

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

Outcomes for Children and Young People in Non-Government Organisations Managed Out-of-Home Care



Billy Black

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

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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, and DCJ administrative data.

Pathways of Care Longitudinal Study Clearinghouse

All study publications including research reports, technical reports and briefs can be found on the [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 Premier's Department, 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.

1. Executive summary

1.1 Background

The New South Wales (NSW) Government started transferring out-of-home care (OOHC) services to non-government organisations (NGOs) in March 2012, following the Special Commission of Inquiry into Child Protection Services in NSW in 2008.

1.2 Objective

This paper presents findings from a comparative study of the socio-emotional outcomes of children and young people in government- and non-government-managed OOHC to improve support and outcomes for children in care.

1.3 Participants and setting

The Pathways of Care Longitudinal Study (POCLS) interview data and Department of Communities and Justice (DCJ) administrative data were used in the analysis. The DCJ administrative data includes child protection reports and OOHC placement histories up to 31 December 2020 for the 4,126 children in the POCLS population cohort. The first five waves of the POCLS interview data were used to provide in-depth data on the socio-emotional outcomes and other contextual information (e.g., carer satisfaction with services, etc.) for children in the study.

1.4 Methods

The analysis consists of two parts. The first part of the analysis examined patterns of case management movement between DCJ and NGOs and the characteristics of children associated with the movement patterns. The second part compared the socio-emotional outcomes (measured by Brief Infant Toddler Social and Emotional Assessment (BITSEA) and Child Behaviour Checklist (CBCL)) over time between the DCJ- and NGO-managed children. Mixed effects models were used.

1.5 Results

There was no evidence that case management providers (i.e. NGO or DCJ) had an impact on children's socio-emotional wellbeing. While children managed by NGOs generally had poorer socio-emotional wellbeing than children managed by DCJ, the difference was not attributable to the child being case-managed by NGOs but to other child- and carer-related factors, including the child's age, disability status and temperament, carers' age, mental health, parenting practice, satisfaction with having enough information about the child, and opportunities to meet other foster or kinship families. At entry, older children (7-11 and 12-17 years) appeared most at risk of adverse socio-emotional development. So were children with a disability, with a temperament trait of low sociability and persistence or high negative

reactivity. Positive socio-emotional wellbeing was found to be associated with children being placed with older carers, carers with low psychological distress, carers with a warm or less hostile parenting style, and placement stability. Negative socio-emotional wellbeing was associated with children whose carers were not satisfied with having enough information about the child or opportunities to meet other foster or kinship families.

1.6 Conclusions

The completion of this study coincides with the recently released Permanency evaluation report (which calls for the design of Permanency Support Program (PSP) to be substantially overhauled) and complements it by further providing that NGOs as a sector did not achieve better socio-emotional wellbeing for children in care. Given the results, a review of the policy to transition children to NGOs may be required and could form part of the policy response to the PSP evaluation report. It is important that transitions should only occur when it is in the best interest of the child to do so rather than trying to meet the transition target.

2. Introduction

Children are often placed in out-of-home care (OOHC) due to safety concerns. OOHC services, which the government has traditionally provided, aim to provide quality care to these children to ensure their safety and wellbeing. However, non-government organisations (NGOs) are playing an increasing role in delivering OOHC services. Regardless of who provides the service, the end goal should be to improve outcomes for the children involved, particularly their healthy socio-emotional development.

In 2008, the New South Wales (NSW) Government established a Special Commission of Inquiry into Child Protection Services in NSW (Wood, 2008). One of the key recommendations was that the government transfer statutory¹ OOHC services to the non-government sector. The rationale for the transfer was that NGOs would deliver higher-quality services and achieve better outcomes.

At the time, NGOs providing OOHC services had lower casework ratios than government-provided services and were perceived as having better community links. NGOs were also accredited with the Office of the Children's Guardian, indicating they met the NSW standards for OOHC (Audit Office of NSW, 2015). The Minister endorsed the OOHC Transition Implementation Framework in January 2012. The Department of Communities and Justice (DCJ) started transferring OOHC services to NGOs in March 2012. Children in statutory care were transferred first, representing almost 70 per cent of children and young people in care. The transition is ongoing within the context of the Permanency Support Program (PSP) reforms².

The NSW Audit Office report 2015 noted that DCJ had made progress in meeting its targets to transfer children to NGOs, but it is unknown whether this has resulted in improved outcomes for children. It is noted that many of the existing OOHC measures focus on outputs rather than wellbeing outcomes (Mason, 2018). Although there has been a shift to the privatisation of foster care internationally, little evidence supports the claim that non-government agencies are superior (Steen, 2012; Stanley et al., 2013). So the question remains – have NGOs achieved better results for the children in care in NSW?

This report presents the findings from a comparative study of the socio-emotional outcomes of children and young people (referred to as children hereafter) in government- and non-government-managed care. The aim was to improve support and outcomes for children in care. The study was conducted using the Pathways of Care Longitudinal Study (POCLS) administrative and interview data for children that had received final care and protection orders by 30 April 2013, which provides an opportunity to examine whether and to what extent case management by DCJ versus NGOs had an effect on children's development and wellbeing.

The report consists of two parts. The first part of the report aims to: explore patterns of movement of the POCLS population cohort between case management providers (DCJ versus NGOs); and describe the characteristics of the POCLS cohorts managed by DCJ and NGOs.

The second part of the report utilises standardised measures from the POCLS interview data

¹ Statutory OOHC is defined by the Children and Young Persons (Care and Protection) Act 1998 as "out-of-home care that is provided in respect of a child or young person for a period of more than 14 days – a) pursuant to a care order of the Children's Court, or b) by virtue of the child or young person being a protected person." (s135A).

² With the PSP, it is a key priority in the Minister's reform agenda that Aboriginal children are transferred to and supported by Aboriginal organisations. It must be noted that the transition of Aboriginal children is not the focus of the current study.

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to examine whether there are differences in socio-emotional outcomes over time for children managed by DCJ and NGOs and investigate what accounts for the differences, if any.

A better understanding of the outcomes for DCJ- versus NGO-managed children would help us understand the differential effects (if any) of case management on children's socio-emotional outcomes while in care. If NGO-managed children are found to have better socio-emotional outcomes than DCJ-managed children, this would provide evidence to support NGOs as the preferred providers with case responsibility or vice versa. This is directly relevant to the overall objective of PSP to provide permanency stability to children in OOHC.

2.1 Children's outcomes and OOHC case management

Children's outcomes in OOHC, including socio-emotional wellbeing, are influenced by various factors. A comprehensive review of the international and Australian literature by Walsh and colleagues (2018) identifies a multitude of factors, including child characteristics (e.g., pre-care experiences, demographic characteristics), placement characteristics (e.g., placement stability, geographic location) and carer characteristics (e.g., age, warm parenting, relationships with caseworkers). An area that hasn't attracted much attention but may provide insights into a child's behaviours in care is child temperament, which is referred to as behavioural styles typical to a child and usually present from birth (Wells, 2021). In a recent study conducted by Wells (2021), socio-emotional wellbeing is shown to be associated with a child's temperament traits (i.e., sociability, reactivity and persistence). Children, who were inclined to react strongly, showed less persistence with a task or were less outgoing or shy, were more likely to be reported by carers as having behavioural problems (Wells, 2021).

There seems to be little literature on the relationship between children's outcomes in care and case management. To inform the analysis in the current study, the authors conducted a search of the relevant literature in the past ten years, which only produced several relevant articles. In the review conducted by Walsh and colleagues (2018), case management or service provider³ is not identified as affecting a child's outcomes. However, the authors note that the services and support provided to children and their caregivers, where service providers can exert some degree of control, may affect outcomes (Walsh et al., 2018). In reviewing outcomes of privatised versus public child welfare services in the US, Steen & Smith (2012) examined the differences between public and private foster care agencies across a range of organisational and environmental factors, including workforce characteristics (e.g., educational level, experience), work conditions (e.g., caseload, culture), and relationships between the agency and its stakeholders (e.g., client groups, courts). They found mixed performance results and identified no superiority in the comparison, as public and private foster care agencies have their relative own advantages (Steen, 2012). Stanley and colleagues also reported non-conclusive findings when comparing outcomes of private and public child welfare programs in England (Stanley et al., 2013). Although the private child welfare programs might have higher staff morale and lower staff turnover, their evaluation revealed that private organisations did not meet the expectations by delivering children in OOHC with the consistency and continuity they require.

Locally, in their NSW study of caseworkers' effective communication practice using the first three waves of the POCLS data, Eastman and Katz (2020) found no significant association between caseworker communication and the socio-emotional outcomes of children in care. They also found no differences in their ability to contact caseworkers over time between

³ We use these two terms interchangeably in this paper.

children placed with NGOs and those placed with DCJ. However, they found that children in foster care managed by an NGO were more likely to have normal social-emotional wellbeing (measured by CBCL) across all three waves (compared to children in DCJ foster care). Interestingly, another recent POCLS study using the first four waves of data found that NGO-managed placements had higher odds of potential concern regarding the caregiving and wellbeing of kinship carers (but not foster carers), compared to DCJ placements (Ryder et al., 2022). It seemed that NGO foster carers were more likely to receive children with better socio-emotional wellbeing, or were better supported and had fewer concerns about caregiving and wellbeing, contributing to the better socio-emotional outcomes of children in their care. Ryder et al (2022) also found more face-to-face contact between NGO caseworkers and carers. Across the waves, more than half (55.8%) of carers with NGO-managed placements had face-to-face contact with the child's caseworker at least once a month, compared to less than a third (27.6%) of carers in DCJ placements. However, it was noted that the proportion of carers with DCJ placements having frequent face-to-face contact with the caseworker did increase throughout the study (Ryder et al., 2022).

Eastman and Katz's analysis (2020) was based on a derived categorical outcome variable (to summarise changes in socio-emotional wellbeing over time) and a multinomial logistic regression model. The limitation of this approach is that it did not address the repeated nature of the outcome measures (i.e., within-person correlation over time). Another feature with both the analyses above is that the length of time a child spent with the case management provider (i.e., DCJ or NGO) was not available. We only know who provided case management at the time of the interview, not how long the child had stayed. If case management affects children's socio-emotional wellbeing, we would expect to see a difference in the outcome between a child who may have just moved right before the interview and someone who has always been with a service provider for an extended period of time. For example, a child could have been with DCJ for a period of time and just moved to an NGO before the interview. Therefore outcomes would be attributed to the NGO case management but are more likely related to the DCJ case management.

Although the literature has looked into the divide between the government and non-government case management providers with mixed or inconclusive findings, no studies have focused explicitly on comparing children's outcomes managed by government and non-government organisations. This study addresses the research gap and aims to better understand the relationships between case management and socio-emotional outcomes for children in OOHC.

3. Methods

3.1 Data sources

This analysis utilises the POCLS interview data and the linked DCJ administrative data. The DCJ administrative data includes child protection reporting and OOHC placement histories up to 31 December 2020 for the 4,126 children in the POCLS population cohort. It includes all children and young people who entered OOHC for the first time in NSW between May 2010 and October 2011. Case management providers (i.e., DCJ, NGO) and changes in provider at each placement can be identified through the OOHC placement history file.⁴

The first five waves of the POCLS interview data were used to provide in-depth data on socio-emotional outcomes and other contextual information (e.g., carer satisfaction with services etc.) for children in the study. Interviews with carers and children were conducted for Wave 1 between June 2011 and August 2013 (n=1,285), for Wave 2 between April 2013 and March 2015 (n=1,200), for Wave 3 between October 2014 and July 2016 (n=1,033), for Wave 4 between May 2017 and November 2018 (n=962), and for Wave 5 between April 2019 and December 2020 (n=862). The completion of the Wave 5 interview corresponds to the endpoint of the observation period for the administrative data (31 December 2020) and provides outcome data over a period of 9-10 years.

3.2 Sample selection

The first part of this report, which is based on the DCJ administrative data on the POCLS population cohort (N=4126), explores patterns of movement between DCJ and NGOs and compares the characteristics of children. Placements from the first entry into care (between May 2010 and October 2011) until 31 December 2020 were examined. However, children who only had non-permanent placements of less than 7 days (n=335) were excluded from the analysis because the majority of these placements were for respite or temporary care only. Children who were case-managed by other government agencies⁵ were also excluded as these are not the focus of the present study and also because of the small sample size (n=70). One child without a case management provider was also excluded. This resulted in a final sample of 3,719 children (Table 1). To assess child characteristics associated with movement patterns, the sample was divided into three sub-samples for further analysis – children who were case-managed by DCJ or NGOs the whole time (n=2,586=2,137+449, see Table 1), children who first started with DCJ with some having transitioned to an NGO at some point (n=3,007=2,137+870) and children who first started with an NGO with some having moved to DCJ (n=712=449+263). The sample was split to allow for the separate examination of children's characteristics associated with a distinct movement pattern.

The interview data were utilised for the second part of the analysis, which provides the socio-emotional outcome data over time. The interview data was merged with the first sub-sample

⁴ Until 01/11/2017, DCJ transferred primary case responsibility to service providers of either (i) the placement (that is, both a child and the child's existing DCJ carer who became re-authorised with the new service provider) OR (ii) the child (that is, only the child who is placed with a new carer authorised by the service provider). After 01/11/2017, DCJ's transfer of primary case responsibility to service providers was restricted to the child (that is, placements were no longer transferred). Transfers of primary case responsibility were also allowed to freely occur between PSP service providers (without first returning to DCJ).

