

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

Leaving Care Cohort (15-17 years) Statistical Report: Experiences of Young People who Entered Out-of-Home Care Aged 4-14 Years



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

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Leaving Care Cohort (15-17 years) Statistical Report:
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Care Aged 4-14 Years

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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 1-5 unweighted data collected in face-to-face interviews with children, young people and caregivers.

Pathways of Care Longitudinal Study Clearinghouse

All study publications including research reports, technical reports and briefs can be found on the [Pathways of Care Longitudinal Study webpage](#).

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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 30 April 2013 (2,828) were eligible to participate in the study. For more information about the study please visit the [Pathways of Care Longitudinal Study webpage](#).

The POCLS acknowledges and honours Aboriginal people as our First Peoples of NSW and is committed to working with the Aboriginal Governance Panel, DCJ's Transforming Aboriginal Outcomes team, including Ngaramanala (Aboriginal Knowledge Program), the Office of the Senior Practitioner and Child and Family program area 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) of all data related to Aboriginal Australians. The NSW Data Strategy (April 2021) includes the principles of Indigenous Data Sovereignty and Governance and provides provisions in regard to:

- Ensuring that our approach to data projects assesses the privacy, security and ethical impacts across the data lifecycle.

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- Ensuring the controls are proportionate to the risks and that we consider community expectations and IDS.
- Guaranteeing a culture of trust between data providers and recipients, including Aboriginal people, through consistent and safe data sharing practices and effective data governance and stewardship.

A whole of government response to IDS and IDG in NSW, including a position on reporting disaggregated data, is being led by The Cabinet Office, along with the Coalition of Aboriginal Peak Organisations. The POCLS will continue to collaborate with Aboriginal Peoples and will apply the policy principles once developed.

In the interim, this publication contains data tables that provide direct comparisons between the POCLS Aboriginal and non-Aboriginal cohorts. Interpretation of the data should consider the factors associated with the over-representation of Aboriginal children in child protection and OOHC including the legacy of past policies of forced removal and the intergenerational effects of previous forced separations from family and culture. This erosion of community and familial capacity over time needs to be considered in any reform efforts as it continues to have a profoundly adverse effect on child development. The implications for policy and practice should highlight strengths, develop Aboriginal-led solutions and ensure that better outcomes are achieved for Aboriginal people.

The POCLS is subject to ethics approval, including from the Aboriginal Health & Medical Research Council of NSW.

Please note, a previous POCLS publication on this policy topic is:

Burke, S., Hopkins, J., Paxman, M., Zhou, A., Butler, M. (2019). Leaving Care Cohort (15-17 years) Statistical Report: Experiences of Young People who Entered Out-of-Home Care Aged 9-14 years. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of- of-Home Care. Research Report Number 5-1. Sydney. NSW Department of Family and Community Services.

1 Executive Summary

This is the second statistical report that focuses on a cohort of young people in out-of-home care (OOHC) who were aged 15-17 years at the time of their POCLS interview. This cohort is referred to as the leaving care cohort. The first statistical report describes the experiences of young people who entered OOHC when they were 9-14 years old (see Burke et al., 2019) and was based on data up to Wave 3; while this second report describes the experiences of young people who entered OOHC when they were 4-14 years old and utilises data up to Wave 5.

It is worth noting that the interviews were conducted prior to the introduction of *Your Choice, Your Future* aftercare support for young people transitioning from care to independence until they reach the age of 21. Future interviews could have very different responses (e.g., the likelihood to stay on with their caregiver, the ability to manage living independently and case-management questions).

This report focuses on two key research questions:

- What are the demographic characteristics of young people in the leaving care cohort?
- How is the leaving care cohort going on standardised measures of developmental outcomes in terms of socio-emotional wellbeing, verbal ability, and non-verbal reasoning?
- What are the perspectives of caregivers and young people about leaving care?

1.1 Key findings

1.1.1 Characteristics of the leaving care cohort

- The cohort consists of 213 young people who were in foster care (34.7%), relative or kinship care (30.5%), residential care (18.8%), or on guardianship orders (16.0%) at the time of their interview.
- More than half of the young people (59.2%) were aged less than 10 years when they first entered care.
- One-third (34.7%) are Aboriginal and 15% are from culturally and linguistically diverse (CALD) backgrounds.
- Nearly half are female (48.4%).

1.1.2 Standardised measures of child development

The POCLS includes measures of the children's socio-emotional wellbeing and cognitive ability (verbal and non-verbal). The measures are standardised, meaning that they can be used to show how individuals are developing over time as well as how the children compare with peers in the general population and indicate whether their development is in the typical/normal range or atypical (below normal or borderline/clinical) range.

Socio-emotional wellbeing

- The Child Behaviour Checklist (CBCL) is a questionnaire used to assess behavioural and emotional problems in children and adolescents. Just under two-thirds (62.0%) of the leaving care cohort were in the typical range based on the CBCL Total Problems Scale. The remainder, over one-third were in the borderline or clinical range (38.0%). Children in the borderline or clinical range should be further investigated for severity to determine service needs which may include ongoing intensive professional support.
- The majority (80.0%) of the leaving care cohort in residential care were in the borderline or clinical range compared with 29.7% of young people in foster care, 29.2% in relative/kinship care and 23.5% on guardianship orders.

Verbal ability

- Based on the Peabody Picture Vocabulary Test Version 4 (PPVT-IV), approximately two-thirds (67.5%) of the leaving care cohort were within or above the normal range for language skills. The remaining one-third (32.5%) were in the below normal range. A score in below normal range for verbal ability means that the child's development is at risk. The child needs at least some additional support and may need ongoing intensive professional support.
- A larger proportion of young people in residential care were in the below normal range for language ability (42.4%) than young people in other living arrangements (35.7% in foster care, 31.2% in relative/kinship care and 16.7% on guardianship orders) although the differences were not statistically significant.

Non-verbal ability

- About 70% of the POCLS leaving care cohort were within or above the normal range in terms of non-verbal reasoning on the Matrix Reasoning Test (MR) from the Wechsler Intelligence Scale for Children Version 4 (WISC-IV). The remaining 30% were in the below normal range. Children in the below normal range are developmentally at risk. They will need at least some additional support and may need ongoing intensive professional support.
- Young people who were aged 10 years or older when they first entered care were more likely to experience problems with non-verbal ability than those who entered when they were under 10 years of age (41.9% compared with 22.9%).
- Almost half (48.4%) of young people living in residential care were below the normal range on non-verbal reasoning, compared with 16.7% on guardianship orders (statistically significant) and about 30% in foster care and relative or kinship care (29.4% and 28.6% respectively, although these differences were not statistically significant).

1.1.3 Caregivers' views of leaving care

- According to their caregivers, the majority of young people in foster care (71.0%) and relative/kinship care (70.8%) would want to continue to live with them after they leave care.
- Children who entered care at a younger age were more likely to want to stay on with their caregiver after leaving care. Just over half (53.8%) of the young people who first entered care when they were less than 10 years of age definitely want to continue living with their

current caregiver compared with only three in 10 (30.0%) young people who entered care when they were aged 10 years or older.

- The caregivers of at least 80% of young people indicated that they would be happy to have the young person stay for as long as they wanted (92.4% of young people who first entered care when they were younger than 10 years and 83.9% of those who entered care when they were 10 years or older).
- Reasons the caregivers provided for their unwillingness to have the young people continue living with them include the caregiver's age, the cost of caring, the carer's health, family commitments or work commitments.
- Caregivers thought around 60% of the young people in foster care, 65% on guardianship orders and half of young people in residential care would be able to manage independent living ("probably will" or "definitely will"). This means however that more than one-third of children in foster care (40.5%) and on guardianship orders (34.4%) have caregivers who are concerned about their ability to manage independent living when they leave care and for young people in residential care this increased to 50%.
- Caregivers reported that the young people were most likely to need help in finding somewhere suitable to live (79.0%), accessing financial support (78.1%), budgeting (75.1%) and enrolling in a course of study (75.1%).
- According to their caregivers, only around half of young people in residential care (53.8%) and relative/kinship care (49.2%) and about 60.0% in foster care had their change in legal status discussed with them by a caseworker.
- Caregivers of young people in residential care were significantly more likely report that the young people had a leaving care plan that would address all of their needs to manage in leaving care (85.0%) than young people in relative/kinship care (24.6%) or foster care (43.8%) as indicated by their caregivers.
- One-quarter (24.2%) of young people had received a copy of the resource '*Your Next Step: information for young people leaving care*' according to their caregiver.
- In terms of after care services that young people in foster care had been told about (according to their caregivers), only about one-fifth were aware of Create Foundation (21.8%) or After Care services (20.0%) and less than one in 10 (9.3%) had been told about Link-up. Awareness was slightly higher amongst young people in relative/kinship care (34.5% for Create Foundation, 23.7% for After Care services and 18.6% for Link-up) and higher again for those in residential care (75.0% for Create Foundation, 55.6% for After Care services and 27.8% for Link-up).

1.1.4 Young people's views of leaving care

- Young people were less willing to stay living in their placement after leaving care although caregivers indicated that they would be willing to accommodate them. Caregivers of about eight out of 10 young people (79.6%) indicated that they were willing to have the young person stay on after they left care however only just over half (55.0%) of the young people indicated that they would stay living with their caregiver.
- Half (49.3%) of the leaving care cohort were "not at all" worried about turning 18 and their future while the other half (50.7%) worried either "at little bit" (38.7%) or "a lot" (12.0%).
- Young people were asked whether a caseworker or caregiver had told them that their children's court order would end near their 18th birthday. Around two-thirds (68.2%) indicated that they had been told and the remaining one-third (31.8%) had not been told, didn't know if they had been told or refused to answer.

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- Less than half of the young people (44.6%) indicated that a caseworker had started talking to them about a plan for the next couple of years. The remaining 55.4% answered either “no” (37.6%), “don’t know” (10.8%) or “refused” (7.0%). Young people in residential care (85.7%) were more likely to have discussed plans with their caseworker than young people in foster care (55.2%) or relative/kinship care (42.9%).
- Overall, 22.1% of young people indicated that they had a written document that outlined their plans for the future such as where they might study, work and live. Young people who first entered care when they were 10 years or older were significantly more likely to have a written document outlining their future plans (45.7%) than those who entered care at a younger age (13.9%).
- Around one-quarter (26.5%) of young people indicated they had written information about services and support that they can access after leaving care. Young people who first entered care when they were 10 years or older were significantly more likely to have this written information (48.6%) than those who first entered care at a younger age (18.8%).
- Almost all young people thought that they would stay in touch with the people they are living with now (93.4%), just over half also thought they would stay in touch with people they had lived with previously (53.9%) and about one third thought that they would stay in touch with their caseworker (33.6%).
- Young people were asked about the areas they might need help with after turning 18 years. The most common responses included finding somewhere suitable to live (48.7%), learning to drive (48.7%), accessing their DCJ file (44.2%), finding a job (41.7%), and finding out about courses and where to study (41.0%).

2 Introduction and Method

This statistical report provides a reference point for policy officers, frontline workers and researchers interested in young people leaving care using information collected in the caregiver and child surveys conducted as part of the POCLS. The surveys consisted of a mixture of interviewer-administered and self-administered modules.

To date, five Waves of data collection have been undertaken at 18-24 month intervals and the POCLS now has 10 years of in-depth data on children's OOHC experiences:

- Wave 1: June 2011 to August 2013 with 1,285 participants
- Wave 2: April 2013 to March 2015 with 1,200 participants
- Wave 3: October 2014 to July 2016 with 1,033 participants
- Wave 4: May 2017 to November 2018 with 961 participants
- Wave 5: May 2019 to December 2020 with 862 participants

Questions about leaving care were added to the caregiver and child surveys in Wave 2. The analysis focuses on young people aged 15-17 years at the time of their interview from Wave 2 to Wave 5 so data were collected between April 2013 and December 2020.

If the young people and their caregivers completed more than one interview during that period, the analysis includes their most recent responses. For example, if there are responses from both Waves 4 and 5, the analysis includes the information collected at the Wave 5 interview.

