

# What does the Pathways of Care Longitudinal Study (POCLS) tell us?

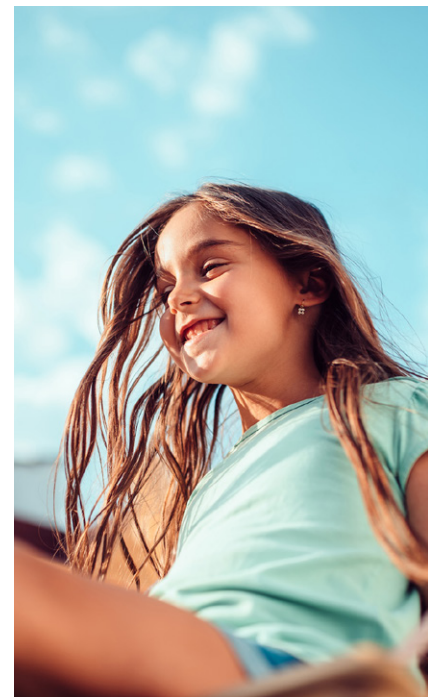
Key insights published in the Special Issue on the Pathways of Care Longitudinal Study in the international journal *Child Abuse & Neglect*

## What is the Pathways of Care Longitudinal Study (POCLS)?

- The POCLS is the first large-scale prospective longitudinal study of children and young people in out of home care (OOHC) in Australia, and is the first study to link child protection, health, education and offending administrative data for children in care with firsthand accounts from children, caregivers, caseworkers and teachers.
- The aim of the POCLS is to provide significant new knowledge that will inform policy to improve the outcomes of children and young people in OOHC in terms of safety, permanency and wellbeing.
- The POCLS is conducted and funded by the NSW Department of Communities and Justice (DCJ) with expert advice from a consortium of Australian and international academic researchers and the POCLS Aboriginal Governance Panel.
- The POCLS data collection started in 2011 and tracks the OOHC experiences and permanency outcomes of 4,126 children and young people who entered care for the first time between May 2010 and October 2011.<sup>1</sup>
- There have been 5 waves of data collection resulting in 10 years of in-depth information on children's experiences and developmental outcomes.
- Wave 6 was in the field in 2023-2024 and tracks the infant cohort transitioning to high school, and, for the first time in 2024-2025, will interview the young people who have aged out of OOHC at 18 years.
- The value of prospective longitudinal studies such as the POCLS is the capacity to offer an understanding of trajectories, developmental changes and possible causal associations, not possible with cross-sectional or point-in-time data.

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

Policy Colleague [DCJ]



<sup>1</sup> References to children in OOHC in this Snapshot refer to this cohort of children.



# Introduction

- The Special Issue on the Pathways of Care Longitudinal Study (POCLS) of children and young people in out-of-home care has been published in the international and interdisciplinary peer-reviewed journal *Child Abuse & Neglect*.
- The publication of results from the POCLS in the international research literature is a significant achievement for the Study.
- Investment in research is vital to build evidence to inform our program of work and focus on interventions that lead to better outcomes for children, young people and their families.
- This collection of papers covers a range of topics including: infant health and development; socio-emotional wellbeing; educational outcomes; placement stability and developmental outcomes; the experiences of children and young people with a disability; restoration of Aboriginal children and young people and parents' experiences; and carer characteristics and well-being.

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This Snapshot summarises the key insights for policy and practice from each article:

1. Pathways of Care: A longitudinal study of children in care in Australia: Introductory article for special issue on Pathways of Care Longitudinal Study. Judith Cashmore, Fred Wulczyn, Pathways of Care Longitudinal Study (POCLS Team)
2. Restoration from out-of-home care for Aboriginal children: Evidence from the pathways of care longitudinal study and experiences of parents and children. B.J. Newton, Ilan Katz, Paul Gray, Solange Frost, Yalemzewod Gelaw, Nan Hu, Raghu Lingam, Jennifer Stephensen
3. Influence of placement stability on developmental outcomes of children and young people. Nafisa Asif, Courtney Breen, Robert Wells
4. Developmental trajectories of socio-emotional outcomes of children and young people in out-of-home care – Insights from data of Pathways of Care Longitudinal Study (POCLS). Nan Hu, Yalemzewod Assefa Gelaw, Ilan Katz, Elizabeth Fernandez, Kathleen Falster, Mark Hanly, B.J. Newton, Jennifer Stephensen, Paul Hotton, Karen Zwi, Raghu Lingam
5. Contact with mothers for children in out-of-home-care: Group-based trajectory modelling from the Pathways of Care Longitudinal Study (POCLS). Aino Suomi, Nina Lucas, Dave Pasalich, Morag McArthur
6. Positive reading achievement outcomes in children who experience out-of-home care: Characteristics and predictors. Miriam J. Maclean, Fernando Lima, Melissa O'Donnell
7. Trajectories for children and young people who experience out of home care: Examining the influences of pre-care characteristics on later wellbeing and placement stability. Catherine Wade
8. Infants entering out-of-home care: Health, developmental needs and service provision. Fernando Lima, Stephanie Taplin, Miriam Maclean, Melissa O'Donnell
9. Outcomes for children with disability in out-of-home care: Evidence from the Pathways of Care Longitudinal Study in Australia. Zhiming Che, Massimiliano Tani, Ilan Katz
10. Exploring the impact of child and placement characteristics, carer resources, perceptions and life stressors on caregiving and well-being. Tayhla Ryder, Yvonne Zurynski, Rebecca Mitchell

The articles in the Special Issue on Pathways of Care Longitudinal Study: A study of children in care in NSW Australia were co-edited by Professor Judy Cashmore and Associate Professor Jennifer Fraser and are available on [\*\*ScienceDirect\*\*](#).

# Conceptual overview of factors influencing child development

The developmental domains include:

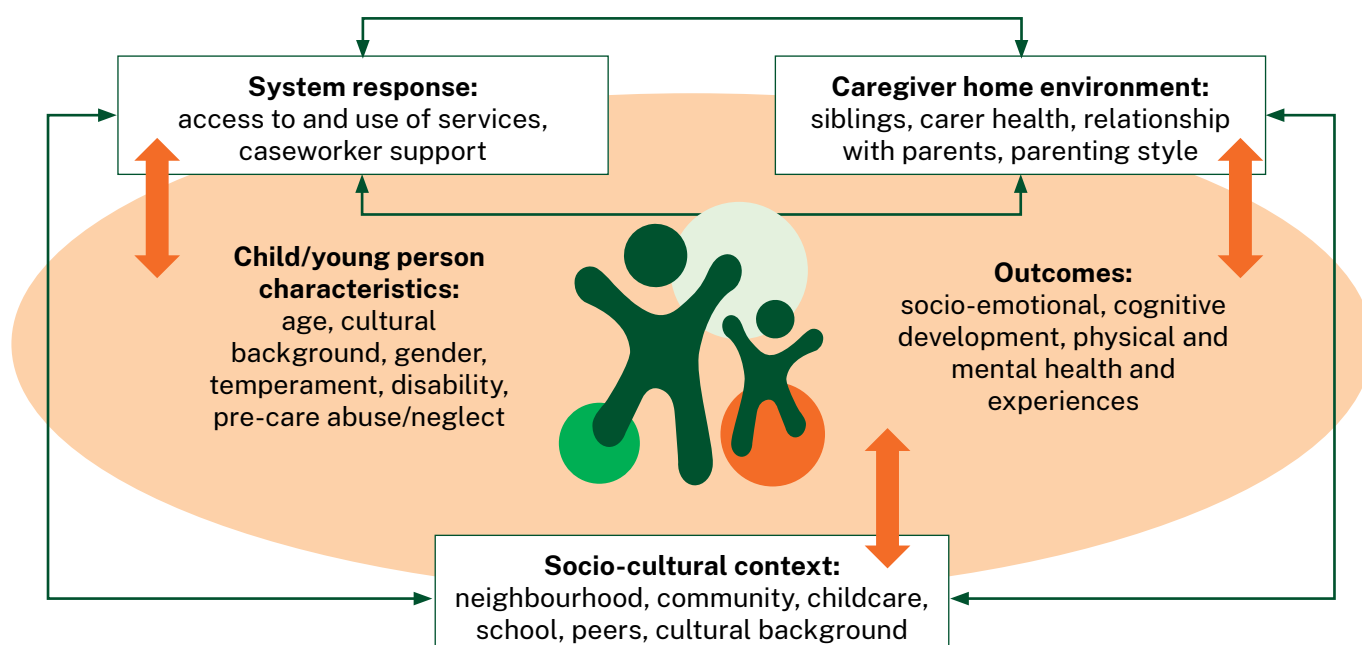


These developmental outcomes over time may be influenced by:

- **Child and young person characteristics** (gender, disability, age on entry into care, and cultural background) and their child protection history (parental risk factors, the type, severity and chronicity of maltreatment) on entry to care
- **Caregiver and placement characteristics** – relative/kinship, foster or residential placements, guardians, adoptive parents; parenting style, warmth, experience, carer health, resources, stress level, support, and relationship with the child's birth parents, family, and community
- **Socio-cultural context** (neighbourhood, peers, childcare, school) and system response: access to and uptake of services (interventions), type of court order and different pathways into, through and out of the out-of-home care system, including movement between different living arrangements and placement stability
- **Interactions between child characteristics, socio-cultural context, and the characteristics of the care provided** (characteristics of the carer/ placement, casework support, and the services/ interventions).

Reference: Cashmore, J.et. al. Pathways of Care: A longitudinal study of children in care in Australia.

Figure 1 Conceptual overview of influences on children's development and outcomes in out-of-home care





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## Socio-emotional wellbeing

- This study aimed to examine child socio-demographics, pre-care maltreatment, placement, and caregiver factors associated with trajectories of socio-emotional difficulties of children in OOHC.
- The data showed that there are three distinct socio-emotional trajectories among children in OOHC: 'persistently low difficulties' (29.4%), 'normal' (42.8%), and 'clinical' (27.8%) each showing stable trends over time.<sup>2</sup>
- Relative/kinship care compared to foster care was associated with the 'persistently low difficulties'; while being male, 8 or more pre-care substantiated risk of significant harm reports, frequent placement changes, and caregiver's psychological distress were associated with the 'clinical' socio-emotional trajectory.
- Early intervention to ensure children have a nurturing care environment and psychological support to caregivers are vital for positive socio-emotional development over time among children in long-term OOHC.

*Reference: Hu, N. et al. Developmental trajectories of socio-emotional outcomes of children and young people in out-of-home care.*



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## Health and development

- A high proportion of children who entered care as infants were identified as developmentally vulnerable through health indicators at birth (36%), and POCLS standardised measures (70%). Only 17% of infants in OOHC received services for developmental delay.
- Many infants showed positive physical and cognitive development, and the proportion of children 'at risk' decreased from 65% at Wave 1 (18 months post entry to OOHC) to 36% at Wave 3 (5 years post entry to OOHC), being supported with increased service provision over time.
- For socio-emotional development there were a large group (70%) who had low risk of concerns and were stable over time, however there was a group (30%) who were identified as having early social-emotional concerns and displayed worsening social-emotional trajectories, therefore supportive interventions for this group is an important priority to reduce risk of ongoing mental health concerns.

*Reference: Lima, F. et al. Infants entering out-of-home care: Health, developmental needs and service provision*

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<sup>2</sup> Generally, a 'clinical range' score indicates that the child has high levels of difficulties that need professional intervention, a 'borderline range' score suggests the child's development is at risk and needs assessment/support, and a 'normal range' score indicates that the child is in the normal/typical range of the general child population. In the general population, 85% are usually in the 'typical' range for development and 15% in the 'atypical' range of development.

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## Reading achievement outcomes

- Children who enter OOHC are at increased risk for low academic achievement. Nonetheless, some children who have experienced OOHC achieve highly. Results indicate potential interventions could target cognitive ability, wellbeing and environmental factors, and involve interventions directly with children and via carers to improve student outcomes.
- Although a lower proportion than the general population, almost half (46%) of children who entered care were in the higher achievement group in Year 3 (scoring in the top three of six NAPLAN reading bands). Higher achieving students were a diverse group and faced many adversities commonly found among children who experienced OOHC generally.
- Higher achievement in the cohort was significantly associated with: average or above cognitive ability, low externalising behaviour and highly-educated carers. Several supports and services were associated with higher achievement, including education plans and carers attending training.
- Among Aboriginal children, 32% were in the higher achieving range for reading assessment. A high proportion of Aboriginal children (80%) had carers who indicated they were involved in school (such as contact with teachers or attending events). Around 11% received tutoring or other help outside the home.