⁵ It is not clear what other government agencies might be referred to as no further information was available in the DCJ administrative data. Pathways of Care Longitudinal Study – Outcomes for Children and Young People in Non-Government Organisations Managed Out-of-Home Care

from the first part of the analysis, which contains children who have been case-managed by either DCJ or NGOs the whole time.⁶ This removes the confounding effect of provider changes when examining outcomes by excluding those children who moved between DCJ and NGO during the period. Children who participated in one interview only (n=157) were excluded to allow for comparisons over at least two time points. The merged sample includes 747 children, with 71.4% (n=533) being with DCJ and 28.6% (n=214) with an NGO. More than half (53.3%) of the children in the sample participated in five waves of the interview, 16.2% participated in four waves, 14.2% participated in three waves, and 16.3% participated in two waves.

3.3 Measures

The POCLS survey contains validated questions and standardised measures answered by children and their caregiver. Standardised measures allow an individual's development to be compared with their peers in the general population, and also allows researchers to track change overtime. It is important to take cultural considerations into account when using standardised measures with children from minority cultures. The standardised measures used in the POCLS were selected in 2010 from existing high-quality studies so that the POCLS sample could be compared with other Australian general population studies and international longitudinal studies involving OOHc populations. More research is required to test these measures with Aboriginal children to see whether or not they are sensitive to the cultural norms of Aboriginal children, families and communities.

3.3.1 Dependent variables

Part 1. For the first sub-sample, a binary variable was created with 1='NGO', representing the child who stayed with NGOs the whole time and 0='DCJ', representing being with DCJ the whole time⁷. In the second sub-sample, a similar variable was created with 1='Moving from DCJ to NGO' and 0='Not moving'. Similarly for the third sub-sample a binary variable was created with 1='Moving from NGO to DCJ' and 0='Not moving'.

Part 2. Children's socio-emotional wellbeing was measured using the Brief Infant Toddler Social and Emotional Assessment (BITSEA) and the Child Behaviour Checklist (CBCL). The BITSEA was completed by the caregivers of children aged up to 35 months at Wave 1 only. The BITSEA screening tool identifies young children (age 12-35 months) that may require further assessment to identify clinically significant social or emotional and behavioural problems and/or delays or deficits in social-emotional competence (Briggs-Gowan & Carter, 2006). The Scale consists of two domains and yields a Problem and a Competence score.⁸ The summed raw scores are compared to cut-off scores by age and sex. Percentile ranks corresponding to the 25th percentile ranking or less indicate possible socio-emotional or behavioural problems and the 15th percentile ranking or less indicates possible deficit or delay in competence.

⁶ For simplicity, the term "DCJ" is used to mean "DCJ the whole time" hereafter; "NGO" is used to mean "NGO the whole time"

⁷ Note that the distinction between NGOs and DCJ is different to the distinction between Aboriginal Community-Controlled Organisations (ACCOs) and non-ACCO NGOs. The focus of this paper is on the former, which was one of the key recommendations of the Wood Special Commission of inquiry. The introduction of ACCOs came later as part of the implementation of the National Agreement for Closing the Gap, which was released in July 2020. Data on ACCOs and non-ACCO NGOs is not available in the earlier waves of the POCLS data collection. The distinction of ACCOs and non-ACCO NGOs is an important topic and warrants separate research.

⁸ The tool covers two domains: Problem (31-items) and Competence (11-items). There are 42-items and the response categories are: '0' = Not True/Rarely, '1' = Somewhat True/Sometimes, '2' = Very True/Often. Each domain yields a total score. Higher Problem scores indicate greater levels of socio-emotional or behaviour problems and lower Competence scores indicate a possible delay or deficit.

The CBCL⁹ was completed by the caregivers of children aged 3 to 18 years (Achenbach & Rescorla, 2001) in Wave 1 and for all children from Wave 2.¹⁰ The CBCL measures problem¹¹ behaviours and yields two composite indices: internalising and externalising. Internalising includes the anxious-depressed, withdrawn-depressed and somatic complaints syndrome scales. For the CBCL for children 18 months to 5 years of age, internalising also includes the withdrawn syndrome. Externalising captures problems relating to external behaviours, including the rule-breaking and aggressive behaviours scales. The CBCL Total problems score is the sum of all items including internalising, externalising and other problems.

CBCL scores can be presented in a raw score format; as standardised T-scores or children can be classified as falling into clinical, borderline and normal ranges. Children's scores in the borderline range indicate a need for ongoing monitoring and support while those in the clinical range indicate a need for further assessment and professional support. The binary version of the total problems scale¹² (typical/atypical) was used in the analyses of this report to align with the use of BITSEA so as to create a single outcome variable across ages at each wave over the five waves to allow for the examination of outcomes over time.¹³

3.3.2 Independent variables

Part 1. To describe the distinctive features of each movement pattern, we used the linked DCJ administrative variables relating to child characteristics, child protection history and OOHC placement characteristics.

Child characteristics include information about the child's age at entry to care, Aboriginal status, gender, culturally and linguistically diverse (CALD) background and disability status.

Child protection history information includes the number of risk of significant harm (ROSH) reports a child received prior to entry into OOHC, number of ROSH reports requiring less than 24 hours response prior to entry into OOHC and report issues including physical, sexual and emotional abuse, neglect, domestic violence, carer drug and alcohol use, child and young people risk issues, prenatal and other issues.

OOHC placement characteristics include information about the child's placement type (foster care, relative/kinship or other), number of placements (excluding non-permanent placement less than 7 days) until 31 December 2020 and the district where the placement was located.

Part 2. In addition to the variables listed above, the following additional variables were included in the Part 2 analysis of children's socio-emotional outcomes over time. These include:

Case management provider (DCJ/NGO) group membership. A binary variable with '0/1' to indicate whether the child was with DCJ/NGO. This is the variable of key interest (exposure) for

⁹ The Child Behaviour Checklist (CBCL) is a questionnaire used to assess behavioural and emotional problems in children and adolescents. In the POCLS, versions validated and normed for use for children 18 months to 5 years of age (CBCL/1.5-5) and 6-18 years (CBCL/6-18) of age were used. The CBCL/1½-5 years contains 100 items and the CBCL/6-18 contains 120 problem items. All items are rated on a scale from 0 = not true, 1 = somewhat or sometimes true and 2 = very true or often true.

¹⁰ 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 that cultural norms may have on reporting child behaviours and parents' problem ratings. This should be considered when interpreting the data.

¹¹ The term 'problem' is used here as it reflects the language used by the authors who developed the CBCL scale.

¹² Borderline and clinical ranges were combined into one single category labelled as "Atypical".

¹³ Two versions of the binary "typical/atypical" variable were created – one based on the established cut-off approach, with the other on the consistent cut-off approach (DCJ, 2020). The established approach uses cut-offs as defined by the author of the measures, while the consistent approach is based on means and standard deviations. The difference between the two approaches is the use of the 15th percentile (instead of the 25th percentile) as the 'atypical' cut-off for the BITSEA to align with the CBCL cut-offs in the consistent approach. See the POCLS Technical Report 9 (DCJ, 2020) for more information.

the part 2 analysis.

Carer support (service satisfaction). In each wave, carers completed the Satisfaction with Foster Parenting Inventory relating to social service support, with responses scored on a 5-point scale from 'very dissatisfied' to 'very satisfied' (Stockdale et al., 1997). The five items are: how satisfied are you with 1) being able to reach caseworkers when needed, 2) assistance from caseworkers, 3) your working relationship with other agencies related to the child (education, counsellors, etc), 4) opportunities to meet other foster or kinship families and 5) what is your overall level of satisfaction with foster or kinship parenting.

Caregiver mental health. This was assessed using the K10 scale of psychological distress in each wave (Kessler et al., 2002; Kessler et al., 2003). Scores ranged from 10 to 50 with higher scores indicating higher levels of distress. The K10 scores were categorised into low distress and moderate/high distress.

Relationship between the child and carers. This was reported by the carer with responses collapsed into two categories "Very close relationship" versus "Not very close relationship"¹⁴.

Child's relationship with the mother. This was based on the carer ratings (yes/no) of whether the child had a good relationship with their mother.

How well the child's needs are met in terms of maintaining family relationships. This was rated by carers with responses collapsed into 1="Well met" and 0="Not well met".

Parenting warmth and hostility. The parenting warmth scale was used to assess warm parenting practices while the parenting hostility scale was used to measure hostile/angry parenting, with high scores indicating high warmth or high hostility.

Neighbourhood social cohesion. The social cohesion and trust scale was converted to an index that measures a neighbourhood's perceived safety and unity, with higher values indicating less cohesion.

Child temperament. Three dimensions of temperament were included in the POCLS - sociability, reactivity and persistence - with high scores reflecting high levels of sociability, reactivity and persistence.

Whether child lived with a sibling. This was reported by the carer (yes/no).

3.3.3 Statistical analysis

The first part of the analysis examined patterns of movement between DCJ and NGO and the characteristics of children associated with the movement patterns. We followed the POCLS children who first entered care in the 18 month period between May 2010 and October 2011 and determined if they changed case management providers (i.e., DCJ or NGO) up to 31 December 2020. With each of the three sub-samples mentioned in Section 2.2 above, binary logistic regression models were conducted with the case management provider group as dependent variables (e.g., DCJ versus NGO) and sample characteristics as the independent variables to determine factors significantly associated with group memberships. Children who have been case-managed by either DCJ or NGO the whole time accounted for the majority of the POCLS population cohort (69.6%; see the Results section below).

The second part of the analysis compared the socio-emotional outcomes over time between

¹⁴ This group combined the "Quite close" and "Not very close" categories into a single category due to the small sample size for the original "Not very close" category (n=42).
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the DCJ- and NGO-managed children. The analyses involved a series of mixed effects models (i.e., random intercept logistic regression) with a binary dependent variable for socio-emotional wellbeing (1 = typical socio-emotional wellbeing and 0 = atypical) and group membership as the independent variable (0 = DCJ and 1 = NGO), adjusting for the sample characteristics that were found to be associated with group membership and other relevant factors identified from the literature, including carer support, carer mental health and child temperament (e.g., reactivity, persistence). We constructed two sets of models using the 'typical/atypical' variables derived from the established and consistent cut-off approaches. Regardless of the approach used, the findings remained consistent, indicating the robustness of the model results.

Mixed effects regression models are also called growth-curve models, random-coefficient models or hierarchical models in the literature (Liang & Zeger, 1993; Verbeke & Molenberghs, 2000; Singer & Willett, 2003; Rabe-Hesketh & Skrondal, 2005) and can account for both within-person and between-person variability in the outcome measures and relate the case management group membership and any other relevant variables to any between-person differences.

All independent variables described in Section 2.3.2 were considered in the models. Model selection was based on the Akaike Information Criterion (AIC) or Bayesian Information Criterion (BIC)¹⁵, with only significant variables being included in the final models. Model parameters were estimated using the maximum likelihood estimation method.

In this report, the unit of analysis was children although some variables might be related to carers, e.g., carer-reported satisfaction. In these cases, all counts were still child-based as the questions asked were child-specific. There may be possible clustering effects (e.g., children clustering within households, households within Community Services Centres (CSCs)/postcodes, CSCs/postcodes within Districts). These clustering effects are captured by the random intercept in the mixed effects models. No attempt was made to separate specific clustering effects (e.g., household, CSC) in the analyses.

All analyses were conducted with IBM SPSS Statistics version 22.0 and R version 4.2.3.

4. Results

4.1 Patterns of Case Management by DCJ and NGOs

Table 1 shows the overall pattern of case management by DCJ and NGOs for the POCLS population cohort from entry to care up to 31 December 2020¹⁶. The majority of children (69.6%) did not move between providers and were placed with DCJ or an NGO for the whole period. Over half (57.5%) of the children were managed by DCJ while 12.1% were managed by an NGO only. Almost a quarter (23.4%) were transitioned from DCJ to NGOs, with the rest (only 7.1%) moving from an NGO to DCJ.

¹⁵ AIC and BIC are both methods of assessing model fit with lower values indicating a better fit.

¹⁶ Children placed with parents were excluded.

Table 1: Movement patterns between case management providers, POCLS population cohort

	n	%
DCJ the whole time	2,137	57.5
NGO the whole time	449	12.1
DCJ to NGO	870	23.4
NGO to DCJ	263	7.1
Total	3,719	100

4.1.1 Number of placements and provider changes

Although a change in placement may not necessarily mean a change of service provider, we can better understand how providers change over time by looking at the number of placements a child had and the proportion of children by case management type in each subsequent placement.

Figure 1 shows that less than a third of the children (31.2%) had one placement only from entry to OOHC to 31 December 2020, while one in five (20.9%) had two placements. The remaining 47.9% had three or more placements.

