

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

Snapshot

September 2025



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Prepared by

Dr Nafisa Asif, Merran Butler and Marina Paxman from FACSIAR in collaborations with the Child and Family team, the Office of the Senior Practitioner, and the Transforming Aboriginal Outcomes team at the NSW Department of Communities and Justice.

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About the information in this report

All the analyses presented in this report are based on the Wave 1-5 unweighted data collected in face to-face interviews with children, young people and caregivers.

Pathways of Care Longitudinal Study Clearinghouse

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

Study design by FACSIAR (DCJ); Australian Institute of Family Studies; Sax Institute, Professor Judy Cashmore, University of Sydney; Professor Paul Delfabbro, University of Adelaide; Professor Ilan Katz, University of NSW; Dr Fred Wulczyn, Chapin Hall Center for Children University of Chicago.

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Executive summary

About the Pathways of Care Longitudinal Study

The Pathways of Care Longitudinal Study (POCLS) is funded and managed by the NSW 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 collected from various sources. The child developmental domains of interest are physical health, socio-emotional wellbeing and cognitive/learning ability.

Summary of POCLS key findings

- Ten years after entering OOHC, half of the children and young people had high needs in at least one developmental domain — socio-emotional, verbal, or non-verbal.
- Children and young people's socio-emotional wellbeing declined over time, with 15% in the clinical range at Wave 2 and 28% at Wave 5.
- Children and young people's verbal ability improved over time, with 83% in the typical range at Wave 1 and 88% at Wave 5.
- A high proportion of children and young people were in the typical range for non-verbal ability across all waves (69% at Wave 1; 76% at Wave 5).
- Placement in relative/kinship care was associated with a 'persistently low difficulties' in children and young people's socio-emotional trajectory. Factors associated with a 'clinical' socio-emotional trajectory were being male, exposure to significant risk of harm before entering OOHC, frequent placement changes, and caregivers with psychological distress.
- On school entry, nearly 30% of children were developmentally vulnerable on 2 AEDC domains (3 times the national average). Only 68% of young people participated in the Year 9 NAPLAN.
- Although 46% of children achieved higher reading scores in Year 3, most did not maintain this achievement. Higher reading levels were associated with cognitive ability, low externalising behaviours, and carer's level of education and support.
- Children and young people with a disability had poorer outcomes across physical, socio-emotional, and cognitive domains, regardless of their placement type. However, they have fewer difficulties at school and better school bonding.
- Aboriginal children and young people in the first 5 years of OOHC generally had similar developmental trajectories to their non-Aboriginal peers, however 46% of Aboriginal children needed additional support on entry to school (AEDC results) and 37% achieved higher reading scores in Year 3 (NAPLAN results).
- Restoration of Aboriginal children and young people in OOHC is low with 15% of the POCLS cohort restored by Wave 4. For those who were restored, the average time in OOHC was 2.5 years.

- Aboriginal children and young people who had cultural connections through socialising with their birth communities were less likely to have socio-emotional and behavioural problems.
- CALD children and young people had similar developmental outcomes to their non-CALD peers, however many lacked cultural identity or exposure to language. About one-third of CALD children and young people were restored by Wave 3.
- Placement stability was associated with younger age at entry to OOHC, relative/kinship care, and carer satisfaction in their caring role. Each placement change reduced the child or young person's likelihood of being in the typical range for physical, cognitive and socio-emotional development.
- Spending time with family, and strong relationships with carers and birth family, were linked to better socio-emotional wellbeing for children and young people. At least monthly contact with birth family improved relationship quality.
- Children and young people placed in relative/kinship care had slightly better developmental outcomes compared to other placement types. Carer satisfaction and wellbeing are also linked to better child outcomes. Support to carers needs to be tailored to their needs.
- Children managed by NGOs had poorer socio-emotional wellbeing than those managed by DCJ, due to child and carer factors rather than agency type.
- Young people aged 12–14 years at entry to OOHC were most at risk to first offences; and residential care placements were associated with a 20-fold increase in offending rates compared to other placement types.
- Children and young people in residential care fare poorly: 20% in the typical range for socio-emotional wellbeing; 62% had developmental delays; and 45% were prescribed medication to manage behaviour.
- At Wave 5, 22% of children and young people were on guardianship orders. Children and young people in the 'transitioned guardians cohort' had similar outcomes in cognitive and socio-emotional development compared to their peers in relative/kinship care in the short to medium term but showed improved relationships with their guardians.
- Prior to *Your Choice, Your Future*, 38% of young people aged 15-17 years were in the atypical range for socio-emotional wellbeing. Foster carers reported that young people did not have leaving care plans (44%) and awareness of aftercare services was rated as low (20%).

Key implications for policy and practice

The integration of findings show child wellbeing in OOHC is positively associated with:

- Culturally sensitive developmental assessments for all children and young people on entry to OOHC, access to appropriate services, and routine ongoing monitoring.
- Understanding how early risk and protective factors impact longer-term wellbeing.
- Placement stability.
- Effective and tailored support for carers, satisfaction in their caring role, and carer psychological wellbeing.

- Children and young people having emotionally responsive carers with a warm parenting style.
- Children and young people in relative/kinship care and placements with siblings
- Cultural connections for Aboriginal children and young people through socialising with their birth communities.
- Family time with both or at least one parent and siblings.
- Educational engagement and performance.
- Providing clear information to children and young people, parents and carers.
- The POCLS publications are available to download from the [study webpage](#).

Translating POCLS evidence into practice

Transforming outcomes for Aboriginal children

Bianca Jarrett

Executive Director, Transforming Aboriginal Outcomes



Transforming Aboriginal Outcomes has been a partner in the POCLS since its inception and has played an active role in the POCLS Scientific Working Group, Evidence to Action Working Group and broader collaborative governance efforts.

In 2022–2023, Transforming Aboriginal Outcomes played a leadership role in the development and oversight of the Expression of Interest (EOI) process for Aboriginal-led or partnered research projects using the POCLS data. This process was governed by the POCLS EOI Steering Committee, chaired by the Deputy Secretary, Transforming Aboriginal Outcomes. The Steering Committee included Aboriginal stakeholders such as AbSec, and was responsible for endorsing application guidelines, selection criteria, and identifying successful applicants. It marks the first time DCJ has funded Aboriginal-led research with shared decision-making involving Aboriginal peaks and stakeholders, supporting ongoing oversight and cultural governance of research activities.

The important research that POCLS has produced has provided critical evidence to inform key initiatives and system reform, including:

- Restoration of Aboriginal Children (Newton, Katz) – Findings from this research have led to a Ministerial commitment to establish an Aboriginal Restoration Taskforce to focus on increasing the number of Aboriginal children and young people being restored to parents or family. DCJ is working in partnership with the lead researcher, Associate Professor BJ Newtown, who is scoping the development of an Aboriginal restoration model.
- Cultural and family connections (Delfabbro, Cashmore) – Findings from this research have provided evidence to reinforce that Aboriginal children and young people in OOHC with strong connection to family and culture have better outcomes. This has informed the design of the Active Efforts policy which places a strong emphasis on family-centred practice, and cultural planning that prioritises connection to family and culture. Also, the creation of new Aboriginal Family Time workers in Child Protection Practice to focus on ensuring Aboriginal children and young people in OOHC have consistent and regular contact with their families to increase the prospects of restoration.
- Education (Maclean, Lima, O'Donnell) – Findings from this research help to inform the expansion of the Aboriginal Child and Family Centres. These centres provide culturally safe wraparound Early Childhood Education and Care services, integrated maternal and infant health services and family support services. Centres aim to ensure Aboriginal children and young people are able to thrive and meet their developmental milestones, setting a strong foundation to improve educational outcomes. Six new ACFCs will be established by June 2027, which will bring the total number of Aboriginal Child and Family Centres in NSW to 15.

Placement stability in focus

Briony Foster

Executive Director,
High Cost Emergency Arrangements Executive Lead



- The Placement Stability Project, which was approved for implementation in November 2024, is now in full-scale implementation across all DCJ districts, where children and young people in statutory OOHC are case managed by DCJ casework teams.
- The final design of the Placement Stability Project was achieved through a significant stakeholder engagement process, an inter-jurisdictional scan, and a large-scale literature review. The POCLS publications, particularly those from 2021 and 2023, have been relied upon heavily in the Project design, to better understand the factors that influence child developmental outcomes for children and young people in OOHC, and therefore develop policy and operational practice responses to promote best practice service provision.
- The POCLS publications have created greater visibility of the known negative outcomes that can be expected for children and young people who experience instability in care including that placement instability reduces the probability of children and young people being in the typical range for socio-emotional development, non-verbal development, gross motor and fine motor development. This knowledge has been used as key messaging in the implementation of the Placement Stability Project, shared across all DCJ districts, from Manager Casework level up to Executive District Directors.
- The POCLS publications have also demonstrated that there are known factors that can influence the likelihood of negative placement changes. The Placement Stability Project has adopted these known factors into its design, so that key best practice casework can be targeted at mitigating those known risk factors, where that is possible. For example, the POCLS data tells us that children and young people with a history of placement changes are at higher risk of moving again in the future. Early intervention supports are therefore applied, through the Project design, towards those risk factors - such as increased support, education and training of foster and relative/kinship carers with children and young people who have experienced at least one placement change before their current placement.
- The POCLS publications have shared a wealth of information in relation to what may help to support placements to remain stable. The POCLS data tells us that caregiver satisfaction is associated with placement changes; that placements were less likely to break down when caregivers felt satisfied in their caring role and supported by caseworkers. This key learning has been shared across all DCJ districts, and the Placement Stability Project has targeted focus on both policy and practice settings to increase carer support and enable the receipt of feedback from carers regarding whether their needs as carers are being met.
- The POCLS team are well-across the work of the Placement Stability and were integral in co-presenting on placement stability at the recent DCJ Practice Conference with the Placement Stability Project team and Psychological and Specialist Services.

Introduction

About the Pathways of Care Longitudinal Study

The overall aim of this study is to collect detailed information about the life course development of children and young people 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, on leaving care at 18 years, and during early adulthood.
- Describe children and young people's experiences while growing up in OOHC, post restoration, post adoption, on leaving care at 18 years, and during early adulthood.
- 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 and after leaving care.

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

The population cohort is a census of all children and young people who entered OOHC for the first time in NSW over the 18-month period 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 and were invited to join in the interviews. For more information about the study please visit the Pathways of Care Longitudinal Study webpage.

The Study has followed a cohort of children and young people aged 9 months – 17 years for approximately 12 years collecting in-depth longitudinal data on their development and experiences since entering OOHC for the first time. At August 2024, the dataset holds six waves of interview data collected at approximately 18-24 month intervals linked to the child and young person's administrative data. In 2025, young adults aged 18-25 years will be interviewed to understand their experiences and support needs in early adulthood focusing on relationships and identity, physical and mental health, education, employment, housing and justice.

Please see **Appendix 1** for information about how the POCLS sample was selected; **Appendix 2** for the data asset flow chart; **Appendix 3** for the Study timelines; **Appendix 4** for the number of children and young people who have participated in the POCLS interviews over a 12-year period (Wave 1-6); and **Appendix 5** for the permanency outcomes of the POCLS cohort.

The POCLS Governance

The POCLS is advised by a collaborative governance framework that includes the POCLS Aboriginal Governance Panel, Advisory Group, Scientific Working Group and Evidence to Action Group. The members represent stakeholders from government and non-government agencies, Aboriginal Community Controlled Organisations, advocacy organisations and universities.

The POCLS acknowledges Aboriginal people as the First Peoples of NSW and is committed to working with DCJ's Transforming Aboriginal Outcomes team, Aboriginal Culture In Practice team, and the POCLS Aboriginal Governance Panel to ensure that the over-representation of Aboriginal children and young people in the child protection system is addressed by robust evidence. We acknowledge that the over-representation of Aboriginal children and young people in OOHC today is the result of intergenerational trauma caused by Aboriginal children and young people being forcibly removed from their families, communities and culture under past government practices – the Stolen Generations. The POCLS is subject to ethics approval by:

- University of NSW (HC210985)
- Aboriginal Health & Medical Research Council of NSW (766/10)
- State Education Research Application Process (SERAP) NSW Department of Education (2012260), and relevant Catholic diocese
- NSW Population and Health Services Research Ethics Committee (HREC/14/CIPHS/74 Cancer Institute NSW: 2014/12/570)
- Australian Institute of Health and Welfare (EO2019-1-406).

The POCLS evidence base

The POCLS has created a world class evidence base through the publication of statistical and research reports, journal articles, evidence to action notes, newsletters, interactive dashboards and webinars. Analyses underway and planned, including 10 Aboriginal or led partnered projects, aim to answer priority policy questions to inform the OOHC System Reform to ensure OOHC service providers deliver quality services to enable children and young people to reach their full potential.

About this Snapshot

This Snapshot presents the POCLS evidence in thirteen sections covering child and young person's developmental outcomes, factors influencing child developmental outcomes, and permanency outcomes. We have also mapped the [POCLS publications](#) and [POCLS interactive dashboards](#) to the themes in the charters underpinning the [NSW Child Safe Standards for Permanent Care](#)^{1,2} that government and non-government service providers are responsible for upholding.

¹ The rights of children and young people arise from the United Nations Convention on the Rights of the Child and the Charter of Rights for Children and Young People in Out-of-Home Care (OOHC) in NSW. These charters underpin the NSW Child Safe Standards for Permanent Care.

² We have mapped the POCLS evidence to the charter's themes because on the 1 October 2025 the NSW Child Safe Standards for Permanent Care are being replaced with 10 Child Safe Standards.

Children and young people have the right to:

• Be safe and protected from harm	<i>All sections in this Snapshot; all POCLS dashboards particularly dashboard 2</i>
• Live a full life and develop healthily	<i>All sections in this Snapshot; POCLS dashboard 4</i>
• Participate in decisions that affect them	<i>Section 13 in this Snapshot; POCLS dashboard 8</i>
• Healthy living environments	<i>Sections 4, 9 and 11 in this Snapshot; POCLS dashboards 3, 7 and 9</i>
• Receive an education	<i>Section 2 in this Snapshot; POCLS dashboard 5</i>
• Receive quality health care	<i>Section 1 in this Snapshot; POCLS dashboards 4 and 8</i>
• Maintain relationships with family and people of significance	<i>Sections 4 and 11 in this Snapshot; POCLS dashboards 6, 7 and 11</i>
• Maintain connections to community, culture, language and spirituality	<i>Sections 4 and 11 in this Snapshot; POCLS dashboard 6</i>
• Information about issues that concern them	<i>Section 13 in this Snapshot; POCLS dashboard 8</i>
• Privacy	<i>Section 13 in this Snapshot; POCLS dashboard 8</i>
• Engage in leisure activities and spend time with their peers	<i>POCLS Dashboard 5</i>
• Services that assist them to achieve their full potential.	<i>All sections in this Snapshot, particularly 7, 9, 12 and 13; POCLS dashboards, particularly 8.</i>

With the growing OOHC evidence base including the POCLS, policy makers and practitioners are able to make better informed decisions to tailor interventions, provide timely services and improve the outcomes for children, young people and families needing support.

I would like to extend my sincere thanks to the children, young people, caregivers, teachers and caseworkers who give their valuable time to participate in this important Study to build significant new knowledge to improve the way we support children, young people and families.

Jessica Stewart

Executive Director, FACSIAR



Important considerations when interpreting the POCLS findings

The POCLS timeline

The evidence presented in this Snapshot includes the POCLS data collected from Wave 1 to Wave 5 interviews. The Wave 1 interview occurred approximately 17.4 months after the child's first entry to OOHC; Wave 2 took place after 3-4 years; Wave 3 after 5-6 years; Wave 4 after 7-8 years while Wave 5 was after 9-10 years of entering OOHC.

Generalisability of the findings

The POCLS sample may not be representative of all children and young people in OOHC and it is therefore, important to consider the population that the sample was drawn from when considering the generalisability of the findings. However, the value of prospective large scale longitudinal studies such as the POCLS is the capacity to offer an understanding of trajectories, developmental changes and possible causal associations, which are not possible with cross sectional or point-in-time data.

