevitable need for further work and research and caution when interpreting the results given here.

Internalising

	Coeff	s.e.	z	p	[99% CI]	
M_FC_CRR_ACCFAM_IMPACT	6.650374	.9032349	7.36	0.000	4.323795	8.976953
W_FC_CRR_ACCFAM_IMPACT	1.406132	.5979631	2.35	0.019	-.1341188	2.946383
M_FC_CRR_ACCFAM_HOST	1.349196	1.229803	1.10	0.273	-1.818567	4.51696
W_FC_CRR_ACCFAM_HOST	2.10297	.8368864	2.51	0.012	-.0527067	4.258646
Mawarm	-.7648272	.1509303	-5.07	0.000	-1.153598	-.3760564
Wawarm	-.1244783	.1134775	-1.10	0.273	-.4167769	.1678203
Mahost	.8621856	.086115	10.01	0.000	.6403681	1.084003
Wahost	.4673289	.0747859	6.25	0.000	.2746932	.6599645

Externalising

	Coeff	s.e.	z	p	[99% CI]	
M_FC_CRR_ACCFAM_IMPACT	6.188081	.9559614	6.47	0.000	3.725688	8.650475
W_FC_CRR_ACCFAM_IMPACT	.8371693	.5920989	1.41	0.157	-.6879763	2.362315
M_FC_CRR_ACCFAM_HOST	.1515583	1.300356	0.12	0.907	-3.197938	3.501054
W_FC_CRR_ACCFAM_HOST	.8306622	.8277759	1.00	0.316	-1.301547	2.962872
Mawarm	-1.03276	.1602738	-6.44	0.000	-1.445598	-.6199218
Wawarm	-.1368191	.1113991	-1.23	0.219	-.4237643	.150126
Mahost	1.521558	.0915235	16.62	0.000	1.285809	1.757306
Wahost	.8811217	.0739674	11.91	0.000	.6905943	1.071649

Total problems score

	Coeff	s.e.	z	p	[99% CI]	
M_FC_CRR_ACCFAM_IMPACT	7.140158	.9564355	7.47	0.000	4.676544	9.603773
W_FC_CRR_ACCFAM_IMPACT	1.227087	.568015	2.16	0.031	-.2360229	2.690196
M_FC_CRR_ACCFAM_HOST	.3644931	1.302062	0.28	0.780	-2.989395	3.718381
W_FC_CRR_ACCFAM_HOST	1.51882	.7931104	1.92	0.055	-.5240964	3.561737
Mawarm	-1.078112	.1597501	-6.75	0.000	-1.489601	-.666623
Wawarm	-.1550123	.1067898	-1.45	0.147	-.4300847	.1200601

```
Mahost | 1.329227 .091683 14.50 0.000  1.093067 1.565387
Wahost | .7566555 .0709541 10.66 0.000  .57389 .9394211
```

References

Allison, P. D. (2009). Fixed effects regression models. California: Sage.

Allison, P. D. (2005). Fixed effects methods for longitudinal data using SAS. Cary, NC: SAS Institute Inc.

Jongerling, J., & Hoijtink, H. (2017). Explained variance and intraclass correlation in a two-level AR(1) Model, Multivariate Behavioral Research, 52, 403–415.

Mommolo, J., & Peterson, E. (2018). Improving the interpretation of fixed effects regression results. Political Science Research and Methods, 6, 829–835.

Rabe-Hesketh, S., & Skrondal A. (2012). Multilevel and longitudinal modeling using Stata. Volume 1: Continuous responses. (3rd edn) College Station, Texas: Stata Press.

Snijders, T. A. B., & Bosker, R. J. (1999). Multilevel analysis: An introduction to basic and advanced multilevel modeling. Thousand Oaks: Sage Publications.

NSW
GOVERNMENT