Figure 1: Proportion of children (n=3,719) by the number of placements a child had by 31 December 2020

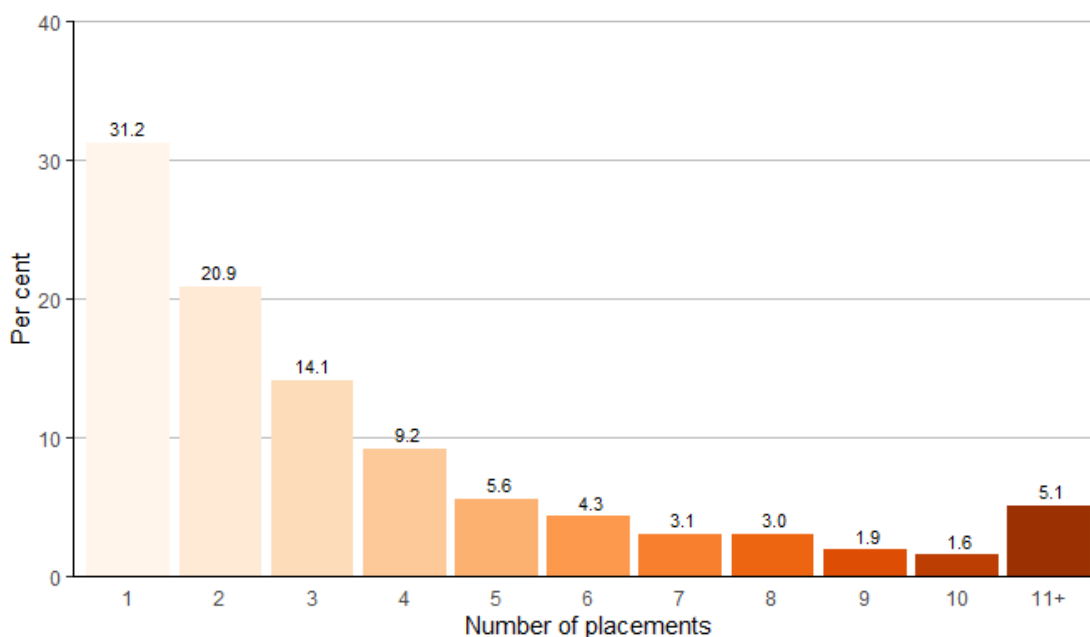


Table 2 shows the proportion of children case-managed by NGOs at each placement, up to the tenth placement. For children with more than one placement (n=2,557), there was an

increasing trend in the proportion of children under NGO management in each subsequent placement. The proportion of children case-managed by an NGO increased from 19.1% in the first placement to 71.4% in the tenth placement (for children with at least ten placements) (n=248).

Table 2: Proportion of children case-managed by an NGO provider over time

Sequence of placement	n	% NGO
1	3,719	19.1
2	2,557	31.5
3	1,781	40.9
4	1,255	48.1
5	914	53.9
6	707	57.7
7	546	62.3
8	432	66.7
9	319	69.6
10	248	71.4

4.1.2 Time spent with different providers

Table 3 shows that the POCLS children spent more time with the NGO case management providers than with the DCJ providers, although the number of children who were case-managed by DCJ the whole time was much larger (n=2,137 vs n=449 for NGOs). On average, children spent 3,043 days (8.3 years) with NGOs, compared to 1,174 days (3.2 years) with DCJ providers. Combined with Table 1 (which shows fewer children stayed with NGOs the whole time), this seems to suggest that the NGO-managed children tended to stay longer in care than the DCJ-managed children¹⁷.

¹⁷ As noted below, more younger children were placed with NGOs, and younger children might be more likely to stay in care longer. Also, children who moved (from DCJ to NGO or vice versa) tended to spend more time with NGOs.
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Table 3: Length of time (in days) spent by provider type

	Mean (days)	95.0% Lower CL for Mean	95.0% Upper CL for Mean	Standard Error of Mean
DCJ	1,174 days	1,132 days	1,217 days	21
NGO	3,043 days	2,919 days	3,166 days	63
Total	1,784 days	1,728 days	1,839 days	28

Source: DCJ administrative data

Note: If a child stayed with both providers during the period, the time spent with each was counted under each category.

For the children who moved from DCJ to NGO (n=870), further analysis examining the proportion of time spent by provider type shows that 62.8% of the children (n=546 out of 870) who started with DCJ and were transitioned to an NGO spent up to 25% of their time with DCJ and at least 75% of their time with an NGO during the period. Conversely, 40.3% of the children (n=106 out of 263) who started with an NGO and moved to DCJ spent up to 25% of their time with NGOs and the rest with DCJ.

4.2 Characteristics of POCLS children managed by DCJ and NGO

4.2.1 Characteristics of children who did not move between providers

This section presents the characteristics of children who did not move between case management providers, that is, they stayed with the same case management provider the whole time during the study period.

Of the 2,586 children in the sub-sample, the majority (82.6%) were case-managed by DCJ. There were similar numbers of male and female children, with Aboriginal children accounting for one-third (33.4%) of all children and 6.1% having a culturally and linguistically diverse (CALD) background¹⁸. There were more younger children in the sample, with 40.4% being aged less than 3 years old when they first entered OOHC, compared to only 16.2% for those aged 12-17 years. The vast majority were first placed in a family-based placement, either with a relative/kin (43.6%) or in foster care with an unrelated adult (51.4%). Over one in ten children (13.0%) were reported to have a disability. More details about the sample characteristics can be found in Table A.1 in the Appendix.

The characteristics of children who were more likely to stay with DCJ/NGOs are summarised in Table 4. These results are based on the logistic regression models predicting the likelihood of

¹⁸ This is likely an underestimate as the DCJ administrative data systems do not track children's CALD background very well.

case management by NGOs, in comparison to DCJ (see Table A.2 in the Appendix for the estimates of model parameters).

Table 4: Characteristics of children who remained with DCJ or NGOs

DCJ	NGO
<ul style="list-style-type: none"> • Children who were older at first entry to care (3 years or older) 	<ul style="list-style-type: none"> • Young children at first entry (0-2 years)
<ul style="list-style-type: none"> • Kinship care 	<ul style="list-style-type: none"> • Foster care/other types of care
<ul style="list-style-type: none"> • Placement location in Murrumbidgee, Far West, Western NSW or South Western Sydney 	<ul style="list-style-type: none"> • Placement location in Mid North Coast and Northern NSW or South Eastern, Northern and Sydney
<ul style="list-style-type: none"> • No disability 	<ul style="list-style-type: none"> • Disability
<ul style="list-style-type: none"> • Fewer placements 	<ul style="list-style-type: none"> • More placements
<ul style="list-style-type: none"> • Fewer reports involving children and young people risk issues prior to entry into OOHC 	<ul style="list-style-type: none"> • More reports involving children and young people issues prior to entry into OOHC
<ul style="list-style-type: none"> • No history of neglect 	<ul style="list-style-type: none"> • History of neglect

Descriptive statistics show that Aboriginal children tended to be placed with a DCJ relative/kinship carer and non-Aboriginal children with an NGO foster carer. However, the modelling results suggest that it is only the type of placement that matters when it comes to the likelihood of case management by DCJ/NGO. Children who were first placed in foster care or other types of care (rather than kinship care) were more likely to be case-managed by NGOs. So were young children (i.e., mainly infants and toddlers), children in the Mid North Coast, Northern NSW, South Eastern Sydney, Northern Sydney and Sydney, children with a disability, children with more placements, children with more reports involving children and young people risk issues before entry to care, and children with a history of neglect before entry to care.

4.2.2 Characteristics of children who moved from NGO to DCJ providers

This section looks at children who started with an NGO case management provider and subsequently moved to DCJ. This represents the group of children that do not align with the policy to transition to NGOs. It is a small group of children, accounting for only 6.2% of the POCLS population cohort (Table 1). The reasons for moving are unclear as information is unavailable/not captured in the recorded fields in the DCJ OOHC administrative data.

Of the 712 children in the sub-sample, over half were males (52.5%) and younger, with half (50.6%) being aged less than 3 years old when they first entered OOHC¹⁹, compared to only

¹⁹ This proportion is higher than that for the first sub-sample above, where the proportion of children aged less than 3 years was 40.4% only. Pathways of Care Longitudinal Study – Outcomes for Children and Young People in Non-Government Organisations Managed Out-of-Home Care

14.3% for those aged 12-17 years. Aboriginal children accounted for less than a third (28.9%) of the sample and 8.7% indicated a CALD background²⁰. Most of the children lived in a family-based placement with a relative/kin (11.1%) or in foster care with an unrelated adult (77.7%). Less than one in four children (22.4%) were reported to have a disability. For more information about the characteristics of children who started with an NGO provider and moved to DCJ, see Table A.3 in the appendix.

Table 5 shows that children who had more placements, more reports involving carer drug/alcohol issues before first entry to care and were located in Western Sydney and Nepean Blue Mountains, South Western Sydney or South Eastern Sydney, Northern Sydney and Sydney were more likely to move from NGOs to DCJ. See Table A.4 in the Appendix for more details about the estimates of model parameters obtained from the logistic regression model.

Table 5: Characteristics of children who started with NGOs and moved to DCJ

Moved from NGOs to DCJ
• More placements
• A history of carer drug and alcohol misuse
• Placement location in Western Sydney and Nepean Blue Mountains, South Western Sydney, and South Eastern Sydney, Northern Sydney and Sydney

4.2.3 Characteristics of children who were transitioned to NGOs

The findings on children who were transitioned to NGO providers are presented in this section. As shown earlier, the number/proportion of children with NGO case management providers has increased over the period, indicating that NGOs, as per policy directive, have been taking on the case management responsibility for more children in OOHC.

Of the 3,008 children in the sub-sample, there were similar numbers of male and female children. There were more younger children, with 40.6% being aged less than 3 years old when they first entered OOHC, compared to only 13.5% for those aged between 12-17 years. Aboriginal children account for about a third (35.7%) and 6.4% indicate a CALD background²¹. Most of the children lived in a family-based placement with a relative/kin (41.9%) or in foster care with an unrelated adult (54.1%). Approximately one in seven children (15.2%) were reported to have a disability. See Table A.5 in the Appendix for more information about these children.

The characteristics of children who were transitioned to NGOs during the period are summarised in Table 6. Children were more likely to be transitioned to NGOs if they were younger (0-2 years) when they first entered care, placed with a foster carer, had more placements, had a history of prenatal reports, had a disability, or if the placement location was in South Eastern Sydney, Northern Sydney and Sydney. Children were less likely to be transitioned to NGOs if the placement location was in Murrumbidgee, Far West and Western NSW and South Western Sydney. See Table A.6 in the Appendix for the estimates of model

²⁰ This is likely an underestimate as the DCJ administrative data systems do not track children's CALD background very well.

²¹ This is likely an underestimate as the DCJ administrative data systems do not track children's CALD background very well.

parameters obtained from the logistic regression model.

Table 6: Characteristics of children who were transitioned to NGOs

Transition to NGOs
<ul style="list-style-type: none"> • Children who were younger (0-2 years) at first entry
<ul style="list-style-type: none"> • Children who were first placed in foster care
<ul style="list-style-type: none"> • More placements
<ul style="list-style-type: none"> • A history of prenatal reports
<ul style="list-style-type: none"> • Children with a disability
<ul style="list-style-type: none"> • Placement location in South Eastern Sydney, Northern Sydney and Sydney, Murrumbidgee, Far West and Western NSW and South Western Sydney

4.3 Comparison of socio-emotional outcomes

This section presents the results from Part 2 of the analysis, which compares children's socio-emotional outcomes over time between the children who were with DCJ the whole time and those who were with NGO providers the whole time.

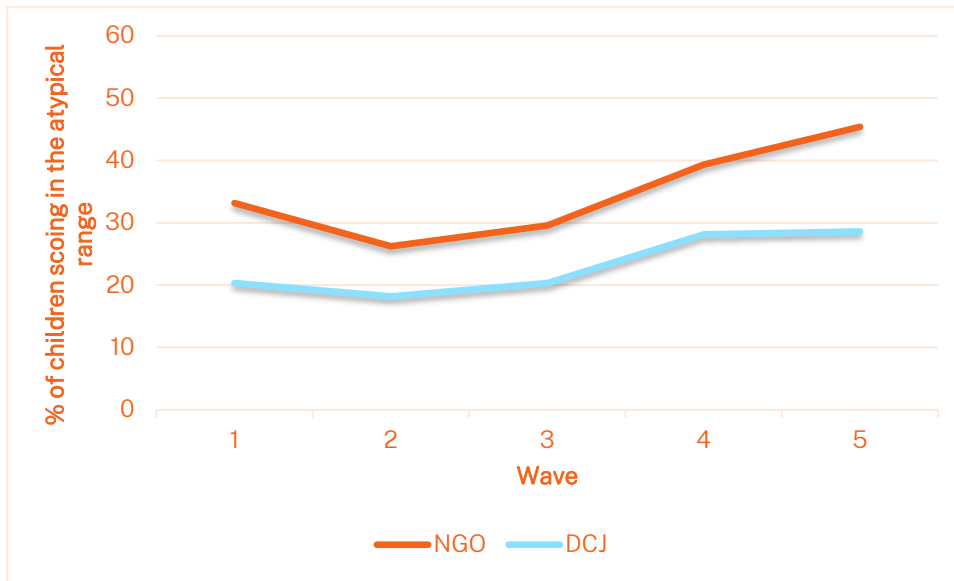
4.3.1 Patterns of socio-emotional outcomes from wave 1 to 5

Figure 2 shows the proportions of children who scored in the atypical range of BITSEA and CBCL over waves 1-5 between the DCJ and NGO groups. These proportions represent the estimated mean probabilities of being atypical given two covariates (i.e., time/wave of interview and DCJ/NGO).