It is worth noting that the interviews were conducted prior to the introduction of *Your Choice, Your Future* aftercare support for young people transitioning from care to independence until they reach the age of 21. Future interviews could have very different responses (e.g., the likelihood to stay on with their caregiver, the ability to manage living independently and case-management questions). The *Your Choice, Your Future* package was introduced on 1 February 2023 and includes the Staying on Allowance to support young people who remain with their carers until 21; the Independent Living Allowance, a fortnightly payment for young people who live independently and need financial support until the age of 21; an expansion of the Specialist Aftercare Program increasing the availability and location of targeted supports for young people when they leave care; and funding for more caseworkers to support young people plan their transition out of care.

The analysis only includes the young people who were in foster care, relative/kinship care, residential care, or on guardianship orders at the time of their interview (those restored or adopted are excluded). The young people included in this analysis are referred to in this report as the *leaving care cohort*.

The analyses presented in this report are descriptive and are based on unweighted data. Tests of statistical significance were carried out. For those tables and figures where the sample numbers reported are small, results should be interpreted with caution. To maintain confidentiality and prevent identification of study participants, numbers less than 5 or percentages based on numbers less than 5 are not published. For the Aboriginal cohort, the threshold is 10.

3 Research Questions

Questions that are answered using the POCLS data include:

- What are the demographic characteristics of young people in the leaving care cohort?
- How is the leaving care cohort going on standardised measures of developmental outcomes in terms of socio-emotional wellbeing, verbal ability, and non-verbal reasoning?
- What are the perspectives of caregivers and young people about leaving care?

4 Findings

4.1 Characteristics of the leaving care cohort

Interviews with young people and their caregivers included in this analysis were undertaken between April 2013 and December 2020, prior to the introduction of the *Your Choice, Your Future* package. Participants may have been interviewed in multiple waves and in that case their most recent interview is used in the analysis. By wave, 22 young people are included from Wave 2 (April 2013 to March 2015), 44 from Wave 3 (October 2014 to July 2016), 50 from Wave 4 (May 2017 to November 2018) and 97 from Wave 5 (May 2019 to December 2020).

Table 1 shows the characteristics of the 213 young people in the POCLS leaving care cohort. Just under six out of 10 (59.2%) young people were aged less than 10 years when they first entered care. One-third (34.7%) of the leaving care cohort are Aboriginal and 65.3% are non-Aboriginal. Fifteen percent are from culturally and linguistically diverse (CALD) backgrounds and about half are female (48.4%). At their most recent interview, about two-thirds of the leaving care cohort were in foster care or relative/kinship care (34.7% and 30.5% respectively), with the remaining in residential care or on guardianship orders (18.8% and 16.0% respectively).

Table 1: Characteristics of the leaving care cohort

Characteristics	Category	n	%
Age group at first entry into care	Less than 10 years	126	59.2
	10 years and above	87	40.8
Aboriginal status	Aboriginal	74	34.7
	Non-Aboriginal	139	65.3
CALD status	CALD	32	15.0
	Non-CALD	181	85.0
Gender	Female	103	48.4
	Male	110	51.6
Placement type (most recent)	Foster care	74	34.7
	Relative/kinship care	65	30.5
	Residential care	40	18.8
	Guardianship	34	16.0

Tables 2 to 4 show the characteristics of the leaving care cohort separately for the Aboriginal young people, CALD young people and non-Aboriginal/non-CALD young people.

For the 74 Aboriginal young people in the leaving care cohort, just under seven in 10 (68.9%) were aged less than 10 years when they first entered care (Table 2). The percentages were very similar to the overall leaving care cohort on the remaining characteristics.

For the 32 CALD young people (Table 3), more than half (56.2%) were male. At their most recent interview, a quarter were on guardianship orders and about two-fifths (40.6%) were in foster care.

For the 116 young people who are both non-Aboriginal and non-CALD (Table 4), about half (51.7%) first entered care before they turned 10 years old, and more than half (55.2%) were male. About a quarter (23.3%) were in residential care at their most recent interview.

Table 2: Characteristics of the Aboriginal young people in the leaving care cohort

Characteristics	Category	n	%
Age group at first entry into care	Less than 10 years	51	68.9
	10 years and above	23	31.1
CALD status	CALD	9	12.2
	Non-CALD	65	87.8
Gender	Female	39	52.7
	Male	35	47.3
Placement type (most recent)	Foster care	28	37.8
	Relative/kinship care	24	32.4
	Residential care	10	13.5
	Guardianship	12	16.2

Table 3: Characteristics of the CALD young people in the leaving care cohort

Characteristics	Category	n	%
Age group at first entry into care	Less than 10 years	19	59.4
	10 years and above	13	40.6
Aboriginal status	Aboriginal	9	28.1
	Non-Aboriginal	23	71.9
Gender	Female	14	43.8
	Male	18	56.2
Placement type (most recent)	Foster care	13	40.6
	Relative/kinship care	np	np
	Residential care	np	np
	Guardianship	8	25.0

Table 4: Characteristics of the non-Aboriginal and non-CALD young people in the leaving care cohort

Characteristics	Category	n	%
Age group at first entry into care	Less than 10 years	60	51.7
	10 years and above	56	48.3
Gender	Female	52	44.8
	Male	64	55.2
Placement type (most recent)	Foster care	38	32.8
	Relative/kinship care	36	31.0
	Residential care	27	23.3
	Guardianship	15	12.9

Figure 1: Leaving care cohort by Aboriginal status and placement type at the time of their most recent interview

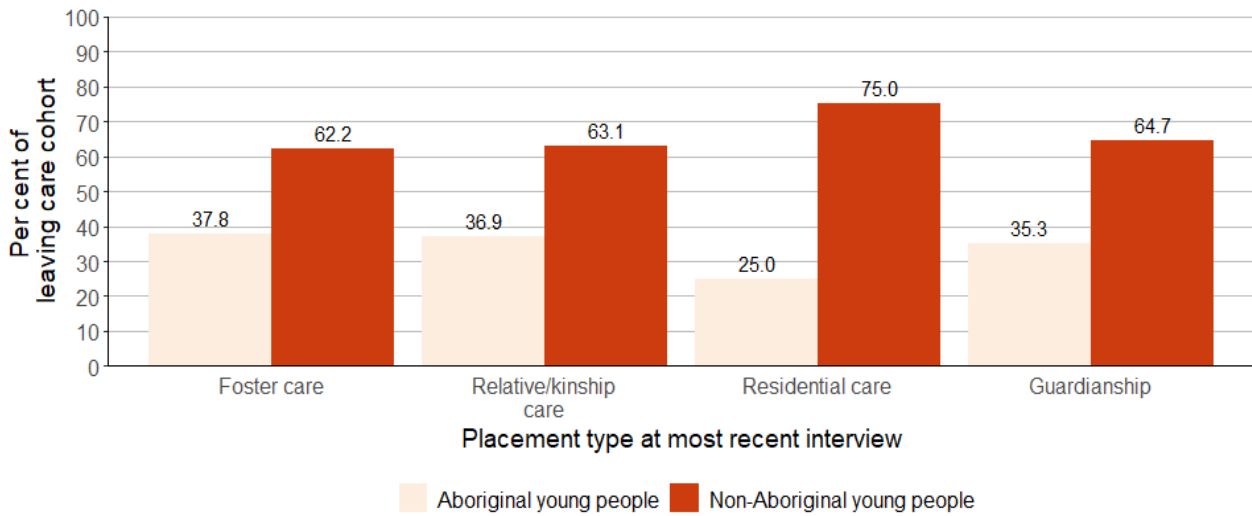


Figure 1 shows the Aboriginal status of the leaving care cohort by their placement or exit type at the time of their most recent interview. The proportions of Aboriginal and non-Aboriginal young people were similar across all placement or exit types except for those in residential care where a higher proportion were non-Aboriginal (75.0% compared with 62.2% for foster care, 63.1% for relative/kinship care and 64.7% for children on guardianship orders).

4.2 Standardised measures of child development

One of the key aims of the POCLS is to collect data on child development and to examine factors that are associated with developmental outcomes. POCLS includes measures about the children's socio-emotional wellbeing and cognitive ability (verbal and non-verbal). The measures are standardised, meaning that they can be used to show how the children compare with peers in the general population and also how individuals are developing over time.

The POCLS Caregiver and Child Surveys include the following standardised measures of child development¹:

- Child Behaviour Checklist² (CBCL, Achenbach & Rescorla, 2000, 2001) was completed by the caregiver and asks over 100 questions about a range of child and adolescent behaviour problems³ and interpersonal competencies for children aged 18 months to 18 years. The CBCL provides cut-offs to identify children showing differing levels of problems: a 'clinical range' score indicates that the child has high levels of behavioural and emotional problems of similar severity to children who are receiving clinical treatment for a diagnosed behavioural or mental disorder (above the 90th percentile in the general population); a 'borderline range' score indicates that the child has elevated, but less severe levels of behavioural problems (above the 84th percentile in the general population), and a 'normal range' score indicates that the child is in the normal range of the general child population.
- The interviewer-administered Peabody Picture Vocabulary Test Version 4 (PPVT-IV) was used to assess language capacities in children aged 3 to 17 years. The PPVT-IV measures children's understanding of spoken words (i.e., their receptive language skills) and can be used to assess growth in vocabulary acquisition over time. Depending on their score, children are classified as having language skills below the average range, in the average range or above the average range.
- The interviewer-administered Matrix Reasoning Test (MR) from the Wechsler Intelligence Scale for Children Version 4 (WISC-IV; Wechsler 2004) was used to assess general non-verbal intelligence among children aged 6 to 16 years. Depending on their score, children are classified as having cognitive abilities below the average range, in the average range or in the above average range.

For this analysis, the last available valid response for each of the standardised measures is used, noting that the PPVT-IV and MR (WISC IV) tests were not administered to the young people if the Wave 5 interview was conducted during the COVID-19 pandemic and there are instances where the caregiver has not completed the CBCL at every wave.

The tables below present the counts and percentages of young people based on their most recent responses or the most recent responses of those caring for them. The results are shown by the Aboriginal status of the young people, the age group of the young people when they first entered care (under 10 years, 10 years or older) and/or by the young person's placement or exit type at the time of their most recent interview (foster care, relative or kinship care, residential care, or on guardianship orders).

¹ It is important to take cultural considerations into account when interpreting the results of the standardised measures for Aboriginal or CALD children. The standardised measures used in the POCLS were selected in 2010 at which time measures of child development selected for the POCLS had not been tested for validity and reliability with Aboriginal or CALD children in Australia.

² The Child Behaviour Checklist (CBCL) has been tested in a range of diverse cultures but clinical cut-offs may not be uniform across all cultures (Crijnen et al., 1997). The measure may not be sensitive to the influence cultural norms may have on reporting child behaviours and parents' ratings. This should be considered when interpreting the data.

³ The term 'problem' is used here as it reflects the language used by the authors who developed the CBCL scale.

4.2.1 Socio-emotional wellbeing

Table 5 shows that just under two-thirds (62.0%) of the POCLS leaving care cohort whose caregivers completed the CBCL questions were in the typical range based on their total behaviour (internalising and externalising) problems score, with the remainder in either the borderline or clinical range (38.0%). Children in the borderline or clinical ranges should be further investigated for severity to determine their service needs which may include ongoing intensive professional support.

About two-thirds (63.5%) of the Aboriginal young people in the POCLS leaving care cohort whose caregivers completed the CBCL questions were in the typical range for total behaviour problems, with a similar proportion for non-Aboriginal young people (61.2%).

Table 5: Caregiver report of the most recent total behaviour problems score (CBCL) for young people aged 15-17 years by Aboriginal status

Aboriginal status	Category	n	%
Aboriginal	Typical range	47	63.5
	Borderline or clinical range	27	36.5
	Total	74	100.0
Non-Aboriginal	Typical range	85	61.2
	Borderline or clinical range	54	38.8
	Total	139	100.0
Total	Typical range	132	62.0
	Borderline or clinical range	81	38.0
	Total	213	100.0

Table 6 shows that a slightly higher proportion of young people who first entered care aged 10 years or older (43.7%) were in the borderline or clinical range compared to those who entered care when they were younger than 10 years (34.1%), although this difference was not statistically significant.

Table 6: Caregiver report of the most recent total behaviour problems score (CBCL) for young people aged 15-17 years by age at first entry into care

Age group at entry to care	Category	n	%
Less than 10 years	Within or above normal range	83	65.9
	Below normal range	43	34.1
	Total	126	100.0
10 years and above	Within or above normal range	49	56.3
	Below normal range	38	43.7
	Total	87	100.0
Total	Within or above normal range	132	62.0
	Below normal range	81	38.0
	Total	213	100.0

Table 7 shows that the majority of young people in foster care (70.3%), relative or kinship care (70.8%) and on guardianship orders (76.5%) were in the typical range for total behaviour problems on the CBCL. In contrast, a significantly lower proportion of young people in residential care (20.0%) were in the typical range for total behaviour problems and the majority (80.0%) were in the borderline or clinical ranges.

