

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

Aboriginal Children in Out-of-Home Care in NSW:  
Developmental Outcomes and Cultural and Family Connections





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## **Research Report No. 11**

Aboriginal Children in Out-of-Home Care in NSW:  
Developmental Outcomes and Cultural and Family Connections

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**Pathways of Care Longitudinal Study Clearinghouse** All study publications including research reports, technical reports and bulletins can be found on the study webpage [www.community.nsw.gov.au/pathways](http://www.community.nsw.gov.au/pathways)

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## Preface

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

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


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

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

The population cohort is a census of all children and young people who entered OOHC for the first time in NSW between May 2010 and October 2011 (18 months) (n=4,126). A subset of those children and young people who went on to receive final Children's Court care and protection orders by April 2013 (2,828) were eligible to participate in the study. For more information about the study please visit the study webpage [www.community.nsw.gov.au/pathways](http://www.community.nsw.gov.au/pathways)

The POCLS acknowledges and honours Aboriginal people as our First Peoples of NSW and is committed to working with the FACS Aboriginal Outcomes team to ensure that Aboriginal children, young people, families and communities are supported and empowered to improve their life outcomes. The POCLS data asset will be used to improve how services and supports are designed and delivered in partnership with Aboriginal people and communities.





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

# 1 Executive summary

## 1.1 Overview

The aim of this report was to examine the outcomes for Aboriginal children placed into out-of-home care (OOHC) in the Pathways of Care Longitudinal Study (POCLS). The study includes comparative analysis with non-Aboriginal children as a reference for stakeholders to provide insights into whether the OOHC system is providing an equivalent standard of care and outcomes for all children.

The report focused on several policy areas which are of relevance to POCLS key research questions:

1. The physical, socio-emotional and cognitive development of Aboriginal children in care: How do Aboriginal and non-Aboriginal children fare on these measures and are any differences between the groups consistent over time?
2. The family and social background of Aboriginal children in care: What are the reasons underlying the entry into care for Aboriginal and non-Aboriginal children?
3. To what extent is the Aboriginal Child Placement Principle demonstrated in the OOHC system in NSW? Does the system maintain appropriate cultural connections for children in care?
4. The nature and extent of contact between Aboriginal children and their families.
5. The characteristics of Aboriginal carers and whether they face different or similar challenges to carers in general.

## 1.2 Literature review

A detailed literature review of the national research was conducted to examine what is already known about Aboriginal young people in the child protection system and outcomes for Aboriginal people in the general population. The main areas included are summarised below.

### National child protection statistics relating to over-representation in the child protection and OOHC system

- Aboriginal children are over-represented in all major child protection statistics at both the NSW state and national level (Australian Institute of Health and Welfare (AIHW) as illustrated in the statistics below.
- 22 per 1,000 non-Aboriginal children received child protection notifications in 2015-16 compared with 158 per 1,000 for Aboriginal children (200 per 1,000 for NSW).

- There is a gradual trend towards a greater proportion of Aboriginal children receiving child protection notifications in Australia over the last decade.
- Aboriginal children had 43.6 per 1,000 child protection substantiations in 2015-16 as compared with 6.4 per 1,000 for non-Aboriginal children.
- Neglect is more commonly reported in national (AIHW) statistics as a risk factor for Aboriginal children, whereas physical and sexual abuse is more commonly reported for non-Aboriginal children.
- Aboriginal children are 9.5 times more likely to be placed into care than non-Aboriginal children.
- The proportion of Aboriginal children in care has increased from 42.2 to 56.6 per 1,000 over 2012 to 2016, compared to 5.4 to 5.8 per 1,000 for non-Aboriginal children.

### OOHC system outcomes for Aboriginal children

- Aboriginal children are statistically more likely to be placed into kinship/relative care than non-Aboriginal children.
- A number of studies suggest that Aboriginal children are more likely to stay in care for longer periods (i.e. slower to be reunified with their families), but this could partially be explained by the slower reunification rates observed for kinship placements, which are more commonly used for Aboriginal children.
- There is little evidence that Aboriginal children are more likely to be subjected to placement instability than other children.

### Social and family backgrounds of Aboriginal children in OOHC

- There is research evidence that indicates Aboriginal children are more likely to come into care for some reasons more than non-Aboriginal children (e.g. neglect). The most commonly identified issue of difference is neglect (usually higher in Aboriginal child cases).
- Some studies have reported a higher prevalence of domestic violence and substance abuse in Aboriginal families, but this difference has not been consistently observed across different studies.
- Some studies suggest that Aboriginal families have a wider range of family risk factors than non-Aboriginal children, but this is again not a consistent effect and the evidence base is relatively small.

### Cultural identity and connections for Aboriginal children in OOHC

- The Aboriginal Child Placement Principle governs decision-making relating to the placement of Aboriginal children in OOHC.
- The requirements of this Principle are specified in the *NSW Children and Young Persons (Care and Protection) Act 1998* in Sections 11, 12 and 13.
- The Act underscores the importance of Aboriginal self-determination, involvement in decision-making and the principles governing the identification of appropriate placements for Aboriginal children.
- The Principle requires child welfare agencies to place Aboriginal children with Aboriginal families or extended families or communities when possible.

- Victorian research by the Commission for Children and Young People (Taskforce 1000) showed that, of 980 cases audited, 42% of Aboriginal children were placed away from their extended family; 60% were not placed with Aboriginal carers; and 25% had no cultural support plans.
- There are a range of factors that might explain why children might not always be placed with Aboriginal carers including: the lack of suitable carers in certain areas; requests by parents for non-Aboriginal carers; and young people may not always be identified as Aboriginal when they first come into care.
- Taskforce 1000 provided many detailed recommendations concerning the performance of OOHC systems in relation to meeting the cultural and developmental needs of Aboriginal children in care.

### Developmental status and health of Aboriginal children

- The need for monitoring the status and improvements in the developmental progress and health of Aboriginal children is emphasised in the Closing the Gap reports.
- The best evidence on outcomes for Aboriginal children has emerged from the Longitudinal Surveys of Australian Youth (LSAY) and the WA Aboriginal Child Health Survey.
- LSAY data has typically shown that Aboriginal children in the general population score lower than their peers on measures of academic achievement, with lower scores obtained for Aboriginal children living in more remote communities.
- School completion and engagement rates tend to be lower for Aboriginal children (e.g. 54% completion rates for Year 12 vs. 80% for non-Aboriginal children).
- Gaps in numeracy and literacy have often been found to widen over time as Aboriginal children transition into the higher years of schooling.
- The WA health survey identified higher rates of health problems and co-morbidity in Aboriginal mothers.
- Aboriginal children in WA tended to have a higher prevalence of conduct and hyperactivity problems as measured by administrations of the Strengths and Difficulties Questionnaire (SDQ) to parents/carers.
- The WA results showed that poorer school scores were associated with the presence of behavioural problems, more remote locations and less stable home environments.
- Parents of Aboriginal children were more likely than other parents to give ratings of child performance that were higher than teachers, which suggested some differences in how they appraised performance.