Standardised measures

The POCLS survey contains validated questions and standardised measures answered by children and young people and their caregivers. It is advisable that this Snapshot is read in conjunction with the POCLS Measures Manual (Technical Report 8) which provides an overview of each of the standardised measures used in the survey. 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 and young people 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. At this time, measures of child development had not been tested for validity and reliability with Aboriginal children and young people in Australia.

Historical context affecting outcomes of Aboriginal families

The findings presented in this publication include data collected from Aboriginal children, young people and families. Interpretation of the data should consider the factors associated with the over-representation of Aboriginal children and young people 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 and young person's development.

The implications for policy and practice should highlight strengths, develop Aboriginal-led solutions and ensure that better outcomes are achieved for Aboriginal people. Aboriginal kinships, community, connection to culture and family are culturally complex. The findings presented in this document do not aim to address this complexity.

Indigenous Data Sovereignty and Indigenous Data Governance

As DCJ is in the process of embedding the principles of Indigenous Data Sovereignty and Indigenous Data Governance this resource may not comply with those principles.

Information contained in this publication is based on knowledge and understanding at the time of writing and is subject to change.

1

Children and young people's developmental outcomes

Findings

1.1 Children and young people's developmental outcomes during the first ten years in OOHC

Socio-emotional wellbeing during the first ten years in OOHC

The POCLS includes measures of the children and young people's socio-emotional wellbeing³ using the Child Behaviour Check List (CBCL)⁴. The CBCL is standardised measure, meaning that it can be used to show how individuals are developing over time as well as how the children and young people compare with peers in the general population. The CBCL indicates whether the children and young people's development is in the normal, borderline or clinical ranges⁵.



³ Socio-emotional *wellbeing* and socio-emotional *development* has been used interchangeably throughout the document.

⁴ The Child Behaviour Check List (CBCL, Achenbach & Rescorla, 2000) was used to measure children and young people's socio-emotional and behavioural problems. The CBCL yields two principal composite indices: 'Internalising' and 'Externalising'. 'Internalising' includes scales for 'anxious-depressed', 'withdrawn-depressed' and 'somatic complaints' syndromes. 'Externalising' captures problems relating to external behaviours including scales for 'aggressive behaviour' and 'rule-breaking'. The CBCL Total Problems Score is the sum of all items including 'Internalising', 'Externalising' and 'Other' problems (e.g. sleep problems, eating problems, thumb sucking etc.). For more information please see [POCLS Technical Report 8](#)

⁵ Generally, a clinical range indicates that the child has high levels of difficulties that need professional intervention, a borderline range suggests the child's development is at risk and needs assessment/support, and a normal range indicates that the child is in the normal/typical range of the general child population. In the general population, 85% are usually in the typical range (normal range) for development and 15% in the atypical range of development (borderline and clinical range).

Figure1 shows children and young people’s socio-emotional wellbeing outcomes. This includes children and young people who participated in all four waves over an eight-year period from Wave 2⁶ to Wave 5 (NSW Department of Communities and Justice, 2025, unpublished).

At Wave 2, approximately three years after entering OOHC for the first time, 15% of children and young people were in the clinical range for socio-emotional wellbeing. This has increased with each wave and reached 28% at Wave 5, approximately 10 years after entering OOHC for the first time.

Figure 1 Children and young people’s socio-emotional wellbeing, Wave 2 to Wave 5

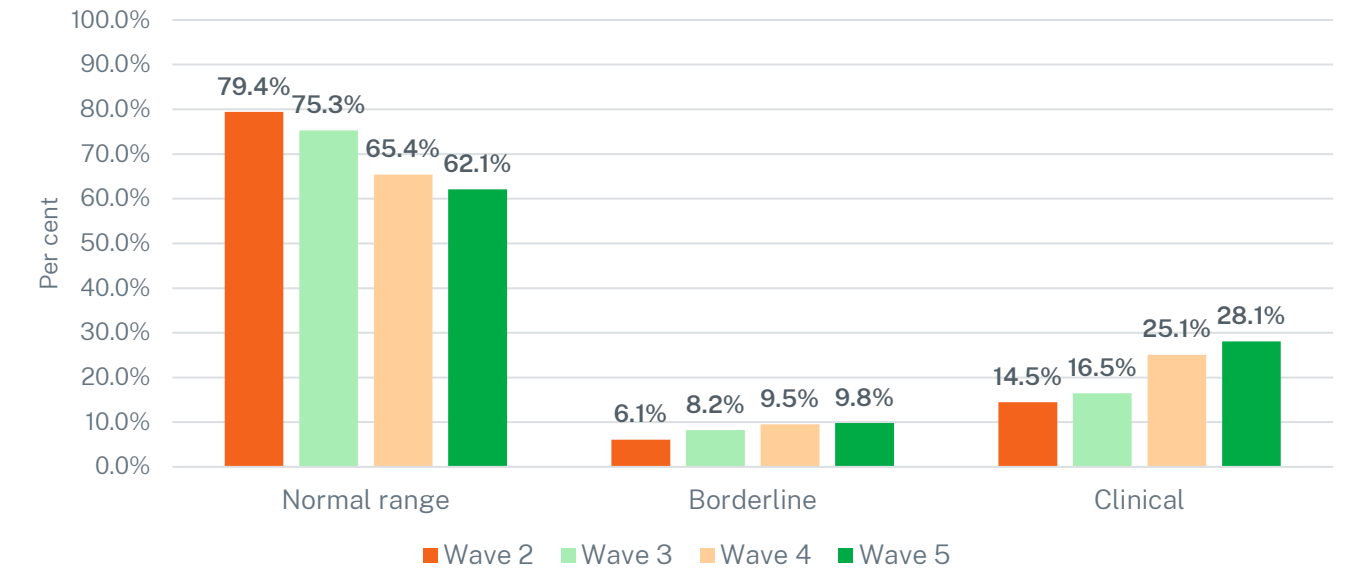


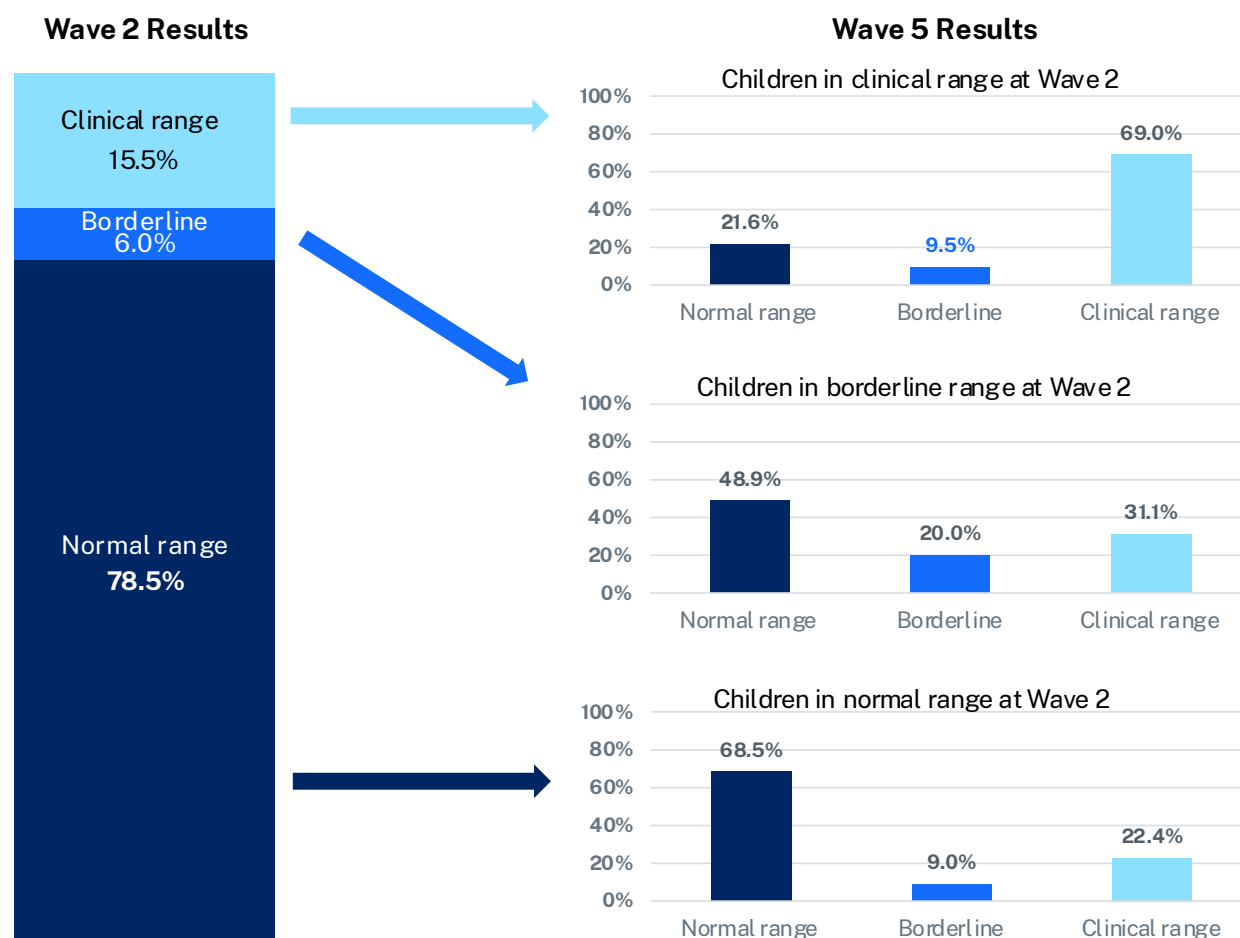
Figure 2 shows changes in socio-emotional outcomes of children and young people who participated both at Wave 2 and Wave 5. At Wave 2, the majority of children and young people (79%) were in the normal range, 6% were in the borderline range and 16% were in the clinical range for socio-emotional wellbeing (NSW Department of Communities and Justice, 2025, unpublished).

Approximately 10 years after entering OOHC for the first time:

- Of the children and young people who were in the clinical range at Wave 2, one-third had improved at Wave 5 with 22% in the normal range and 10% in the borderline range. The majority (69%) were still in the clinical range.
- Of the children and young people who were in the borderline range at Wave 2, half (49%) had improved and were in the normal range at Wave 5. However, 31% had declined and were in the clinical range and 20% were still in the borderline range.
- Of the children and young people who had been in the normal range at Wave 2, over two-thirds (69%) were still in the normal range at Wave 5. For the remaining 31%, their mental health had declined with 9% in the borderline range and 22% in the clinical range at Wave (NSW Department of Communities and Justice, 2025, unpublished).

⁶ Wave 2 was used as the starting point here as a different measure of socio-emotional wellbeing (the Brief Infant Toddler Social Emotional Assessment (BITSEA); Briggs-Gowan et al, 2004) was used for children aged 12-35 months at Wave 1.

Figure 2 Changes in socio-emotional wellbeing, Wave 2 to Wave 5



Children who participated in the CBCL in both Waves 2 and 5, n = 749

Cognitive development during the first ten years in OOHC

The POCLS includes measures of the children and young people's cognitive ability – both verbal and non-verbal ability. The measures indicate whether the children and young people's development is in the typical (normal) range or atypical (below typical range). A child being in the atypical range indicates that their development may be at risk and that they may require at least some additional support, possibly including ongoing, intensive professional assessment, intervention, and monitoring.

Figure 3 shows children and young people's developmental outcome in verbal ability⁷. This includes children and young people who participated at each wave from Wave 1 to Wave 5. A high proportion of children and young people were in the typical range for verbal ability – an increase from 83% at Wave 1 to 88% at Wave 5. The proportion of children and young people who were at risk of

⁷ Depending on the child's age, different standardised measures were used to measure the children's verbal ability. The Peabody Picture Vocabulary Test (PPVT-IV, Dunn & Dunn, 2007) was used for children aged 3 to 17 years to measure verbal ability after approximately the first 18 months in OOHC (Wave 1) onwards. The Communication and Symbolic Behaviour Scale - Infants and Toddler Checklist (CSBS ITC, Wetherby & Prizant, 2003) was used for children 9-23 months in Wave 1 and the MacArthur Bates Communicative Developmental Inventories (MCDI-III, Fenson, et al. 2007) vocabulary percentile rank was used for children 24-35 months in Waves 1 and 2 (covering approximately the first three years in OOHC).

developmental delay for verbal ability continued to decline from 17% at Wave 1 to 12% at Wave 5 (NSW Department of Communities and Justice, 2025, unpublished).

Figure 3 Children and young people’s development in verbal ability, Wave 1 to Wave 5

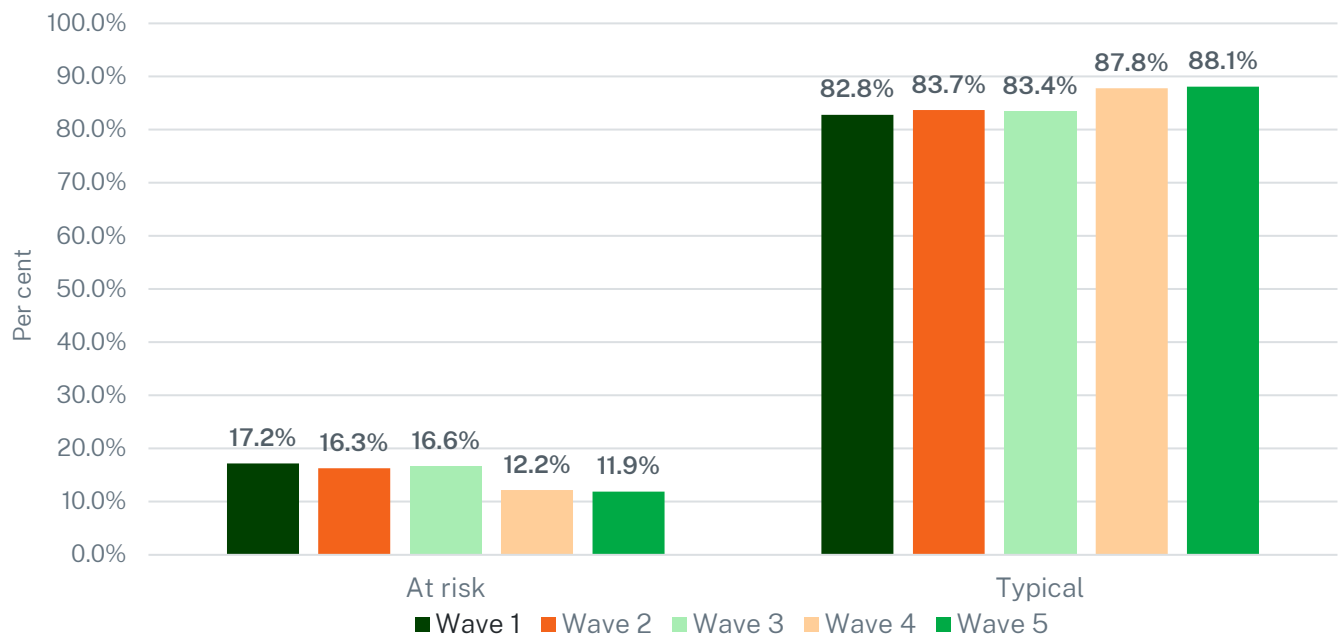
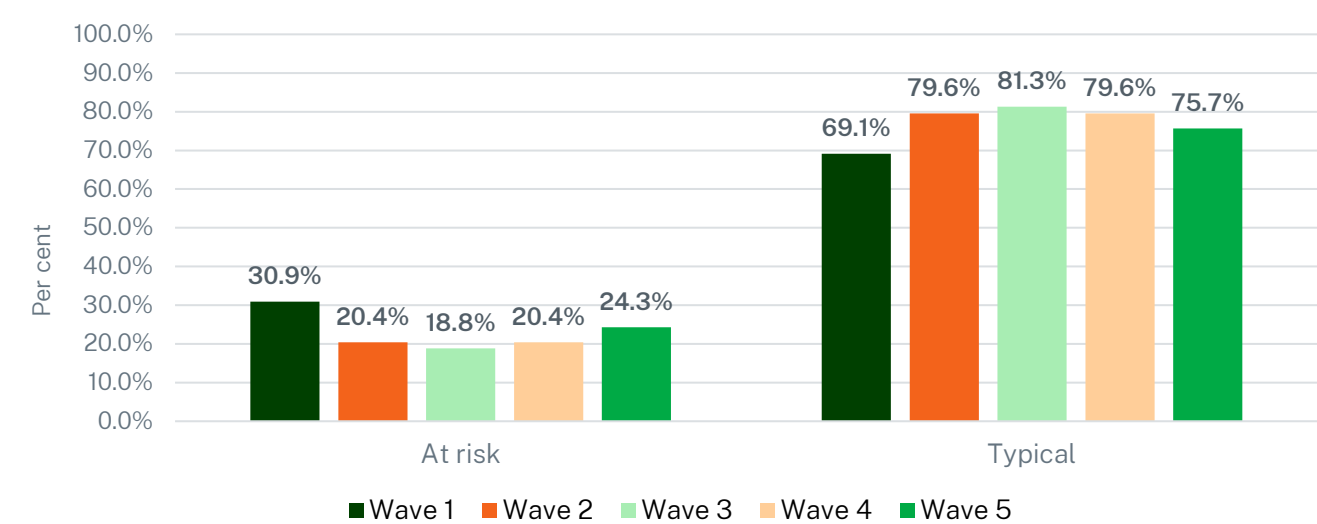


Figure 4 shows the children and young people’s cognitive development in non-verbal ability⁸ and includes children and young people who participated in all five waves. A high proportion of children and young people were in the typical range for non-verbal ability overtime – 69% at Wave 1 and 76% at Wave 5. The proportion of children and young people who were at risk of developmental delay for non-verbal ability decreased from 31% at Wave 1 to 19% at Wave 3 (5-6 years after entering OOHC) but increased again at Wave 5 (NSW Department of Communities and Justice, 2025, unpublished).