The mean probabilities of scoring in the atypical range for the DCJ and NGO groups decreased from Wave 1 to Wave 2 and increased throughout Wave 2 to 5. There was a difference of 12.8 percentage points in Wave 1 between the two groups, with a larger mean probability for the NGO group. The gap between the two groups decreased over the subsequent three waves, with 8.0% in wave 2, 9.2% in wave 3 and 11.1% in wave 4, but became more prominent in wave 5 (16.4%).

Children managed by NGOs appear to have poorer socio-emotional wellbeing than their DCJ counterparts. Their wellbeing scores were poorer in Wave 1, and their relatively poorer status was maintained over time. The timing of the POCLS Wave 1 interview was around one and a half years after the child first entered OOHC. As no outcome data was collected at the time when the child first entered OOHC, it is unclear whether the poorer socio-emotional status of NGO children in Wave 1 was due to NGOs as a group receiving more children with poor socio-emotional wellbeing or because case management by NGOs in the early phase of life in OOHC contributed to the poorer socio-emotional status of children by Wave 1.

Figure 2: Proportion of children scoring in the atypical range over time by DCJ/NGO, POCLS wave 1-5

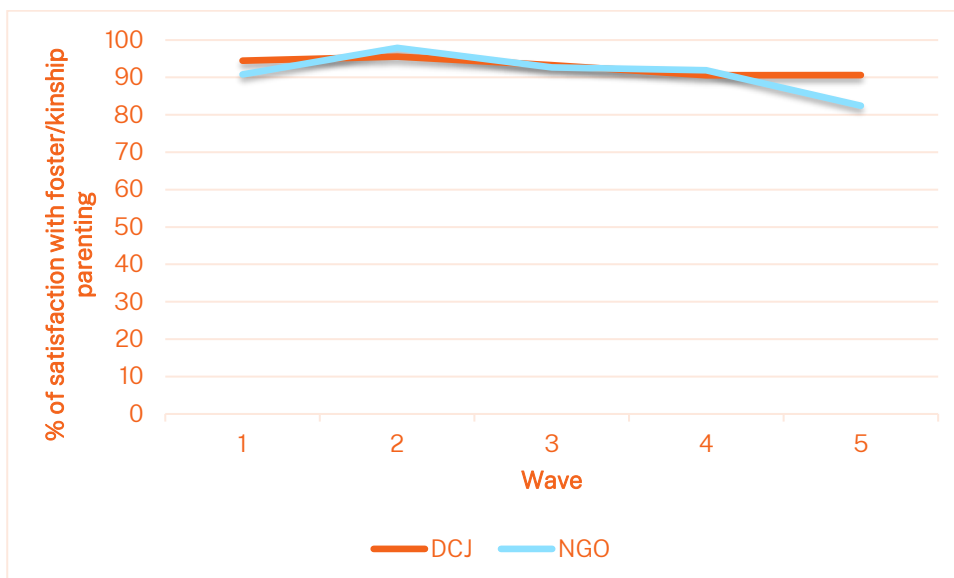


4.3.2 Carer support (service satisfaction)

This section presents results on carer satisfaction with various aspects of services between the two groups.

Figure 3 shows the overall carer-reported satisfaction levels with foster or kinship parenting between DCJ and NGO carers. Overall, satisfaction was high for both (i.e., between 80% and 100% over time). There were little differences in the overall satisfaction levels over time between DCJ and NGO carers except for Wave 5, where there was a drop (of 8.2 percentage points) in the satisfaction level by the NGO carers (Chi-square 6.394, df 1, $p < .05$).

Figure 3: Carer satisfaction with foster/kinship parenting by DCJ/NGO, POCLS wave 1-5

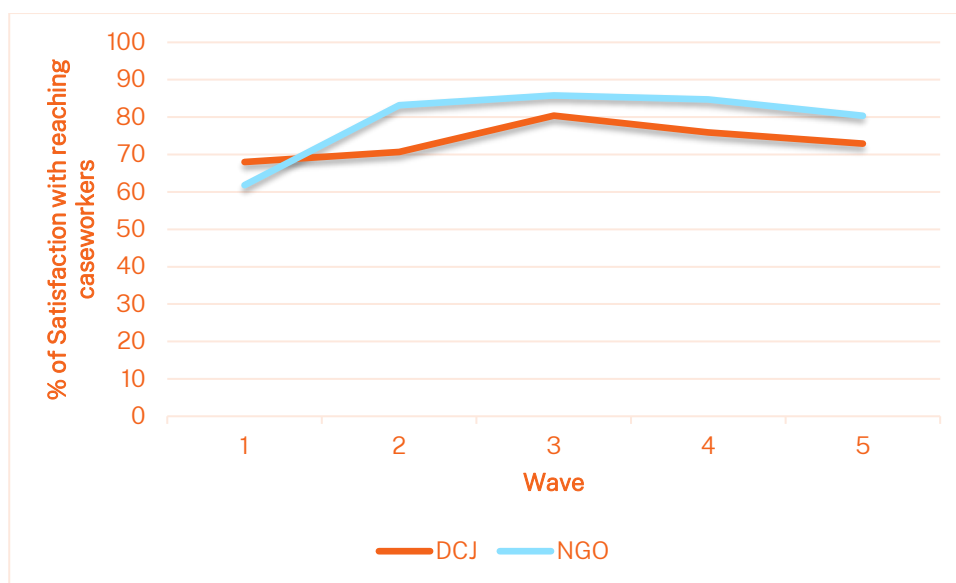


Note: Waves 1-4: n.s. (Not significant); Wave 5: Chi-square 6.394, df 1, $p < .05$.

Figure 4 reveals that overall, satisfaction with being able to reach caseworkers when needed was high for both DCJ and NGO carers varying between 60% and 90% (although generally not as high as the satisfaction with foster/kinship parenting above). NGO carers appeared to have a higher level of satisfaction in being able to reach caseworkers when needed than their DCJ counterparts, especially in Waves 2 and 4 where the difference was statistically significant (Wave 2: Chi-square 10.838, df 1, $p < .01$; Wave 4: Chi-square 4.725 df 1, $p < .05$).

NGO carers were on average six percentage points per wave more satisfied with access to caseworkers than DCJ carers (although NGO carers were less satisfied in Wave 1).

Figure 4: Carer satisfaction with being able to reach caseworkers when needed by DCJ/NGO, POCLS wave 1-5

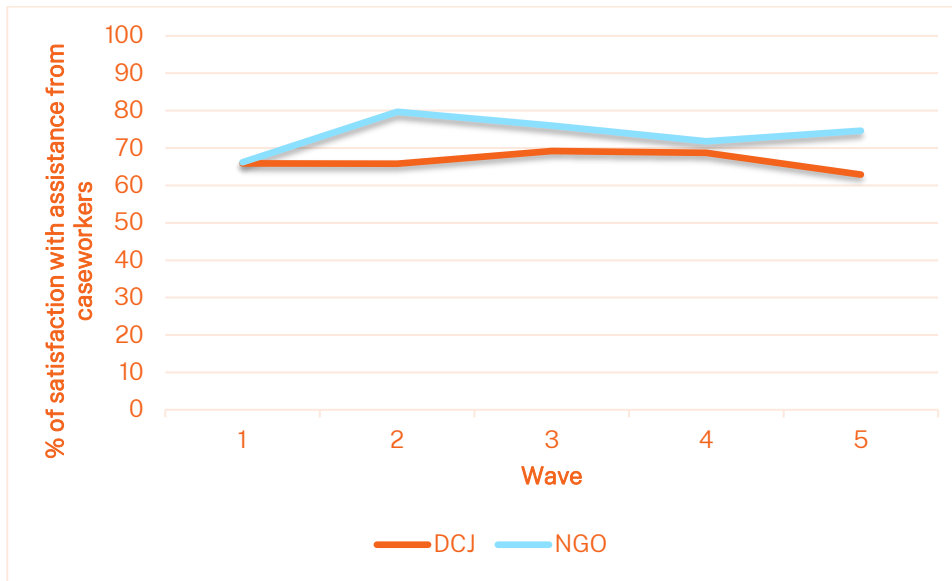


Note: Waves 1, 3, 5: n.s.; Wave 2: Chi-square 10.838, df 1, $p < .01$; Wave 4: Chi-square 4.725 df 1, $p < .05$.

The levels of satisfaction with assistance from caseworkers when needed between DCJ and NGO carers are similar to that of access to caseworkers and are shown in Figure 5. NGOs tended to have higher carer satisfaction with assistance from caseworkers than DCJ, especially in Waves 2 and 5, where the difference was statistically significant (Wave 2: Chi-square 12.076, df 1, $p < .01$; Wave 5: Chi-square 5.251, df 1, $p < .05$).

On average, NGO carers were seven percentage points per wave more satisfied with assistance from caseworkers.

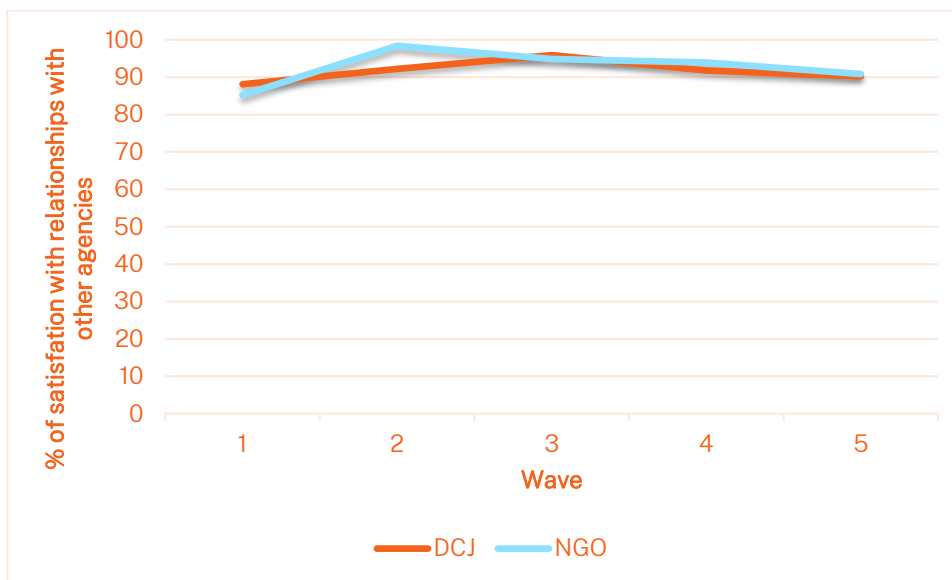
Figure 5: Carer satisfaction with assistance from caseworkers when needed by DCJ/NGO, POCLS wave 1-5



Note: Waves 1, 3, 4: n.s.; Wave 2: Chi-square 12.076, df 1, $p < .01$; Wave 5: Chi-square 5.251, df 1, $p < .05$.

Figure 6 shows that overall, satisfaction with relationships with other agencies (e.g. education, counselling) was high for both DCJ and NGO carers (i.e., between 80% and 100%) with little differences between the two groups, except that NGO carers were more satisfied in Wave 2 (Chi-square 9.159, df 1, $p < .01$).

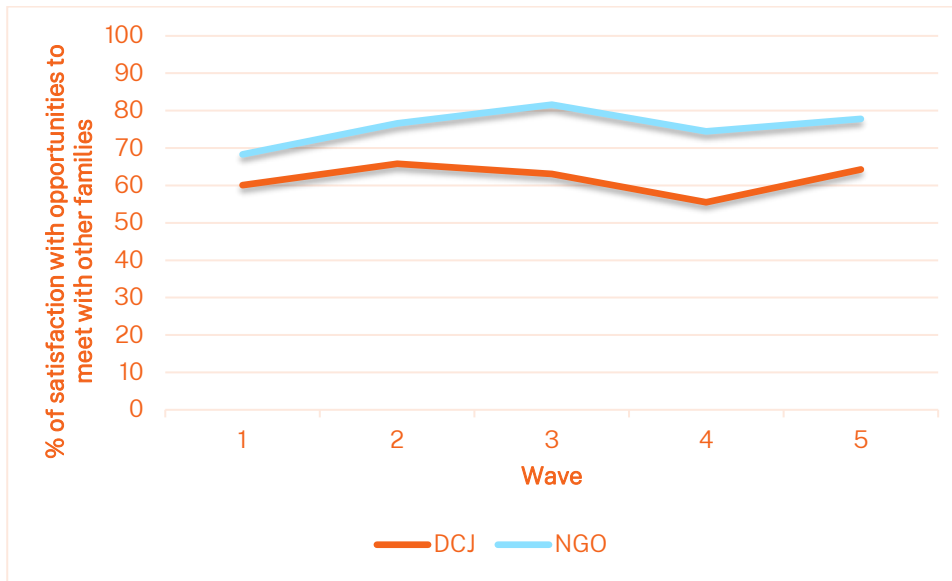
Figure 6: Carer satisfaction with relationships with other agencies by DCJ/NGO, POCLS wave 1-5



Note: Waves 1, 3-5: n.s.; Wave 2: Chi-square 9.159, df 1, $p < .01$.