### Carers of Aboriginal children

- Aboriginal carers are more likely to be kinship carers. Kinship carers tend to have smaller and less well resourced homes than foster carers.
- Previous POCLS-based research has shown that kinship carers who are identified as 'other relatives' are more likely to be Aboriginal as compared with foster carers and grandparent carers.
- Kinship homes are known to have more limited financial resources and carers often experience greater psychological distress.

- Research into Aboriginal carers shows that there is strong support for adopting a carer role in Aboriginal communities because of the desire to help other children and to avoid replicating the loss of cultural connection that occurred in the past.
- There is evidence of a shortage of Aboriginal carers because they are typically located in some areas and not distributed across all parts of Australia.
- There can be cultural challenges associated with the recruitment of Aboriginal carers.

### Services and interventions for Aboriginal carers

- The issue of service delivery was not a focus of this POCLS report (it will be addressed in other reports conducted by other researchers), but a brief summary of important services and interventions is provided.
- These include: the need to include Aboriginal people in carer training; the need for inclusive training that takes the perspectives of Aboriginal carers into account; and community level engagement and appropriate training.
- Examples of effective organisations that have trained and supported Aboriginal carers are discussed.

### 1.3 POCLS methodology

- The study involved 1,479 children whose carers had been interviewed at least once during Waves 1 to 3 the POCLS study.
- Within the study sample:
  - There were 734 boys and 745 girls, with a mean age of 5 years at the time of the Wave 1 interview and 8 years at the time of the Wave 3 interview.
  - 574 children and young people had Aboriginal heritage.
  - Aboriginal children were placed with: foster parents (48%); grandparents (25%); parents (4.3%) or other relatives/kin (21%).
  - Non-Aboriginal children were placed with: foster parents (46%); grandparents (29%); parents (8%); other relatives (13%); or adoptive parents (1.5%).
- Data was drawn from the carer survey, some child report measures, caseworker and teacher interviews; and some linked child protection data.
- Measures used in the study included measures of developmental outcomes (Child Behaviour Checklist (CBCL), Matrix Reasoning Test from the Wechsler Intelligence Scale for Children (WISC-IV) and the Peabody Picture Vocabulary Test (PPVT-IV)); measures of cultural connections; family contact; carer wellbeing; and children's social/family background as indicated by recorded child protection reports.

### 1.4 Developmental outcomes and health status of Aboriginal children in the POCLS

- Analysis of CBCL scores showed that the proportion of clinical cases in both Aboriginal and non-Aboriginal samples were generally similar to normative populations for internalising, but that both groups were much more likely to have clinical level externalising problems than in the general population at all waves.

The rate for externalising was almost double for Aboriginal children and about 50% higher for non-Aboriginal children.

- The percentage of non-Aboriginal children in the clinical range for the CBCL tended to decrease over time, but remained quite stable for Aboriginal children. Neither group displayed any improvements in the proportion of children falling in the clinical range for externalising behaviours.
- On cognitive reasoning (WISC matrices test) and verbal ability test (Peabody Picture Vocabulary Test), both groups of children generally scored lower than population norms, with Aboriginal children generally scoring lower than non-Aboriginal children at all three waves.
- There was, however, no evidence of any systematic widening of the gap in scores and the score difference itself was quite small for the matrix reasoning task and modest (five units) for the standardised PPVT-IV.
- School attendance rates were generally similar for both Aboriginal and non-Aboriginal children. There were no statistically significant differences for teacher reports relating to academic performance, discipline or behaviour and no differences relating to reports of suspensions or exclusions.
- Aboriginal children were also no more likely to move school or have problems with school engagement or bonding with others.
- The only area of difference was that teachers were more likely to express concerns about cognitive functioning in Aboriginal children than in non-Aboriginal children, but this difference was not large (37% vs. 27%).

## 1.5 The social and family background of children in care

- In general, the results showed some consistencies with previous studies.
- The reported prevalence of drug/alcohol problems was higher in Aboriginal families (although not a large effect) and there was also more domestic violence, whereas psychological and emotional disturbance appeared to be a more common feature reported for non-Aboriginal households.
- Aboriginal children were also likely to be the subject of pre-natal reports, but this may be due to the fact that Aboriginal families are larger, so that the child protection system has greater evidence on which to raise prospective concerns.
- Other analysis of the total number of Risk of Significant Harm (ROSH) reports showed that there was neglect (more frequent in Aboriginal families), but this has to be interpreted in the context of a large number of statistical comparisons and was again only a small statistical effect.
- In summary, the findings for this section of the report suggest that both groups of children (Aboriginal and non-Aboriginal) in the POCLS who entered care in NSW were generally quite similar both in terms of the nature and range of background problems identified.
- Areas for future policy interest would include the greater prevalence of pre-natal reports; drug and alcohol problems; and some evidence for more frequent reports of neglect reported for Aboriginal children as factors to consider in discussions around the over-representation of Aboriginal children in OOHC.
- Children with a wider range of background risk factors had poorer outcomes on the Child Behaviour Checklist (CBCL) and this extended as far as Wave 3. Various

forms of abuse were associated with poorer outcomes, but neglect was not associated with poorer outcomes for Aboriginal children (only for non-Aboriginal children).

## 1.6 Cultural and family connections

- Just under half of the Aboriginal children in the sample were placed into households with at least one Aboriginal carer. For these children, carer reports indicated that children were more likely to be involved in cultural activities over time (from Wave 1 to 3); have discussions about cultural heritage; and have contact with their birth communities. Teachers also generally expressed positive views about the extent to which education plans were suitable for accommodating children's cultural diversity.
- Analysis of family connections showed that there was little evidence that Aboriginal children were losing contact with their parents and siblings at a greater rate than non-Aboriginal children. In fact, there was generally evidence of increasing rates of unsupervised and telephone contact with parents over time.
- More detailed analysis of Aboriginal children placed with non-Aboriginal households also showed that most had contact with their parents and other significant relatives. For example, 71% of these children had contact with their mothers and 76% with at least one parent.
- Of those Aboriginal children who had no reported contact with their parents (57 children), it was found (based on caseworker reports) that 36 of these were having contact with other significant relatives. Only 21 Aboriginal children in the sample who were placed with non-Aboriginal carers did not appear to have contact with family members (and potentially Aboriginal relatives).
- Contact with parents was more likely when Aboriginal children were placed in non-Aboriginal households.