Table 7: Caregiver report of the most recent total behaviour problems score (CBCL) for young people aged 15-17 years by placement type at the time of their most recent interview

Placement type at most recent interview	Category	n	%
Foster care	Typical range	52	70.3
	Borderline or clinical range	22	29.7
	Total	74	100.0
Relative/kinship care	Typical range	46	70.8
	Borderline or clinical range	19	29.2
	Total	65	100.0
Residential care	Typical range	8	20.0
	Borderline or clinical range	32	80.0
	Total	40	100.0
Guardianship	Typical range	26	76.5
	Borderline or clinical range	8	23.5
	Total	34	100.0
Total	Typical range	132	62.0
	Borderline or clinical range	81	38.0
	Total	213	100.0

4.2.2 Verbal ability

Table 8 shows that approximately two-thirds (67.5%) of the leaving care cohort were within or above the normal range for language skills on the PPVT-IV and around one-third (34.8%) were in the below normal range. Children in the below normal range for verbal ability are developmentally at risk and need additional support.

The pattern was similar for Aboriginal young people and non-Aboriginal young people with 65.2% and 68.8% respectively in the within or above normal range (Table 8).

Table 8: Caregiver report of the most recent verbal ability score (PPVT-IV) for young people aged 15-17 years by Aboriginal status

Aboriginal status	Category	n	%
Aboriginal	Within or above normal range	45	65.2
	Below normal range	24	34.8
	Total	69	100.0
Non-Aboriginal	Within or above normal range	88	68.8
	Below normal range	40	31.2
	Total	128	100.0
Total	Within or above normal range	133	67.5
	Below normal range	64	32.5
	Total	197	100.0

Just over one-quarter (28.0%) of young people who first entered care when they were younger than 10 years were below the normal range for language ability, compared with 39.2% of young people who first entered care when they were 10 years or older, although this difference was not statistically significant (Table 9).

Table 9: Caregiver report of the most recent verbal ability score (PPVT-IV) for young people aged 15-17 years by age at first entry into care

Age group at entry to care	Category	n	%
Less than 10 years	Within or above normal range	85	72.0
	Below normal range	33	28.0
	Total	118	100.0
10 years and above	Within or above normal range	48	60.8
	Below normal range	31	39.2
	Total	79	100.0
Total	Within or above normal range	133	67.5
	Below normal range	64	32.5
	Total	197	100.0

A larger proportion of young people in residential care at the time of their most recent interview were in the below normal range for language ability (42.4%) than young people in other living arrangements (35.7% in foster care, 31.2% in relative/kinship care and 16.7% on guardianship orders) although the differences were not statistically significant (Table 10).

Table 10: Caregiver report of the most recent verbal ability score (PPVT-IV) for young people aged 15-17 years by placement type at the time of their most recent interview

Placement type at most recent interview	Category	n	%
Foster care	Within or above normal range	45	64.3
	Below normal range	25	35.7
	Total	70	100.0
Relative/kinship care	Within or above normal range	44	68.8
	Below normal range	20	31.2
	Total	64	100.0
Residential care	Within or above normal range	19	57.6
	Below normal range	14	42.4
	Total	33	100.0
Guardianship	Within or above normal range	25	83.3
	Below normal range	5	16.7
	Total	30	100.0
Total	Within or above normal range	133	67.5
	Below normal range	64	32.5
	Total	197	100.0

4.2.3 Non-verbal reasoning

As shown in Table 11, over two-thirds (69.8%) of the POCLS leaving care cohort were within or above the normal range in terms of non-verbal reasoning on the MR test (WISC-IV) and almost one-third (30.2%) were in the below normal range. Children in the below normal range are developmentally at risk and need support which may include ongoing intensive professional support.

Approximately three quarters (74.2%) of Aboriginal young people and two-thirds (67.5%) of non-Aboriginal young people in the leaving care cohort were within or above the normal range for non-verbal ability. This difference was not statistically significant.

Table 11: Caregiver report of the most recent non-verbal reasoning score (MR test WISC-IV) for young people aged 15-17 years by Aboriginal status

Aboriginal status	Category	n	%
Aboriginal	Within or above normal range	49	74.2
	Below normal range	17	25.8
	Total	66	100.0
Non-Aboriginal	Within or above normal range	85	67.5
	Below normal range	41	32.5
	Total	126	100.0
Total	Within or above normal range	134	69.8
	Below normal range	58	30.2
	Total	192	100.0

Young people who were older when they first entered care were more likely to experience problems with non-verbal ability than those who entered at a younger age. Young people who first entered care when they were 10 years or older were almost twice as likely to be below the normal range for non-verbal reasoning (41.9%) than those who entered care at a younger age (22.9%), as shown in Table 12. This difference was statistically significant.

Table 12: Caregiver report of the most recent non-verbal reasoning score (MR test WISC-IV) for young people aged 15-17 years by age at first entry into care

Age group at entry to care	Category	n	%
Less than 10 years	Within or above normal range	91	77.1
	Below normal range	27	22.9
	Total	118	100.0
10 years and above	Within or above normal range	43	58.1
	Below normal range	31	41.9
	Total	74	100.0
Total	Within or above normal range	134	69.8
	Below normal range	58	30.2
	Total	192	100.0

Table 13 shows that about half (48.4%) of young people living in residential care at the time of their most recent interview were below the normal range on non-verbal reasoning, compared with one in six (16.7%) on guardianship orders (this difference is statistically significant) and about three in 10 in foster care and relative or kinship care (29.4% and 28.6% respectively, although these differences were not statistically significant).

Table 13: Caregiver report of the most recent non-verbal reasoning score (MR test WISC-IV) for young people aged 15-17 years by placement type at the time of their most recent interview

Placement type at most recent interview	Category	n	%
Foster care	Within or above normal range	48	70.6
	Below normal range	20	29.4
	Total	68	100.0
Relative/kinship care	Within or above normal range	45	71.4
	Below normal range	18	28.6
	Total	63	100.0
Residential care	Within or above normal range	16	51.6
	Below normal range	15	48.4
	Total	31	100.0
Guardianship	Within or above normal range	25	83.3
	Below normal range	5	16.7
	Total	30	100.0
Total	Within or above normal range	134	69.8
	Below normal range	58	30.2
	Total	192	100.0

4.3 Questions asked of caregivers

This section examines the views of the caregivers on the young person’s living situation. Note that it is possible for one caregiver to be caring for more than one young person. The responses are at the level of the young person (i.e., each record represents one young person). For example, if one caregiver cared for two young people, two sets of responses would be provided.

The figures below present the percentages of young people based on the most recent responses of those caring for them. The results are shown by the Aboriginal status of the young people (when the numbers are large enough), the age group of the young people when they first entered care (under 10 years, 10 years or older) and/or by the young person’s placement or exit type at the time of their most recent interview (foster care, relative or kinship care, residential care, or on guardianship orders).

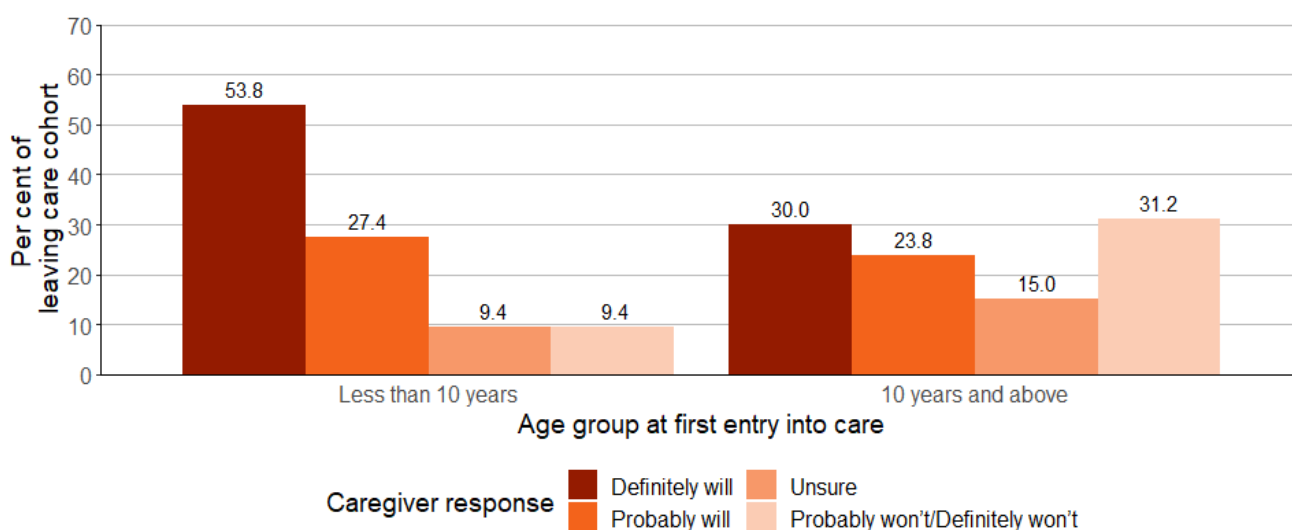
4.3.1 Young people’s accommodation plans after leaving care

Caregivers were asked about the young people’s living arrangements once they leave care (*Do you think Study Child will want to continue living here after [He/She] leaves care?*). Figures 2 and 3 show the percentages of young people for each caregiver response option by age at entry to care and placement type.

Young people who entered care at a younger age were more likely to want to stay on with their caregiver after leaving care. Just over half (53.8%) of the young people who first entered care when they were less than 10 years definitely want to continue living with their current caregiver compared with only three in 10 (30.0%) young people who entered care when they were 10 years or older and this difference was statistically significant (Figure 2).

Correspondingly, young people who first entered care when they were 10 years or older were three times more likely to not want (“probably won’t” or “definitely won’t”) to continue to live with their current caregivers after they leave care than those who first entered care at a younger age (31.2% vs. 9.4%) and this difference was also statistically significant.

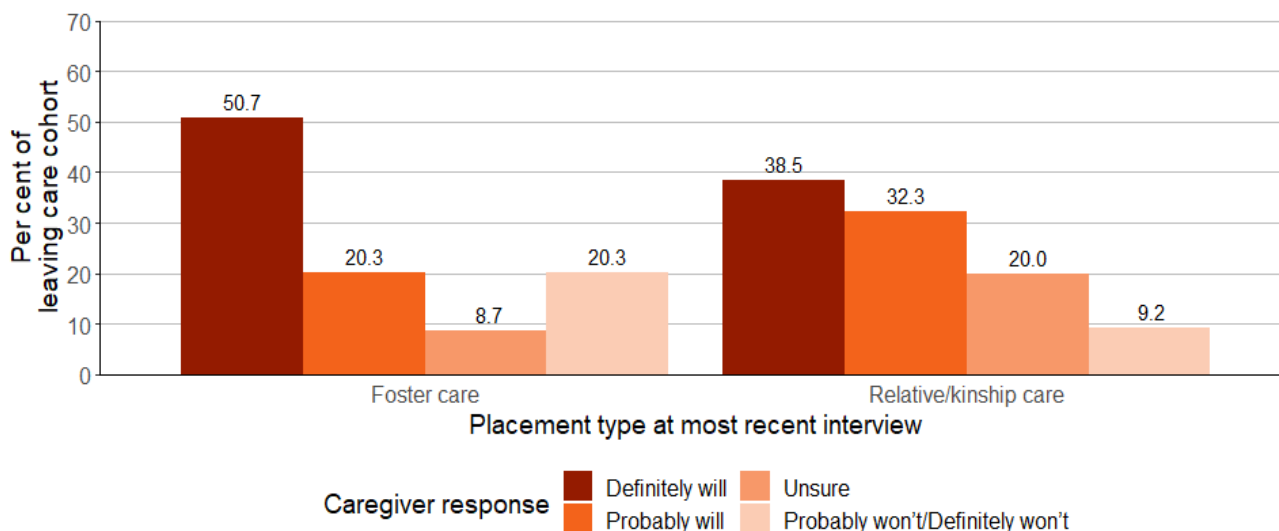
Figure 2: Caregiver report of the young person aged 15-17 years willingness to continue living with them after leaving care by age at first entry into care



According to their caregivers, the majority of young people in foster care (71.0%) and relative/kinship care (70.8%) want (“probably will” or “definitely will”) to continue to live with them after they leave care (Figure 3).