Figure 4 Children and young people’s development in non-verbal ability, Wave 1 to Wave 5



⁸ Non-verbal ability was measured by the Ages and Stages Questionnaire’s (ASQ3, Squires & Bricker, 2009) Problem Solving Scale for children aged up to 66 months from Wave 1 onwards and the Matrix Reasoning Test (MR WISC-IV, Wechsler, 2003) for children aged 6 to 16 years from Wave 1 onwards.

Table 1 shows the number of children and young people who have high needs in the three domains of development – socio-emotional, verbal and non-verbal development. Children and young people are considered to have high needs if they are in the clinical range for socio-emotional wellbeing and/or have below average range language skills and/or non-verbal intelligence.

Of the children and young people who participated in all three measures at Wave 5, half (50%) were identified as having high needs with clinical range developmental issues in at least one domain. Only 3% of these high needs children and young people had clinical range developmental issues across all three domains, while 15% had clinical range developmental issues for socio-emotional or behaviour only, 13% for non-verbal only and 5% for verbal ability only.

Table 1 Children and young people with high needs at Wave 5 (10 years after entering OOHC)

	n	%
High needs		
Behaviour only	77	15.1
Verbal ability only	25	4.9
Non-verbal ability only	65	12.7
Behaviour and verbal	15	2.9
Behaviour and non-verbal	33	6.5
Verbal and non-verbal	23	4.5
Behaviour, verbal and non-verbal	17	3.3
All normal/borderline/above normal ranges	255	50.0
Total children who participated in all three tests in Wave 5	510	100.0

1.2 Additional findings on developmental outcomes for different cohorts and associated factors

Health and development outcomes of children entering OOHC as infants

Most children who entered care as infants had a high level of developmental vulnerability (Lima et al., 2023) and predominantly remained in the care system into their childhood (Lima et al., 2024). At Wave 1, 36% of the children that entered care as infants were ‘at risk’ of developmental delay in physical health measured by health indicators at birth, and 70% were identified as developmentally vulnerable in cognitive ability and socio-emotional development using the POCLS standardised

measures. Only 17% of infants in OOHC received services for developmental delay (Lima et al., 2023).

For this cohort of children, there were varied findings for the physical and cognitive development trajectories and the socio-emotional trajectories. For the physical and cognitive developmental trajectories, the risk of developmental concerns reduced from 65% to 36% over the first five years after entering OOHC (Waves 1-3). Importantly, over the first five years of care, service provision increased substantially from 18% in Wave 1 to 45% in Wave 3 which coincided with the reduction in risk for developmental concerns. For socio-emotional trajectories, however, there was an increase in risk from Wave 1 to Wave 3, with 30% of the cohort being identified as at-risk for socio-emotional development in Wave 3 (Lima et al., 2024).



Exposure to maltreatment prior to OOHC and developmental outcomes

The presence of multiple risks at entry into or early in care was associated with minimal improvement in cognitive functioning and the poorest socio-emotional wellbeing at Wave 4, approximately 7-8 years after entering OOHC. Despite early deficits in socio-emotional and cognitive functioning for older children (aged around 7 years) entering care, these children showed some of the greatest improvements by Wave 4 (Wade, 2024).

Children and young people who had Risk of Significant Harm (ROSH) reports for carer drug and alcohol use prior to entry to OOHC were more likely to be in the typical range for verbal (Leggat, 2024) and non-verbal development compared to those without carer drug and alcohol reports⁹

(Wells et al.2020). Similarly, younger children (9 months to 5 years) who had ROSH reports for carer drug and alcohol use prior to entry into OOHC were more likely to be in the typical range for both fine and gross motor skills development, compared to children who did not have a report for carer drug and alcohol use¹⁰ (Wells et al., 2020; Leggat, 2024).

Furthermore, children and young people who had ROSH reports involving psychological harm prior to entry were less likely to be in the typical range for socio-emotional development compared to those who were not reported for psychological harm (Wells et al., 2020).

Factors associated with socio-emotional trajectories

There were three distinct socio-emotional trajectories among children and young people aged 3-17 years based on their total problem behaviours score at all four waves – ‘persistently low difficulties’ (29%), ‘normal’ (43%), and ‘clinical’ (28%), with each showing stable trends over time (Wave 1 to Wave 4). Relative/kinship care was associated with the ‘persistently low difficulties’ socio-emotional trajectory, while being male, exposure to maltreatment prior to entering OOHC, frequent placement changes, and caregiver’s psychological distress were associated with the ‘clinical’ socio-emotional trajectory (Hu et al., 2023).

Relative/kinship care, compared to foster care, was associated with the ‘persistently low difficulties’ while being male, having 8 or more pre-care substantiated risk of significant harm reports, having frequent placement changes, and caregiver’s psychological distress were associated with the ‘clinical’ socio-emotional trajectory (Hu et al., 2023).

Furthermore, the POCLS found that socio-emotional wellbeing was associated with children and young people’s temperament traits of reactivity, persistence and sociability. Children and young people’s temperament was generally stable across Wave 1 to Wave 4 (Wells, 2020).

Primary school age children with high needs

Hopkins and colleagues (2021) found that by Wave 3, approximately 40% of children and young people aged 5 to 12 years were identified as having high needs in at least one developmental domain. About 25% had clinical range issues in two domains, and 6% had clinical issues across all three domains. Around half of these children with high needs were Aboriginal.

COVID-19 and children and young people’s wellbeing in OOHC

Townsend and colleagues (2022) analysed the early impacts on the wellbeing and experiences of children and young people in OOHC and their carers prior to and post the first COVID-19 lockdown restrictions. A total of 862 children and young people and their carers were interviewed either pre-COVID-19 restrictions (April 2019–March 2020) or post-COVID-19 restrictions (June–December 2020). The findings indicate that:

- There were no significant differences in socio-emotional wellbeing between the two groups. However, both the pre- and the post-COVID-19 restriction groups of children and young people in OOHC had slight reductions in socio-emotional wellbeing.

¹⁰ The positive association between a particular type of ROSH report and development should be interpreted with caution and not be considered as a protective factor (e.g. reported carer drug and alcohol abuse improves non-verbal skills). Instead, this may be explained by the absence of other types of ROSH reported issues which may have a greater negative influence on development.

- The post-COVID-19 group showed that the pandemic restrictions affected children and young people's social relationships, education, social and physical activities, as well as time spent with their birth family (Townsend et al., 2022).

Implications for policy and practice

- On entry to OOHC, a proactive co-ordinated inter-agency service system is critical to replace a 'screening-refer' process and waiting for a need to be identified.
- On entry to OOHC, early developmental assessments (health, psychological and cognitive) and access to services and support for all children and young people who have experienced maltreatment and OOHC is critical. All developmental assessments and services provided to children and young people and families need to include cultural considerations.
- On entry to OOHC, universal services and supports, including mental health services, should be promoted for every child.
- As children and young people's need for support changes over time, their development and wellbeing should be reviewed regularly to ensure services and support align to their needs.
- Clear and timely written communication between all service providers, carers and children and young people (as appropriate to their age and maturity) is important.
- Ongoing professional development for caseworkers on the impact of early risk and protective factors on longer-term wellbeing is essential. This knowledge will enable better targeting of appropriate placements and support for cohorts of children and young people with different presentations on entry to OOHC. For example, understanding the protective role of relative/kinship care and family can improve children and young people's socio-emotional wellbeing.
- Ongoing monitoring of the longer-term impact of COVID-19 on children and young people in OOHC is essential. The POCLS data collected from Wave 6 (and subsequent waves of data collection if conducted) should be used to inform service planning and provide important context to the existing evidence.

Current policy and practice

The OOHC Health Pathway Program (OOHC HPP), established in 2010, is a joint partnership between DCJ and NSW Health with the aim of supporting access to timely and coordinated, age appropriate and trauma informed health assessments and service navigation and connection for children and young people in OOHC where the Minister is assigned parental responsibility.

The assessments are tiered and commence with a primary health assessment and, if developmental delays are identified in the assessment, children and young people are referred for a more comprehensive assessment where the lead is a medical practitioner and has input from a multidisciplinary team. Children aged 0-5 years are screened every 6 months using the Ages and Stages Questionnaires (ASQ) and for First Nations children the Ages and Stages Questionnaires TRAK (ASQ TRAK). Children aged 2-5 years on the OOHC Health Pathway Program access additional health reviews compared to the non OOHC cohort who access standard Personal Health Record checks, better known as Blue book checks. The OOHC Health Pathway Program has been focusing on supporting children to have periodic reviews with a focus on leaving care planning for children over 15 years of age.

A key role of the OOHC Health Pathway Program is to support children and young people link with universal services such as Child and Family Health Nursing, Youth Health Service (if available in the district) and Aboriginal Controlled Health Organisations (if available in the district).

Since 2023, in partnership with the Ministry of Health (MoH), work has continued to support better access and participation on the OOHC HPP and embed recommendations from the 2022 evaluation of the OOHC Health Pathway Program.

Intensive Therapeutic Care (ITC) supports children and young people (aged over 12 years) with high and complex needs who are unable to be supported in foster care or require specialised and intensive supports to maintain stability in their care arrangements. Intensive Therapeutic Care provides a therapeutic residential care response to help children and young people recover from the complex impacts of trauma, abuse, neglect, separation from families and other forms of adversity, which may result in behaviours that present a risk to themselves and others.

DCJs Psychological and Specialist Services provide evidence-based interventions for children and young people and work with the broader network around them including carers, service providers, schools and casework teams. They offer a range of assessment services, as well as a range of intervention modalities such as positive behavioural support, Parent-Child Interaction Therapy, Trauma Focused Cognitive Behavioural Therapy, Eye Movement Desensitization and Reprocessing, and group interventions and training (e.g., parenting and carer support, social skills groups).

The LINKS Trauma Healing Service provides trauma-focused, evidence-based, support to children and young people in OOHC. LINKS is not just about psychology – it is about supporting children and young people in a holistic way. Multidisciplinary teams include speech pathologists, occupational therapists, Aboriginal mental health clinicians and psychiatrists. They help children and young people overcome behavioural and emotional issues and post-traumatic stress.

The POCLS evidence has been:

- part of the evidence that informed the development of the *ISS Elver program model of care* to support young people aged 6-17 years. Elver addresses the complex developmental and mental health needs of children and young people in residential or intensive therapeutic care by impacting the child, their immediate care system and the broader DCJ, NGO, and NSW Health systems.
- widely distributed to Intensive Therapeutic Care caseworkers to support professional learning and to inform practice improvements.
- referenced in forums and conferences highlighting the developmental vulnerabilities of children and young people in OOHC.
- integrated into the *Family Time Practice Advice Topic* for casework practice, particularly the finding that children and young people's socio-emotional wellbeing is associated with having their family contact needs met (as reported by their carer) for maintaining their birth family relationships and having a close relationship with their mother.

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POCLS Dashboards

- [Dashboard 2: Child protection history of children and young people.](#)

- Dashboard 4: Children's socio-emotional wellbeing, cognitive learning ability and physical health conditions.

FACSIAR Lunch and Learn webinars

- O'Donnell, M. (2022, June). *Infants who entered out-of-home care: child protection and developmental trajectories*.
- Wade, C. (2022, October). Long-term trajectories of outcomes for children and young people who experience out-of-home care: Insights from the POCLS in NSW.
- Hu, N. (2022, July). Improving *mental health outcomes for children and young people in out-of-home care - Findings from the POCLS*.

2

Children and young people's educational outcomes

Findings

The findings below provide key insights on the educational outcomes of the children and young people in the POCLS using the Australian Early Development Census (AEDC) data, the National Assessment Program – Literacy and Numeracy (NAPLAN) data, and the POCLS child, caregiver and teacher survey data (Townsend, et al., 2020).

- On entry to school, almost 30% of children in the POCLS were developmentally vulnerable on at least two of the five AEDC domains – nearly 3 times greater than the rates for all children in Australia (NSW Department of Communities and Justice, 2020).
- The NAPLAN reading and numeracy scores of the children and young people in the POCLS were substantially lower than for all children in NSW across Years 3, 5, 7 and 9.
- By Year 9 only 68% of children and young people in the POCLS participated in NAPLAN compared to around 93% for the general NSW population. Aboriginal children and young people were significantly less likely to participate in NAPLAN than non-Aboriginal children and young people in Years 7 and 9.

At approximately five years after entering OOHC (Wave 3), carers reported that a quarter (25%) of the children aged 6-11 years, and more than one-third (35%) of the and young people aged 12-17 years have academic or other problems at school. Carers also reported that 36% of the children and young people have an individual Education Plan, with children in foster care and residential care being significantly more likely than children and young people in relative/kinship care to have an Education Plan.



2.1 Positive reading achievements using NAPLAN data

Almost half of the children and young people in the POCLS (46%) scored in the 'higher achieving' range in the NAPLAN Year 3 reading assessment. Although a lower proportion than the general population (74%), it shows many children and young people who experience OOHC are achieving well. However, improving achievement over time was rare while falling behind was common among children and young people regardless of whether their Year 3 reading scores were high, average or low (Maclean, Lima & O'Donnell, 2023).

Around 4 out of 5 carers of higher achieving children in Year 3 reading assessment indicated they were involved with the child's schooling (such as contacting a teacher, attending an event etc.). Only 47 of 562 children were reported to have additional help or tutoring from outside the home (35 from the lower achieving group) (Maclean, Lima & O'Donnell, 2023).

Higher levels of reading achievement were associated with a range of factors including average or above average cognitive ability, low externalising behaviours and highly educated carers. Several services and supports were associated with higher achievement in reading including children and young people having an Education Plan and carers attending training (Maclean, Lima & O'Donnell, 2023).

There were three common trajectories of reading achievement among non-Aboriginal children and young people: high, medium and low achievement. The high achieving group (12% of non-Aboriginal children and young people) were the only trajectory group to maintain their level of achievement across the study. Children and young people in care often need additional support to achieve well in school, even if they are doing well early on (Maclean, Lima & O'Donnell, 2024).