## 1.7 Placement characteristics

- 24.5% of Aboriginal children had at least one placement breakdown as compared with 18.8% of non-Aboriginal children since they had come into care.
- Caseworkers indicated that placements were generally meeting the needs of children. Around 90% of placements were being endorsed as meeting the needs of children in areas such as learning, emotional support, health, cultural connections, self-esteem and resilience.
- Caseworkers reported that carers were generally providing a warm and nurturing home environment that was not overly reliant on harsher parenting strategies.
- The principal challenges identified by caseworkers related to placement changes. It was reported as being quite challenging to find suitable alternative placements for children when this occurred. Particular issues were raised about finding placements for Aboriginal children that were culturally matched and where they could be placed with siblings. Non-Aboriginal children were often harder to place if the child had behavioural problems.
- Caseworker responses indicated that children were not often consulted for their views about placements, but that mothers generally were.

- Aboriginal mothers were generally less likely to be consulted than non-Aboriginal mothers.

## 1.8 Aboriginal carers

- Carers from Aboriginal households generally reported similar levels of psychological distress as other carers, but financial strain (as measured by the ability to raise \$2,000 in an emergency) was generally higher in Aboriginal households.
- There was no evidence that carers from Aboriginal households were reporting any increased strain over time. In fact, financial wellbeing appeared to be increasing, such that the percentage of Aboriginal household carers reporting that they could easily raise \$2,000 got increasingly more similar to non-Aboriginal households across Wave 1 to Wave 3.

## 1.9 Conclusions and future directions

- There was some evidence of significant differences in particular development areas (e.g. Aboriginal children had higher rates of clinical level externalising behaviour and scored lower on measures of verbal and cognitive reasoning).
- There was no strong evidence of declining rates of family contact and there were some attempts being made to maintain cultural connections. However, the quality of these connections cannot be ascertained from the survey data alone and may need additional investigation in future research.
- The results do, however, indicate that the system does not find it easy to find Aboriginal household placements for many Aboriginal children, particularly when children have to change placement.
- The current results need to be interpreted in context and there are reasons why they might not reflect some of the findings in the general population: they relate to children who are in care; the POCLS sample is not a random sample from the population; and there may be considerable diversity in the Aboriginal sample examined in this study.
- Further analysis that examines placement decision-making; the location of placements relative to country; and the genealogy and family structure of Aboriginal families (as recommended by the Taskforce 1000 report) may provide more nuanced understanding of Aboriginal children's current placements and the extent to which they are meeting their needs both developmentally and culturally.



## 2 Introduction and literature review

### 2.1 The Pathways of Care Longitudinal Study

The Pathways of Care Longitudinal Study (POCLS) is the largest prospective study into OOHC ever conducted in Australia. Funded by the NSW Department of Family and Community Services (FACS), the project has been designed over a number of years through a process of collaboration and consultation between FACS, the Australian Institute of Family Studies (AIFS), Chapin Hall Center for Children, University of Chicago, and academic researchers from both the Universities of Sydney, NSW and Adelaide. The data for the research has been collected by the professional research company I-view Social Research.

The POCLS assesses the wellbeing and progress of children in care over a period of five successive waves. To be eligible for inclusion in the study, children had to enter OOHC for the first time between May 2010 and October 2011 and also be placed on final orders by April 2013. A total of 4,126 children entered care for the first time during the sampling window and 2,828 received final orders and were considered eligible for inclusion. Carers of 1,789 children were contacted to participate and carers of 1,285 children agreed to complete the baseline or Wave 1 interview. Interviews involved 895 households (including 26 children in 23 residential care homes) as some carers had more than one study child in their household. Interviews were conducted using face-to-face interviews with carers, but also involved contact with children (e.g. for testing and measurements). Some children 7 years and older also self-completed some questions and measures. Additional online surveys were also conducted with the child's caseworker and, in some cases, their teachers at childcare or school. Further administrative placement and child protection data was collected from the Key Information Directory System (KiDS). The project has also established data-linkages with a range of other sources, including: paediatric and medical records; indicators of educational performance (e.g. National Assessment Program – Literacy and Numeracy (NAPLAN) and the Australian Early Development Census (AEDC) data); and information drawn from youth justice.

The detailed summary of the range of domains assessed in the POCLS has been published in a Wave 1 Baseline Statistical Report (AIFS, Chapin Hall, & FACS, 2015). The Baseline report indicates that the POCLS data-set can be broadly classified into a number of areas. It includes: (1) Demographic data on the characteristics of children and carers (age, gender, carer household socio-economic status, carer education, carer geographical location); (2) Measures relating to the wellbeing, needs and knowledge of the carer and how much they know about the child; (3) An extensive range of measures relating to child development, child psychosocial functioning and the child's education; (4) A range of variables relating to the carers' experience of the care system, including their knowledge, use and need for specific services; (5) Indicators of the nature of the relationships and connections between the carer and other parties in the child's life as well as between the child and biological family (family contact); (6) Measures concerning the nature of the care environment, the carers' parenting style and self-efficacy as a parent; (7) Indicators of the reasons why the young person came into care; and (8) A

range of variables indicating system outcomes in care, e.g. the nature and duration of placements, the timing of exits from care, and the level of placement stability.

## 2.2 Purpose of this report

The broad purpose of this report is to examine the characteristics and circumstances faced by Aboriginal children placed into OOHC in New South Wales. Included within the report will be analyses of the baseline characteristics of Aboriginal children: their demographic background and their reasons for being in care; the types of care into which they are placed; and the degree of adherence to the Aboriginal Child Placement Principle. The report will also examine children's level of connection with their families and the extent to which they are engaged in activities or information that maintains their Aboriginal culture. A further important feature of the report will be to examine the early developmental trajectories for Aboriginal children across a range of measures. The results for non-Aboriginal children are included to highlight areas where Aboriginal children may be faring better or more poorly than children in general within the OOHC system.

The general content of this report is also informed following consultations and advice from FACS and NSW stakeholders. These consultations have indicated that there are several key areas of policy focus relating to Aboriginal children in OOHC. These include the reasons why so many Aboriginal children come into care and why they stay for longer periods than non-Aboriginal children. Other important issues include the quality of care provided; the maintenance of cultural connections as well as adherence to the Aboriginal Child Placement Principle; and the extent to which this is associated with differential outcomes for children. Other more specific issues included the existence of regional differences; for example, whether children in metropolitan vs. regional areas experience any differences and if the POCLS has the capacity to examine the effects of children moving away from their 'country of origin' (i.e. the part of NSW that their family would consider their traditional home).

## 2.3 Structure of the report

The report is divided into several sections. The first part of the report comprises a literature review; this provides an overview of broad demographic statistics and child protection statistics relating to Aboriginal children in care both at a national level and in NSW. This is followed by a review of Australian literature relating to each of the areas which will be the subject of analysis within the report. These topics will include:

- system outcomes for Aboriginal children in OOHC;
- the social and family backgrounds of Aboriginal children coming into care;
- the role of cultural identity and connections and the historical development and significance of the Aboriginal Child Placement Principle;
- the wellbeing and development of Aboriginal children compared to non-Aboriginal children as reflected in national and State-wide studies including the most recent Closing the Gap report;
- the carers of Aboriginal children: Their characteristics and needs
- services and interventions for Aboriginal children in care and their carers.