Young people in foster care were more likely than those in relative or kinship care to not want (“probably won’t” or “definitely won’t”) to live with their current caregivers once they left care (20.3% vs. 9.2% respectively) but this difference was not statistically significant given the low numbers in these categories (Figure 3).

Figure 3: Caregiver report of the young person aged 15-17 years willingness to continue living with them after leaving care by placement type at the time of their most recent interview

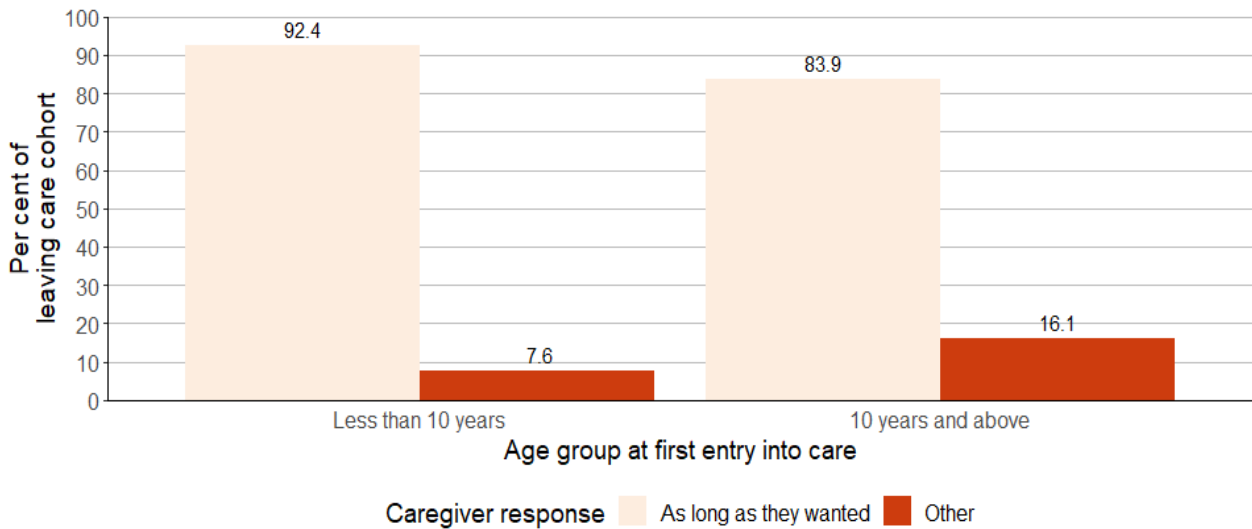


Caregivers were asked about the length of time they would be willing to have the young person continue living with them once they leave care (*How long are you willing to have Study Child continue to live with you after [He/She] leaves care?*). Figure 4 shows the percentages of young people for each caregiver response option by the young person’s age at first entry into care. “Other” includes a limited amount of time (from a few months to a few years), until the young people reach a certain age (21 years or 25 years) or until they find a job.

The caregivers of at least 80% of young people, regardless of their age at first entry into care, indicated that they would be happy to have the young person stay for as long as they wanted (92.4% of young people who first entered care when they were younger than 10 years and 83.9% of those who entered care when they were 10 years or older). It is worth noting that the interviews were conducted prior to the introduction of *Your Choice, Your Future* aftercare support for young people transitioning from care to independence until they reach the age of 21.

Reasons the caregivers provided for their unwillingness to have the young people to continue living with them include the caregiver’s age, the cost of caring, the carer’s health, family commitments or work commitments.

Figure 4: Caregiver report on the length of time they would be willing to have the young person live with them after they turn 18 years by age at first entry to care



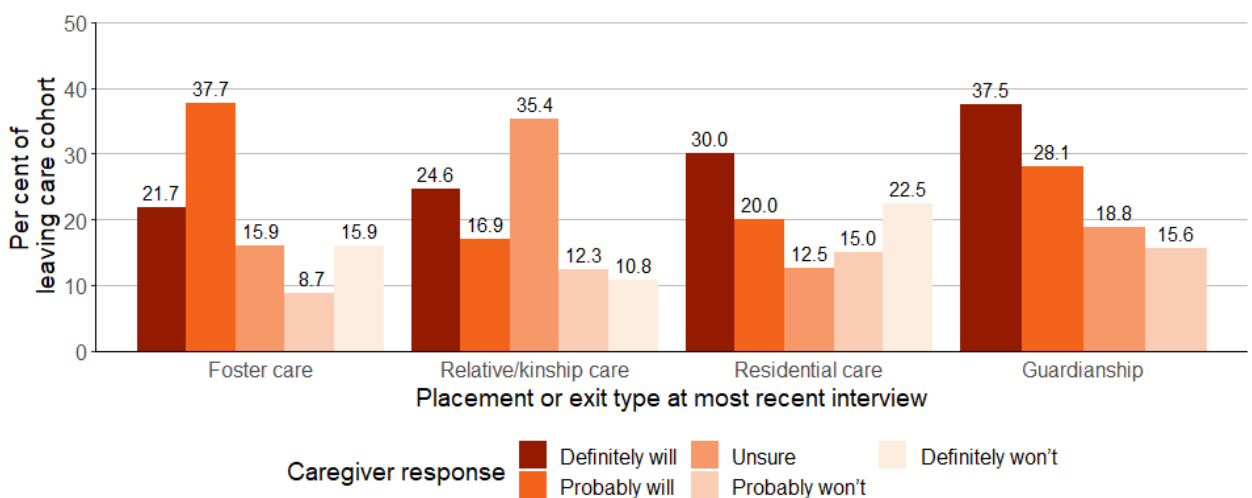
4.3.2 Young people’s ability to cope on leaving care

Caregivers were asked if they thought the young person they cared for would cope with living independently after they leave care (*Do you think Study Child will be able to manage independent living after [He/She] leaves care?*).

As shown in Figure 5, over half of the young people in foster care (59.4%) or on guardianship orders (65.6%) and half of the young people in residential care (50.0%) would be able (“probably will” or “definitely will”) to manage independent living, as reported by their caregivers.

More than one-third of children in foster care (40.5%) and on guardianship orders (34.4%) have caregivers who are concerned about their ability to manage independent living when they leave care and for young people in residential care this increases to 50.0% (Figure 5).

Figure 5: Caregiver report of the young person aged 15-17 years ability to manage independent living by placement or exit type at the time of their most recent interview



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The caregivers were asked to indicate the areas that the young person is likely to need help with after leaving care (see Tables 14, 15 and 16). The most often reported areas included finding somewhere suitable to live, accessing financial support, budgeting, and enrolling in a course of study.

As shown in Table 14, for the Aboriginal young people in the leaving care cohort, the most common areas reported by their caregivers were accessing financial support (74.3%), driving lessons (74.3%) and finding somewhere suitable to live (73.2%). For the non-Aboriginal young people in the leaving care cohort, the most common areas reported were finding somewhere suitable to live (82.2%), accessing financial support (80.2%) and enrolling in a course of study (77.6%).

For those young people who were aged less than 10 years (Table 15) when they first entered care, the most common areas reported by their caregivers were accessing financial support (80.2%), budgeting (76.7%) and driving lessons (75.2%) while for the young people who first entered care when they were 10 years or older, the most common areas reported were finding somewhere suitable to live (83.3%), enrolling in a course of study (76.5%) and accessing financial support (75.3%).

Table 16 shows that according to their caregivers, the top three areas young people in residential care would be more likely to need help with after leaving care are enrolling in a course of study (95.0%), finding somewhere suitable to live (92.5%) and finding employment (92.5%). For young people in foster care, the most common areas were budgeting (77.5%), accessing financial support or assistance (75.4%) and accessing their DCJ file (75.0%) while for young people in relative/kinship care, the top three areas were accessing financial support or assistance (81.7%), finding somewhere suitable to live (77.0%) and budgeting (72.6%).

Table 14: Caregiver report of areas the young person aged 15-17 years will need assistance with after leaving care by Aboriginal status

Areas the young person will need help in	Aboriginal % (n = 72)	Non-Aboriginal % (n = 129)	Total % (n=201)
Finding somewhere suitable to live	73.2	82.2	79.0
Accessing financial support or assistance (e.g., Transitions to Independent Living Allowance)	74.3	80.2	78.1
Budgeting	70.8	77.4	75.1
Enrolling in a course of study	70.4	77.6	75.1
Driving lessons	74.3	70.8	72.0
Finding employment	72.2	71.2	71.6
Accessing services (e.g., medical, legal,	67.6	72.5	70.8
Accessing their DCJ file	64.2	63.4	63.7
Getting documentation (e.g., Medicare card, birth certificate, 1 points of identity (ID))	56.3	65.7	62.4
Resolving criminal matters including debt	56.6	53.1	54.5
Having someone to call on for support	47.1	49.3	48.5
Looking after themselves (e.g., cooking, cleaning, getting up on time)	37.5	53.5	47.8
Being healthy (diet and exercise)	38.6	45.5	43.1
Socialising	32.4	38.1	36.1
Contacting family members	23.6	26.7	25.6

Note. Caregivers could choose more than one response hence the columns add to more than the number of young persons the responses are about.

Table 15: Caregiver report of areas the young person aged 15-17 years will need assistance with after leaving care by age at first entry into care

Areas the young person will need help in	Less than 10 years % (n = 115)	10 years and above % (n = 86)	Total % (n=201)
Finding somewhere suitable to live	75.9	83.3	79.0
Accessing financial support or assistance (e.g., Transitions to Independent Living Allowance)	80.2	75.3	78.1
Budgeting	76.7	72.9	75.1
Enrolling in a course of study	74.2	76.5	75.1
Driving lessons	75.2	67.4	72.0
Finding employment	70.6	72.9	71.6
Accessing services (e.g., medical, legal, counselling, Centrelink)	75.4	64.3	70.8
Accessing their FACS file	61.7	75.0	63.7
Getting documentation (e.g., Medicare card, birth certificate, 1 points of identity (ID))	59.2	67.1	62.4
Resolving criminal matters including debt	54.4	55.0	54.5
Having someone to call on for support	45.4	52.9	48.5
Looking after themselves (e.g., cooking, cleaning, getting up on time)	47.0	48.8	47.8
Being healthy (diet and exercise)	36.7	52.4	43.1
Socialising	35.0	37.6	36.1
Contacting family members	24.6	27.1	25.6

Note. Caregivers could choose more than one response hence the columns add to more than the number of young persons the responses are about.

Table 16: Caregiver report of areas the young person aged 15-17 years will need assistance with after leaving care by placement type at the time of their most recent interview

Areas the young person will need help in	Foster care % (n = 69)	Relative /kinship care % (n = 62)	Residential care % (n = 40)	Guardianship % (n = 30)
Finding somewhere suitable to live	73.9	77.0	92.5	76.7
Accessing financial support or assistance (e.g., Transitions to Independent Living Allowance)	75.4	81.7	80.0	75.0
Budgeting	77.5	72.6	72.5	78.1
Enrolling in a course of study	70.4	68.9	95.0	72.7
Driving lessons	71.4	68.8	85.0	63.6
Finding employment	70.0	62.9	92.5	65.6
Accessing services (e.g., medical, legal, counselling, Centrelink)	73.9	63.9	70.0	78.1
Accessing their FACS file	75.0	54.5	84.2	46.4
Getting documentation (e.g., Medicare card, birth certificate, 100 points of identity (ID))	60.0	60.3	77.5	53.1
Resolving criminal matters including debt	55.6	59.1	66.7	37.0
Having someone to call on for support	52.9	46.0	56.4	34.4
Looking after themselves (e.g., cooking, cleaning, getting up on time)	47.8	50.0	50.0	40.0
Being healthy (diet and exercise)	37.1	43.5	64.1	30.3
Socialising	39.4	37.1	45.0	15.6
Contacting family members	30.6	29.7	23.1	np

Note. Caregivers could choose more than one response hence the columns add to more than the number of young persons the responses are about.