Implications for policy and practice

- Ensuring that children attend a quality childcare centre or pre-school in the year before starting school, i.e., early intervention supporting school readiness and catch-up growth.
- Undertaking early assessments with ongoing interventions and monitoring for children and young people who experience OOHC to prevent declining student outcomes across achievement levels and to extend high achievers.
- Providing additional supports to children and young people (e.g., resources to support learning and learning activities outside school based on child's interest) as well as supports/training for carers to help children and young people thrive at school and improve their reading achievement.
- Exploring the provision of tutoring to assist all children and young people in OOHC to reach their potential, not just those identified as requiring additional support.
- Strengthen collaboration between DCJ, Department of Education (DoE), NGO providers and carers to implement the OOHC Education Pathway. This should include integrated behaviour support practices to support and address behavioural challenges of children and young people that may impact on educational engagement and achievement.
- Assessing carer's needs in relation to confidence and skills in supporting children and young people academically focusing on groups with potentially unmet support needs such as older kinship carers of Aboriginal children and young people and carers with lower education levels. It is important to ensure that carers are fully informed of their responsibilities related to the education and training of children and young people in their care.

Current policy and practice

The OOHC Education Pathway is a well-established partnership with DoE, and the Catholic and Independent school sectors, to support children and young people in statutory OOHC with their education and schooling so they can fulfil their learning potential.

The Pathway ensures that collaborative and individualised Personalised Learning and Support Planning is undertaken for all students in OOHC. The Personalised Learning and Support Planning is undertaken within 30 days of a child entering OOHC or changing a school. The planning:

- encourages students to engage and take part in their own learning
- promotes collaborative conversations between all the key people in a child's life, for example the child's caseworker, carer and educators
- identifies the child's strengths or education needs
- informs the child's education plan and case plan.

Supplementary education funds are available through the Education Pathway to support students in OOHC. DoE has introduced Change Funding to allow for additional educational planning and supports to be tailored to children and young people's needs. Additional interest-based activities and education costs such as tutoring can also be approved in a child's case plan when identified as a need.

Carers are supported with the education needs of children and young people in OOHC through communication and collaboration with the child's school and caseworker. To further support and educate carers an education pathway guide for carers has been developed, along with carer reference group presentations about the pathway.

DCJ has an information exchange Memorandum of Understanding in place with DoE, which provides for the monthly exchange of data about children and young people with parental responsibility to the Minister (PRM), currently enrolled in NSW Government schools. DoE share attendance rates which allow the two agencies to better understand attendance trends and potential obstacles and identify and develop options to address risks to school engagement. The Memorandum of Understanding's data schedule was updated in 2024 for DCJ to share details of primary placement type with DoE and for DoE to share with DCJ the reasons for absences and corresponding numbers of days absent (due to illness, suspension, unexplained, other). This additional information exchange will strengthen DCJ, DoE and service provider understanding of reasons for absences, and inform efforts to respond earlier to ensure improved school engagement of those children and young people with high school absences.

The System Review into OOHC identified current education plans and practices are deficient in achieving the best learning outcomes for children and young people in OOHC. DCJ and DoE will jointly review the recommendation and propose joint initiatives/strategies to improve the educational outcomes for children and young people in OOHC.

The POCLS evidence has been:

- integrated into the Caseworker Development Program content including the inclusion of advice about educational planning for children and young people in OOHC and key events that should trigger a review and additional support

- shared during a FACSIAR lunch and learn, as well as in roundtables and webinars with DoE. These sessions detailed recent key policy changes for NSW public schools aimed at supporting strengths-based, positive behaviour support approaches.

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POCLS Dashboards

- [Dashboard 5: Learning and education of children in the POCLS.](#)

FACSIAR Lunch and Learn webinars

- [Maclean, M. \(2022, February\). Education and children who experience care: Exploring higher achievement, trajectories over time and predictors in the Pathways of Care Longitudinal Study.](#)
- [Townsend, M. \(2022, February\). Are we making the grade? Education and children in out-of-home care.](#)

3

Children and young people with
a disability

Findings

A high proportion of children and young people in OOHC have a disability, no matter how and at what point the disability is defined. The following findings are from analyses undertaken by Chen and colleagues published in 2023. Children and young people with a disability:

- are more likely to be male, placed in foster care or residential care, and have a higher number of placements than children and young people without a disability
- have poorer wellbeing than children and young people without a disability across the three domains of physical health, socio-emotional wellbeing and cognitive ability. However, children and young people with a disability have fewer difficulties at school and better school bonding
- who have a high number of placements in OOHC have: poorer outcomes related to communication, gross motor fine motor and problem-solving skills; stronger negative reactivity and poorer task persistence; higher socio-emotional and behavioural challenges; and less school problems but more antisocial behaviour compared to those children and young people with a low number of placements (Chen, Tani & Katz, 2023).

Having a disability was associated with poorer outcomes for children and young people in OOHC regardless of their placement arrangements¹¹ (i.e., relative/kinship care, foster care and residential care; or exited OOHC to restoration, guardianship, open adoption) (Chen, Tani & Katz, 2023).



¹¹ It is possible that this is due to a selection effect; that is, children and young people with certain characteristics are more likely to be placed in particular placement arrangements.

Implications for policy and practice

- Agree on a consistent definition of disability to be applied to all children and young people in the OOHC system to enable a better understanding of the prevalence of disability among children and young people in OOHC.
- Caseworkers need to ensure that children and young people are assessed as early as possible and receive the supports they require at the earliest opportunity, in particular National Disability Insurance Scheme support where this is appropriate and available, as well as support in long day care, preschool etc. Ongoing monitoring is important.
- Provide early intervention at different levels including the child or young person themselves, the care placement, school and other contexts in which the child or young person is engaging.
- Children and young people with a disability should be routinely re-assessed and monitored over time.

Current policy and practice

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

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

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

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

DCJ's *Intensive Therapeutic Care Significant Disability* placement within the Intensive Therapeutic Care system provides better support to children and young people who have disability support needs (distinct from the developmental norms) that significantly impact on the majority of adaptive functioning domains and will require intensive supports to maintain placement stability, above the provisions offered in other Intensive Therapeutic Care service types. It caters to a very limited cohort of children and young people who have extremely high support needs related to significant, complex and often multiple disabilities.

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

NSW has been collaborating with the Commonwealth and other jurisdictions to develop a *National Disability Data Asset (NDDA)*, which will link service and outcome data for all children and young people

with a disability to better understand the life experiences and outcomes of people with disability in Australia.

The new stand-alone *Cultural Planning for Children in OOHC*, published on 29 April 2025, introduces new disability practice advice that suggests caseworkers:

- take account of a child's neurodevelopmental, language or communication capability (if applicable) when talking with them about culture
- be guided by people that know the child and are familiar with their communication capabilities
- adjust their verbal and physical communication to the child's functioning (communication and interaction) and adaptive behaviour (their ability to function independently).

The new stand-alone *Home Visiting Children in OOHC*¹² mandate published on 27 July 2023, introduces new disability policy requirements that in planning for home visits, caseworkers:

- review the child's National Disability Insurance Scheme plan to determine what disability support-related actions are outstanding
- plan to progress outstanding actions and tasks prior to, or during, the home visit.

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¹² This mandate includes a requirement for home visiting frequency at a minimum of once every 45 days, and more frequently with more intensive placement types and complex needs. It requires caseworkers *use home visits* to:

- carry out case planning with a child and carer
- have an annual conversation with a child about their rights as a child in OOHC
- have and record conversations with the child about significant decisions.

4

Aboriginal children and young people

Findings

The interpretation of the POCLS data and findings need to consider the factors associated with the over-representation of Aboriginal children and young people in the child protection and OOHC system in Australia, including the legacy of past assimilation policies of forced separations from family and culture and the intergenerational trauma still affecting Aboriginal families.



4.1 Aboriginal children and young people's developmental and educational outcomes

Using data covering Aboriginal children and young people's first five years in OOHC (Wave 1 to Wave 3), Delfabbro (2018) found:

- Aboriginal children and young people interviewed in Waves 1 to 3 generally followed a similar developmental trajectory to non-Aboriginal children and young people in relation to socio-emotional, cognitive and physical development.
- The proportion of Aboriginal children and young people in the clinical range for internalising behaviours (e.g. depression and anxiety) and externalising behaviours (e.g. aggressive behaviours, rule-breaking etc.) remained stable between Wave 1 and Wave 3.
- Less than a fifth of Aboriginal children and young people may require early assessment and culturally appropriate professional support for internalising behaviours while about one-third of them may require similar assessment, services and support for externalising behaviours, and ongoing monitoring.

- While both verbal and non-verbal skills remained stable over time, at Wave 3 around one-third were assessed as needing additional support for language development, and over a quarter were assessed as needing additional support for non-verbal reasoning.
- Almost a half (46%) of the Aboriginal children and young people may require additional support on entry to school as measured by the Australian Early Development Census (AEDC).
- The majority of Aboriginal children and young people met minimum standards for numeracy and reading as measured by the National Assessment Program – Literacy and Numeracy (NAPLAN) across all testing years but substantial proportions are not meeting minimum standards. About one in five children and young people require additional support in numeracy and reading in Year 3 and at least three in 10 require additional support in Year 9.

Furthermore, Maclean and colleagues found that among Aboriginal children and young people, 37% were in the ‘higher achieving’ range for reading assessment (Maclean, Lima & O’Donnell, 2023). There were two reading achievement trajectories for Aboriginal children and young people, with 15% in the ‘high achieving’ group showing three years equivalent growth over the four years from Year 3 to Year 7 and 85% in the ‘low achieving’ group (Maclean, Lima & O’Donnell, 2024). High achieving Aboriginal students start strong but trend toward average by Year 7, while the low achieving group begin below average and remain significantly behind their peers by Year 7 (Maclean, Lima & O’Donnell, 2024). A high proportion of Aboriginal children and young people (80%) had carers who indicated they were involved in school (such as contact with teachers or attending events). Around 11% received tutoring or other help outside the home (Maclean, Lima & O’Donnell, 2023).

4.2 Aboriginal children and young people’s cultural and family connections

Using data covering Aboriginal children and young people’s first five years in OOHC (Wave 1 to Wave 3), Delbabbro (2018) found:

- 58% of Aboriginal children and young people were not placed with Aboriginal households. Placement changes were slightly more common for Aboriginal children and young people (25%) than for non-Aboriginal children and young people (19%), but this difference was not significant. While caseworkers generally rated the placements for Aboriginal children and young people positively, they reported it was often difficult to find culturally suitable placements in areas where children and young people can remain in contact with their Aboriginal families and communities.
- By Wave 3, 64% of Aboriginal children and young people had slightly less (although not significant) contact with their mothers compared with 72% for non-Aboriginal children and young people. Both groups of children and young people had similar levels of contact with their fathers (41% for Aboriginal and 43% for non-Aboriginal children and young people). Around 15% of Aboriginal children and young people were not having contact with their parents and siblings living elsewhere.
- The majority of Aboriginal children and young people are given opportunities to maintain their cultural identity, but this is not so for all Aboriginal children and young people. For example, 31% are not maintaining their cultural language; 21% are not receiving any discussion about their cultural background; 34% are not socialising with the birth family’s community; 18% are not

engaged in any cultural activities; and 8% of educators indicated that the cultural education plans were not working very well.

- Aboriginal children and young people who had cultural connections by socialising with their birth communities were less likely to have socio-emotional and behavioural problems. These children were less likely to be in the clinical range for internalising and externalising behaviours.

4.3 Restoration of Aboriginal children and young people from OOHC

Associate Professor BJ Newton, a proud Wiradjuri woman, completed analysis of the POCLS data focusing on the restoration of Aboriginal children and young people from OOHC. This paper examines the rate of restoration of Aboriginal children and young people, and the factors associated with successful restoration. It also provides an overview of the experiences and perceptions of parents whose Aboriginal children and young people have been removed and restored, and experiences of their children and young people. The key findings are:

- Once on final court orders, the restoration of Aboriginal children and young people to their parents is highly unlikely – only 15% of the POCLS sample were restored by Wave 4. For those who were restored, the average time in OOHC was 2.5 years.
- Around 40% of Aboriginal children and young people were placed in care following just one (n=29%) or no (n=12%) substantiated ROSH reports¹³. For children and young people who were restored, this rate was 39%.
- The Aboriginality of carers did not have an impact on whether children and young people remained in OOHC or were restored. For restored children and young people, 47% of carers identified as Aboriginal.
- Prior to restoration, a higher proportion of Aboriginal children and young people were placed in foster care (51%) compared to relative/kinship care (44%).
- Aboriginal children and young people who entered OOHC at an older age were more likely to be restored.
- Parents whose Aboriginal children and young people had been restored (n=39) indicated that they would have liked more engagement and support from child protection agencies prior to their children and young people being removed.
- Parents, children and young people expressed the importance of being supported to maintain family relationships while in OOHC. More than 50% of children and young people reported that they wanted to see more of their birth families, particularly their parents.
- Parents wanted more support in the transition to restoration and in the early stages of restoration, so they could be better practically and psychologically equipped for their children and young people to return home.

¹³ For context, these results are similar for non-Aboriginal children and young people. Note, this is historical data and not a reflection on current practice or recording on ChildStory. The POCLS cohort entered OOHC for the first time between May 2010 and October 2011.

Implications for policy and practice

- Wherever practical (i.e., where the safety of the child is not immediately compromised), provide clear information to Aboriginal parents that removal of their child and young person is imminent if they do not address the concerns of DCJ, and they need to receive timely and appropriate intensive casework to address the concerns.
- Parents of Aboriginal children and young people need more support during and post restoration to help their children and young people to achieve their full potential after returning home.
- Caseworkers and Casework managers demonstrate active efforts at each stage of DCJ's work with Aboriginal children, young people and families to ensure that the child protection agency has done their best to keep children and young people with their family, return them home safely, and support children and young people in OOHC as much as possible.
- Newton and colleagues' paper (2023) has been published in the international journal *Child Abuse and Neglect* and disseminated to policy and practice colleagues via a roundtable with the POCLS Advisory Group and Evidence to Action Working Group and an Aboriginal stakeholder roundtable chaired by DCJ's Transforming Aboriginal Outcomes and Office of the Senior Practitioner's Aboriginal Culture In Practice teams. This work was also presented to the DCJ Executive Leadership Group in May 2023.
- Continue to invest in and prioritise Aboriginal-led and partnered research to strengthen the evidence base for improving outcomes for Aboriginal children and young people and families in OOHC. The POCLS has funded ten Aboriginal-led/partnered research projects to answer a range of policy questions to further build the evidence base to improve the outcomes for Aboriginal children and young people and families (for more information on these projects see the [POCLS publications page](#)).

Current policy and practice

The NSW Government has been working on several reforms in response to the 25 recommendations made by the *Family is Culture (FIC) Report: Independent Review of Aboriginal Children and Young People in Out-of-Home Care in NSW* (2019, Davis). This report outlined the NSW Government's approach to legislative reforms, categorising them into three groups: proposals for immediate implementation, those needing further consultation, and areas where current settings were deemed adequate.

On 25 November 2022, the Children and Young persons (Care and Protection) *Amendment (Family is Culture) Review Bill 2022* became law and marks the commencement of the first phase of these reforms. This phase includes several immediate changes, although it is noted that recommendation 121 regarding OOHC open adoption was not endorsed by the NSW Government.

In October 2023, the remaining changes to the Family is Culture legislation were approved by the NSW parliament with 'active efforts' commencing on 15 November 2023 to create an equitable, accountable and responsive child protection system. The active efforts standard states '*caseworkers are required to take meaningful steps to actively support families to address identified risks that are threatening the separation of a child from their family. It is the service system's responsibility to assist families to overcome barriers affecting their access to services*' (*ACMP -Rules and Practice Guidance*, page 57).

Most of these changes are reflected in the NSW Practice Framework and a 60-minute e-learning session has been made mandatory for all DCJ district practitioners and practice leaders to explain the key changes and what they mean to practice with Aboriginal children, young people and families.

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

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

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

Based on the POCLS findings that post-restoration support is critical to the Aboriginal family, DCJ has taken steps to better support families during this transition. DCJ has made it easier for DCJ caseworkers to purchase the goods and services a child and their family needs to help make restoration successful. This ranges from buying furniture and appliances to health, medical and therapy.

The new stand-alone new Cultural Planning for Children in OOHC mandate developed between 2023 and 2025 and published on 29 April 2025, introduced new policy requirements:

- a requirement that casework practitioners comply with the principle of Active Efforts and all elements of the Aboriginal Child Placement Principle
- for completion of a child's Cultural Support Plan within four months of entry to OOHC
- a requirement that Cultural Support Plans are developed in-person with Aboriginal children, young people and family/kin using Aboriginal Family-led Decision Making.