The purpose of the literature review will be to provide a context for the current analyses and will inform the extent to which the current results are different from, or similar to, previous studies. A review of the existing literature and, in particular, recent reports with a stronger policy focus will also serve to allow for the identification of more specific research questions that fall within the broad areas of analysis. For example, while consideration of children's developmental outcomes and cultural connections will usually be central to any investigation of children's wellbeing in care, the existing literature may provide insights into specific areas of focus or potential relationships between related sets of variables that should be considered.

## 2.4 Relevance to the POCLS key research questions

As indicated in the POCLS baseline report (AIFS, Chapin Hall, & FACS, 2015), the study is designed to address a number of key research questions. This report is relevant to several of these, namely:

### Entry to OOHC

- What are the backgrounds and characteristics of the children and young people entering OOHC, including their demographics, child protection history, reasons for entering care, and duration of the legal order?
- What is the physical health, socio-emotional and cognitive/learning development of children and young people entering OOHC compared with other children in the community?
- How is the Aboriginal Child Placement Principles used in placement assessments and placement decision making for the Aboriginal children and young people entering OOHC?

### During OOHC

- What are the developmental pathways of the children and young people during their time in OOHC or post-restoration?

### Outcomes from OOHC

- In what ways do the characteristics of child, carer, home/family and community affect children's developmental pathways, and how do these differ from similarly situated children in the general population?
- How does contact between the children and young people in OOHC and their birth parents, siblings and/or extended family influence their outcomes?

## 2.5 Aboriginal children: Child protection and out-of-home care statistics

Aboriginal children are statistically more likely to be over-represented in a number of areas of child welfare, including: child protection statistics; OOHC and youth justice (Delfabbro et al., 2010; Tilbury, 2009; Tilbury & Thoburn, 2009). As Tilbury and Thoburn point out, this over-representation can usually be captured in one of two ways. The first way is using 'disproportionality' statistics which report the ratio of the percentage of Aboriginal children within a welfare population divided by the percentage in the general

population. For example, if 10% of children in welfare population (X) were Aboriginal as compared with 2% of Aboriginal children in the general population, then the disproportionality ratio is  $10/2 = 5$  meaning that Aboriginal children would be five times more likely than their population prevalence to receive a child welfare service.

Such statistics, in effect, indicate the level of involvement of welfare systems within Aboriginal populations and this can be framed in more than one way. In one sense, it could mean that the system is detecting significant needs within the population and responding when these needs have been identified. On the other hand, however, it may also indicate the degree of disadvantage and hardship experienced by Aboriginal people as well as the potential over-reach or intrusion by formal services or authorities (e.g. over-enforcement of low level 'good order' offences with young people by the police can contribute to the over-involvement of young Aboriginal people in the youth corrections system). A second term 'disparity' refers to the ratio of Aboriginal vs. non-Aboriginal children in child welfare populations. For example, if 15% of a youth welfare population were Aboriginal vs. 1% for non-Aboriginal children, then the disparity ratio would be 15 (the rate of representation is 15 times higher for Aboriginal young people). This second ratio provides a way of observing the extent to which Aboriginal vs. non-Aboriginal children have different outcomes and this may reflect differences in how Aboriginal people are treated by welfare systems.

Detailed figures relating to the representation of Aboriginal people in the child welfare system are provided by the Australian Institute of Health and Welfare (2016). Notwithstanding some methodological limitations, this annual reporting provides insights into the degree of Aboriginal over-representation at both a national and State-specific level. The AIHW report divides these statistics into a number of sections: child protection involvement; child protection substantiations; substantiation types; orders; and OOHC statistics.

- (a) *Child Protection Involvement (Total rates)*: In the period 2015-16, 46,632 Aboriginal children received child protection services, which represents a rate of 157.6 per 1,000 Aboriginal children as compared with 22.0 per 1,000 for non-Aboriginal children (a seven times disparity). In NSW, the rate was close to 200 per 1,000 Aboriginal children, which was the third highest in the country, although the disparity ratio for NSW was very similar to the national average.
- (b) *Child Protection Involvement (Trends)*: From 2012 to 2016, the rate of Aboriginal children receiving child protection services has increased from 126.9 to 157.6 per 1,000 as compared with an increase of 18.5 to 22.0 per 1,000 for non-Aboriginal. This represents a 24% increase for Aboriginal children and an 18.9% increase for non-Aboriginal children (so child protection involvement for Aboriginal children is increasing over time).
- (c) *Substantiations (Total rates)*: In 2015-16, there were 12,903 substantiations for abuse for Aboriginal children (43.6 per 1,000) as compared with 6.4 per 1,000 for non-Aboriginal children (approximately a seven times disparity). In NSW, 5,287 Aboriginal children received substantiations (57.2 per 1,000) vs. 11,923 non-

Aboriginal children (7.8 per 1,000). The NSW disparity was 6.9, which was very close to the national average.

- (d) *Substantiations (Trends)*: From 2012 to 2016, the rate of abuse substantiations in Aboriginal children has increased from 35.1 to 43.6 per 1,000 as compared with a change of 6.5 to 6.9 per 1,000 for non-Aboriginal children. These figures suggest that rates of substantiation for Aboriginal children have increased, but generally in line with overall increases in child protection involvement (as would be reflected by changes in notification rates).
- (e) *Types of abuse*: The national figures show that sexual and physical abuse rates tend to be higher in non-Aboriginal children. The main type of abuse more commonly reported for Aboriginal children is neglect (36% of cases) as compared with 20% for non-Aboriginal children.
- (f) *Orders*: Nationally, Aboriginal children have been found to be 10 times more likely to be on orders than non-Aboriginal children. In NSW in 2015-16, there were 7,186 Aboriginal children on orders (77.4 per 1,000) as compared with 12,690 non-Aboriginal children (7.8 per 1,000 children). This disparity (9.9) is quite close to the national average of 9.5.
- (g) *Out-of-Home Care (total figures)*: The AIHW reporting provides breakdowns of the proportion of children in care by location with the ability to distinguish between major cities and more remote areas (Note: These national figures do not include those placed on third party orders which may capture a disproportionate number of Aboriginal children). Overall, the national figures show that Aboriginal children are 9.5 more likely to enter OOHC than non-Aboriginal children (AIHW, 2016). The data shows that Aboriginal children living in major cities are 14 times more likely to be in care (67.4 per 1,000) than non-Aboriginal children (4.8 per 1,000). In remote and very remote areas, the rates are 27 to 3 per 1,000 (around a nine times disparity). In NSW at 30 of June 2016, there were 6,652 Aboriginal children in care compared with 11,147 (71.6 per 1000) non-Aboriginal children (6.9 per 1,000). This disparity of 10.4 is only slightly higher than the national average of 9.8. National figures show that Aboriginal children are over-represented across all age groups, but that the differences are mostly strongly observed in the youngest age groups (0-4 and 5-9) where rates are 11 times higher for Aboriginal children. Zhou and Chilvers (2010) conducted analyses in NSW based on 1996-2006 system data that showed that the rate of entry into care for Aboriginal infants was 443 per 10,000 vs. 42.2 for non-Aboriginal and that the disparity between these ratios had increased over time (although this could partly be due to the system being more accurate in its identification of Aboriginal children).
- (h) *Out-of-Home Care (Trends)*: AIHW data suggests that a greater proportion of Aboriginal children are coming into care. From 2012 to 2016, the rate for Aboriginal children has increased from 42.2 to 56.6 per 1,000 as compared with 5.4 to 5.8 per 1,000 for non-Aboriginal children. This represents a 34% increase in rate compared with 7.4%.