Additionally, NGO carers tended to have higher carer satisfaction with opportunities to meet with other foster or kinship families over time than DCJ, except for Wave 1 (where the difference was not statistically significant) (Figure 7). Overall, NGO carers were more satisfied by an average of fourteen percentage points per wave.

Figure 7: Carer satisfaction with opportunities to meet with other foster or kinship families by DCJ/NGO, POCLS wave 1-5

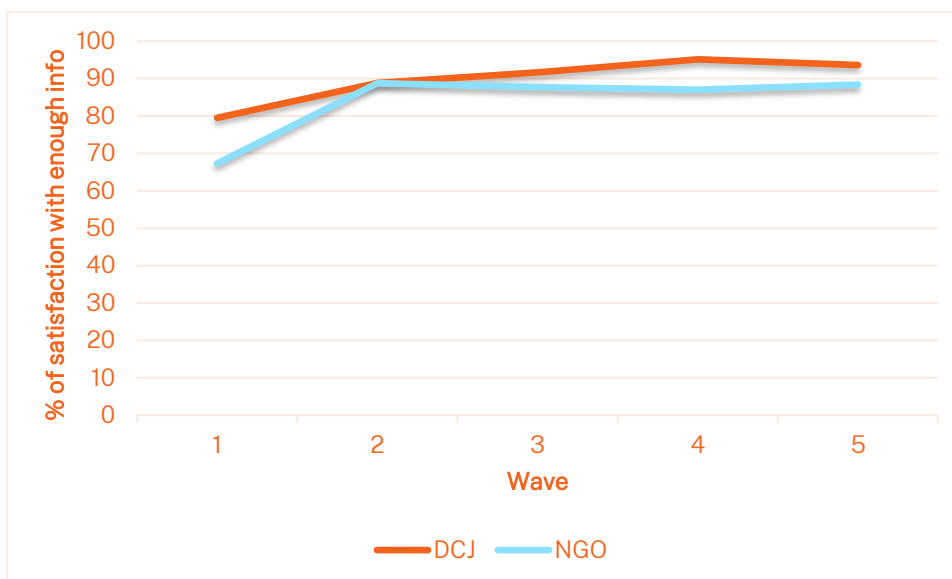


Note: Waves 1: n.s.; Wave 2: Chi-square 6.897, df 1, $p < .01$; Wave 3: Chi-square 18.494, df 1, $p < .01$; Wave 4: Chi-square 15.738, df 1, $p < .01$; Wave 5: Chi-square 7.121, df 1, $p < .01$.

Figure 8 shows that overall, satisfaction with having enough information about the child was high for both DCJ and NGO carers (i.e., between 80% and 100%, except for NGOs in Wave 1). DCJ carers reported being more satisfied (i.e., six percentage points higher per wave on average) than NGO carers although no significant differences were reported in Waves 2 and 3 (Wave 1: Chi-square 11.188, df 1, $p < .01$; Wave 4: Chi-square 10.845, df 1, $p < .01$; Wave 5: Chi-square 3.791, df 1, $p = .052$).

This seems to be the only aspect of support where NGO carers reported lower satisfaction than DCJ carers.

Figure 8: Carer satisfaction with having enough information about the child by DCJ/NGO, POCLS wave 1-5



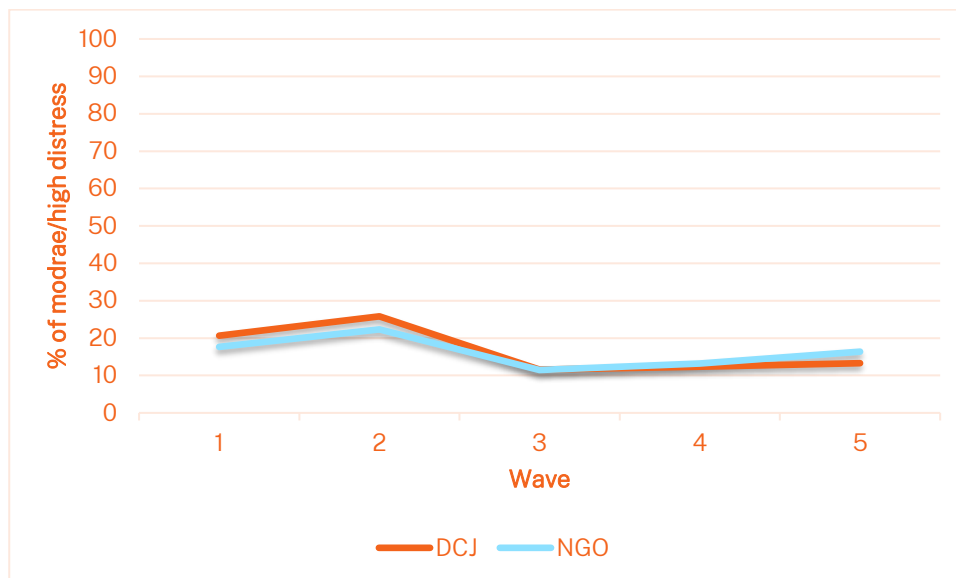
Note: Waves 2-3: n.s.; Wave 1: Chi-square 11.188, df 1, $p < .01$; Wave 4: Chi-square 10.845, df 1, $p < .01$; Wave 5: Chi-square 3.791, df 1, $p = .052$.

4.3.3 Carer mental health (K10)

As shown in Figure 9, the level of psychological distress was generally low for both DCJ and NGO carers (i.e., between 10% and 30%), with the distress level relatively higher in earlier waves (i.e., Wave 1 and 2).

There were similar proportions of reported moderate/high psychological distress between NGO and DCJ carers over time, except for Wave 5, where more NGO carers reported having high distress (Chi-square 12.507, df 2, $p < .01$).

Figure 9: Carer psychological distress by DCJ/NGO, POCLS wave 1-5



Note: Waves 1-4: n.s.; Wave 5: Chi-square 12.507, df 2, $p < .01$.

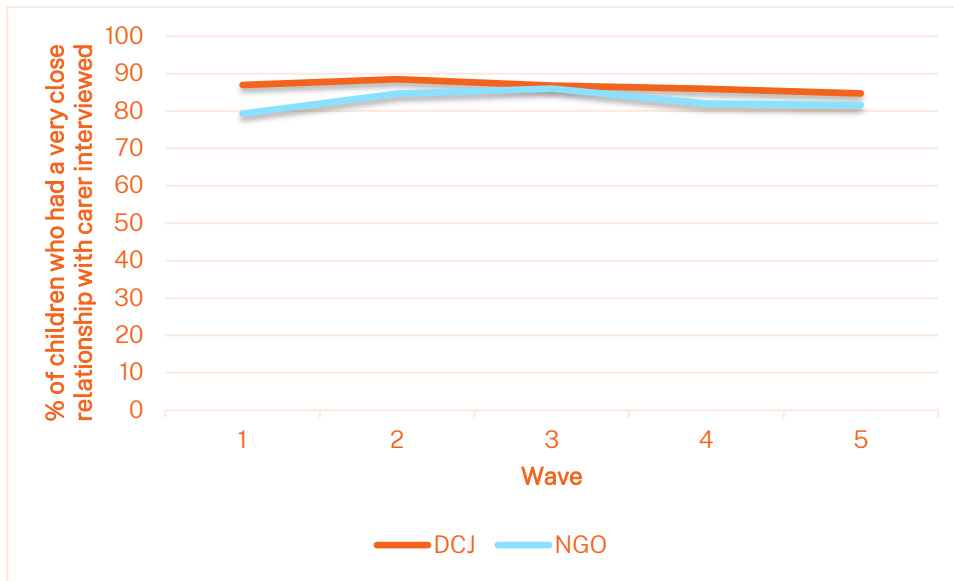
4.3.4 Child-caregiver relationship

Generally, relationships were good between the children and their primary caregivers²² for both DCJ and NGO carers (i.e., between 80% and 90%), as shown in Figure 10.

Little difference existed in the child-caregiver relationship between NGO and DCJ carers except for Wave 1, where DCJ-managed children registered a significantly higher proportion of having a "very close relationship" with their caregiver (Chi-square 6.255, df 1, $p < .05$).

²² caregivers who were interviewed

Figure 10: Child-caregiver relationship by DCJ/NGO, POCLS wave 1-5

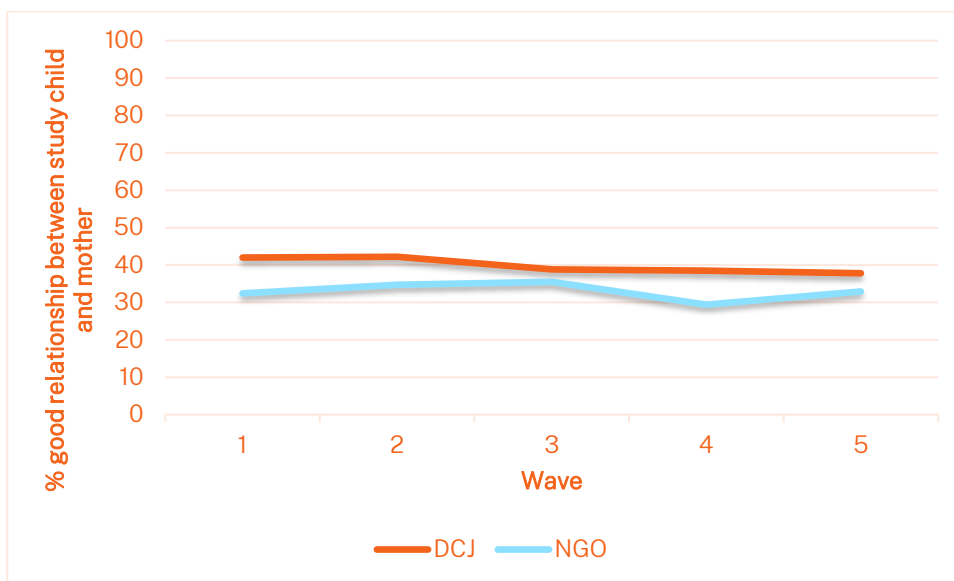


Note: Waves 2-5: n.s.; Wave 1: Chi-square 6.255, df 1, p<.05.

4.3.5 Child-mother relationship

Figure 11 shows that a higher proportion of DCJ children were reported as having "good relationships" with their mothers over time, especially in Waves 1 and 4, where the differences were statistically significant (Wave 1: Chi-square 4.812, df 1, p<.05; Wave 4: Chi-square 4.046, df 1, p<.05). The child-mother relationship was, on average, seven percentage points better per wave for children placed with DCJ carers than for children placed with NGO carers.

Figure 11: Child-mother relationship by DCJ/NGO, POCLS wave 1-5



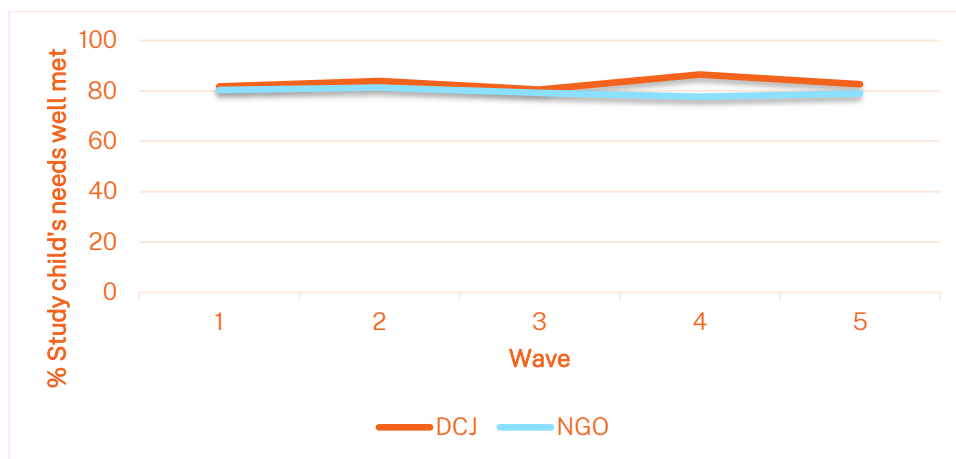
Note: Waves 2, 3, 5: n.s.; Wave 1: Chi-square 4.812, df 1, p<.05; Wave 4: Chi-square 4.046, df 1, p<.05.

4.3.6 How well the child's needs met

The proportion of children whose needs to maintain family relationships were well met was high for both DCJ and NGOs (between 80% and 90%), as shown in Figure 12.

There was little difference between the two groups, except for Wave 4, where the needs of children placed with DCJ carers were significantly better met than those of children placed with NGO carers (Chi-square 6.414, df 1, $p < .05$).