Caseworkers will now require:

- a minimum of four regular activities to support their cultural development and maintain cultural identity
- a minimum of one regular activity that provides an opportunity for the child to learn about and communicate in the language of their culture
- opportunities for the child to participate in cultural activities with the parents and/or family/kin.

Aboriginal Caseworkers now require:

- information about the child's cultural identity, community of belonging, culture and Country, including lands, mob, totem, spiritual and cultural practices (lore, rites and rituals) and language
- provision of Aboriginal services, as determined through discussion with parents, family/kin, Aboriginal Community Controlled Organisations, and/or cultural knowledge holders.

A proposed new *Aboriginal Restoration Initiative (taskforce)* is in the planning phase, with a view to establishment and implementation in mid-2026. The initiative is directly informed by the Bring Them Home, Keep Them Home research led by Dr Newton, which the POCLS evidence is informing. The restoration initiative proposes an Aboriginal community-led program collaboration with DCJ, where

restoration reviews and casework support are delivered by restoration practitioners within Aboriginal Community Controlled Organisations across NSW. The Aboriginal Restoration Initiative is proposed to be overseen by AbSec and an Aboriginal Restoration Governance Group and aims to provide opportunities for the reconnection and restoration for all Aboriginal children and young people on long-term orders in NSW.

To improve experiences, school engagement and educational outcomes, Aboriginal children and young people attending NSW public schools have a Personalised Learning Pathway (PLP).

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5

Children and young people from culturally and linguistically diverse backgrounds

Findings

The following findings are from a joint project undertaken by the POCLS team, Settlement Services International and Professor Judy Cashmore (University of Sydney). The analysis examined the POCLS record linkage data and survey data to describe children and young people from culturally and linguistically diverse backgrounds (CALD) characteristics, child protection backgrounds and experiences in OOHC; their developmental outcomes; and their relationships and connection to their family and culture.



The key findings are:

- Almost 40% of CALD children and young people entered care for the first time aged 0-35 months, 17% aged 3-5 years, 26% aged 6-11 years, and 18% aged 13-17 years.
- Prior to entering OOHC, CALD children and young people received fewer ROSH reports than non-CALD children and young people. More than half of CALD children and young people (55%) had less than five ROSH reports prior to entry to OOHC. CALD children and young people were most often reported for:
 - physical abuse (68%)
 - neglect (64%)
 - parental drug and alcohol abuse (49%)
 - psychological risk (48%)
 - domestic violence issues (48%)
 - sexual abuse (14%).

- In regard to placements and permanency in the first five years since entering OOHC (Wave 1-3):
 - 55% of CALD children and young people had foster care as their first predominant placement
 - more than half of CALD children and young people (54%) had up to three distinct placements
 - almost one third of CALD children and young people (32%) were restored to their birth parents and 10% exited care to guardianship orders.
- Overall, CALD children and young people had similar levels of developmental outcomes in physical health, cognitive/learning ability and socio-emotional wellbeing as non- CALD children and young people over the five-year period since first entering OOHC.
- Carers reported that many CALD children and young people in OOHC had little exposure to their birth language and had little access to cultural and religious activities or connections to their culture and cultural communities.
- A quarter to a third of CALD children and young people did not identify with their cultural background.
- Most carers were positive about CALD children and young people's contact with their birth family and reported that this contact was meeting the child's needs in maintaining their family relationships, with the relative/kinship carers of CALD children and young people being the most positive.

Implications for policy and practice

- Provide support to CALD families to connect with culturally responsive early intervention and family preservation services (including pre-natal, parenting programs, support networks) to reduce the numbers of CALD children and young people entering OOHC.
- OOHC Cultural Plans should include regular monitoring of cultural practices and activities (e.g., language, attendance at cultural events) to preserve the child's cultural identity and maintain lifelong connections to their community and family.
- Caseworkers should undertake LifeStory work and facilitate regular and meaningful birth family contact for CALD children and young people.
- Ensure there is an adequate number of culturally trained caseworkers or workers with a relevant CALD background and language skills, to work with CALD children, young people and families.
- Recruit caseworkers from culturally diverse backgrounds.
- Promote sibling placement and maintain sibling relationships for CALD children and young people in OOHC, including those not living together. The POCLS provides evidence that CALD children and young people were more likely to be placed with siblings, but they were also less likely to have contact with siblings they were not living with than Aboriginal and Other Australian children and young people.

Current policy and practice

Multicultural Services, in the Office of the Senior Practitioner, provides co-ordination and support to the *DCJ Multicultural Caseworker Program*. Multicultural caseworkers work directly with their target communities and support caseworkers in their own Community Services Centre and other

Community Services Centres in their work with migrant and refugee families through cultural consultation and secondary casework, assisting caseworkers working with families from their target community.

The *Identity and Culture* casework practice mandate was updated to provide more robust guidance and clear minimum expectations to caseworkers around case planning for children and young people's identity including the development and maintenance of ongoing connections to siblings, family, community and other important people.

The POCLS evidence has been integrated into *Family Time Practice Advice Topic* for casework practice.

The *PSP Collaborative Sector Forum* in November 2022 brought together various stakeholders to discuss and improve data governance and operational arrangements for the Permanency Support Program, with a focus on enhancing outcomes for children and young people from culturally and linguistically diverse backgrounds. DCJ has committed to establishing joint data working groups with the sector to ensure access to critical data items to improve outcomes for CALD children and young people. The Forum also identified the need to reconsider how CALD carers are recruited, and to account for the safe cultural practices that are outside the scope of traditional Western care practices.

The new stand-alone Cultural Planning mandate for Children and young people in OOHC introduces new policy requirements including completion of a child's Cultural Support Plan within four months of entry to OOHC and that CSPs are developed in-person with CALD children and young people and family/kin using Family Group Conferencing.

Caseworkers will now require:

- a minimum of four regular activities to support their cultural development and maintain cultural identity
- a minimum of one regular activity that provides an opportunity for the child to learn about and communicate in the language of their culture
- opportunities for the child to participate in cultural activities with the parents and/or family/kin.

Multicultural caseworkers now require:

- information about the child's cultural identity, including cultural values; language; symbols, customs, traditions and rituals; religion; ways of preparing and eating food; significant events of memorial and celebration, cultural knowledge and stories handed down across generations
- provision of CALD services as determined through discussion with CALD parents, family/kin, CALD organisations and cultural knowledge holders.

DCJ is developing a new *Religion, faith and spirituality mandate* to support children and young people in OOHC in practicing, expressing, and preserving their religion, faith, and spiritual beliefs. All children and young people have the right to maintain these aspects of their identity, which are vital to their sense of self, belonging, and overall wellbeing. This mandate will:

- provide clear guidance to caseworkers on how to recognise, respect, and support each child's religious and spiritual needs
- help ensure that care planning is inclusive, child-centred, and responsive to the unique beliefs and values that shape a child's identity and lived experience.

Held in April 2025, the *DCJ Multicultural Community Engagement Conference* brought together government and non-government partners to share best practices in engaging CALD communities. Under the theme “Building a better tomorrow, together,” the event focused on inclusive service delivery and collaborative learning. The conference explored four key areas: bridging gaps in engagement, fostering inclusion for cohesion, strengthening resilience for empowerment; and promoting safe homes for security. Through plenary sessions and breakout discussions, participants reflected on research and practical strategies to improve outcomes for children and young people and families from diverse cultural and linguistic backgrounds.

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6

Placement stability for children and young people in care

Findings

Placement stability in OOHC influences children and young people's physical health, socio-emotional wellbeing and cognitive/learning ability over time. Each placement change reduces the probability of being in the typical range of development for socio-emotional, non-verbal, fine motor skills and gross motor skills by 1.2, 1.7, 1.3 and 2.1 percentage points respectively (Asif et al., 2023).

The POCLS found that children and young people are likely to achieve placement stability if they:

- enter care at a younger age
- are placed with relative/kinship carers
- have carers with low levels of psychological stress
- have carers who are satisfied with the services supporting them in performing their caring role (e.g., access to caseworkers, help from caseworkers, a relationship with other OOHC agencies, experience being a foster parent and able to meet other foster parents) (Wulczyn & Chen, 2017).

Children entering care younger (at around 2 years of age) had greater placement stability over time. For the children who enter care in middle childhood (mean of 7 years), placement changes were most frequent in the first three years of care (between Waves 1 and 2), suggesting placement stabilisation is most challenging in the initial period after entry into care (Wade, 2024).

Placement changes, particularly the time-to-first placement change varied for children and young people by DCJ Districts and could be explained by differences in the level of carer satisfaction with the services from caseworkers within the District (Wulczyn & Chen, 2017).



Implications for policy and practice

- Caseworkers should adhere to the Child Permanent Placement Principles. For Aboriginal children and young people, effective implementation of Aboriginal and Torres Strait Islander Child Placement Principles is critical to achieve placement stability, connection to country and community.
- Understanding the risk factors, engaging in adequate placement planning and improved support for carers and children and young people may help to enhance placement stability for children and young people in care.
- Casework training and skill development can help early identification of known risk factors of placement breakdown.
- Carers should be supported through early referrals to training programs and focused support services, such as [LINKS](#), which provide trauma-focused, evidence-based support to children and young people in OOHC. These services help carers understand the impact of trauma on child development.
- It is important that caseworkers proactively support carers to address their psychological distress and dissatisfaction in their caring role. This can be done through appropriate and timely referral to a psychologist for assessments and/or interventions.

Current policy and practice

The Permanency Support Program commenced in 2017 to provide tailored services to children and young people in the child protection and OOHC systems. The Permanency Support Program reforms introduced a shift in the funding model from placement-based funding to a service-based model, with the aim of enabling the delivery of services to foster permanency within two years after entry in OOHC. In a commitment to ongoing learning and improvement, the Permanency Support Program was evaluated in 2023 but showed only slight improvement for some children and young people. The evaluation recommendations are currently being reviewed and implemented by DCJ.

In December 2018, the Office of the Senior Practitioner proposed changes to the OOHC Accreditation and Quality Assurance Management tool to prioritise placement stability as a focus area for intervention. This initiative was supported by evidence from the POCLS which highlighted the association between placement stability and children and young people's developmental outcomes in care. Additionally, such evidence has guided the current 'Placement Stability' Project by DCJ which commenced in November 2024. The goal of this project is to reduce the likelihood of DCJ case managed placements from becoming unstable, by providing early help and focused support.

Currently DCJ is running a range of trauma-informed programs that support children and young people to achieve placement stability in care such as [OurSpace](#) and [LINKS](#).

The *PILR (Preserve, Invest, Link, Retain) Kinship Carer Support Program* is a trademarked, evidence-informed initiative by DCJ. Initially launched as a small-scale pilot, the program is designed to support newly authorised kinship carers during the critical first 12 months of caregiving. It focuses on children and young people who are either transitioning to, or have recently entered, long-term placements with kinship carers. This program aims to promote placement stability and reduce the risk of placement breakdown by offering a structured, eight-week online program that combines psychoeducation, training, and weekly one-on-one counselling. The program addresses key topics

such as trauma, attachment, family dynamics, cultural identity, and self-care. It provides kinship carers with practical tools and emotional support to strengthen their resilience and improve outcomes for the children and young people in their care. The pilot is facilitated by InTouch Psychology, the developer of the program.

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

High Cost Living Arrangements (HCEA) often result from placement breakdowns, prompting DCJ to review alternatives. The POCLS informed this review by providing pre and post analysis (unpublished) of a POCLS cohort of children and young people who had experienced being placed in a high cost living arrangements .

The NSW Government has fulfilled its promise to end the use of Alternative Care Arrangements, marking a crucial step in stabilising the OOHC system. Key achievements include:

- A 35% reduction in children and young people in high cost living arrangements since November 2023.
- Recruitment of 227 new emergency foster carers, providing safe homes for 1,081 children and young people.
- Establishment of Waratah Care Cottages to support children and young people and sibling groups in high cost living arrangements.
- A 50% reduction in Intensive Therapeutic Care vacancies and expansion of Intensive Therapeutic Care placements statewide.

These efforts have significantly improved the lives of many children and young people, providing them with safer, more stable homes.

The new *Placement Stability Project* aims to enhance the stability of OOHC placements for children and young people. Launched in November 2024, DCJ's Placement Stability Project aims to reduce placement disruptions and strengthen support for children, and young people and carers in DCJ-managed OOHC. This program was informed by the POCLS evidence, and it targets three cohorts:

- Starting Strong: Children in their first 12 months of long-term care.
- Targeted Intensive Support: Children aged 6–12 years with prior placement changes and complex needs.
- Transition from high cost living arrangements: Children and young people moving from emergency care to long-term placements.

The project promotes best practice casework – monthly visits, carer check-ins, psychological support, and training – to improve placement outcomes and carer retention.

At the DCJ Practice Conference in March 2025, the POCLS team in FACSIR presented new evidence from the POCLS on placement stability for children and young people in OOHC. The session on supporting children and young people's security and wellbeing in OOHC placements demonstrated how the POCLS evidence has been used to inform the DCJ's Placement Stability Program. This workshop highlighted the commitment of researchers and practitioners to work together to improve the outcomes and experiences of children and young people in care.

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7

Family time for children and young people in care

Findings

Several POCLS papers have been published on family time¹⁴ led by Professor Cashmore, University of Sydney and Dr Suomi, Australian National University. The findings below are mostly from the report by Cashmore and Taylor (2020) which focuses on children and young people (aged 7 -17 years) who were in the same placement during the first five years of OOHC (corresponding to the first three waves of the POCLS data collection). Note, Cashmore and colleagues are undertaking further analysis to update these findings to cover a ten-year period since entering care using data from Waves 1-5.



The key findings from Cashmore and Taylor (2020) analyses are:

- Spending time with family and positive relationships with carers and birth family members are associated with better socio-emotional outcomes for children and young people in OOHC. In particular, children and young people who spent time with both or at least one parent had better socio-emotional wellbeing than those who had no family time with either parent.
- Children and young people living with siblings had better socio-emotional outcomes than children and young people not living with siblings. This association was stronger for Aboriginal children and young people. Furthermore, children and young people who spent time with their

¹⁴ Family time is the time children and young people who are in OOHC spend with family and other important people in their life. This can be time spent together in person (for example, in a park, at home or in an office), on the phone, in writing, through pictures or videos. Family time is planned around the child's needs and can be supervised or unsupervised.

siblings (living and not living with them) had better socio-emotional wellbeing than those who did not.

- At Wave 1, children and young people were more likely to have family time with their mothers (83%) than their fathers (52%) or siblings (49%), while only 1% of children and young people had no contact with their birth family (Cashmore & Taylor, 2017).
- Children and young people who had 'at least monthly' contact were much more likely to have a good relationship with their family than children and young people with less frequent contact.
- Children and young people aged 7–17 years indicated the people they wanted to see more were their parents, siblings and grandparents, in that order, as well as their friends. They indicated they were closest to their birth mother and female caregivers (foster mother, grandmother, aunt) and female siblings.
- The predominant form of family time most children and young people had with their parents, and siblings¹⁵ they were not living with, was supervised and face-to-face/in person. It remained the main type of contact for children and young people in foster care across all three waves, with fewer than 10% of children and young people having unsupervised time with either parent at any wave. Furthermore, both parents were much more likely to have unsupervised time when the children and young people were in relative/kinship care than in foster care.

¹⁵ Over half the children and young people had at least one sibling living with them in the same carer household; this was more likely for children and young people in relative/kinship care.

7.1 Family time with mothers

Suomi and colleagues (2024) examined family time with mothers and showed that:

- There is a positive association between how often children and young people spend time with their mothers, the quality of the relationship, and how well contact meets the needs of the child.
- There are five distinct patterns of trajectories of contact with birth mothers and relationship quality over time: 1) low frequency and poor relationship (2) moderate frequency and poor relationship (3) increasing frequency and improving relationship (4) declining frequency and declining relationship and (5) high frequency, good relationship – the most frequent pattern is moderate frequency and poor relationship (30%).
- Type of placement, child demographics, child socio-emotional wellbeing, and unsupervised contact arrangements were significantly associated with trajectory group membership (Suomi et al., 2024).