*Reference: Maclean, M. Positive reading achievement outcomes in children who experience out-of-home care: Characteristics and predictors.*



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## Influence of pre-care child characteristics

- Understanding how early risk and protective factors impact longer term wellbeing may help to better target placement and support for cohorts of children with different presentations at entry to care.
- There were cluster differences in trajectories for cognitive and socio-emotional outcomes, but not for health.
- Children who were older at entry to OOHC (mean age 7.6 years) showed the poorest socio-emotional and cognitive functioning at Wave 2 (3 years post entry to OOHC) and despite improvements by Wave 4 (7 years post entry to OOHC), the poor starting point may explain why their cognitive functioning scores never catch-up to children entering care younger (mean 1.5 years).
- Children who were younger on entry to OOHC, who also tended to come from less socio-economically disadvantaged backgrounds, showed the most positive cognitive and socio-emotional functioning over study waves, and cognitive functioning for these children improved at a steeper rate than the other clusters.

*Reference: Wade, C. Trajectories for children and young people who experience out of home care: Examining the influences of pre-care characteristics on later wellbeing and placement stability.*



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## Placement stability

- Placement stability was found to have a significant association with socio-emotional, cognitive (non-verbal) and physical health (gross and fine motor skill) development. A number of other factors were also found to be associated with positive development including placement type, carer wellbeing/psychological distress levels, carers' satisfaction with their caring role and carer support.
- Children placed with relative/kinship carers had a higher likelihood of being in the typical/

normal range for both socio-emotional and verbal development compared to those in foster care.

- Placement stability means that children stay with the same caregivers without frequently moving to new households. Each placement change per 1,000 care days reduces the probability of being in the normal range by 1-2% across each these developmental domains.

*Reference: Asif, N. et al. Influence of placement stability on developmental outcomes of children and young people in out-of-home care.*



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## Restoration for Aboriginal children and young people

- While restoration is a legislative and policy priority, for Aboriginal children it is rarely achieved in practice. A total of 15% of Aboriginal children were restored by Wave 4 (7 years post entry to OOH), and for those who were restored the average time in OOH was 2.5 years. Children entering care under the age of 2 years were the least likely to be restored.
- A high proportion of Aboriginal children entering OOH had a very small number of substantiated Risk of Significant Harm reports prior to removal, with 29% having just one and 12% having none.
- Parents wanted more support in the transition to restoration and in the early stages of restoration, so that they could be better equipped for their children to return home.

*Reference: Newton, B. et al. Restoration from out-of-home care for Aboriginal children*

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## Children with disability

- A high proportion of children in OOHC have a disability, no matter how and at what point the disability is defined. Children with disability are more likely to be male, placed in foster care and residential care, and have a higher number of placement changes.
  - Children with disability in OOHC have poorer wellbeing than children without disability across the domains of physical health, socio-emotional wellbeing and cognitive ability.
- However, children with disability have fewer difficulties at school and better school bonding. The lower levels of wellbeing appear to be driven mainly by their disability status rather than care factors.
- The type of placements (relative/kinship care, restoration/adoption/guardianship, foster care, and residential care) have little association with wellbeing of children with disability in OOHC.

*Reference: Chen, Z. et al. Outcomes for children with disability in out-of-home care*



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## Family time with mothers

- The analysis showed positive association between frequency of contact with mothers, the quality of the child-mother relationship, and the extent to which the contact met the needs of the child. This association remained consistent as the children aged.
- The analysis identified five distinct patterns in the trajectories of contact with birth mothers and relationship quality over time: low frequency and poor relationship; moderate frequency and poor relationship; increasing frequency and improving relationship; declining frequency and declining relationship; and high frequency and good relationship.
- The type of placement, child demographics, child socio-emotional wellbeing, and unsupervised contact arrangements were significantly associated with trajectory group membership.