There have also been longitudinal analyses which have examined the cumulative involvement of Aboriginal and non-Aboriginal children in both the broader child protection and OOHC systems. For example, a study by Delfabbro et al. (2010a, b) examined the over-representation of young Aboriginal people in the child protection system using longitudinal data based on cohorts of the same individuals over time. Child protection data for young people (Aboriginal or non-Aboriginal) born in 1991, 1998 or 2002 were examined and the proportions of children with child protection notifications for these cohorts were determined. These analyses showed that up to 75% of Aboriginal children born in 1991 had received a notification by 2007 (estimates ranged from 55% to 75% depending upon assumptions made about the proportion of live births in 1991 which were Aboriginal children). Further analysis of later cohorts showed that the cumulative rate of notifications appeared to be increasing. For example, of those Aboriginal children born in 2002, over 50% had received notifications by the age of 4. By comparison, an analysis of the 1991 cohort of non-Aboriginal children showed that the total accumulated percentage from 1991 to 2007 only ever reached 20%.

This study also showed that the accumulated number of notifications was greater per child for Aboriginal children, with 40% vs. 23% having four or more; 15% vs. 6% having 10 or more and 3% vs. 1% having 20 or more per child. Consistent with the national AIHW data, the main difference in the reason for the notifications was neglect. In the 1991 cohort, a total of 68% of Aboriginal children had at least one notification for neglect compared with 42% of non-Aboriginal children. An even larger difference was observed for substantiated neglect, with figures of 31% for Aboriginal and 12% for non-Aboriginal children.

In summary, the data indicates a pattern of over-representation at every stage in the child welfare system as well as some evidence of increasing trends towards a greater proportion of Aboriginal children coming in contact with the child welfare system. These trends are consistent with discussions with stakeholders in NSW, which indicate that the large numbers of Aboriginal children coming into care is an area of significant policy interest.

## 2.6 System outcomes for Aboriginal children in care

The principal system outcomes which have been the focus of policy and research attention are reunification and placement stability. Reunification rates are important because they indicate the extent to which children are able to return to their family of origin (an important policy objective in some jurisdictions), but also how the demand for OOHC services is likely to increase. If reunification rates are low, then the numbers in care and demands for services will continue to grow. Placement stability, on the other hand, refers principally to how young people experience their time in care. A smaller number of placements is usually beneficial because it allows for stability of adult attachment relationships; enhances school attendance and performance; allows for the establishment of social networks; and can foster a sense of place and routine.

In relation to the first of these, reunification or exit rates, the AIHW data indicates that the situation in Australia is challenging. Children are generally staying longer in care than before. In other words, the proportion of children who are exiting each year is not in step

with the increasing proportion of children coming into care. Several studies have been conducted in Australia to examine reunification patterns and many of these have included Aboriginal status. In one of the earliest longitudinal analyses, Fernandez (1999) tracked the five year reunification patterns of 294 children who entered care during 1980 and 1984. The results showed that Aboriginal children generally returned home at a slower rate than other children. In another study, Delfabbro, Barber and Cooper (2003) and Barber and Delfabbro (2004) tracked the progress of over 100 children in OOH in South Australia for a period of two years. Aboriginal children who had come into care because of neglect were more likely to have returned home after three months (42%) than non-Aboriginal children who had been neglected. However, this effect reversed when Aboriginal children had entered care for other often more serious forms of abuse; in those circumstances, Aboriginal children only had a 12% chance of going home compared with 58% for non-Aboriginal children (Fernandez & Delfabbro, 2010).

The association between Aboriginal status in reunification rates was also investigated in a national study that examined patterns of reunification in several different Australian states (Delfabbro, McCormick, Fernandez, & Kettler, 2012a, b, & c, 2015; Fernandez & Delfabbro, 2013). Each of these studies used a very similar methodology. A large cohort of children entering care for the first time in 2006-07 were tracked for at least two years up to a maximum of almost 50 months (four years) to study their trajectory through the OOH system. In each study, models were developed that included Aboriginal status as one of the variables. When the data from South Australia, Victoria and Tasmania was combined as part of a single national analysis involving over 1,300 cases, Aboriginal status was not a significant predictor of reunification when it was included in multivariate models. This lack of significance was also observed in Victoria and Tasmania, whereas a marginally significant result was observed in South Australia (in that State, Aboriginal children took on average 39 months to go home as compared with 36 for non-Aboriginal children). In all three States, however, survival functions nonetheless revealed a trend towards Aboriginal children staying in care for longer periods. A similar result was observed in NSW in a sample of 2,010 children tracked from 2006 until the end of 2010. By the end of 2010 (around 2.5 to three years after children had entered care), 24.9% of Aboriginal children had gone home compared with 32.1% of non-Aboriginal children.

A study in NSW by Zhou and Chilvers (2010), examined the median length of stay or 'spell' that infants spent in care based on system data collected in the period 1996-2006. The results were generally similar with other studies. The duration of the first spell in care for Aboriginal infants was 289 days as compared with 128 days for non-Aboriginal children.

In relation to placement stability, the evidence generally shows that Aboriginal status is unlikely to be a strong predictor of placement movements. In Barber and Delfabbro's (2004) longitudinal study of 235 children in South Australia, children were classified into different groups based on the level of placement instability. Aboriginal status was not found to be a significant variable in predicting membership in groups classified on this basis. Another study by Osborn, Delfabbro and Barber (2008) examined the placement stability of a national sample of 364 children with high and complex needs and similarly found no difference between Aboriginal and non-Aboriginal children in the rates of placement breakdown which had occurred in the previous two years. Another South

Australian study by Delfabbro, Borgas, Jeffreys, Rogers and Wilson (2007) compared the characteristics of children who had been stable in the same placement for five or more years with a random sample of children from the general OOHC population to ascertain what factors appeared to underline the stability. Once again, there was no significant difference in proportion of Aboriginal children in the two samples.