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The caregivers were also asked to indicate their biggest concern about how the young person will manage after leaving care. As shown in Table 17, the most often reported concerns included:

- looking after themselves in general, having skills to cope, being independent (16.8%)
- falling in with the wrong crowd, being easily influenced, being taken advantage of, being too trusting or vulnerable (15.8%)
- finding or holding down jobs (14.2%)
- budgeting, paying bills, managing finances (12.1%)
- being dependent or immature, needing support, having low self-esteem (11.1%).

The caregivers of only 10.5% of young people had no concerns about how the young person will manage after leaving care.

Table 17: Caregiver report of their biggest concern about how the young person aged 15-17 years will manage after leaving care

Biggest concern about how the young person will manage after leaving care	n	%
Looking after self in general/skills to cope/being independent	32	16.8
Falling in with wrong crowd/easily influenced/being taken advantage of/too trusting/vulnerable	30	15.8
Finding/holding down job	27	14.2
Budgeting/paying bills/finances	23	12.1
Dependent/immature/needs support/low self esteem	21	11.1
No concerns	20	10.5
Finding/maintaining accommodation	13	6.8
Involvement with birth family and their being issues/bad influence	12	6.3
Other	12	6.3
Having good friends/relationships/Someone to care for them	11	5.8
Lack of motivation/lazy	9	4.7
Loneliness/missing caregiver family	8	4.2
Managing/maintaining mental health	8	4.2
Lack of services/that child receives the right services/support/knows where to access services	8	4.2
Maintaining health/diet	7	3.7
Looking after her child/falling pregnant/starting a family	6	3.2
Emotional state/managing moods/temper/unstable	6	3.2
Drug/alcohol issue	5	2.6
Custody/Criminal behaviour/Police	5	2.6
Has disability/condition will need support	5	2.6
Personal Safety	5	2.6

Note. Caregivers could choose more than one response hence the columns add to more than the number of young persons the responses are about.

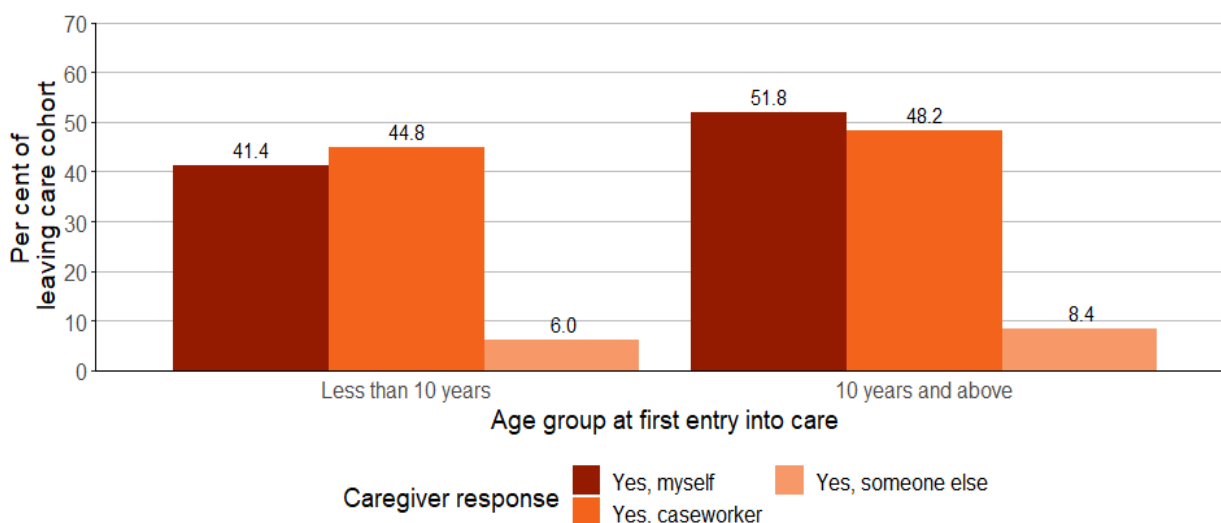
4.3.3 Casework with young people leaving care

It should be noted that the interviews were conducted prior to the introduction of the *Your Choice, Your Future* package on 1 February 2023 and more recent findings about casework may be different.

Caregivers were asked if anyone had explained to the young person that their legal care status would be changing after they turned 18 (*Has anyone explained the legal care status changing after Study Child turns 18?*). Figures 6 and 7 show the percentages of young people whose caregiver responded “yes”. According to their caregivers, 30% of young people were not told that their legal care status would be changing. The remaining 70% were told by either the caregiver, caseworker or someone else.

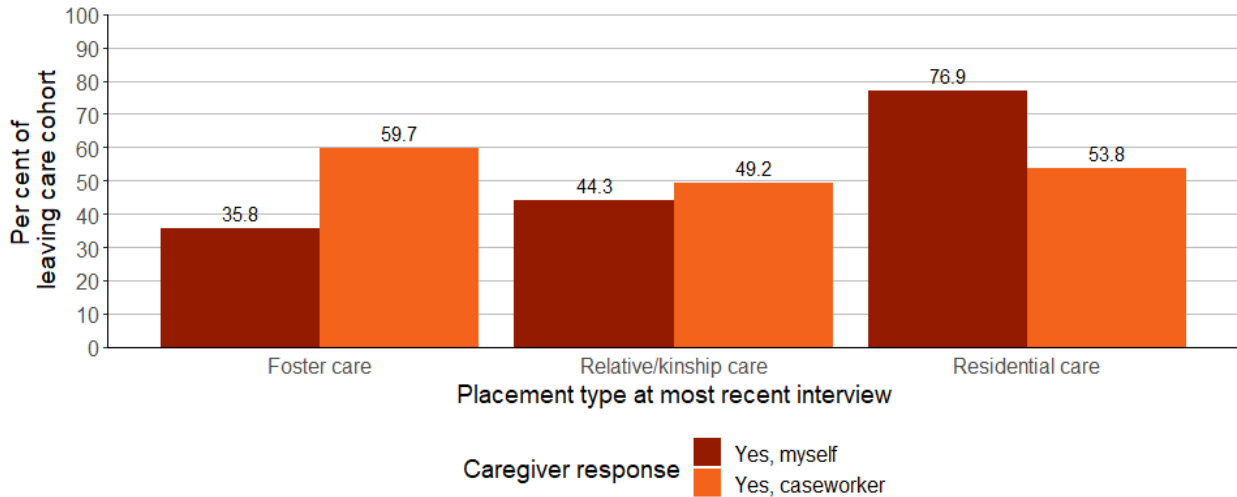
Caregivers of about half of the young people who first entered care when they were 10 years or older indicated that themselves (51.8%) or a caseworker (48.2%) had explained the legal care status changing, with slightly lower proportions for those who first entered care at a younger age (41.4% and 44.8% respectively) although these differences were not statistically significant. A small percentage of young people were informed that their legal status would change by someone other than their caregiver or caseworker and there was no significant difference between the age groups (6.0% of young people who entered care when they were younger than 10 years and 8.4% of young people who entered care when they were 10 years and above).

Figure 6: Caregiver report of whether the legal care status of the young person once they turn 18 years old had been explained by age at first entry into care



About three-quarters of the young people in residential care (76.9%) were reported to have been told that their legal status would change when they turn 18 by their residential care workers (Figure 7). The percentages who were informed by their caregiver were significantly lower for those in foster care (35.8%) and relative or kinship care (44.3%). About half of the young people were informed by their caseworker (59.7% of young people in foster care, 49.2% of young people in relative/kinship care and 53.8% of young people in residential care - these differences were not statistically significant).

Figure 7: Caregiver report of whether the legal care status of the young person once they turn 18 years old had been explained by placement type at the time of their most recent interview



Caregivers were asked whether the young person had a leaving care plan (*Does Study Child have a case plan that will address all that [He/She] needs to manage in leaving care?*). Figure 8 shows the percentages of young people whose caregiver responded “yes”.

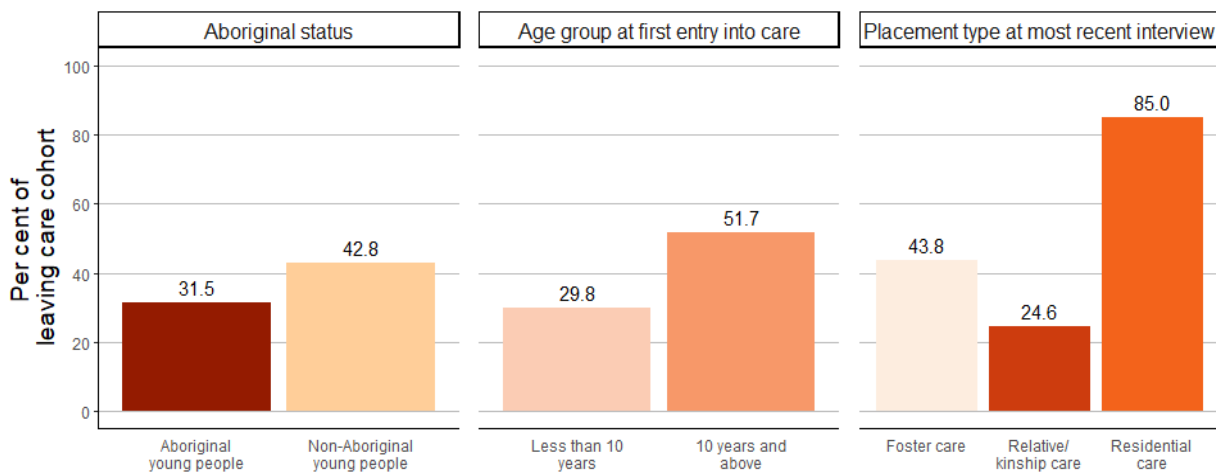
According to their caregivers, 38.9% of the leaving care cohort had a leaving care plan that they felt will address all of the young people’s needs to manage in leaving care. The caregivers of the remaining 61.1% either indicated “no”, “don’t know” or “refused”.

As reported by their caregivers, a higher proportion of non-Aboriginal young people had a leaving care plan that addresses all their needs in leaving care than Aboriginal young people (42.8% vs. 31.5%), but this difference was not statistically significant.

Young people who first entered care when they were 10 years or older were significantly more likely to have a leaving care plan that addresses all of their needs than those who first entered care at a younger age (51.7% vs. 29.8%), according to their caregivers.

Most young people in residential care (85.0%) were reported to have a leaving care plan that addresses all of their needs. The percentages were significantly lower for those in foster care (43.8%) and relative or kinship care (24.6%). This could be because residential care workers know what a leaving care plan is and are responsible for developing them while foster carers and relative or kinship carers may not be aware that a leaving care plan has been developed during a case planning meeting.

Figure 8: Caregiver report that the young person aged 15-17 years has a leaving care plan by Aboriginal status, age at first entry into care and placement type at the time of their most recent interview



Caregivers were asked whether the young person had received a copy of the resource book that contains information to transition to independence (*Has Study Child been given a copy of the resource book titled: Your Next Step: information for young people leaving care?*). Figure 9 shows the percentages of young people with a “yes” response from their caregiver.

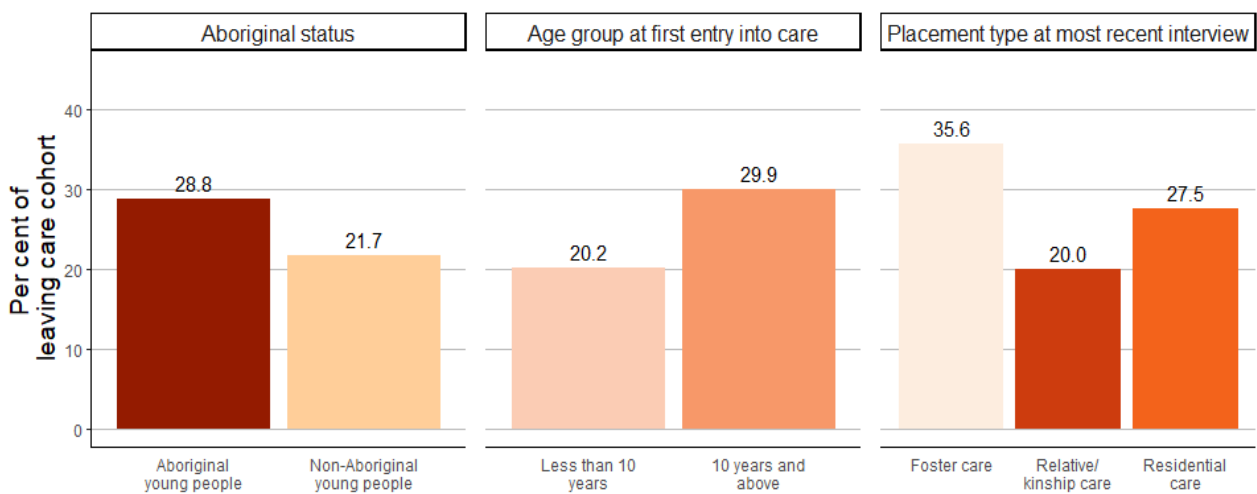
According to their caregivers, 24.2% of the leaving care cohort had received the resource book. The caregivers of the remaining 75.8% either indicated “no”, “don’t know” or “refused”.