*Reference: Suomi, A. Contact with mothers for children in out-of-home-care: Group-based trajectory modelling.*



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## Carer wellbeing

- 12-20% of carers were flagged for potential concern for their wellbeing and caregiving regardless how long a child is in OOHC.
- Carers in paid employment, caring for older and multiple children, providing relative/kinship care, and managed by non-government organisations had a higher likelihood of concern for their wellbeing and caregiving.
- Conversely, carers who were satisfied with caseworker assistance had a lower likelihood of concern.

*Reference: Ryder, T. et.al. Exploring the impact of child and placement characteristics, carer resources, perceptions and life stressors on caregiving and well-being.*





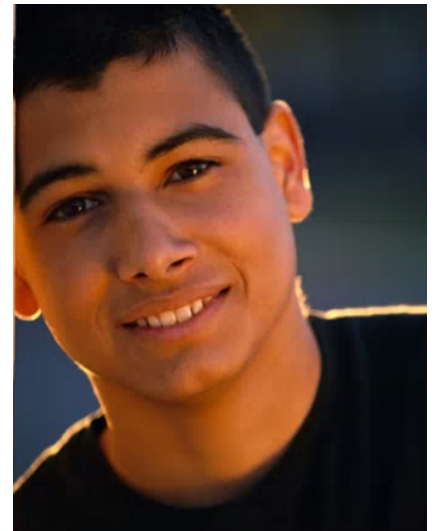
# Implications for policy and practice

The papers based on the POCLS data provide strong evidence to inform policy and practice to improve the outcomes of children who experience OOHC:

- **The importance of early developmental assessments, access to services/support and ongoing monitoring** for all children on entry to OOHC (especially for those who enter care as infants) is being highlighted, emphasising the need for nurturing care environments and health/ psychological/educational services to promote positive development among children who have experienced maltreatment and OOHC. All developmental assessments and services provided to children and families need to include cultural consideration.
- **Understand how child characteristics and risk and protective factors on entry to OOHC may impact children's longer-term wellbeing** to inform important decisions about temporary or permanent revocation of birth parents' care responsibilities and about placement changes over the life of the child. For some children efforts to support the family to keep the child at home, through parenting support or temporary placement while safety is addressed, may be preferable to a permanent placement into alternative care. The evidence shows that relative/kinship placements compared to foster care is a protective factor in relation to children's socio-emotional development. There is a need for greater investment in OOHC prevention through targeted early intervention for children.
- **Effective and tailored support for carers is essential** to ensuring that children in OOHC can be placed with capable, resilient, and responsive carers. Nurturing care environments for children and psychological support to caregivers are vital for positive socio-emotional development over time among children. Additional support is needed as children reach school age to assist carers with the transition to school. Routinely measuring carer satisfaction with their caring role, and monitoring carer psychological wellbeing, would help to identify support needs to prevent unplanned placement changes.
- **To prevent a child's removal, Aboriginal parents need to be given clear information** that removal is imminent if they do not address the safety concerns of DCJ, and they need to receive timely and appropriate intensive family casework to address the concerns.
- **Parents of Aboriginal children need more support during and post restoration** to help children achieve their full potential after returning home.

## Where to from here?

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



# How can I access the data

## Publications

The POCLS produces a range of technical and analytical research reports, evidence to action notes, snapshots and newsletters which are published on the [POCLS webpage](#).

The articles in the Special Issue are available on the POCLS webpage.

## Dashboards

The [POCLS interactive dashboards](#), available freely on the POCLS webpage, allow stakeholders to explore key POCLS data to gain insights on the experiences and trajectories of children and young people in OOHc.

## Survey data

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

## How do I find out more?

- [pathways@dcj.nsw.gov.au](mailto:pathways@dcj.nsw.gov.au)
- [POCLS webpage](#)

## Ethics approvals

- University of NSW Human Research Ethics Committee (HC210985)
- Aboriginal Health and Medical Research Council (AH&MRC) of NSW Ethics Committee (766/10 continued)
- State Education Research Application Process (SERAP) NSW Department of Education (2012250)
- NSW Population and Health Services Research Ethics Committee HREC/14/CIPHS/74) Cancer Institute NSW (2014/12/570)
- Australian Institute of Health and Welfare (AIHW) Ethics Committee (Ref: EO2019-1-406).



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

University researcher