Figure 12: How well the child's needs were met by DCJ/NGO, POCLS wave 1-5



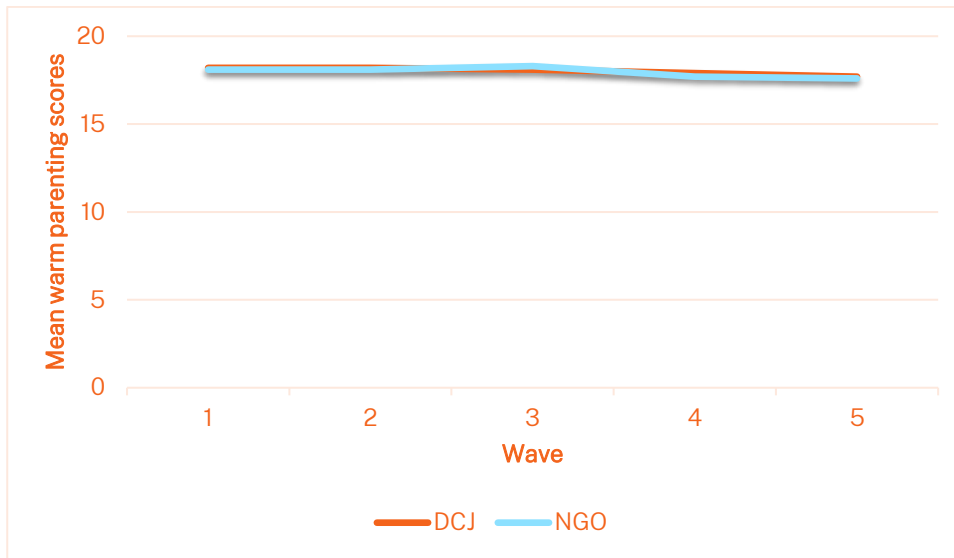
Note: Waves 1-3, 5: n.s.; Wave 4: Chi-square 6.414, df 1, $p < .05$.

4.3.7 Parental warmth and hostility

Parental warmth and hostility scales were used to assess parenting practices among DCJ and NGO carers. Overall, carers in both sectors showed high parental warmth towards the children in their care, with an average score of 18 (out of a maximum of 20), and the trend has remained consistent over time (Figure 13). There were no differences in the parenting scores between DCJ and NGO carers in each wave.

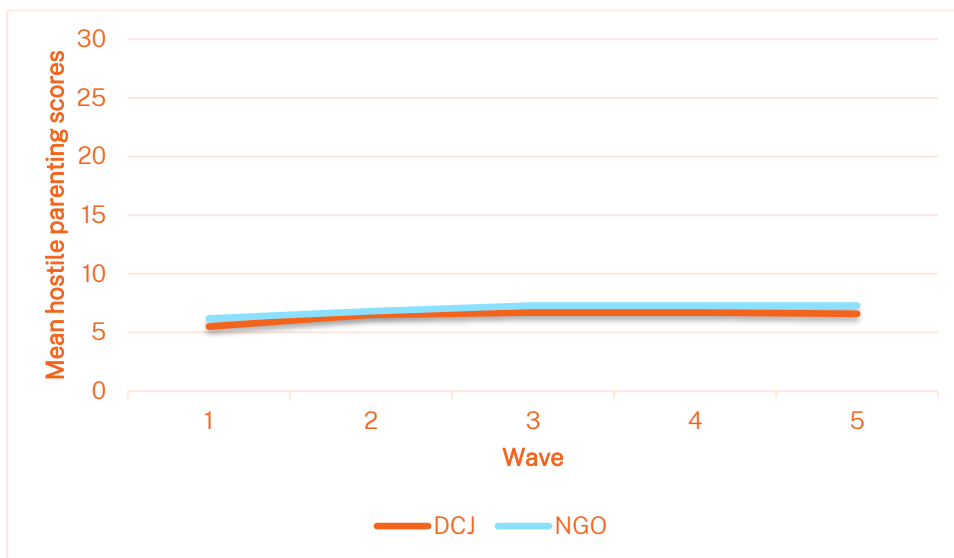
The same trend applied to parental hostility, where both DCJ and NGO carers showed low parental hostility, with an average score of 6 (out of a maximum of 30) (Figure 14). There were no differences in the hostile parenting scores between DCJ and NGO carers over time.

Figure 13: Parental warmth by DCJ/NGO, POCLS wave 1-5



Note: Waves 1-5: n.s.

Figure 14: Parental hostility by DCJ/NGO, POCLS wave 1-5

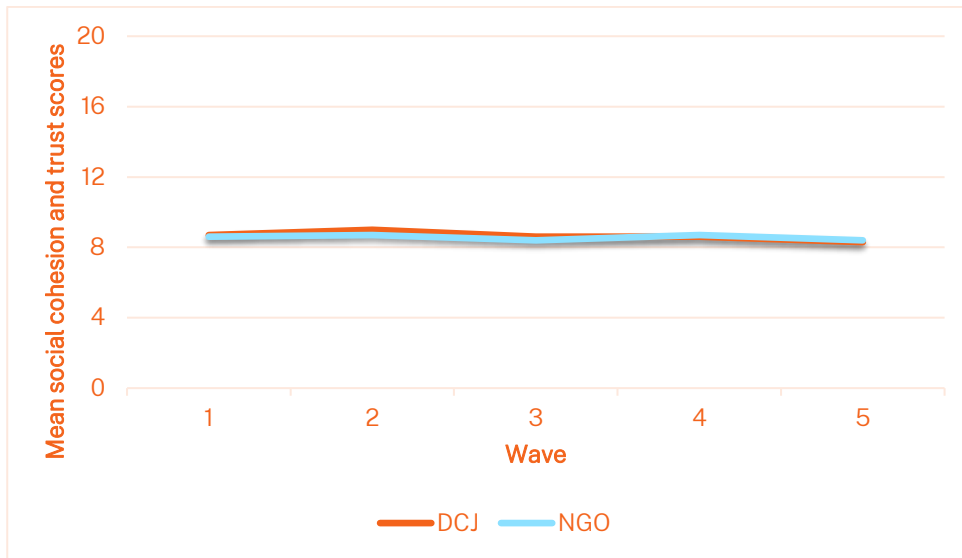


Note: Waves 2-5: n.s.; Wave 1: $t=-2.060$, $df\ 305$, $p<.05$.

4.3.8 Neighbourhood Social Cohesion

The Social Cohesion and Trust Scale measured the social cohesiveness of the neighbourhood where the DCJ and NGO children resided. There were similar levels of neighbourhood social cohesiveness as reported by the DCJ and NGO carers, as shown in Figure 15. Figure 15 also shows that the mean social cohesiveness scores remained consistent in each wave.

Figure 15: Neighbourhood social cohesion by DCJ/NGO, POCLS wave 1-5

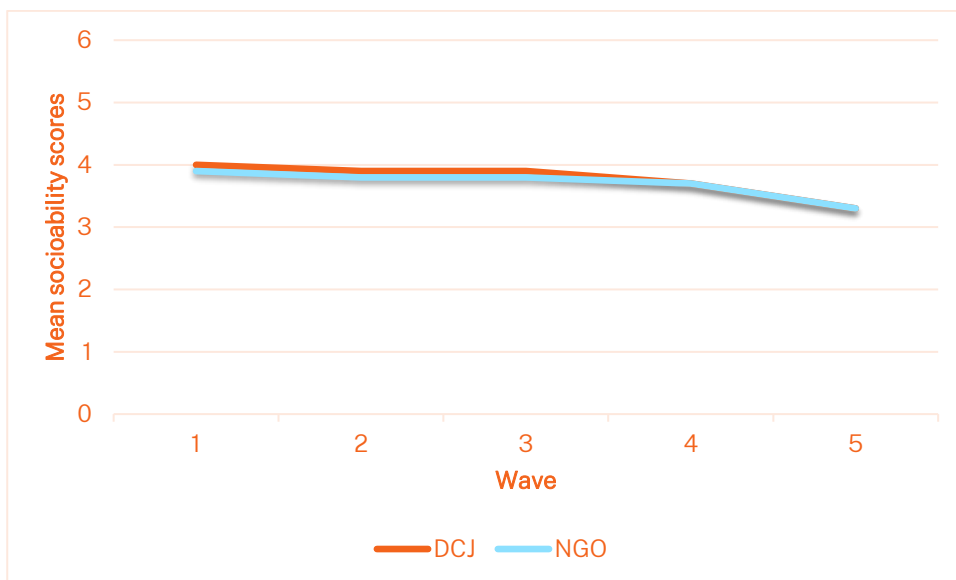


Note: Waves 1-5: n.s.

4.3.9 Child temperament

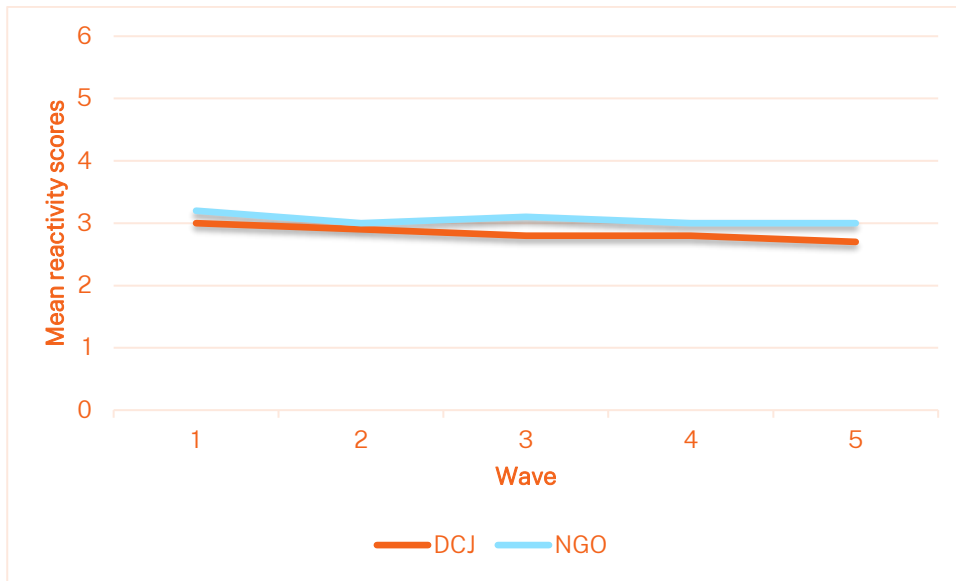
Children's temperament was also considered with the results showing little differences in approach/sociability (Figure 16) and some differences in persistence and reactivity between children placed with DCJ carers and those placed with NGO carers (Figures 17 and 18). Children placed with NGO carers generally had higher negative reactivity and lower persistence than their DCJ counterparts.

Figure 16: Child temperament (Sociability) by DCJ/NGO, POCLS wave 1-5



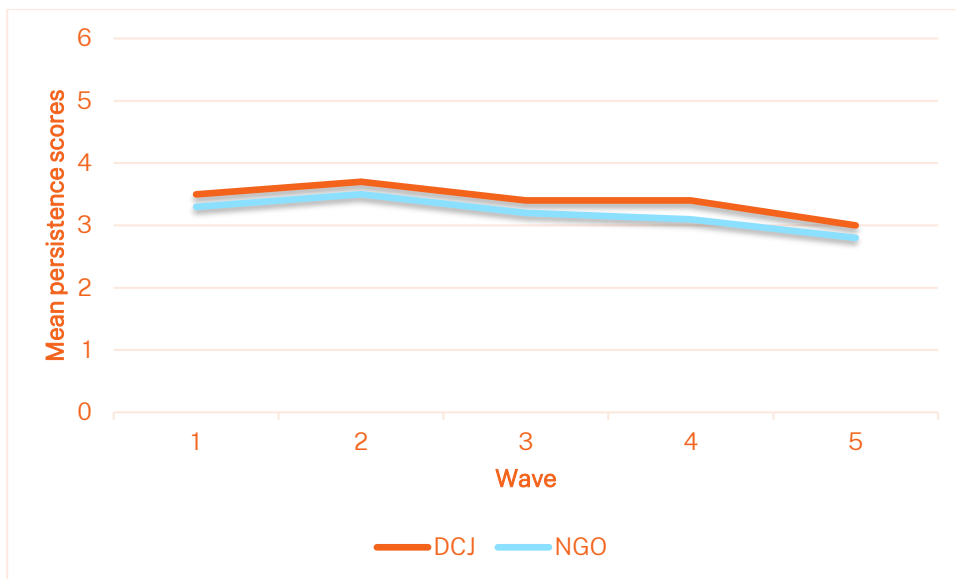
Note: Waves 1-5: n.s.

Figure 17: Child temperament (Reactivity) by DCJ/NGO, POCLS wave 1-5



Note: Waves 2: n.s.; Wave 1: $t=-2.245$, $df\ 638$, $p<.05$; Wave 3: $t=-2.755$ $df\ 605$, $p<.01$; Wave 4: $t=-1.983$ $df\ 567$, $p<.05$; Wave 5: $t=-2.906$, $df\ 508$, $p<.01$.

Figure 18: Child temperament (Persistence) by DCJ/NGO, POCLS wave 1-5



Note: Waves 1-2, 5: n.s.; Wave 3: $t=2.584$, $df\ 600$, $p<.05$; Wave 4: $t=3.175$, $df\ 546$, $p<.01$.

4.3.10 Mixed effects models

In the final step of the analysis, we simultaneously examined all the relevant characteristics above in a mixed effects model. We estimated the between-group differences over Waves 1-5 on children's probabilities of falling in the typical range of socio-emotional wellbeing. The dependent variable in the model is the probability of a child (i) being typical in the socio-emotional measure at a particular time (j), P_{ij} .

Table 5 presents the results (i.e., odds ratios²³) from two random-intercept models on the socio-emotional wellbeing of the POCLS children²⁴. Model 1 (left column) contains three variables only – the group/case management provider variable (indicating whether a child is with DCJ=0 or NGO=1), time (i.e., waves of data collection) and the interaction term between group and time. Model 2 (right column) contains the three variables in Model 1 plus a list of other related factors significantly associated with a child's socio-emotional wellbeing²⁵.