According to their caregivers, about three in 10 (28.8%) Aboriginal young people in the leaving care cohort were provided with a copy of the resource book, compared to about two in 10 (21.7%) non-Aboriginal young people, but this difference was not statistically significant.

As reported by their caregivers, about 30% of young people aged 10 years or older when they first entered care were provided with a copy of the resource book. Only 20% of young people who entered care when they were younger than 10 received a copy, but this difference was not statistically significant.

Young people in foster care (35.6%) were reported to be more likely to have received a copy of the resource book than those in relative or kinship care (20.0%) or residential care (27.5%), but these differences were not statistically significant.

Figure 9: Caregiver report that the young person aged 15-17 years was provided with a copy of the resource book titled: Your Next Step: information for young people leaving care by Aboriginal status, age at first entry into care and placement type at the time of their most recent interview



Caregivers were asked whether the young people have been told about services or groups (*Has Study Child been told about after care services or support groups?*). Figures 10 to 12 show the percentages of young people whose caregiver responded “yes” to the list of options.

According to their caregivers, 33.3% of the young people had not been told about any after care services or support groups. The remaining 66.7% had been told about at least one of the after care services or support groups.

As reported by their caregivers, the most common after care services or support groups were the local community services centre, the Create Foundation and After care services.

Figure 10: Caregiver report that the young person aged 15-17 years has been told about after care services by Aboriginal status

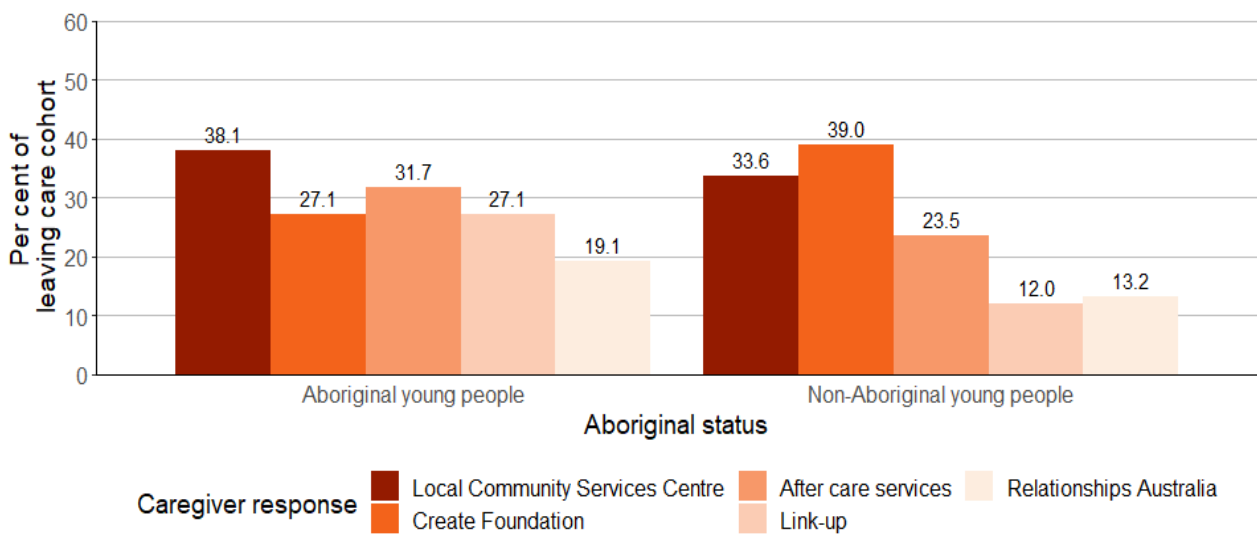


Figure 11: Caregiver report that the young person aged 15-17 years has been told about after care services by age at first entry into care

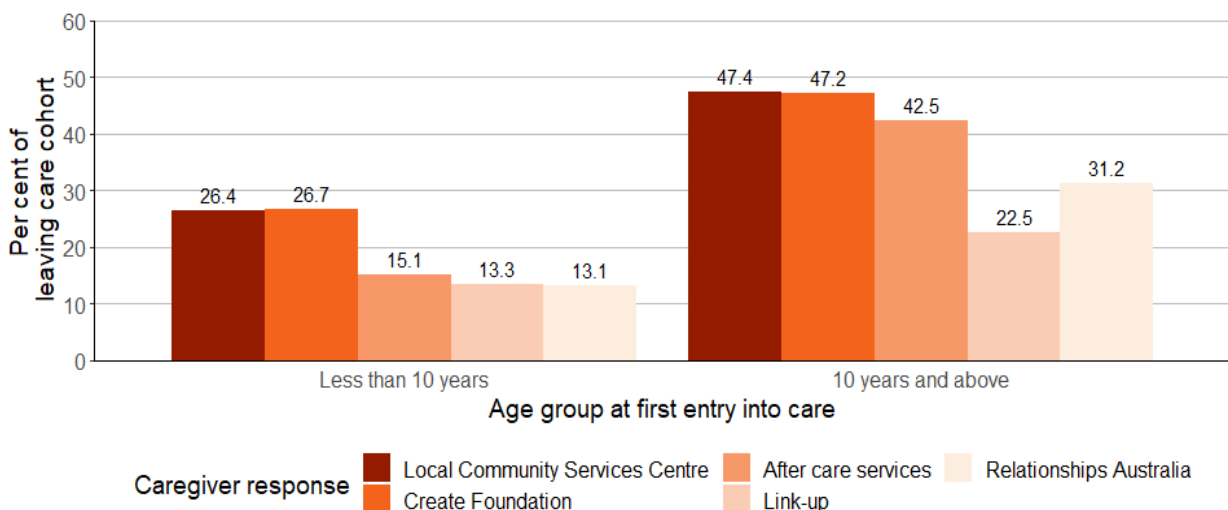
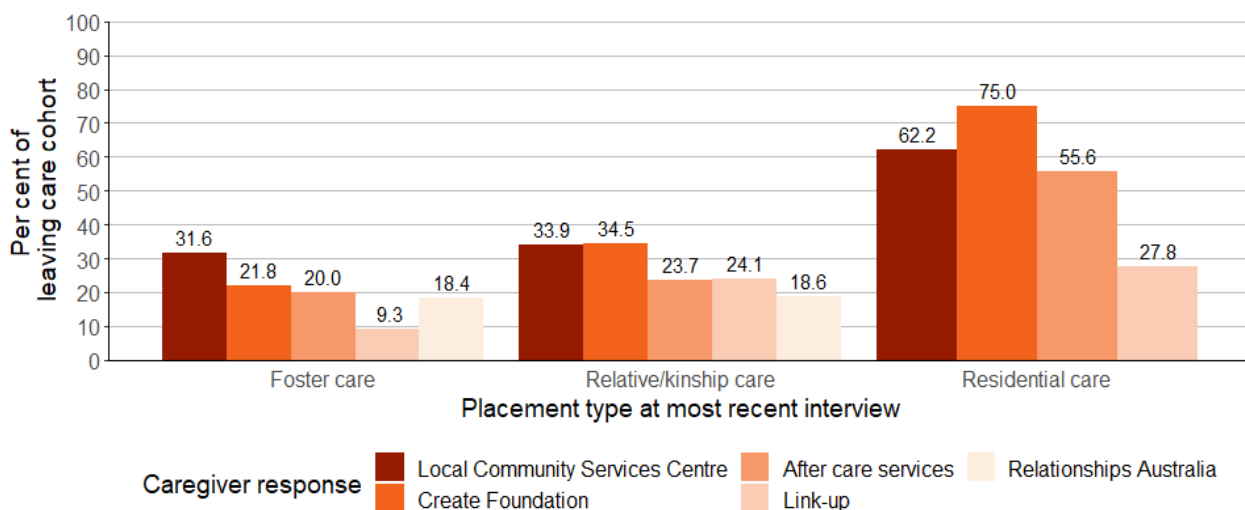


Figure 12: Caregiver report that the young person aged 15-17 years has been told about after care services by placement type at the time of their most recent interview⁴



⁴ A very small number of young people in residential care (n < 5) had been told about Relationships Australia, according to their residential care workers. To maintain confidentiality and prevent identification of study participants, the bar is not shown.

4.4 Questions asked of both caregivers and young people

This section examines the young person's living situation from the perspectives of the caregivers and of the young people themselves.

Caregivers were asked if they would be willing to accommodate the young person after they leave care (*Are you willing to have Study Child staying on to live with you after [He/She] leaves care?*) while the young persons were asked if they thought they would stay with their caregiver once they turned 18 years (*Do you think you will stay on living here after you turn 18 years old?*). Figure 13 shows the percentages of young people with a "yes" response from their caregivers (shown in the lighter orange colour) or themselves (shown in the darker orange colour).

Caregivers of about eight out of 10 young people (79.6%) indicated that they were willing to have the young person stay on after they left care; however only about half (55.0%) of the young people indicated that they would stay living with their caregiver.

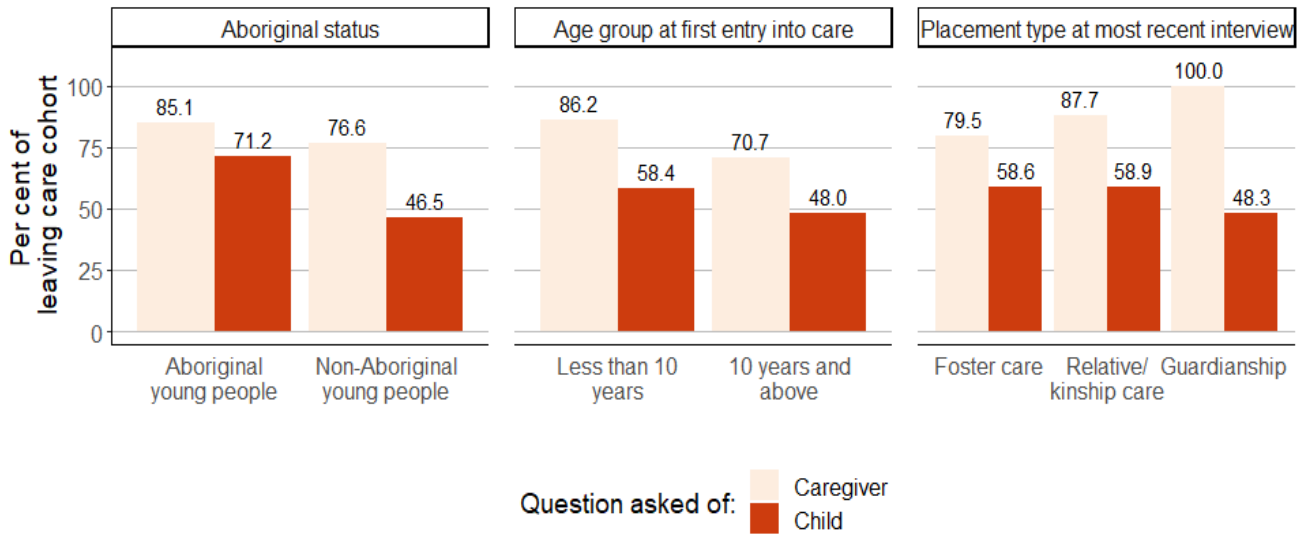
The difference between the caregivers' and the young people's views was less pronounced for Aboriginal young people than for non-Aboriginal young people. Caregivers of 85.1% of Aboriginal young people reported that they would be willing to accommodate the young people after they left care and 71.2% of Aboriginal young people reported that they would be willing to stay living with their caregiver. In contrast, while the caregivers of 76.6% of non-Aboriginal young people indicated that they would be willing to accommodate the young people after leaving care, only 46.5% of non-Aboriginal young people were willing to stay with their caregiver.