These findings seem to accord with what is generally known about Aboriginal children in care. Many enter care at quite a young age and due to neglect rather than more directly physical forms of abuse. They are also statistically more likely to be placed into kinship care (see Section 1.8) which is known to be associated with greater placement stability and also longer durations in care (Delfabbro, 2017).

## 2.7 The social and family background of Aboriginal children in care

It is generally accepted that Aboriginal children are often born into family circumstances characterised by greater social disadvantage and complexity (Crime and Misconduct Commission, 2004). Such problems have been documented in numerous government reports and are publicised in the national Closing the Gap report released by the Department of Prime Minister and Cabinet (2018). The report shows that Aboriginal people in Australia still continue to experience disparities in many areas, including education, employment, income and health. Some of the representative statistics for the nation are as follows. Aboriginal adults aged 18-64 years are less likely to be participating in employment (57% vs. 77% for non-Aboriginal adults). The Aboriginal adult unemployment rate is 18.4% compared with 6.8% for other adults (2015-16 figures). Only 65.3% of young Aboriginal people complete year 12 or equivalent compared with 89.1% of non-Aboriginal children, although this gap has gradually grown smaller over the last two decades. Life expectancy for Aboriginal people is generally known to be around 10 years shorter for both men and women and Aboriginal people are much more likely to experience diseases associated with exposure to Western lifestyles, including problems with substance misuse, obesity and diabetes.

Several studies have been published which profile the social and family backgrounds of children placed into care in Australia and these generally show that Aboriginal families experience a range of problems and challenges to a greater extent than non-Aboriginal families. In a study by Delfabbro et al. (2009), a detailed study was conducted of 1,155 infants aged 0-2 years who entered care between 2000 and 2004 in South Australia. The results showed that the reasons why children were in care varied according to whether children were Aboriginal or non-Aboriginal. Aboriginal infants were much more likely to come from backgrounds with financial problems, homelessness, and domestic violence as well as have parents with substance abuse problems. Aboriginal infants were also more likely to be severely neglected. By contrast, non-Aboriginal infants were more likely to be in care because of parental mental health issues or intellectual disabilities in parents. Further insights into the extent of the differences between the two groups was obtained by comparing the total number of family background risk factors observed for Aboriginal and non-Aboriginal infants. Aboriginal infants were exposed to a mean of 4.52 problems ( $SD = 1.57$ ) as compared with 3.86 ( $SD = 1.89$ ) for non-Aboriginal infants; a statistically significant difference. In another study, Fernandez and Delfabbro (2013) compared the characteristics of Aboriginal and non-Aboriginal children in New South



Wales as part of a national study of reunification. The study found that Aboriginal children were more likely to be in care due to parents' consumption of drugs or alcohol (22.1% Aboriginal vs. 17.1% non-Aboriginal), or child neglect (14.4% Aboriginal compared with 11.9% non-Aboriginal). Non-Aboriginal children are more likely to be in care due to physical abuse (16.4% compared with 13.4% Aboriginal); domestic violence (12.9% compared with 10.8% Aboriginal); parent behaviour and parenting skills (4.8% compared with 2.9% Aboriginal); or emotional abuse (5.7% compared with 2.9% Aboriginal). On the whole, these findings are generally consistent with the data presented by the AIHW (2016) which showed that neglect was more likely to be the reason why Aboriginal children were in care.

Another study of background characteristics for children entering care in Tasmania (Delfabbro et al., 2012b) found that Aboriginal families experienced a higher prevalence of all major family risk factors, including each type of abuse, domestic violence, homelessness, and substance abuse. Neglect was once again the most prevalent risk factor (90%). A difference between this study and others was that it was based on both system data as well as detailed case-file analysis so that it had the potential to detect problems in more detail and across a longer time-span. This study showed that Aboriginal families tended to fall into two main clusters: those where neglect was the main risk factor and where there was a low prevalence of other risk factors, and a cluster who had a high prevalence of most risk factors. Consistent with the other studies, Aboriginal children were less likely to fall into a cluster classified by active parental abuse (i.e. where physical or sexual abuse were the principal reasons for being in care). A similar set of analyses conducted using a sample of 538 children in South Australia as part of the same national study reported a very similar pattern of results.

Another very detailed study was conducted in Victoria (The Taskforce 1000 project), overseen by the Commission for Children and Young People (2016). In this study, caseworkers for 980 Aboriginal children were interviewed and this included questions relating to the family problems that had contributed to children being placed into care. Consistent with the findings supported above neglect was one of the most commonly reported forms of abuse (36%), but the percentage for physical abuse was similar (35%), whereas sexual abuse was less common (13%). Overall, the most commonly reported problems were domestic violence (88% of cases), substance misuse (87%) and parental mental health problems (68%).

In summary, the evidence concerning the background of Aboriginal families whose children come into care suggests: (a) that Aboriginal children are more likely to come into care because of neglect; and (b) Aboriginal families experience a greater number of risk factors with particular problems associated with poorer socio-economic status or the nexus of substance abuse, domestic violence and parental mental health problems.

## 2.8 Cultural identity and connections for Aboriginal children in care

The topic of cultural identity and connections is considered one of the most important, but sensitive topics relating to Aboriginal people in Australia. In every area of the child welfare system, whether in legislation, policy or practice standards, a central tenet is that every reasonable attempt must be made to ensure that Aboriginal children maintain contact with their cultural beliefs, their families and, where possible, their 'country' of

origin. Much of this imperative is driven by an historical awareness of the significant suffering and hardship experienced by Aboriginal people during the previous two centuries, mostly notably from the period extending from the late 19<sup>th</sup> Century to the late 1960s. During this period, Aboriginal people were either: (a) placed under oppressive paternalistic protection laws that left them devoid of most basic rights (e.g. of movement, of choice of partner, self-determination and employment); or (b) subject to heavy-handed child welfare practices that allowed for the forceful removal of children without a strong child welfare rationale.

Early child protection laws in effect placed all Aboriginal children under the control or guardianship of the minister by default. Although many of the removals in the post-war period were technically classified as being based on welfare grounds rather than forced removals, this appears to be very much a matter of semantics in that the structure of the laws made it unlikely that Aboriginal families would be allowed to retain their children. With laws that dictated that children had to attend mainstream schools as well as different European or Western standards about what constituted appropriate parenting, living conditions and supervision, Aboriginal children could very easily fall under orders and be removed, often to locations separated from their families. Indeed, as the Crime and Misconduct Commission (2004) points out, some early laws defined 'neglect' in such a way that any child living with parents of 'mixed descent' would be, by definition, considered to be neglected.