Model 1 (unadjusted for the additional factors in Model 2) shows that case management provider and time are significantly associated with socio-emotional wellbeing, and NGO-managed children were less likely to have typical socio-emotional wellbeing. This result is consistent with the descriptive analysis finding above, where Figure 2 shows that a larger proportion of NGO children had poorer socio-emotional wellbeing. However, the fact that the interaction term of case management provider by time is not statistically significant in Model 1 suggests that the changes in socio-emotional wellbeing between children over time cannot be explained by a child being case managed by a DCJ or NGO provider.

We know there were systematic differences in various aspects of OOHC between the DCJ and NGO groups, including service support, carer mental health and parenting practice. Controlling for these differences in the model reveals a different story. As shown in Model 2, in addition to the interaction between the case management provider and time, the effect of the case management provider is also not statistically significant, suggesting that the variation in socio-emotional wellbeing amongst the DCJ- and NGO-managed children can be explained by the additional factors included in the model and not by which case management provider the children were placed with.

Model 2 reveals that the following factors are significantly associated with a child's socio-emotional wellbeing. The key findings are summarised below.

- The socio-emotional wellbeing of these children generally became poorer over time. The odds of having a typical socio-emotional wellbeing decreased by 17.4% with each subsequent wave of data collection (i.e., around 18 months apart).
- Socio-emotional wellbeing varied among children of different ages. Older children (aged 7-11 years and 12-17 years) at first entry to care had reduced odds (by 57.6% and 70.7%, respectively) of having typical socio-emotional wellbeing than children under three years.
- Children with a disability had reduced odds (by 83.6%) of having typical socio-emotional wellbeing than children without a disability.
- Children with high negative reactivity had reduced odds (by 65.3%) of having typical socio-emotional wellbeing. Conversely, high persistence and sociability were associated with increased odds (by 91.0% and 39.2%, respectively) of having typical socio-emotional wellbeing.
- The levels of psychological distress experienced by carers were negatively associated with children's socio-emotional wellbeing. A medium level of psychological distress by carers (compared to a low level) was associated with a 37.6% reduction in the odds of

²³ An odds ratio above 1 indicates that the odds of the outcome occurring increase as the predictor increases, while an odds ratio below 1 indicates that the outcome and the predictor move in opposite directions.

²⁴ These are the results of the models with the 'typical/atypical' variable that was based on the established cut-off approach. The consistent cut-off approach produced similar results (not presented). While the parameter coefficients/odds ratios changed slightly between the two approaches, the direction of the relationships between variables remained consistent.

²⁵ Only variables that were statistically significant are included in the final model (Table 5). The full model that contains all independent variables is presented in Appendix A.7.

children having typical socio-emotional wellbeing. A high/very high level of psychological distress was associated with reduced odds (by 79.1%) of having typical socio-emotional wellbeing.

- Carers' dissatisfaction with having enough information about the child was associated with a reduction (by 47.0%) in the odds of children having typical socio-emotional wellbeing. Similarly, not being satisfied with opportunities to meet other foster or kinship families was associated with reduced odds (by 52.6%) of having typical socio-emotional wellbeing.
- Parental warmth by carers towards the child was associated with an increase (by 14.3%) in the odds of children having typical socio-emotional wellbeing. Conversely, parental hostility was related to a 9.9% reduction in the odds of having typical socio-emotional wellbeing.
- Being cared for by an older carer was positively associated with children's socio-emotional wellbeing. Being cared for by older carers (aged 41-50 and 61+ years in comparison to aged less than 40 years) was associated with increased odds (by 76.0% and 117%, respectively) of having typical socio-emotional wellbeing.
- Placement stability was positively associated with children's socio-emotional wellbeing. The increase of one additional placement (excluding respite placement) was associated with a 7.5% reduction in the odds of having typical socio-emotional wellbeing.

Table 5: Effects of case management by DCJ/NGO and other factors on children's socio-emotional wellbeing, POCLS waves 1-5

	Model 1 Odds ratio	Model 2 Odds ratio
Case management provider (NGO vs DCJ)	0.354***	0.787 n.s.
Time (wave of data collection)	0.744***	0.826**
Service provider * Time	0.967 n.s.	0.967 n.s.
Child age at first entry		
0-2 years		1.000
3-6 years		0.657 n.s.
7-11 years		0.424***
12-17 years		0.293*
Child temperament		
Reactivity		0.347***
Persistence		1.910***
Sociability		1.392***
Carer psychological distress (K10)		
Low		1.000

Medium	0.624*
High/Very high	0.209***
Carer satisfaction with having enough info about child	
Satisfied	1.000
Not satisfied	0.530**
Carer satisfaction with opportunities to meet other foster/kinship families	
Satisfied	1.000
Not satisfied	0.474***
Parenting style	
Parental Warmth	1.143***
Parental Hostility	0.901***
Carer age at first interview	
< 40 years	1.000
41-50 years	1.760**
51-60 years	1.345 n.s.
61+ years	2.170**
Child disability status	0.164***
Number of total placements (excl. respite)	0.925*

Note: *** < 0.001, ** < 0.01, * < 0.05, n.s. Not significant.

Model 1 – Number of children (n)=746, AIC=2895.4, BIC=2925.4, Deviance=2885.4, Random Intercept Variance=5.231, Std Dev=2.287.

Model 2 – Number of children (n)=609, AIC=1176.2, BIC=1295.9; Deviance=1132.2, Random Intercept Variance =1.163, Std Dev=1.078.

5. Discussion

In this report, we first explored the patterns of case management by DCJ and NGOs. The results show an increased transition of children from DCJ to NGOs, although most children in the POCLS population stayed in either DCJ- or NGO-managed care the whole time. Children case-managed by NGOs tended to remain in OOHC longer than their DCJ counterparts.

We also explored the socio-emotional development of DCJ- and NGO-managed children over a follow-up period of eight years to determine the effect of case management providers on a child's socio-emotional wellbeing. We focused on children who did not change case management providers during the study period (to avoid the confounding effect of provider

changes) and controlled for the systematic differences found in the child, placement and carer characteristics between DCJ and NGOs and the dependencies of repeated measures using a mixed effects modelling framework.

There was no evidence of better socio-emotional wellbeing for NGO-managed children than for DCJ-managed children. NGO-managed children generally had poorer socio-emotional wellbeing than their DCJ counterparts. However, the difference was not attributable to the child being case-managed by NGOs but to other child- and carer-related factors.

This finding is not unexpected, given that existing literature, though limited in scope, has not identified superiority in service and outcome deliveries between public-private organisations (Steen & Smith, 2012; Stanley et al., 2013). This analysis does not provide support for the premise underpinning the transition that NGOs would achieve better results for children in care. Children's socio-emotional outcomes are affected by many factors, and the case management provider is not one of them. Simply transitioning children to an NGO provider will not achieve better outcomes for children. More needs to be done to address factors associated with better outcomes to ensure that children and their carers are provided with quality services and that their needs are addressed promptly and adequately.

Consistent with the findings by Steen & Smith (2012), our study indicates that the public or private sector has its own advantages and challenges when delivering OOHC services. We found that NGOs as a sector seemed to outperform DCJ in some areas but fall behind in others. NGOs have generally done better in some aspects of carer support, including caseworker accessibility, assistance to carers, and peer support (i.e., providing opportunities for the children and their carers to meet with other foster or kinship families). DCJ seemed to have done a better job in providing carers with enough information about the child.

While case management provider is not a significant predictor of a child's socio-emotional wellbeing, a number of child and carer characteristics are. Significant factors found in our study include the child's age, disability status and temperament, carers' age, mental health, parenting practice, satisfaction with having enough information about the child, and opportunities to meet other foster or kinship families. At entry, older children (7-11 and 12-17 years) appeared most at risk of having adverse socio-emotional wellbeing. So were children with a disability. Research shows that children who entered care at an older age were more likely to have poorer outcomes, such as behavioural and mental disorders, than children who entered at a younger age (Walsh et al., 2018). The finding on disability is consistent with another POCLS study, which shows that children with disability have poorer socio-emotional wellbeing than children without disability (Cheng et al., 2023).

Child temperament is shown to predict child outcomes (Walsh et al., 2018). Our study found that children with a temperament trait of low sociability and persistence or high negative reactivity were associated with negative socio-emotional outcomes. This finding is consistent with the previous study by Wells (2020). Gaining a better understanding of a child's temperament may assist caseworkers and carers in better identifying potential behavioural problems and improving children's socio-emotional wellbeing.

Carers play an important role in the child welfare system by providing quality care for children in OOHC. We found that better socio-emotional wellbeing was associated with placement with older carers, carers with low psychological distress, or carers with a warm or less hostile parenting style, which aligns with findings from existing studies. Older carers may have more prior experience in and commitment to caregiving (Ryder et al., 2022). Carer psychological distress may impact parenting practice (i.e., warm/hostile) and the capacity of carers to provide sensitive and responsive care (Farmer et al., 2005; Ryder et al., 2022). Given that the wellbeing of carers has implications for the wellbeing of children in their care (Ryder et al., 2022), ameliorating carer stress is critical in supporting carers (Walsh et al., 2018).

Providing enough information about the child and peer support to the carers is essential. Our study shows that children's poor socio-emotional wellbeing was associated with their carers being not satisfied with having enough information about the child or opportunities to meet other foster or kinship families. Enough information about the child (e.g., medical history) would allow carers to know better about the child placed with them and seek help earlier to prevent issues from developing further. Opportunities to meet other foster or kinship families can provide emotional support and information sharing among carers. The availability of a peer support network can help carers manage their finite resources towards meeting caregiving requirements (Ryder et al., 2022).

Consistent with the review by Walsh et al. (2018), we found that placement type is not predictive of children's socio-emotional wellbeing and is not a confounding factor in measuring the relative effectiveness of DCJ and NGOs. However, it was found that placement stability was positively associated with children's socio-emotional wellbeing. Stability is very important in a child's life in care (Walsh et al., 2018). Hence, maintaining placement stability is critical in providing stable and nurturing homes for children in OOHC.

There was a downward trend in children's socio-emotional wellbeing over the first five waves of the POCLS data collection, covering the first eight years or so after they entered OOHC for the first time. Despite the focus on children's outcomes in recent years, both sectors saw a large increase in the proportion of children who fell into the atypical socio-emotional status from Wave 2 onward, with the increase being more pronounced for children placed with NGO carers than for those placed with DCJ carers. This may be, in part, due to the aging of the sample. The average age of the sample in Wave 1 was 4.7 years old; by the time of Wave 5, it was 11 years old. Older children generally have more emotional and behavioural issues, so the results in this report are likely to reflect differences in children's developmental stages. Subsequent data collections from POCLS will confirm if this trend continues into their later years in OOHC.

Another area of potential concern is that at the latest wave of POCLS interviews (i.e., Wave 5) where NGO carers appeared to experience higher psychological distress and a drop in overall satisfaction with the foster or kinship parenting experience, corresponding to the poorer socio-emotional wellbeing experienced by the NGO children in Wave 5. This may reflect the current reality of caregiving in the NGO sector. Further research is required to see if this trend continues and understand what drove the changes.

5.1 Limitations

The POCLS is an observational study. The relationships we found in the current study are correlations only and do not imply causality. Hence, readers should interpret the findings in this report with caution.

There are some limitations to the use of measures. While we harmonised the outcome measure across different age groups to create a single measure to track changes over time, the transformation of the socio-emotional measures (i.e., BITSEA, CBCL) into binary formats resulted in the loss of information. The use of non-linear mixed models was quite complex and posed additional complications in parameter estimation. Another limitation is that children might improve or decline in scores (e.g., CBCL) but not change from one category to another (from normal to clinical). This won't be picked up with the use of the binary outcome variables.

The temperament measures used in the POCLS may not be reliable and do not provide good estimates of temperament for children in the POCLS cohort, especially for those children who were chronically maltreated from birth. Poor conditions for attachment development and exposure to trauma might cause major changes to their sociability, emotion, attention and

neuro-development. Readers need to keep this in mind when interpreting the results on temperament and socio-emotional wellbeing.

The use of mixed effects modelling might also have some drawbacks. It assumes sample homogeneity, which is an assumption that may not be strongly held with the POCLS data because there is a mix of ages within the POCLS interview sample. This issue was alleviated by controlling the effect of children's ages in the model.

Finally, this study examined one outcome measure only (i.e., children's socio-emotional wellbeing). Future research could investigate other outcome measures, such as health and mental health, education, etc, for which the POCLS has the linked administrative data.

5.2 Implications for policy/practice

Understanding differences in the delivery of OOHC services between the government and non-government sectors has enormous policy significance, both with respect to child outcomes and service costs. The completion of this study coincides with the recently released PSP evaluation report, which calls for the design of PSP to be substantially overhauled and specific components of the reform discontinued (Rose et al., 2023). The three-year evaluation of the PSP by a consortium of experts reveals that the PSP failed to demonstrate the larger positive impact on children that it was supposed to deliver, and there is little evidence that receipt of a PSP package substantially improved children's safety, permanency, stability and wellbeing (Rose et al., 2023). As noted above, the transition to NGOs commenced in March 2012 and continued after the implementation of PSP reform in October 2017. This report complements the evaluation report by further providing that NGOs as a sector did not achieve better socio-emotional wellbeing for children in care.