Regardless of age at first entry into care, the young people were less willing to stay living in their placement after leaving care. Although the caregivers of 86.2% of young people, who first entered care when they were younger than 10 years, reported that they would be willing to accommodate the young person after they leave care, only 58.4% of the young people indicated that they would be willing to stay living with their caregiver. Similarly, while caregivers of 70.7% of young people who entered care when they were 10 years or older indicated that they would be willing to accommodate the young person after they leave care, only 48.0% of the young people reported that they would keep living there.

A similar pattern was observed with placement or exit type at the time of their most recent interview. In particular, although the caregivers of all the young persons on guardianship orders indicated that they would be willing to accommodate the young person after leaving care, only about half (48.3%) of the young people were willing to stay with their caregiver.

It should be noted that the interviews with the young people and their caregivers were prior to the introduction of the *Your Choice, Your Future* package which includes the Staying on Allowance to support young people who remain with their carers until 21; the Independent living allowance; an expansion of the Specialist Aftercare Program; and funding for more caseworkers to support young people plan their transition out of care. More recent findings could be different.

Figure 13: Caregiver and young people aged 15-17 years report that they will stay living in their placement after leaving care by Aboriginal status, age at first entry into care and placement or exit type at the time of their most recent interview



4.5 Questions asked of young people

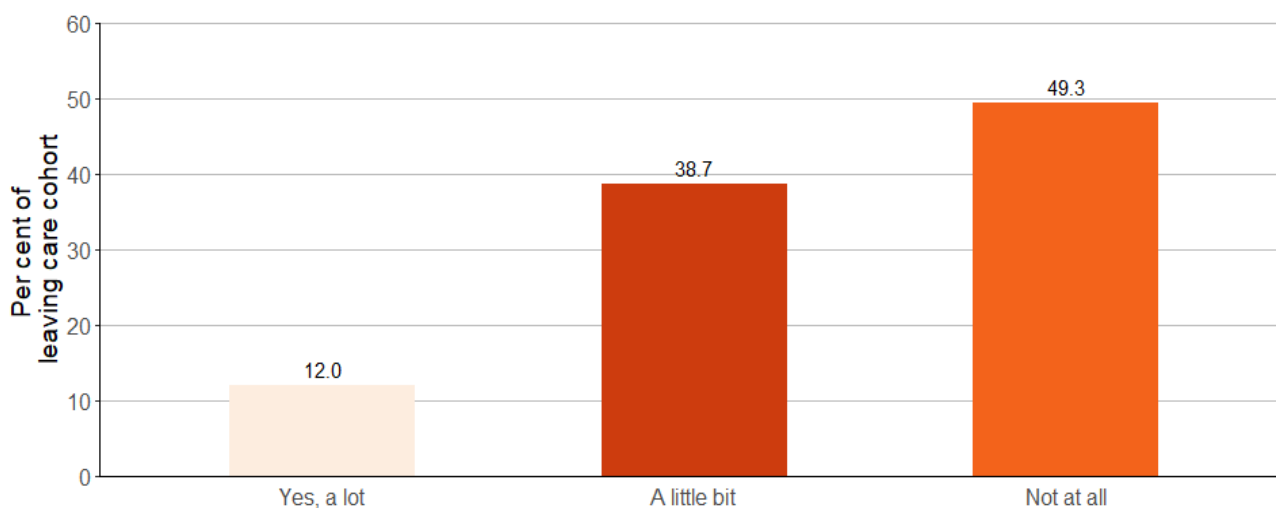
This section examines the questions related to leaving care asked of the young people themselves. It should be noted that these interviews were conducted prior to the introduction of the *Your Choice, Your Future* package and more recent findings may be different.

4.5.1 Young people’s views on turning 18 and their future

Young people were asked if they were worried about turning 18 and their future (*Do you worry about turning 18 years old and your future?*).

As shown in Figure 14, nearly half (49.3%) of the leaving care cohort were “not at all” worried about turning 18 and their future while the other half (50.7%) worried either “a little bit” (38.7%) or “a lot” (12.0%).

Figure 14: Young people aged 15-17 years report of whether they worry about turning 18 years old and their future

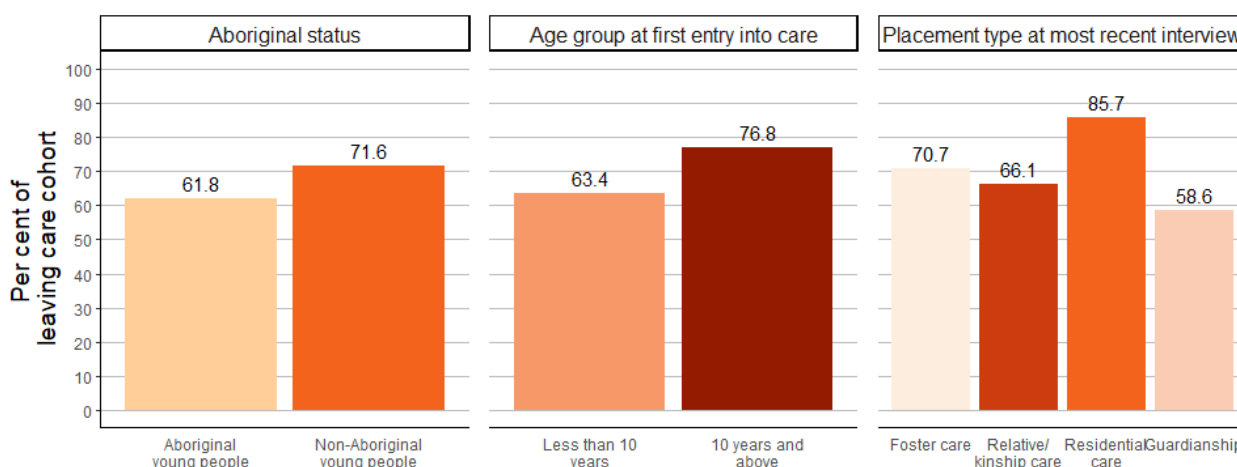


4.5.2 Young people’s awareness of their court order ending

Young people were asked whether a caseworker or caregiver had told them that their children’s court order would end near their 18th birthday (*Has a caseworker or the adults looking after you explained to you that your children’s court order will end around the time you turn 18 years old?*). Figure 15 shows the proportion of young people who answered “yes”. About seven in 10 young people (68.2%) answered "yes". The remaining 31.8% answered either "no", “don’t know” or “refused”.

Regardless of Aboriginal status, age at first entry into care and placement type at the time of their most recent interview, the majority of young people have been informed that their court order will end around their 18th birthday. At least seven out of 10 young people in foster care and residential care received the information (70.7% and 85.7% respectively). A similar proportion of non-Aboriginal young people (71.6%) and young people who first entered care when they were 10 years or older (76.8%) also received this information.

Figure 15: Young people aged 15-17 years who reported that a caseworker or caregiver explained that their children’s court order will end near their 18th birthday by Aboriginal status, age at first entry into care and placement type at the time of their most recent interview



4.5.3 Young people’s views on case plan for the next few years

Young people were asked whether a caseworker had discussed plans for the next few years with them (*Has a caseworker started talking to you about a plan for the next couple of years such as where you will work, study and live?*). Figure 16 shows the percentage of young people who answered “yes”.

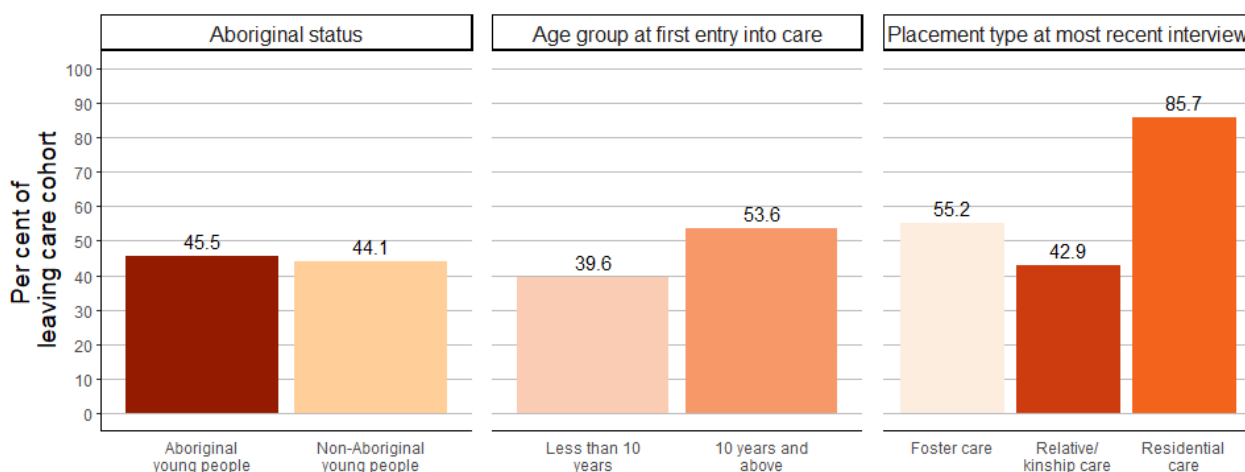
Less than half of the young people (44.6%) indicated that a caseworker had started talking to them about a plan for the next couple of years. The remaining 55.4% answered either “no” (37.6%), “don’t know” (10.8%) or “refused” (7%).

Similar proportions of Aboriginal (45.5%) and non-Aboriginal (44.1%) young people reported having started discussions with a caseworker about a leaving care plan.

More than 80% of young people in residential care indicated that a caseworker had started talking to them about a leaving care plan (85.7%) compared to 55.2% of young people in foster care and 42.9% of young people living with a relative or kin. The difference between residential care and relative/kinship care was statistically significant.

A larger proportion of young people who first entered care when they were 10 years or older stated that they had started talking with a caseworker about a plan than young people who entered care at a younger age (53.6% vs. 39.6%), but this difference was not statistically significant.

Figure 16: Young people aged 15-17 years who reported that a caseworker has started talking to them about a leaving care plan by Aboriginal status, age at first entry into care and placement type at the time of their most recent interview

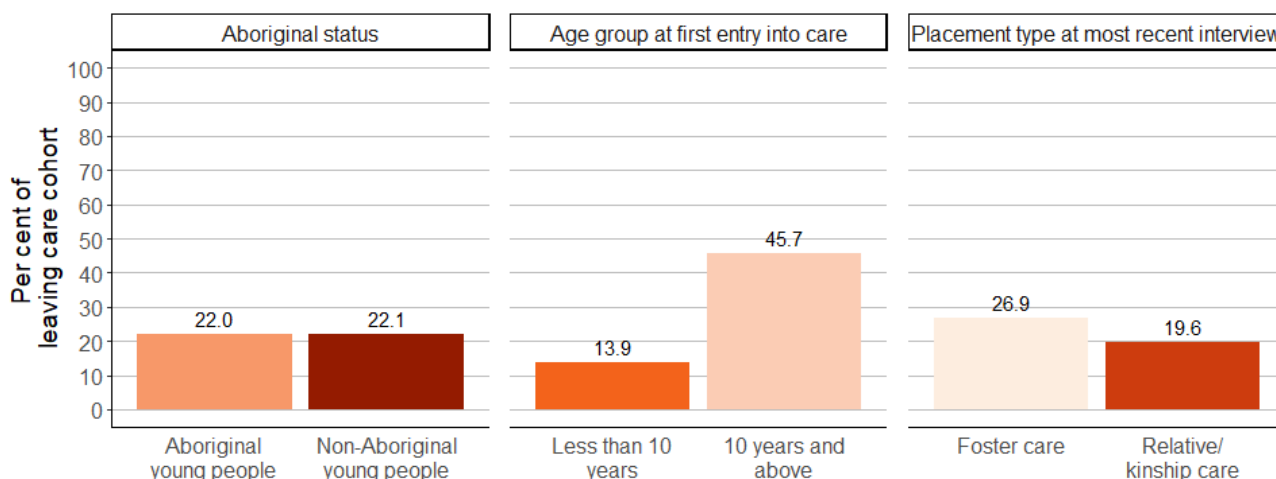


Young people who answered yes to having had a caseworker talk to them about plan for the next few years were asked if they had a written document outlining any plans (*Do you have a written document that outlines your plans for the future such as where you might study, work and live?*). Figure 17 shows the proportion of young people who answered “yes”.