Implications for policy and practice

- Provide support to carers, parents and children and young people to make family time a positive experience for all. It should be arranged at an appropriate venue that is enjoyable for the family.
- Upskill caseworkers to support parents around contact attendance (identifying challenges, needs for support and emotional wellbeing before/after contact visits) and reduce cancellations.
- Develop targeted support and training for carers to build relationships with the birth family and children and young people at first entry to OOHC and every new placement (i.e., contact supervision, case management, services). Regularly monitor whether contact arrangements are meeting the child or young person's family's needs, particularly when children and young people, parents and/or carers experience mental health issues.
- Support children and young people to maintain connection to family, through Life Story Work, family finding and a cultural plan.
- Provide caseworker training, support and resources for placing children and young people with their siblings and in maintaining contact with siblings, with a particular focus on Aboriginal children and young people (e.g., case plan for co-placement or arrangements to ensure participation in family time with siblings).
- Support contact with fathers as contact is generally less frequent, particularly for adolescents. More effort is needed in exploring, understanding, and supporting the potential for contact with fathers.
- Support supervised contact as a therapeutic setting where workers can support building child-parent relationships.
- Provide culturally informative training for non-Aboriginal carers of Aboriginal children and young people to help them understand the cultural context of their caring role and the benefits of family time in maintaining and strengthening the child's relationships with family, significant others, community and culture. Provide education about the importance of contact and material supports (transport, financial assistance, games to play/age-appropriate activities) to facilitate positive contact.

Current policy and practice

The research findings from the POCLS underpin the NSW Practice Framework Standard (Standard 5) providing guidelines on how to build best practice for nurturing lifelong bonding for children and young people in OOHC. The current Practice Standards reinforce the importance of children and young people's connection with birth family through family time as well as building positive relationships with the carers.

The *Casework Development Program* launched in July 2020 is a learning program for new caseworkers which includes training on finding family, cultural connections and family time.

The current *Family Time Program* aims to enhance the quality, consistency, and cultural responsiveness of family time services for children and young people in OOHC. This program has been informed by the Fostering Lifelong Connections funded by the Australian Research Council and led by Professor Conley-Wright, Research Centre for Children and Families, University of Sydney. This three-year project explored how the OOHC sector can better support children and young people's relationships with their families and carers, and contributed to the development of tools, training, and practice guidance to improve family time experiences. Several child-friendly resources and practitioner tools have been published as part of this initiative.

The *Identity and Culture* casework practice mandate was updated to provide more robust guidance and clear minimum expectations to caseworkers around case planning for children and young people's identity including the development and maintenance of ongoing connections to siblings, family, community and other important people.

The POCLS evidence has been integrated into *Family Time Practice Advice Topic* for casework practice.

DCJ is transforming the way it provides family time to children and young people in care. Previously, most family time was outsourced to NGOs or for profit providers, now most family time will be supported and supervised by a DCJ employed family time worker. Importantly, the key role of family time workers is to support family time to be a positive experience, as opposed to providing a monitoring function. Family time workers are receiving extensive training, so they know how to help children and young people and families have the best time together and promoting the healing that can occur during this time. This includes training in how to provide a respectful coaching role. Two important aspects of the program which the research helped inform were the family time worker's role in providing information to carers about the child's experience of family time (without breaching privacy) and the family time worker's communication with caseworkers, so that both are informing the work with the child, carer and family to improve the experience for everyone.

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POCLS Dashboards

- [Dashboard 6: Children's connection to birth family, culture and community.](#)
- [Dashboard 7: Children's feelings, supports and relationships.](#)

FACSIAR Lunch and Learn webinar

- [Cashmore, J. \(2023, May\). Children's relationships in out-of-home care \(Pathways of Care Longitudinal Study\).](#)

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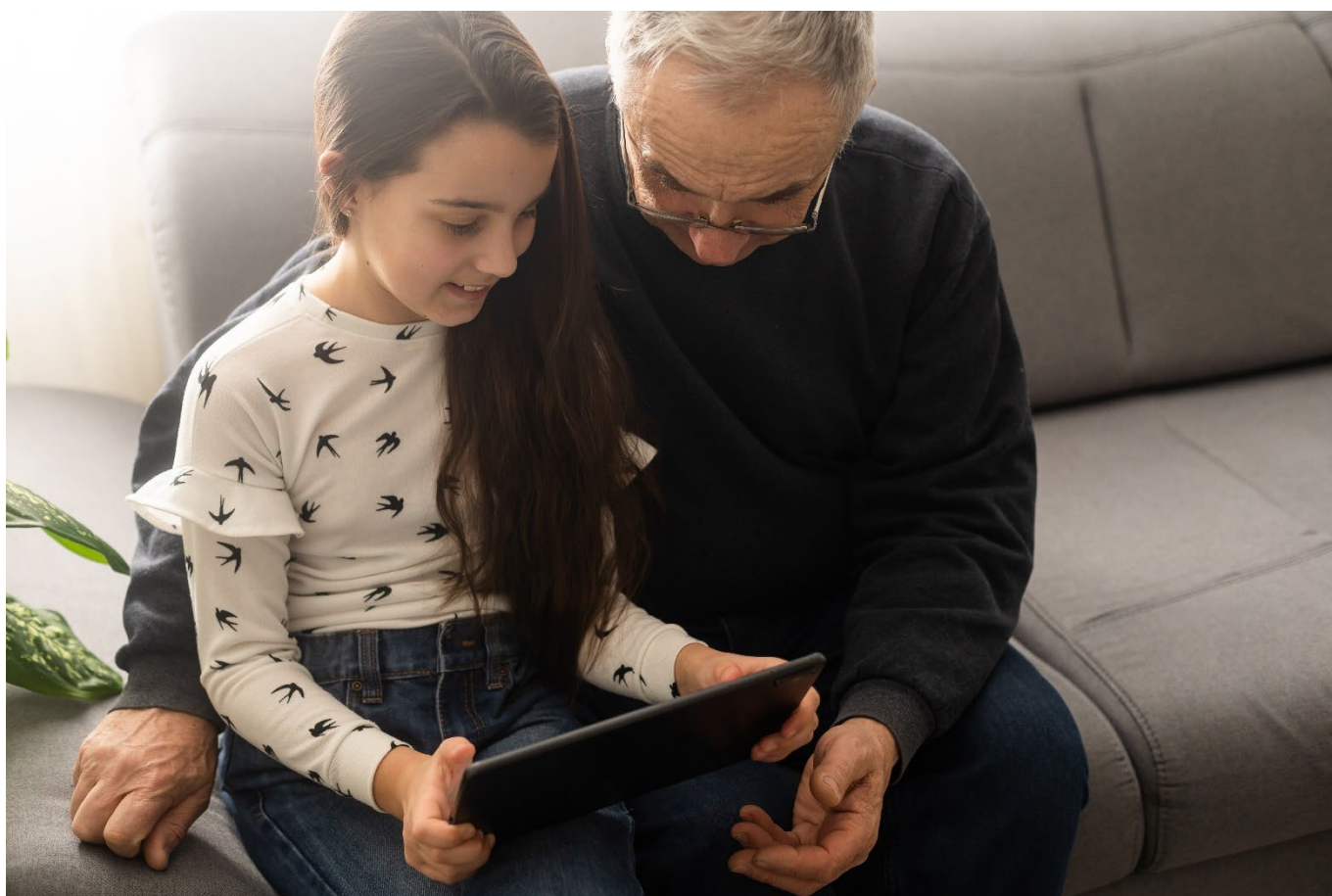
Support for foster and relative/ kinship carers

Findings

Carer satisfaction plays an important role in children and young people's development. Children and young people placed with carers who reported they were satisfied with having enough information about the child in their care, and satisfied with the working relationships with other agencies, had a higher probability of being in the typical range for socio-emotional development compared to children and young people with carers who were not satisfied (Asif, Breen & Wells, 2023).

Carer psychological distress is associated with developmental outcomes of children and young people in OOHC. Children and young people who were placed with carers with very high levels of psychological distress were less likely to be in the typical range for socio-emotional and verbal development compared to those placed with carers who reported low levels of distress (Asif, Breen & Wells, 2023).

Carers who felt more satisfied with the assistance from the child and young person's caseworker were less concerned about their caregiving and wellbeing than those with below average satisfaction. However, carers also remarked on the inconsistency they experienced in terms of the quality of assistance from different caseworkers and service providers and the disruptiveness of caseworker turnover (Ryder, Zurynski & Mitchell 2022).



Carers who were in paid employment and looking after multiple children and young people had a higher likelihood of concern for their wellbeing and caregiving. Carers with older children and young people experienced more placement challenges than those with younger children (Ryder, Zurynski & Mitchell 2022).

Relative/kinship carers were a more vulnerable group than foster carers and often experienced greater challenges associated with the caregiving role. However, children and young people in their care showed slightly better developmental outcomes compared to children and young people in foster care. Compared to foster carers, relative/kinship carers:

- were often grandparents, more likely to be older and with more health problems
- had smaller houses, fewer financial resources and greater psychological distress
- did not have the same degree of preparation at the time of entering into the caring role, and often did so in a time of crisis
- had poorly resourced care arrangements and received lower levels of support, and had poorer relationships with caseworkers (Delfabbro, 2017).

Foster carers and relative/kinship carers reported to be generally satisfied with their level of contact with caseworkers. However, during the first three years in OOHC for this cohort (Waves 1 and 2), foster carers reported significantly more contact with caseworkers compared to relative/kinship carers. Amongst relative/kinship carers, childcare, respite care and counselling/psychology services were the most commonly used services, whereas amongst foster carers, carer support organisations, childcare and respite care were most commonly used (Eastman, Katz, & McHugh 2018).

Implications for policy and practice

- Effective and tailored support from the beginning of the placement for all carers is essential regardless of placement type (e.g., foster, relative/kinship) to ensure children and young people can be placed with capable, resilient and responsive carers. Early support will help the carers adjust better to the new situation, decrease stress and enhance placement stability.
- Ensure carer support is flexible to suit the unique needs of each carer including those who are employed and those with multiple children and young people in their care. Provide additional support to carers at critical times, such as when a child in their care starts school, or during the teenage years.
- Organise and facilitate respite arrangements as necessary to allow carers to have a break from their caring role and spend time with other family members and friends.
- Routinely measure carer satisfaction with their caring role, monitor carer psychological wellbeing and provide support accordingly by identifying and addressing issues such as feeling unsupported, dissatisfaction with communication or their relationship with OOHC agencies etc. This would help to prevent unplanned placement changes.

Current policy and practice

In November 2022, DCJ updated the guide for *Relative and Kinship (or Kinship) Carer Assessments for Full Authorisation* to assist DCJ workers undertaking assessments. Assessing relative and kin carer applicants ensures children and young people in OOHC are living with adults who are safe, suitable and will provide quality care.

Practice approaches such as ‘*Family Finding*’ and ‘*Family Group Conferencing*’ are in place to help children and young people to develop and maintain lifelong connections to the family, cultural and communities.

The *DCJ Youth Consult for Change* program, also known as UC Change, developed a Carer Resource Pack which they presented at the Practice Conference in November 2023. The Pack provides tips for carers, children, young people and practitioners to help build and nurture relationships for young people when they are first placed with a carer.

DCJ Psychological and Specialist Services play a crucial role in supporting casework practice by offering training for practitioners and carers, consultations to support practice and in the development of resources. The unit has developed a series of resources to support carers and assist children and young people transitioning to new placements.

The *PILR (Preserve, Invest, Link, Retain) Kinship Carer Support Program*, developed by InTouch Psychology and piloted in partnership with DCJ, provides tailored counselling and training to newly authorised kinship carers, helping to strengthen placements and reduce the risk of breakdown during the critical first 12 months of caregiving.

*My Forever Family*¹⁶ offers carer support and advocacy services and their support teams provide advice and guidance over the phone or through training and carer coaching services.

The OOHHC Reform Plan: transforming the out-of-home care system in NSW, outlines the Government's objectives to:

- Increase recognition of carers as key partners in critical child safety, welfare and wellbeing efforts.
- Improve provision of information to carers, so they are fully aware of their entitlements and can better access government-funded supports.
- Ensure the voices, needs and experiences of children, young people, parents and carers are heard in system reform and in decisions affecting their lives.
- Develop a solid framework for recruiting, training, supporting and retaining carers.

A critical part of reforming DCJ's system will include the development of an *OOHC Carer Strategy*. In 2025, DCJ will commence consultation to inform development of the Strategy. The Strategy will be designed in partnership with carers to ensure their voices and lived experiences inform the strategy, influence the design of our OOHHC system, and help us improve service outcomes. The Strategy will establish ways of working and best practices for providers across NSW in supporting carers. It is intended that the Strategy will outline DCJ's vision for an OOHHC system where carers (both relative/kinship and foster carers) feel valued and heard, are acknowledged as partners in decision-making, and are supported and equipped with the knowledge and capabilities to ensure children and young people in their care thrive. The Strategy will seek to respond to long-standing challenges and will reflect DCJ's commitment to rebuilding a system that addresses many of the challenges carers have identified and improve the carer experience, ensuring carers feel valued, heard and included.

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¹⁶ My Forever Family NSW will soon be operating under the new name Carers for Kids NSW.

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FACSIAR Lunch and Learn webinars

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9

Case management with children and young people and caregivers

Findings

The following findings are from a report by Zhou (2024) which followed children and young people managed by DCJ and NGOs, over a period of approximately ten years since entering OOHC (Waves 1-5):

- The majority (70%) of children and young people in the POCLS population cohort during the first ten years in OOHC (covering 2011 to 2020) were case managed by one provider (DCJ or an NGO) while almost a quarter (23%) transitioned from DCJ to NGO, and 7% moved from an NGO to DCJ.
- Of the children and young people who stayed with one provider, 83% were case-managed by DCJ, one-third (33%) were Aboriginal and 6.1% were from a CALD background. The vast majority were first placed in a family-based placement, either with a relative/kin (44%) or in foster care with an unrelated adult (51%). Over one in ten of the children and young people who stayed with one provider (13%) were reported to have a disability.
- For those children and young people with one provider, there was no evidence of better socio-emotional wellbeing for NGO-managed children and young people than for DCJ-managed children and young people. NGO-managed children and young people generally had poorer socio-emotional wellbeing than their DCJ counterparts. However, the difference was not attributable to the child and young person being case-managed by NGOs but to other child- and carer-related factors¹⁷. This includes the child's age, disability status and temperament and carers' age, mental health, parenting practices, satisfaction with having enough information about the child, and opportunities to meet other foster or kinship families.



¹⁷ Analysis included only those children who did not change case management provider to avoid confounding effects of provider changes.

Findings from a previous report (Eastman & Katz, 2020) covering the first five years of OOHC (Waves 1-3) suggest that both placement type and case management (DCJ or NGO) were strongly associated with children and young people reporting being able to contact their caseworkers and the quality of contact:

- Children and young people in foster care were more likely to report being able to contact their caseworkers than those in relative/kinship care but contact with children and young people in relative/kinship care improved over the first three waves. Children and young people in residential care reported the highest level of contact with their caseworkers.
- Children and young people in foster care managed by NGOs reported higher quality communication with caseworkers than children and young people placed in foster care managed by DCJ. By contrast, children and young people in a relative/kinship placement managed either by DCJ or an NGO reported less ability to contact their caseworker and lower communication quality, however this improved over the first three waves.
- A higher proportion of foster carers receiving case management from an NGO reported satisfaction with their ability to contact a caseworker compared to foster carers managed by DCJ at Waves 1 and 2; however, there was no difference between the two groups by Wave 3. This was due largely to the increase in satisfaction with the ability to contact DCJ caseworkers over time.
- Relative/kinship carers' satisfaction with caseworkers, particularly those receiving case management from NGOs, improved over the first three waves relative to foster carers.