Given the results from the current study, a review of the policy to transition children to NGOs may be required and could form part of the policy response to the PSP evaluation report. It is important that transitions should only occur when it is in the best interest of the child to do so rather than trying to meet the transition target. From this analysis it appears that no real benefits are to be achieved for a child by simply transitioning from DCJ to an NGO case management provider.

These results also highlight the importance of child and carer factors, such as the age of the children when entering care and the carer's mental health, when it comes to achieving and improving children's socio-emotional wellbeing in care. The results on child temperament and parenting style also suggest that consideration may need to be given as to whether there is a potential conflict between a child's temperament and a carer's parenting style when placing a child in care.

6. Conclusions

NGOs play an increasingly important role in the NSW child welfare system as the transition to NGOs continues. This study found no evidence that NGOs as a sector achieve better outcomes for children in care. Turning away from the public sector will not solve all the problems in the child welfare system. The policy focus should shift from the simplistic view of the public-private divide to a more comprehensive understanding of how the child, carer and system factors and their interplay affect children's outcomes in OOHC.

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8. Appendix

All tables in this section were processed and produced in SPSS while the analyses in the main text were conducted in R. The number of children who were case-managed by DCJ differed by one (n=2138 in SPSS versus n=2137 in R) possibly due to the way the software program worked.

Table A.1 Sample characteristics of children who did not move

	DCJ (n=2,138)		NGO (n=449)		Total (n=2,587)	
	n	%	n	%	n	%
Gender						
Male	1,057	49.4	240	53.5	1,297	50.1
Female	1,081	50.6	209	46.5	1,290	49.9
Age at entry to OOHC***						
0-2 years	816	38.2	231	51.4	1,047	40.5
3-6 years	486	22.7	81	18.0	567	21.9
7-11 years	490	22.9	63	14.0	553	21.4
12-17 years	346	16.2	74	16.5	420	16.2
Cultural Background**						
CALD	125	5.8	34	7.6	159	6.1
Aboriginal	744	34.8	121	26.9	865	33.4
Other Australian	1,269	59.4	294	65.5	1,563	60.4
Disability***						
No	1,808	88.1	347	79.0	2,155	86.5
Yes	244	11.9	92	21.0	336	13.5
Type of first placement***						
Foster care	997	46.6	332	73.9	1,329	51.4
Kinship care	1,072	50.1	57	12.7	1,129	43.6
Other	69	3.2	60	13.4	129	5.0

District***

Hunter New England and Central Coast	533	25.0	103	23.1	636	24.7
Murrumbidgee Far West and Western NSW	418	19.6	42	9.4	460	17.9
Western Sydney and Nepean Blue Mountains	307	14.4	71	16.0	378	14.7
Mid North Coast and Northern NSW	196	9.2	57	12.8	253	9.8
South Western Sydney	291	13.7	42	9.4	333	12.9
Illawarra Shoalhaven and Southern NSW	202	9.5	49	11.0	251	9.8
South Eastern, Northern and Sydney	181	8.5	81	18.2	262	10.2

Source: DCJ administrative data

Notes: *** <.001; ** <.01; * <.05.

Table A.2 Binary logistic regression model of case management by NGO versus DCJ

Variables	Exp(B)	95% C.I. for EXP(B)	
		Lower	Upper
Age group at first entry			
0-2 years			
3-6 years	0.622**	0.454	0.851
7-11 years	0.569**	0.404	0.803
12-17 years	0.601*	0.398	0.906
Type of first placement			
Foster care			
Relative/Kinship care	0.185***	0.135	0.252
Other	2.741***	1.761	4.267

District			
Hunter New England and Central Coast			
Murrumbidgee Far West and Western NSW	0.418***	0.277	0.632
Western Sydney and Nepean Blue Mountains	1.155	0.798	1.672
Mid North Coast and Northern NSW	1.886**	1.255	2.837
South Western Sydney	0.519**	0.339	0.794
Illawarra Shoalhaven and Southern NSW	1.274	0.837	1.939
South Eastern, Northern and Sydney	2.774***	1.898	4.055
Disability			
No			
Yes	1.861***	1.382	2.506
Number of placements	1.208***	1.150	1.270
Number of Helpline assessed issues prior to 1st care period - children and young people risk	1.125*	1.027	1.233
History of neglect			
No			
Yes	1.465**	1.113	1.927
Constant	0.158***		
Note: *** <.001; ** <.01; * <.05			

Table A.3 Sample characteristics of children who moved from NGOs to DCJ

	Not moved (n=449)		Moved to DCJ (n=263)		Total (n=712)	
	n	%	n	%	n	%
Gender						
Male	240	53.5	134	51.0	374	52.5
Female	209	46.5	129	49.0	338	47.5

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Age at entry to OOHC**						
0-2 years	231	51.4	129	49.0	360	50.6
3-6 years	81	18.0	74	28.1	155	21.8
7-11 years	63	14.0	32	12.2	95	13.3
12-17 years	74	16.5	28	10.6	102	14.3
Cultural Background						
CALD	34	7.6	28	10.6	62	8.7
Aboriginal	121	26.9	85	32.3	206	28.9
Other Australian	294	65.5	150	57.0	444	62.4
Disability						
No	347	79.0	196	75.1	543	77.6
Yes	92	21.0	65	24.9	157	22.4
Type of first placement**						
Foster care	332	73.9	221	84.0	553	77.7
Kinship care	57	12.7	22	8.4	79	11.1
Other	60	13.4	20	7.6	80	11.2
District**						
Hunter New England and Central Coast	103	23.1	35	13.5	138	19.6
Murrumbidgee Far West and Western NSW	42	9.4	13	5.0	55	7.8
Western Sydney and Nepean Blue Mountains	71	16.0	70	26.9	141	20.0
Mid North Coast and Northern NSW	57	12.8	36	13.8	93	13.2
South Western Sydney	42	9.4	31	11.9	73	10.4

Illawarra Shoalhaven and Southern NSW	49	11.0	26	10.0	75	10.6
South Eastern, Northern and Sydney	81	18.2	49	18.8	130	18.4

Source: DCJ administrative data
 Notes: *** <.001; ** <.01; * <.05.

Table A.4 Binary logistic regression model of case management from NGO to DCJ

Variables	Exp(B)	95% C.I. for EXP(B)	
		Lower	Upper
Age group at first entry			
0-2 years			
3-6 years	1.298	0.849	1.984
7-11 years	0.677	0.390	1.176
12-17 years	0.595	0.344	1.029
District			
Hunter New England and Central Coast			
Murrumbidgee Far West and Western NSW	0.793	0.357	1.762
Western Sydney and Nepean Blue Mountains	3.934***	2.263	6.838
Mid North Coast and Northern NSW	1.588	0.849	2.972
South Western Sydney	2.477**	1.274	4.815
Illawarra Shoalhaven and Southern NSW	1.730	0.875	3.422
South Eastern, Northern and Sydney	2.600**	1.466	4.613
Number of placements	1.303***	1.221	1.390
History of carer drug and alcohol misuse			
No			
Yes	1.569*	1.089	2.260
Constant	0.080***		

Note: *** <.001; ** <.01; * <.05

Table A.5 Sample characteristics of children who were transitioned to NGOs

	No transition (n=2,138)		Transition to NGOs (n=870)		Total (n=3,008)	
	n	%	n	%	n	%
Gender						
Male	1,057	49.4	454	52.2	1,511	50.2
Female	1,081	50.6	416	47.8	1,497	49.8
Age at entry to OOHC***						
0-2 years	816	38.2	404	46.4	1,220	40.6
3-6 years	486	22.7	235	27.0	721	24.0
7-11 years	490	22.9	171	19.7	661	22.0
12-17 years	346	16.2	60	6.9	406	13.5
Cultural Background*						
CALD	125	5.8	68	7.8	193	6.4
Aboriginal	744	34.8	330	37.9	1,074	35.7
Other Australian	1,269	59.4	472	54.3	1,741	57.9
Disability***						
No	1,808	88.1	667	76.9	2,475	84.8
Yes	244	11.9	200	23.1	444	15.2
Type of first placement***						
Foster care	997	46.6	631	72.5	1,628	54.1
Kinship care	1,072	50.1	187	21.5	1,259	41.9
Other	69	3.2	52	6.0	121	4.0
District***						
Hunter New England and Central Coast	533	25.0	231	26.8	764	25.6
Murrumbidgee Far West and Western NSW	418	19.6	123	14.3	541	18.1
Western Sydney and Nepean Blue Mountains	307	14.4	142	16.5	449	15.0

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Mid North Coast and Northern NSW	196	9.2	106	12.3	302	10.1
South Western Sydney	291	13.7	99	11.5	390	13.0
Illawarra Shoalhaven and Southern NSW	202	9.5	63	7.3	265	8.9
South Eastern, Northern and Sydney	181	8.5	97	11.3	278	9.3

Source: DCJ administrative data

Notes: *** <.001; ** <.01; * <.05.

Table A.6 Binary logistic regression model of case management transition to NGOs

Variables	Exp(B)	95% C.I. for EXP(B)	
		Lower	Upper
Age group at first entry			
0-2 years			
3-6 years	0.738*	0.547	0.997
7-11 years	0.657*	0.476	0.906
12-17 years	0.574**	0.379	0.870
Type of first placement			
Foster care			
Relative/Kinship care	0.427***	0.331	0.552
Other	1.306	0.802	2.128
District			
Hunter New England and Central Coast			
Murrumbidgee Far West and Western NSW	0.385***	0.266	0.557
Western Sydney and Nepean Blue Mountains	1.343	0.959	1.880
Mid North Coast and Northern NSW	1.491	0.991	2.244
South Western Sydney	0.623*	0.429	0.905
Illawarra Shoalhaven and Southern NSW	1.134	0.744	1.729
South Eastern, Northern and Sydney	1.853**	1.260	2.725

Disability			
No			
Yes	1.816***	1.368	2.410
Number of placements	1.901***	1.800	2.007
History of prenatal reports			
No			
Yes	1.501*	1.095	2.058
Constant	0.054***		

Note: *** <.001; ** <.01; * <.05

Table A.7 Mixed effects model of children’s socio-emotional wellbeing – full model, POCLS Waves 1-5

	Odds ratio	Sig.
Case management provider (NGO vs DCJ)	0.668	n.s.
Time (wave of data collection)	0.699	***
Service provider * Time	1.019	n.s.
Age at first entry (Ref: 0-2 years)		
3-6 years	0.763	n.s.
7-11 years	0.638	n.s.
12-17 years	0.715	n.s.
Child gender (Male vs Female)	1.422	n.s.
Child Aboriginality (non-Aboriginal vs Aboriginal)	0.875	n.s.
Child disability status (Disability vs none disability)	0.143	***
Type of first placement (Ref: Foster care)		
Relative/kinship care	1.275	n.s.
Other	0.997	n.s.
District (Ref: Hunter New England & Central Coast)		
Murrumbidgee Far West and Western NSW	1.296	n.s.
Western Sydney and Nepean Blue Mountains	1.179	n.s.
Mid North Coast and Northern NSW	1.526	n.s.

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South Western Sydney	0.954	n.s.
Illawarra Shoalhaven and Southern NSW	1.072	n.s.
South Eastern, Northern and Sydney	0.765	n.s.
Number of placements (excl. respite)	0.894	**
Child temperament		
Reactivity	0.319	***
Persistence	2.199	***
Sociability	1.502	***
Carer satisfaction with child being able to reach caseworkers when needed (Not satisfied vs Satisfied)	0.931	n.s.
Carer satisfaction with relationship with other agencies related to the child (Not satisfied vs Satisfied)	1.334	n.s.
Carer satisfaction with assistance from caseworkers (Not satisfied vs Satisfied)	0.642	n.s.
Carer satisfaction with opportunities to meet other foster/kinship families (Not satisfied vs Satisfied)	0.348	***
Carer satisfaction with having enough info about child (Not satisfied vs Satisfied)	0.704	n.s.
Carer overall satisfaction with foster/kinship parenting (Not satisfied vs Satisfied)	3.850	n.s.
How well child's needs met in terms of maintaining family relationships (Well vs Not well)	1.330	n.s.
Annual household income before tax (Ref: <40k)		
40k - <80k	1.554	n.s.
>=80k	1.587	n.s.
Carer education level (Ref: High school or less)		
University	1.153	n.s.
Other post school qualification	0.935	n.s.
Carer psychological distress (K10) (Ref: Low)		
Medium	0.409	**
High/Very high	0.315	n.s.
Very close child-carer relationship (Yes vs No)	1.628	n.s.

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Social cohesion and trust scale	1.030	n.s.
Parenting style		
Parental Hostility	0.909	**
Parental Warmth	1.179	***
Good child-mother relationship (Yes vs No)	1.265	n.s.
Sibling coplaced (Yes vs No)	1.468	n.s.
Helpline assessed issue before entry to care (carer mental health issue vs no carer mental health issue)	0.707	n.s.
Carer age at first interview (Ref: <40 years)		
41-50 years	1.863	*
51-60 years	1.133	n.s.
61+ years	2.857	*

Note: *** < 0.001, ** < 0.01, * < 0.05, n.s. Not significant.

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