Overall, two in ten (22.1%) young people indicated that they have a written document that outlines their plans for the future. The remaining 77.9% answered either “no”, “don’t know” or “refused” (Figure 17).

Just over two out of ten Aboriginal (22.0%) and non-Aboriginal (22.1%) young people indicated having a written document. Young people who first entered care when they were 10 years or older (45.7%) were significantly more likely to have a written document than those who entered care at a younger age (13.9%). Young people in foster care (26.9%) were also more likely to have a written document than those in relative or kinship care (19.6%) but this difference was not statistically significant (Figure 17).

Figure 17: Young people aged 15-17 years who reported that they have a leaving care plan by Aboriginal status, age at first entry into care and placement type at the time of their most recent interview



Young people who answered yes to having had a caseworker talk to them about plan for the next few years were also asked if they had written information about services and support that they may access (*Do you have a written information about services and support that you may access after your children’s court order ends?*). Figure 18 shows the proportion of young people who answered “yes”.

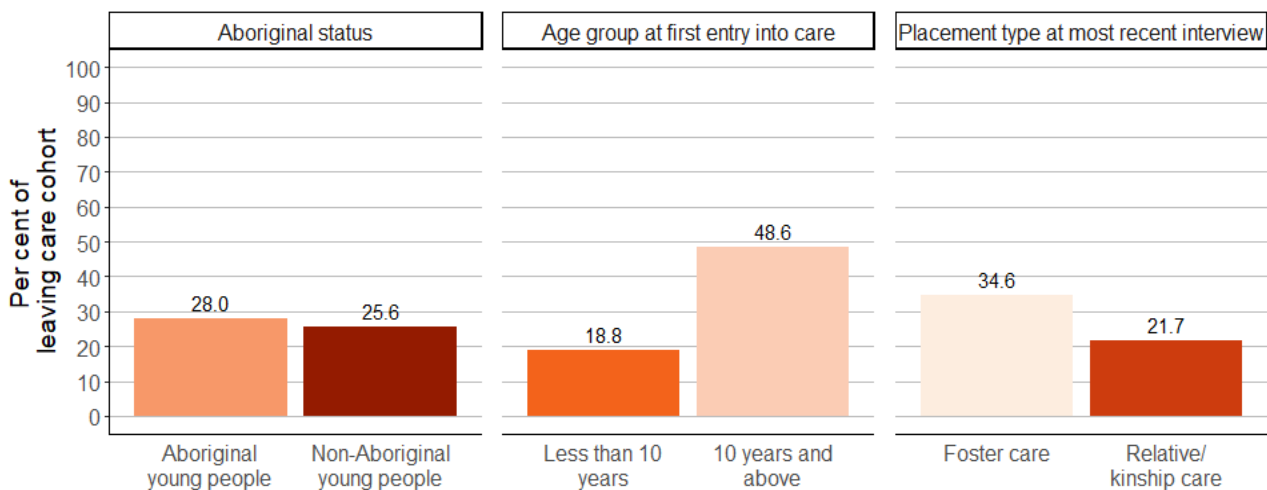
Overall, just over one in four (26.5%) young people indicated that they did have written information about services and support that they can access after their children’s court order ends. The remaining 73.5% answered either “no”, “don’t know” or “refused”.

There was no significant difference by Aboriginal status, with about three out of 10 (28.0%) of Aboriginal young people having written information about services and support.

Young people who first entered care when they were 10 years or older were twice as likely to have written information compared to those who first entered care at a younger age (48.6% vs 18.8%) and this difference was statistically significant.

Young people who are in foster care were also more likely to have written information than those in relative or kinship care (34.6% vs 21.7%), but this difference was not statistically significant.

Figure 18: Young people aged 15-17 years who reported that they have written information about services and support by Aboriginal status, age at first entry into care and placement type at the time of their most recent interview



Young people were asked who they would stay in touch with after they turned 18 years old (*Do you think you will stay in touch with any of the following people after you turn 18 years old?*).

As shown in Table 18, almost all young people thought that they would stay in touch with the people they are living with now (93.4%), just over half also thought they would stay in touch with people they had lived with previously (53.9%) and about one third thought that they would stay in touch with their caseworker (33.6%).

Young people in residential care (66.7%) were less likely than those in foster care (96.6%), relative or kinship care (94.6%) or on guardianship orders (93.1%) to think they would stay in touch with the people they are living with now, although this is based on small numbers so caution should be used with these figures.

Table 18: Young people aged 15-17 years report of whom they will stay in touch with after they turn 18 years old by placement type at the time of their most recent interview

Placement type at most recent interview	People with whom the young person will stay in touch	n	%
Foster care	The people you are living with now	56	96.6
	The people you have lived with before	20	34.5
	Your caseworker	29	50.0
Relative/kinship care	The people you are living with now	53	94.6
	The people you have lived with before	36	64.3
	Your caseworker	15	26.8
Residential care	The people you are living with now	6	66.7
	The people you have lived with before	5	55.6
	Your caseworker	np	np
Guardianship	The people you are living with now	27	93.1
	The people you have lived with before	21	72.4
	Your caseworker	np	np
Total	The people you are living with now	142	93.4
	The people you have lived with before	82	53.9
	Your caseworker	51	33.6

Young people were asked about the areas they might need help with after turning 18 years (see Tables 19, 20 and 21). The most common responses included finding somewhere suitable to live (48.7%), learning to drive (48.7%), accessing their DCJ file (44.2%), finding a job (41.7%), and finding out about courses and where to study (41.0%).

While the responses were similar to those of the caregivers, the proportion of young people who thought they would need assistance was much lower than the proportion of caregivers who thought assistance would be required.

The most common areas for Aboriginal young people were learning to drive (59.3%), finding somewhere to live (53.7%), and finding out about courses and where to study (53.7%). The top three areas for non-Aboriginal people were finding somewhere to live (46.1%), learning to drive (43.1%) and finding a job (42.2%).

Table 19: Young people aged 15-17 years report of areas they will need help with after they turn 18 years old by Aboriginal status

	Aboriginal % (n = 54)	Non- Aboriginal % (n = 102)	Total % (n=156)
Learning to drive	59.3	43.1	48.7
Finding somewhere to live	53.7	46.1	48.7
Accessing your DCJ file	51.9	40.2	44.2
Finding a job	40.7	42.2	41.7
Finding out about courses and where to study	53.7	34.3	41.0
Handling money and saving	40.7	32.4	35.3
Finding services such as legal services, Medicare, Centrelink, a doctor or a dentist	38.9	32.4	34.6
Looking after yourself such as cooking, cleaning, getting up on time	25.9	15.7	19.2
Being healthy and eating well and exercising	22.2	15.7	17.9
Contacting your birth family and relatives	24.1	13.7	17.3

Note. Young people could choose more than one response hence the columns add to more than the number of young persons the responses are about.

For both young people who were aged less than 10 years when they first entered care and those who first entered care when they were 10 years or older, the most common responses were finding somewhere to live, accessing their DCJ files and learning to drive. However, larger proportions of those who entered care at a younger age thought they would need assistance than those who entered care at an older age.

Table 20: Young people aged 15-17 years report of areas they will need help with after they turn 18 years old by age at first entry into care

Areas the young person will need help in	Less than 10 years % (n = 101)	10 years and above % (n = 55)	Total % (n=156)
Learning to drive	52.5	41.8	48.7
Finding somewhere to live	54.5	38.2	48.7
Accessing your DCJ file	47.5	38.2	44.2
Finding a job	44.6	36.4	41.7
Finding out about courses and where to study	45.5	32.7	41.0
Handling money and saving	41.6	23.6	35.3
Finding services such as legal services, Medicare, Centrelink, a doctor or a dentist	37.6	29.1	34.6
Looking after yourself such as cooking, cleaning, getting up on time	19.8	18.2	19.2
Being healthy and eating well and exercising	19.8	14.5	17.9
Contacting your birth family and relatives	20.8	10.9	17.3
Keeping in touch with your friends	12.9	12.7	12.8

Note. Young people could choose more than one response hence the columns add to more than the number of young persons the responses are about.

The most common areas by placement or exit types were finding somewhere to live for young people in foster care (55.2%) and learning to drive for young people in relative or kinship care (55.4%). For young people in residential care, learning to drive, finding a job, and finding out about courses and where to study were equally common (53.8%). For young people on guardianship orders, finding somewhere to live, accessing their DCJ files, and learning to drive were the most common (41.4%).

Table 21: Young people aged 15-17 years report of areas they will need help with after they turn 18 years old by placement type at the time of their most recent interview

Areas the young person will need help in	Foster care % (n = 58)	Relative/ kinship care % (n = 56)	Residential care % (n = 13)	Guardianship % (n = 29)
Learning to drive	44.8	55.4	53.8	41.4
Finding somewhere to live	55.2	46.4	46.2	41.4
Accessing your DCJ file	46.6	46.4	np	41.4
Finding a job	39.7	51.8	53.8	20.7
Finding out about courses and where to study	41.4	35.7	53.8	44.8
Handling money and saving	37.9	35.7	np	37.9
Finding services such as legal services, Medicare, Centrelink, a	39.7	32.1	np	31.0
Looking after yourself such as cooking, cleaning, getting up on	20.7	17.9	np	20.7
Being healthy and eating well and exercising	13.8	23.2	np	20.7
Contacting your birth family and relatives	17.2	17.9	np	17.2
Keeping in touch with your friends	12.1	14.3	np	np

Note. Young people could choose more than one response hence the columns add to more than the number of young persons the responses are about.

5 Conclusion

This is the second statistical report on the POCLS leaving care cohort (see Burke et al., 2019). The POCLS leaving care cohort in this statistical report entered care when they were 4-17 years of age. This report includes data up to Wave 5.

Data in this report were collected from caregivers and young people themselves and gives important insights into the developmental outcomes of the leaving care cohort and the type or level of services and support they need. It should be noted that the interviews were conducted prior to the introduction of the *Your Choice, Your Future* package on 1 February 2023. The package includes the Staying on Allowance to support young people who remain with their carers until 21; the Independent Living Allowance, a fortnightly payment for young people who live independently and need financial support until the age of 21; an expansion of the Specialist Aftercare Program; and funding for more caseworkers to support young people plan their transition out of care. Future findings may be different to those presented in this report.

In summary the analysis found, for socio-emotional wellbeing, over one-third of the cohort were in the borderline or clinical ranges for total behavioural problems on the CBCL. Children in these ranges should be investigated further for severity to determine service needs which may include ongoing intensive professional support. In terms of cognitive ability, one-third of the cohort were in the below normal range for verbal ability and 30% were in the below normal range for non-verbal ability. A score below the normal range means that the child's development is at risk. The child needs at least some additional support and may need ongoing intensive professional support.

The analysis found that caregivers were generally happy to have the young people stay on in their care once they turn 18 years of age. However, young people were less willing to stay with their current caregiver with around half indicating they would be willing to stay.

Some areas for improvement were identified in the provision of information to the young people and their caregivers and in case planning:

- Only half of the young people in residential care and relative/kinship care and 60% in foster care had their change in legal status when they turn 18 years old discussed with them by their caseworker.
- Around half the young people in foster care did not have a leaving care plan or their caregiver did not know about their plan.
- Only one-quarter of young people had received the resource *Your Next Step: information for young people leaving care* according to their caregiver.
- Around one-quarter of young people indicated that they have written information about services and support that they can access after their children's court order ends and awareness of after care services was also low.
- Less than one-quarter of young people had a written document outlining their plans for the future such as where they might study, work and live.

The caregivers of more than one-third of the young people in foster care and on guardianship orders were concerned about the young person's ability to manage independent living and this increased to half for young people in residential care. Caregivers felt that young people were likely to need help in the areas of finding somewhere suitable to live, financial support, budgeting and enrolling in a course of study.

Nearly half (49.3%) of the young people were "not at all" worried about turning 18 and their

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future while the other half worried “a little bit” or “a lot”. Young people most commonly thought they would need help finding somewhere suitable to live, learning to drive, accessing their DCJ file, finding a job and finding out about courses and where to study.

The analysis was disaggregated by Aboriginal status to examine whether there were any significant differences in the findings between Aboriginal and non-Aboriginal young people. There were no statistically significant differences between the two groups.

The next steps for POCLS will be to interview a cohort of young people after they have left care, to describe their experiences and outcomes once they turn 18.

6 References

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