Implications for policy and practice

- Increase casework support for children and young people and carers in relative and kinship care. More emphasis should be placed on caseworkers having quality, trauma-informed and age-appropriate communication with children and young people from the time they enter OOHC and at the establishment of new placements.
- Provide support and training for caseworkers to establish and maintain contact with younger children; develop age-appropriate methods of contact with younger children which do not rely on communication via the carer.
- Ensure placement transitions between providers only occur when it is in the best interest of the child to do so rather than trying to meet the legacy transition targets such as those set following the [Wood Inquiry](#). The Inquiry recommended a workforce strategy to support the transition of OOHC services to NGOs, recognising the need for additional skilled staff and organisational readiness. The current DCJ system review into OOHC reinforces this by highlighting the importance of a sector-wide workforce strategy that strengthens capability across both government and NGO sectors.
- Collect data from all service providers (DCJ and NGOs) on the frequency and type of communication caseworkers have with carers and children and young people, including one-on-one contact with children and young people. Data on caseworker communication should be extractable from ChildStory and included in routine reporting.

Current policy and practice

The findings regarding the relationship between casework provider and socio-emotional development complements the recently released Permanency evaluation report which calls for the design of the *Permanency Support Program* to be substantially overhauled.

The current hybrid case management model — where NGOs manage most cases and DCJ retains key statutory responsibilities — has led to inconsistencies, delays, and unclear accountability. The Current System Review recommends that DCJ retain case management until final court orders to reduce drift and improve continuity. To better support caseworkers, the system must streamline processes, improve collaboration between DCJ and NGOs, and invest in training, supervision, and trauma-informed practice.

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10

Young people with criminal justice
system contact

Findings

The following findings are from analysis examining whether and when young people who entered OOHC for the first time with no prior formal contact with the criminal justice system commit their first offence. The analysis focused on identifying early warning indicators of juvenile offending amongst young people in OOHC (referred to as the cross-over kids). The key findings are:

- A small but significant sub-cohort of the POCLS cohort experienced contact with the youth justice system for the first time after they entered care. The demographic factors that were associated with first-time offending in children and young people in OOHC include age at entry to OOHC, Aboriginal status and gender (male) (Zhou, 2020).
- Young people who first entered OOHC aged between 12 and 14 years are most vulnerable to first offences compared with children who were 10 years old at entry.
- Young people with risk of significant harm (ROSH) reports for neglect and child risk behaviours (i.e., drug and alcohol abuse, self-harm, etc.) before they entered OOHC were at a higher risk of first offence and had a shorter time to first offence than those who did not (Zhou, 2020).



The following key findings are from a research report by McFarlane & Donoghoe (forthcoming):

- Young people who offended or entered custody generally did so after they had entered OOHC (rather than before entry) — offending was highest in the six months before and the six months

after they enter OOHC. Young people predominantly placed in residential care had higher offending rates with a 20-fold difference compared to other placement types.

- Young people with ROSH reports during their time in OOHC had higher offending rates while in OOHC.
- The predominance of custodial admissions due to police refusal of bail was also significant. Very few young people in the POCLS cohort who were admitted to custody had extensive offence histories: around 21% had just one proven offence before their first custodial admission, and approximately 6% had no proven offence at all.

Implications for policy and practice

- Identify young people at higher risk when first entering OOHC – such as those aged 12–14 years, male, Aboriginal, placed in residential care, or with a history of neglect or risk behaviours – and provide targeted support during the first six months to address their specific needs.
- Urgently review policy and practice regarding bail arrangements for custodial admissions of young people without extensive offence histories.

Current policy and practice

The POCLS evidence and implications for policy and practice are in line with DCJ's current initiative – the Joint Protocol – aimed at reducing youth involvement with the criminal justice system while in OOHC.

The Joint Protocol was established in 2016. The signatories include DCJ, NSW Police Force, the Association of Children's Welfare Agencies and AbSec. The Joint Protocol aims to:

- reduce the frequency of police involvement in responding to behaviour by young people living in residential and Intensive Therapeutic Care services, which would be better managed solely within the service
- promote the principle that criminal charges will not be pursued against a young person if there is an alternative and appropriate means of dealing with the matter
- promote the safety, welfare and wellbeing of young people living in residential and Intensive Therapeutic Care services, by improving relationships, communication and information sharing both at a corporate level and between local police and residential services
- facilitate a shared commitment by police and residential and Intensive Therapeutic Care services to a collaborative early intervention approach
- enhance police efforts to divert young people from the criminal justice system by improving the information residential and Intensive Therapeutic Care services provide police about the circumstances of the young person to inform the exercise of their discretion
- ensure that appropriate responses are provided to young people living in residential and Intensive Therapeutic Care services who are victims.

The Joint Protocol emphasises the importance of flexibility and proportionality in determining the most appropriate response to a young person's behaviour on a case-by-case basis. The procedures for residential and Intensive Therapeutic Care staff stress that contact with police should only be made when the circumstances warrant it.

In the past 12 months, an Escalation Pathway and Contact List have been developed to support local implementation of the Joint Protocol and issues resolution for individual children and young people. In addition, a webpage has been developed which brings together information, resources and training for stakeholders in one location. Furthermore, a training strategy is currently in development. The objectives of the training strategy include best practices for professionals, understanding the needs of vulnerable children and young people in residential care, overcoming siloes, and providing consistent standards and messaging across agencies and organisations.

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11

Children and young people in residential care

Findings

The findings are from a POCLS statistical report which focuses on a cohort of 69 children and young people in OOHC who were in residential care at the time of their interview in any of the waves from Wave 1 to Wave 5 covering a period from 2011 – 2020. This cohort is referred to as the ‘residential care cohort’¹⁸. The key findings are:

- One-fifth (20%) of the residential care cohort were in the typical range for socio-emotional wellbeing and 80% were in the atypical range (borderline or clinical ranges).
- For cognitive ability, over half (57%) of the residential care cohort were within or above the normal range for language skills and half (49.0%) for non-verbal reasoning. Correspondingly 43% of the cohort were below the normal range for language skills and half (51%) for non-verbal ability.
- Nearly two-thirds (62%) of the residential care cohort were identified by their residential care worker as having a developmental delay that was related to emotional, social or behavioural issues and almost one-quarter (23%) with a developmental delay related to cognitive or language issues.
- Around one in four (45%) of the residential care cohort used prescribed medication to control their behaviour.

¹⁸ It is worth noting that the data in this statistical report is up to December 2020, which was before the introduction of the Intensive Therapeutic Care placement record in ChildStory. This means that it was not possible to split the analysis between non- Intensive Therapeutic Care residential placements and the new Intensive Therapeutic Care placements (which commenced implementation in 2018).



Residential care workers reported that nearly half (46%) of the residential care cohort were bullied at school in the last 12 months. When asked about instances of bullying in the last six months, nearly a quarter of children and young people (23%) reported being bullied at school.

The current physical health of half of the cohort was “excellent” or “very good” as rated by their residential care worker. Aligning with the views of the residential care workers, about half of the children and young people in residential care (54%) rated their current physical health as “excellent” or “very good”.

The children and young people indicated that getting assignments, projects and homework done were more of a problem than finding someone to have lunch with at school and understanding the work in class. They also tended to agree that they felt it was important to try hard at school and to do well and, to a lesser extent, that they got on well with their teachers. They were, however, mixed on whether they enjoyed being at school.

Residential care workers reported on their access to professional support services. The majority (91%) of the residential care workers reported having accessed individual supervision while just over half (54%) attended group supervision, and just under half (47%) accessed counselling or psychologist services.

Implications for policy and practice

- Children and young people in the atypical, borderline or clinical ranges need ongoing culturally appropriate professional assessments to determine service needs which may include ongoing intensive professional support. Ongoing monitoring is important for all children and young people in OOHC.

- Co-ordinated communication and record keeping with all government (health, education, other) and non-government agencies involved in working with the child or young person is critical for his cohort.
- Reviewing, recording and monitoring the use of prescribed medication to control behaviour is important for this cohort.
- The POCLS provides current longitudinal data on a cohort of children and young people who have experienced residential care. The insights on factors influencing developmental outcomes presented in the other sections of this Snapshot are relevant to the wellbeing of this cohort and can inform the current reform work under way.
- Further analysis of the POCLS data can be undertaken to take a deeper dive on priority policy questions for this cohort.

Current policy and practice

DCJ has continued to expand delivery of Intensive Therapeutic Care to provide therapeutic residential care for children and young people over 12 years of age who have high needs and who are either unable to be supported in foster care or require specialised and intensive supports to maintain stability in their care arrangements.

Intensive Therapeutic Care is designed to provide a holistic, child-centred, team-based approach to address the complex impacts of abuse, neglect, separation from families and significant others, and other forms of severe adversity on children and young people in the Permanency Support Program.

The Intensive Therapeutic Care model and service requirements are grounded in the Ten Essential Elements of Therapeutic Care, which outline evidence-informed principles for providing effective trauma-informed, therapeutic care and a strong focus on recovery from trauma.

The *Residential Care Workers Register* was introduced in July 2022 to ensure that all residential care workers are registered before working with children and young people in OOHC.

The POCLS has been part of the evidence base in the development of the *ISS Elver program model* of care to support children and young people aged 6-17 years.

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12

Children and young people on
guardianship orders

Findings

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

Compared with children and young people in OOHC, children and young people from the transitioned guardians cohort:

- Did not change in cognitive ability and socio-emotional development both in the short term (immediately after exit) and medium term (three to four years after exit) (Asif & Zhou, 2021; 2022a).
- Reported improved connections with their birth family in the short term but there was no difference in the medium term (Asif & Zhou, 2022b).
- Were more likely to have a good relationship with their siblings and have more frequent contact with their mothers and maternal grandparents in the short term (Asif & Zhou, 2022b).
- Were less likely to attend an eye specialist/surgeon (or receive an eye test), have a hearing test and/or use dental services approximately 7 years after entering OOHC (Wave 4). There was no significant difference in the reporting of any specific barrier to services between the groups (Durant, 2021).



Legal permanency through guardianship orders did not improve children and young people’s relationships with their guardians in the short term but showed positive results in the medium term (Asif & Zhou, 2022b). Note, further analysis using subsequent waves of data collection will provide

information to inform policy and practice about the experiences and longer-term outcomes of children and young people exiting OOHC to guardianship orders; specifically, those who are not part of the 'transitioned cohort'.

Implications for policy and practice

- Offer support to children and young people in the transitioned guardians cohort to improve or maintain socio-emotional and cognitive development in the normal/typical range.
- Offer support to the transitioned guardians to better manage children and young people's relationships with birth family members by providing post-permanency support services including counselling and information sessions.
- All developmental assessments and services provided to children, young people and their guardians need to include cultural considerations.
- Develop a targeted communication strategy to ensure the transitioned guardians know about the support and assistance available to them and how to access it.

Current policy and practice

DCJ continues to provide post-guardianship financial assistance to transitioned and 'new' guardians. This financial assistance is in the form of a fortnightly allowance, and contingency support payments for a wide range of therapeutic interventions including counselling, occupational therapy and speech therapy to meet the child's need for optimal cognitive and socio-emotional development.

The Guardianship Financial Guidelines ensure no transitioned guardian will be disadvantaged by the transition to guardianship. In April 2021, changes were made to the Guidelines regarding children and young people from this cohort which include eligibility for new financial plans to be developed on request, and eligibility for contingencies, including out of guidelines contingencies for any identified support needs. These Guidelines were updated again in November 2024. All young people on a guardianship order who turn 18, are completing year 12 or equivalent study on a full-time basis and who continue to reside with their guardian may now be eligible to receive the guardianship post care education support allowance.

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

The Aboriginal Guardianship Support Model) was trialled in the Hunter and South Western Sydney districts from January 2022 and continues into 2025. This model aims to improve longer-term support needs for transitioned guardians by providing a one-stop-shop of cultural and other supports to Aboriginal children and young people on guardianship orders and their guardians. In late 2024, an independent process and outcomes evaluation was conducted by Arrilla Indigenous Consulting in partnership with KPMG to inform decision-making on extending the Aboriginal Guardianship Support Model. The recommendations are currently under consideration.

References

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Durant, H. (2021). How children who exit out-of-home care to guardianship orders are faring: An overview of the POCLS cohort. Pathways of Care Longitudinal Study: Outcomes of children and young people in out-of-home care. Research Report Number 24-1. Sydney. NSW Department of Communities and Justice.

13

Children and young people leaving care

Findings

13.1 Children (infants and toddlers) leaving OOHC via permanency pathways

For children who entered care between the ages of 0-3 years in 2010-2011:

- only 26% had left care via restoration, guardianship or adoption by July 2017
- their likelihood of leaving care was highest between three and four years post the Wave 1 interview conducted approximately 18 months after entering OOHC
- they had a higher likelihood of leaving care if they were placed with relative/kinship carers in either an Aboriginal relative/kinship placement or a non-Aboriginal relative/kinship placement compared to foster carers
- they had a reduced likelihood of leaving care if they had a high number of ROSH reports prior to entering care
- they had a high chance of leaving care if they had a typical score in communication and problem solving than children with atypical communication and problem solving abilities
- contact with a child's mother and/or father had a positive impact on leaving care provided the contact happened on a weekly basis (Wulczyn & Chen 2019).

The findings also suggest that the children who do not leave care are different from those children who do. Their history of contact with the child protection system is more complex in that they were the subject of more ROSH reports and likely experienced more placement moves. In addition, children who stayed in OOHC were reported by their caregivers to have atypical (borderline or clinical range) development, which is consistent with their more difficult placement history (Wulczyn & Chen 2019).

13.2 Young people aging out of care

The findings below are mostly related to a POCLS cohort who entered care aged 4 - 14 years¹⁹. Note that the interviews at Wave 5 were prior to the introduction of *Your Choice, Your Future* – a package of aftercare supports for young people transitioning from care to independence until they reach 21 years of age. Future interviews with the infant cohort preparing to leave care may have very different responses, especially to questions around the likelihood to stay living with their caregiver(s), the ability to manage living independently, and case-management.

The key findings are:

- Just over one-third (38%) of the leaving care cohort were in the atypical range for socio-emotional wellbeing, one-third (33%) were below the normal range for verbal ability and 30% were below the normal range for non-verbal ability.

¹⁹ The POCLS infant cohort are not old enough for leaving care planning.

- In regard to the provision of information provided to the young people and their caregivers, and case planning:
 - A significant proportion (44%) of the young people in foster care did not have a leaving care plan that their caregiver knew about or had a leaving care plan that their caregiver felt would address all of the young person's needs to manage leaving care (Lau et al., 2024). However, in a previous report focussed on young people aged 15-17 years at the time of their Wave 2 and Wave 3 interview (i.e. entered care aged 9-14 years), around half (54%) of the caseworkers said a leaving care plan had been developed for the young person (Burke et al., 2019).
 - Only one-quarter (24%) of the young people had received the resource 'Your Next Step: information for young people leaving care' according to their caregiver. Around one-quarter (27%) of the young people reported they have written information about services and support that they can access after their Children's Court order ends.
 - Awareness of after care services was low for young people in foster care. Only about one-fifth were aware of the Create Foundation (22%) or After Care services (20%) and less than one in 10 (9%) had been told about Link-up.
- Nearly half of the cohort were "not at all" worried about turning 18 and their future while the other half worried "a little bit" or "a lot". Young people reported they would need help finding somewhere suitable to live (49%), learning to drive (49%), accessing their DCJ file (44%), finding a job (42%) and finding out about courses and where to study (41%).



Implications for policy and practice

- As mentioned above, the POCLS Wave 5 interviews were conducted prior to the introduction of *Your Choice, Your Future* - aftercare support for young people transitioning from care to independence until they reach the age of 21. Future interviews may have very different responses.
- More evidence is needed to better understand the trajectories of care leavers who age out of care on their 18th birthday.
- Currently underway in DCJ are:
 - an evaluation of *Your Choice, Your Future*. This program offers additional leaving care support to young people transitioning from care to independence until they reach 21 years old
 - the first aftercare survey to interview those young people in the POCLS cohort aged 18-25 years to:
 - reflect on the young people's experience of OOHC
 - explore, for the first time, their experience of the aftercare system
 - continue to track the young person's outcomes across health, education, work, housing and family/relationships, linking to their previous POCLS survey data.

Current policy and practice

From 1 February 2023, young people in OOHC can access additional aftercare support until the age of 21 years through the Your Choice, Your Future package which includes:

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

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

The Specialist Aftercare Program supports young people aged 17–24 years transitioning from statutory OOHC. Targeting those young people with moderate to high needs, it offers tailored support – including mentoring, group work, outreach, and cultural consultation – to help bridge service gaps and promote independence. The recent expansion of the Specialist Aftercare Program has increased its reach across NSW regional areas and introduced new program elements like mentoring. The program is using InfoShare to capture data and post-exit check ins also help inform how young people have benefitted from the program.