In the early 1980s, the large number of children removed in these various ways, came to be recognised across Australia. The term 'Stolen Generations' was coined by academic Peter Beal (Beal, 2006) and came to be adopted by Aboriginal people as well as advocates of Aboriginal rights who recognised the term as being a way to capture the scale of the removals that had occurred over the previous century. Although this is a figurative term rather than one that refers to every last child born in that period, the term captures the fact that many thousands of Aboriginal children were removed from their families (either permanently or for many years) often without adequate contact or knowledge of their families of origin and often with deliberate attempts to distance them from their cultural beliefs. These practices were driven by assimilation policies designed to distance people of 'mixed descent' from their Aboriginal origins and keep 'full descent' Aboriginal people living separately from the European community. The significant psychological, emotional and social harm experienced by over 500 Aboriginal people is recounted narratively in the Bringing Them Home report (Human Rights and Equal Opportunity Commission, 1997). This report has led to significant changes in government policy and recognition of the need to recognise and make recompense for the mistakes of the past as well as a commitment to avoid similar practices in the future.

Accordingly, a central feature of modern child welfare policy in Australia is the Aboriginal and Torres Strait Islander Child Placement Principle (Arney et al., 2015). The Principle is recognised under the *NSW Children and Young Persons (Care and Protection) Act 1998*. Details of relevant provisions are to be found under Part 2 of the Act in Sections 11, 12 and 13. Section 11 emphasises the importance of Aboriginal self-determination in relation to the care and protection of children, whereas Section 12 refers to the importance of the involvement of Aboriginal people in decision-making. Section 13, which is the longest section, sets out a 'general order for placement' for Aboriginal children. According to

Section 13 (1) (a), children should be placed with ‘a member of the child’s or young person’s extended family or kinship group’. If this is not possible, then under 13 (1) (b) it should be with ‘a member of the Aboriginal or Torres Strait Islander community to which the child or young person belongs’. Section 13 (1) (c) then refers to ‘a member of some other Aboriginal or Torres Strait Islander family residing in the vicinity of the child’s or young person’s usual place of residence’, and Section 13 (1) (d) refers to placements in other arrangements, but with consultation with the ‘members of the child’s or young person’s extended family or kinship group’ or ‘such Aboriginal or Torres Strait Islander organisations as are appropriate to the child or young person’. Further provisions of the Act refer to the importance of ‘the express wishes of the child or young person’ (Section 13 (2)) and, in situations where the young person is not placed under Sections 13 (1) (a) to (c), there is a requirement for ‘continuing contact...between the child or young person and his or her Aboriginal or Torres Strait Islander family, community and culture’ (Section 13 (6)).

The central arguments in support of the Principle are that it helps Aboriginal children maintain a sense of identity and retains their heritage and customs. Adherence to the Principle also encourages greater access to opportunities for Aboriginal children to learn more of their culture and will be closer to potential social support networks (Lock, 1997; Lynch, 2001; Ralph, 1997; Valentine & Gray, 2006; Walker, 1993). Such views are well articulated in a report by Arney et al. (2015) that argues that the Placement Principle extends beyond just a consideration of placement hierarchies. Instead, following the work of Tilbury et al. (2013), it should include a range of goals: prevention, partnership, placement, participation and connection.

- Prevention refers to the need to reduce the over-representation of Aboriginal children in care.
- Partnership refers to the need for Aboriginal people and agencies to be involved in the decision-making associated with intake, assessment and interventions.
- Placements should follow the hierarchy describe above.
- Participation: Aboriginal families and children should have opportunities to be involved in the decision-making that affects them.
- Connection: Aboriginal children should be supported so as to make connections with their culture and families.

Despite many good intentions, it will still be the case that some Aboriginal young people are not placed according to the Principle. Some relevant examples of situations that can cause this to occur are outlined by the AIHW (2016) and also in a review by Richardson, Bromfield & and Higgins (2005): (1) Young Aboriginal people may not always be identified, particularly if they are of ‘mixed descent’ or have Aboriginal and non-Aboriginal family members and a ‘European appearance’; (2) Some parents may request placement in non-Aboriginal placements because of conflict in the community or between communities; (3) There may be a lack of consultation with peak bodies such as Aboriginal and Islander Child Care Agencies (AICCs) which can provide expert advice in determining ancestry and providing assistance in identifying suitable carers in the Aboriginal community; (4) There may be a shortage of suitably trained Aboriginal carers, particularly in foster care. As pointed out by the AIHW (2016), when children are not placed with Aboriginal families, this should usually only happen after appropriate

consultation with Aboriginal advisors or organisations to rule out any other possibilities. McGuinness and Arney (2012) further draw attention to the problems of identifying relatives who might be suitable carers because of limited & knowledge of Aboriginal communities; the lack of resources; and lower socio-economic status of many kinship carers.

The Aboriginal Child Placement Principle effectively acts as a standard against which practice can be compared. AIHW (2016) data indicates that Australia is generally making modest progress against the placement standards stated in the Principle. Sixty six percent of Aboriginal children are placed with kin or Aboriginal relative care, with NSW having the highest percentage (80%). However, the extent to which the Principle has been applied is likely to vary from one jurisdiction to another and may not be consistently applied. The extent to which this is the case has been the subject of a major review of Aboriginal children in OOHC conducted in Victoria. The observations and recommendations from this report are potentially informative for the POCLS.

The Victorian research conducted by the Commission for Children and Young People (2016) (Taskforce 1000) involved detailed interviews and case-file audits for 980 Aboriginal children in OOHC in Victoria. In addition to documenting the hardships experienced by many Aboriginal families (as documented above in Section 1.7), the report placed a particular emphasis on the degree of compliance with the Aboriginal Child Placement Principle and the apparent degree of cultural competency of the current OOHC system. The results, on the whole, present a pessimistic impression of the current system with respect to fulfilling these objectives. It was found that: 42% of children were placed away from their extended families; 25% of children on a guardianship order (Victoria: this were legal and decision-making rights are transferred to the State) had no cultural support plans; 40% of Aboriginal children were separated from at least some of their siblings; and that 60% of children were not placed with Aboriginal carers. A particular problem identified with the system was that there were a number of Aboriginal children who had a history of not being identified as being Aboriginal (in a number of cases born to an Aboriginal parent). Another problem was that the definition of 'kinship care' had been extended to include people living in the community who were friends and therefore better classified as 'kith'. As a result, the Commission was of the view that the extent of compliance with the Aboriginal Child Placement Principle had been exaggerated. A more careful analysis of the data showed that only 46% of kinship placements were with Aboriginal relatives and that the 30% of children placed into foster care or the 8% in residential care were unlikely to be under the care of Aboriginal carers. In fact, only 14% of the children not placed with kin were placed with Aboriginal carers. These figures suggested that the Victorian system was experiencing significant difficulties in obtaining suitable Aboriginal carers for a significant proportion of Aboriginal children.