The Leaving and Aftercare team is supporting the POCLS Aftercare study. Information from the Allowances evaluation, POCLS and the Specialist Aftercare program will provide a better understanding of the care leaver experience.

References

- Burke, S., Hopkins, J., Paxman, M., Zhou, A., & Butler, M. (2019). *Leaving care cohort (15-17 years). Statistical report: Experiences of young people who entered out-of-home care aged 9-14 years.* Pathways of Care Longitudinal Study: Outcomes of children and young people in out-of-home care. Research Report Number 5. Sydney. NSW Department of Communities and Justice.
- Lau, J., & Hopkins, J. (2024). *Leaving Care Cohort (15-17 years) Statistical Report: Experiences of Young People who Entered Out-of-Home Care Aged 4-14 Years.* Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 5-2. Sydney. Communities and Justice.
- Wulczyn, F., & Chen, L. (2019). *Do infants and toddlers leave long-term out-of-home care?* Pathways of Care Longitudinal Study: Outcomes of children and young people in out-of-home care. Research Report Number 13. Sydney. NSW Department of Family and Community Services.

POCLS Dashboard

- [Dashboard 11 Leaving care cohort.](#)

FACSIAR Lunch and Learn webinars

- [Wulczyn, F. \(2022, October\). Infants and toddlers leaving care.](#)
- [Navigating leaving care and after care \(note, POCLS findings were not presented however the speakers were involved in the development of the POCLS aftercare survey being administered in 2025\).](#)
 - Prof Melissa O'Donnell - Deputy Director Research, Australian Centre for Child Protection, University of South Australia – member of the POCLS Scientific Working Group
 - Melissa Pearce - Manager, Leaving and Aftercare Programs, OOHC Programs, Child and Family DCJ

Where to from here?

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

How can I access the data?

Publications

The POCLS also produces a range of technical and analytical research reports and Evidence to Action notes, which are published on the [POCLS webpage](#).

Dashboards

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

Survey data

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

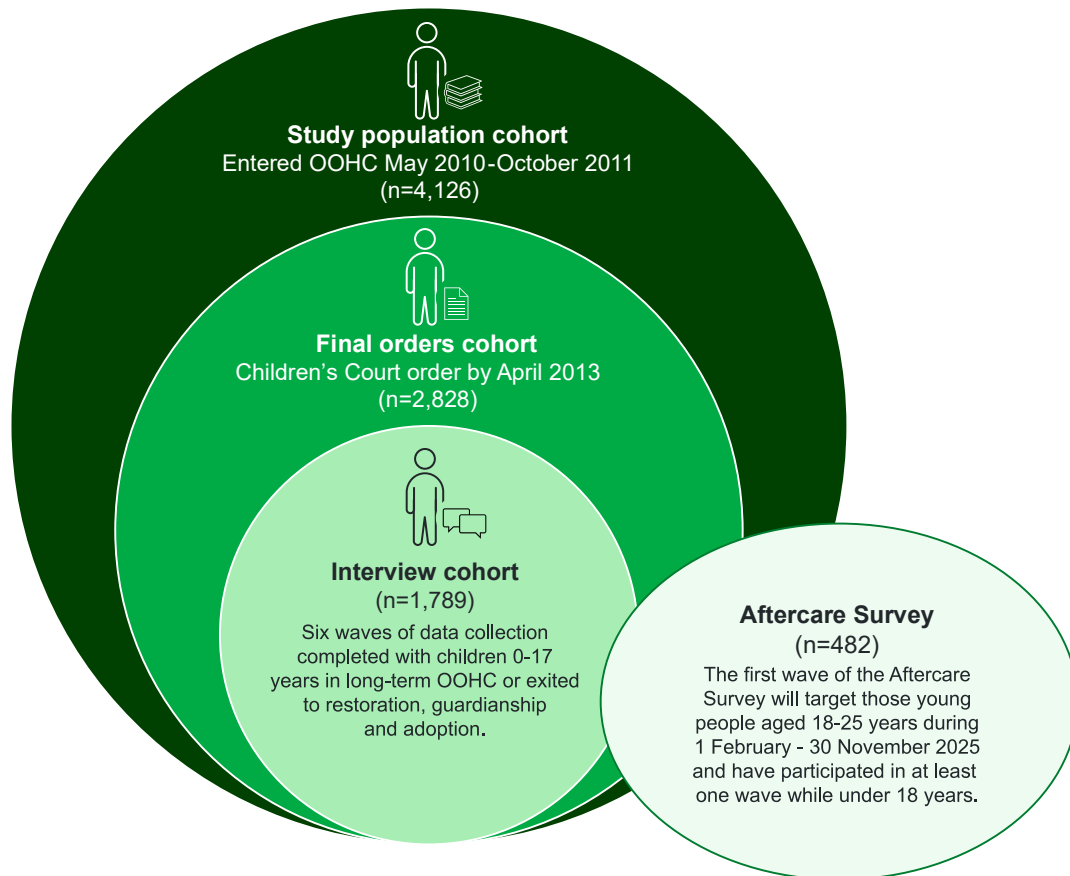
How can I find out more?

Email: pathways@dcj.nsw.com.au

[POCLS webpage](#)

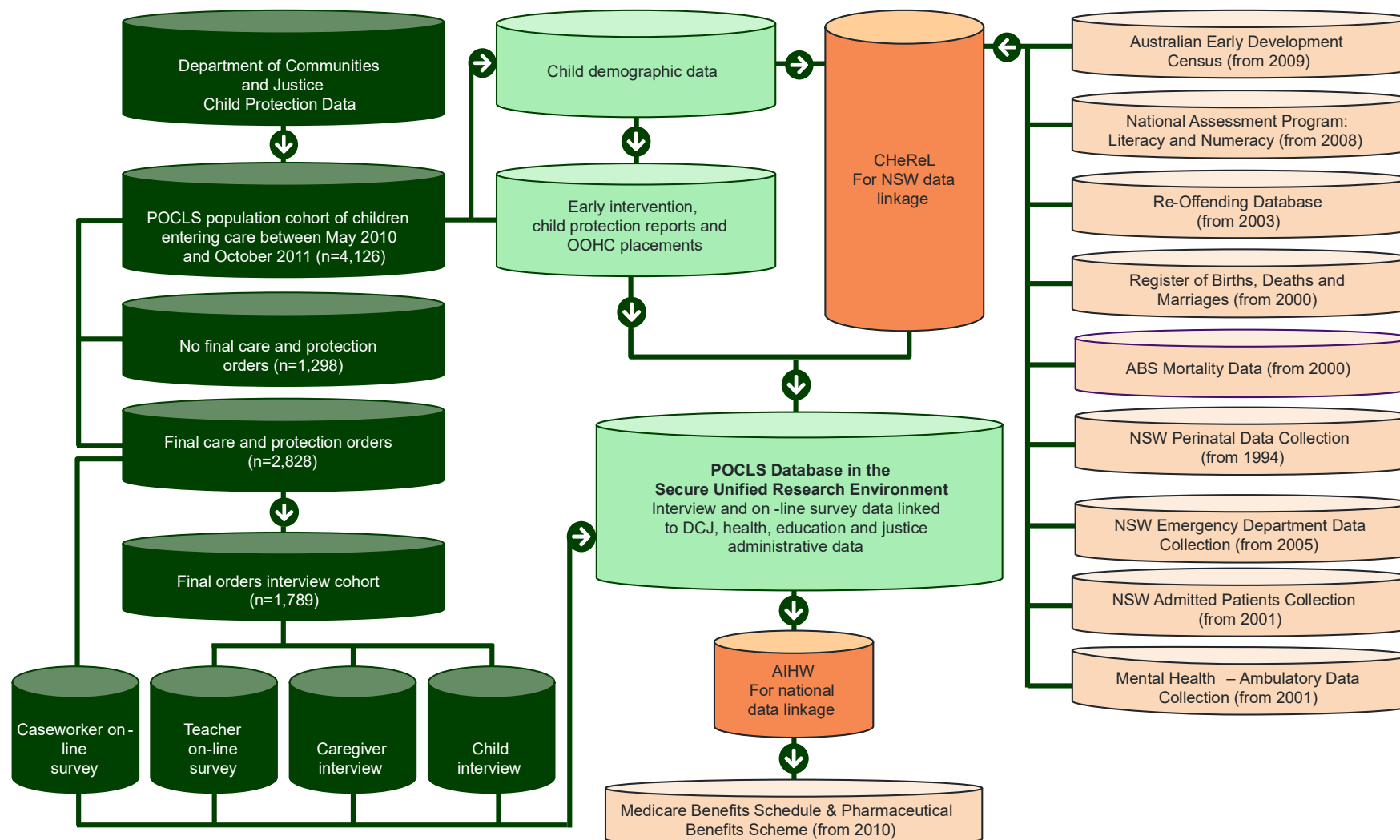
Appendix 1: POCLS sample selection criteria

How the POCLS sampled was selected



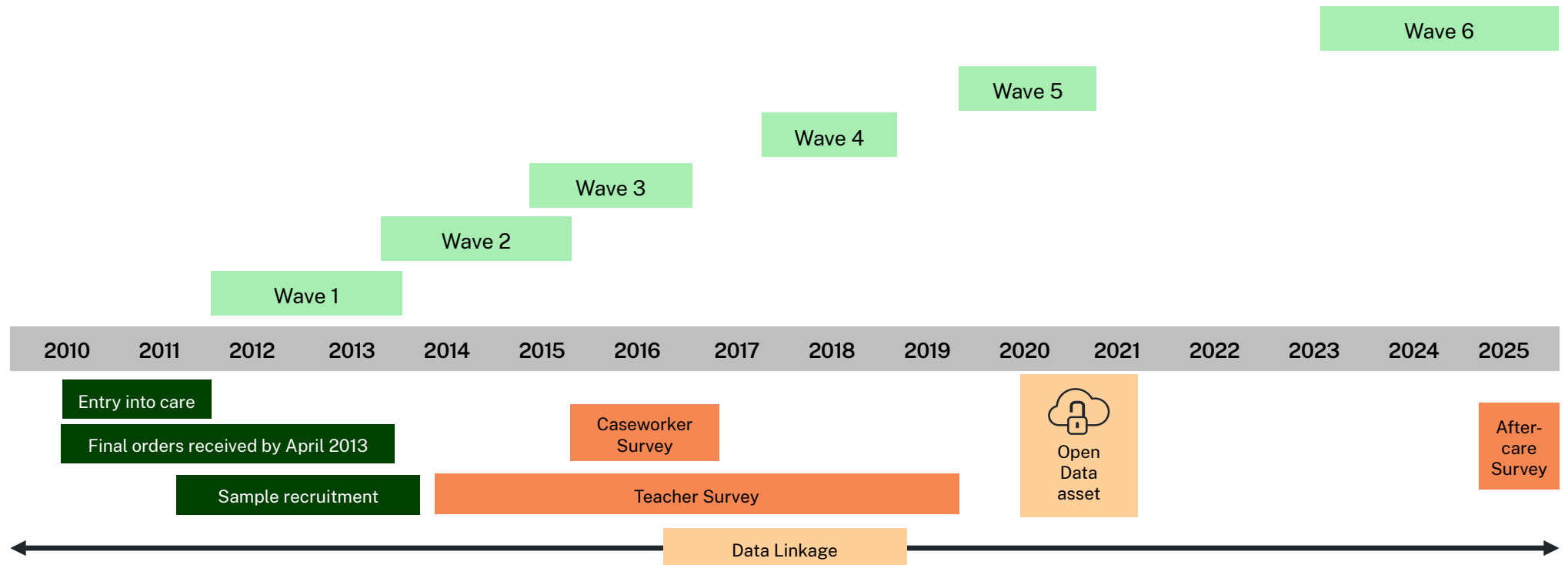
- Population cohort – all children who entered care for the first time in NSW between May 2010 – October 2011 (n=4,126)
- Final orders cohort – all children who received final orders by April 2013 (n=2,828)
- Interview cohort – all carers in the final orders cohort who agreed to be invited to an interview (n=1,789)
- Aftercare survey cohort – all young people who completed at least one interview under 18 years, and aged 18-25 during the data collection period (includes young people who were long-term OOHC, restoration, guardianship, adoption) (n=482).

Appendix 2: Data asset flow chart



Colour key: Dark green shows DCJ administrative data and POCLS survey data; and light orange shows the administrative data owned by other government agencies.

Appendix 3: Data collection timelines Waves 1-6



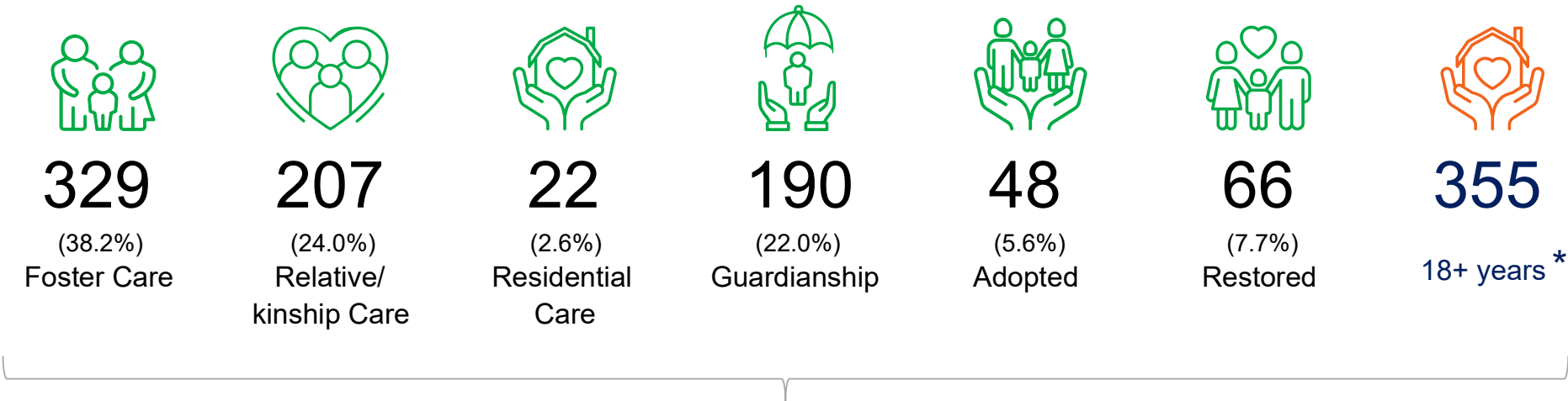
Appendix 4: How many children have participated in the six waves of the POCLS interviews?

Wave	Aboriginal children	Non-Aboriginal children	Total
Wave 1	512	773	1,285
Wave 2	485	715	1,200
Wave 3	422	611	1,033
Wave 4	396	566	962
Wave 5	360	502	862
Wave 6	224	319	543
All six waves	147	247	394
At least one wave	613	915	1,528

- Young people aged 18 years and older were not eligible for an interview in Waves 1 - 6. As part of Wave 6, the POCLS Aftercare survey will be undertaken with young people who completed at least one interview under 18 years, and are aged 18-25 during the data collection period.
- The number of young people in the interview cohort (n=1,789) who were 18 years or older by the end of each wave increased from 10 at Wave 1 to 54 at Wave 2, 101 at Wave 3, 217 at Wave 4, 355 at Wave 5 and 701 at Wave 6.
- At 1 February 2025, 740 of the POCLS interview cohort were aged 18 years or older and 608 of these young people have participated in at least one POCLS interview.

Appendix 5: Permanency outcomes for the POCLS cohort of children in the interview cohort in the first ten years since entering OOHC for the first time

Number of children by placement type/exit reason



A total of 862 children under 18 years were interviewed at Wave 5

(* 355 young people were over 18 years and not eligible for an interview)

Communities and Justice

Pathways of Care Longitudinal Study (POCLS)

6 Parramatta Square,
10 Darcy Street,
Parramatta NSW 2124

W: dcj.nsw.gov.au

W: [Pathways of Care Longitudinal Study](#)