There are arguments which can be raised for and against the Victorian Department's performance and its compliance with the Aboriginal Child Placement Principle, as mandated in legislation and formal policies. The Department indicated that it had attempted to find kinship carers in 92% of cases, but that it had often not been able to do so because 'no kinship carer was willing or able to care for the child' or 'Department of Health and Human Services Victoria (DHHS) had assessed the proposed kinship carer

as unsuitable'. Indeed, the Department would not always have control over the availability of suitable kinship carers and there may indeed be sound reasons why an Aboriginal carer could not be located in particular areas. In fact, it might be the case that attempts to obtain an Aboriginal carer at all costs could lead to a young person having to be placed even further from his or her family of origin with even less prospect of being able to maintain family connections. The Department would also have to weigh up the imperative of the Aboriginal Child Placement Principle against the best needs of the child, which may be comprised in situations where the child has significant special needs or where the local community may impose ongoing risks. Another potential argument in defence of Departmental practice is that the Aboriginal Child Placement Principle is not an all or nothing concept; placements in the community with kith, while not the optimal outcome, may be the best available placement option in the absence of suitable Aboriginal kinship carers.

Nevertheless, there are also clearly areas where the Commission identified limitations in current Department practice and where greater efforts could have been made. First, as mentioned above, the Department did not appear to have any performance metrics that systematically evaluated the performance of the system against standards implied by the Principle. Second, definitions of kin were not being consistently applied, which potentially served to give an overly favourable impression of the extent to which Aboriginal children were being placed with their extended families. Third, it was clear that Aboriginal services were not being sufficiently consulted in relation to placements and the status of Aboriginal children. Aboriginal children were sometimes not being identified because of the lack of Aboriginal expertise in decision-making or because of the lack of genealogical analysis (family tree diagrams). Fourth, the Department appeared to have significant deficits in the number of Aboriginal carers in the system and it was unclear whether sufficient resources had been devoted over the last decade to recruiting more Aboriginal carers and providing them with appropriate supports.

A broader area of concern in the report related to cultural competency, inclusiveness and consultation. The Commission argued that the failure to identify some children as Aboriginal may have been avoided if Aboriginal agencies had been involved in the placement decisions. The report also draws attention to the lack of cultural competency training across the sector, ranging from organisations such as hospitals to child welfare agencies. In light of these concerns, the Commission proposed a large number of recommendations, of which the following are a representative sample:

- Staff at a variety of organisations and, most particularly, in the area of child welfare should have cultural competency training with a focus on recognising the status and needs of Aboriginal children.
- There should be Aboriginal community based organisations to which Aboriginal placement decisions are referred for advice and decision-making.
- There should be greater awareness and skills related to the recognition of trauma and loss in Aboriginal people.
- There should be performance metrics in areas of OOHC performance including tracking of how many Aboriginal children are coming into care; the extent to which the Aboriginal Child Placement Principle was being applied; the number of siblings placed separately in care; and Aboriginal children should all have Annual Case

- Reviews against these metrics (the Commission actually recommends very frequent checks, but it is unclear how practical this would be).
- There should be greater scrutiny of the status of young Aboriginal people and greater efforts to ensure that family genealogy is documented.
  - Residential care for Aboriginal young people should be modified to make it more therapeutic and focused on trauma and other psychological issues presented in this population.
  - There should be a focus on educational outcomes including young Aboriginal people's successful completion of Year 12 or equivalent; there should be education plans; improvements in literacy, numeracy and engagement; and attendance at school.
  - Consistent with areas identified in the Closing the Gap report, there should be a focus on improvements in the health of young Aboriginal people (and this would include both psychological and physical).

A number of these recommendations would appear to be ones which could be examined using POCLS data and which could be investigated as specific research questions. The POCLS dataset would allow insights into: (a) Compliance with the Aboriginal Child Placement Principle; (b) The availability of cultural competency training for carers; (c) The extent to which Aboriginal siblings are placed together; (d) The extent to which young Aboriginal people are engaged with education and how they are performing; (e) The development trajectories of young Aboriginal people over time and the extent to which there are improvements in outcome measures consistent with non-Aboriginal children. Some of the other areas mentioned in Commission's report may be suitable for inclusion in related investigations related to services and supports or qualitative work that examines the process of decision-making relating to Aboriginal young people. The POCLS also has the capability to examine connections in considerable detail; in particular, the extent to which Aboriginal children on final orders are maintaining contact with their extended family.

## 2.9 The developmental status and health and wellbeing of Aboriginal children

The Closing the Gap report outlines a number of important targets for the reduction of the disparity between Aboriginal and non-Aboriginal people. Included within this report are outcomes relating to the health, development and wellbeing of children. Similar imperatives are evident in other major reports including the National Performance Indicators for Aboriginal and Torres Strait Island Health developed for the AIHW (2000). This report documents the need for national and systematic data to be maintained concerning: government funding and inputs relating to Aboriginal health; indicators of social equity (e.g. life expectancy and employment); access to health services; risk and protective markers (e.g. alcohol consumption, weight status, vaccination rates); and health outcomes (e.g. child protection involvement; hospitalisations; mortality and morbidity). Other reviews, e.g. McMahon and Reck (2003) further argue that there is also a need to capture spiritual and cultural dimensions as well as young people's physical, emotional and social wellbeing.

On the whole, there have been fewer studies of young Aboriginal people's wellbeing development than of Aboriginal adults (Penman, 2006). Inspection of the published literature indicates the existence of several early studies (e.g. Gault, 1968; Gault, Krupimski, & Stoller, 1970a, b; Webber, 1986) which indicate the presence of significant mental health and behavioural problems in young Aboriginal adolescents living either in the northern or southern parts of Australia. More recently, however, several major national studies have been conducted which provide more detailed insights into many aspects of the health of Aboriginal young people and some of these provide some opportunities to conduct comparisons with non-Aboriginal children. One of these major studies is the Western Australian Aboriginal Child Health Survey; another is the Footprints in Time: Longitudinal Study of Indigenous Children (LSIC) and the Longitudinal Study of Australian Youth (LSAY) which can be considered as a companion study to the Longitudinal Study of Australian Children (LSAC) which can be used as a source of nationally comparative statistics. There is also the National Survey of Mental Health and Wellbeing (Sawyer et al., 2001; Sawyer, Kosky, Graetz, Arney, Zubrick, & Baghurst, 2000).

The LSIC (Department of Social Services, 2015) has tracked two cohorts of Aboriginal children annually for almost a decade. Cohort B comprises children born in the period of 2006-2008, whereas Cohort K were born between 2003 and 2005. The study involves interviews with children (where appropriate) and carers. It includes questions relating to children's physical wellbeing and lifestyle; their emotional and social wellbeing; school experiences and performances; cognitive and physical development; and cultural awareness and development. Carers are also asked to provide demographic information and respond to other questions about their emotional and financial wellbeing, significant life events and family relationships (amongst other questions). LSIC has released a series of major reports. The most recent of these is the fifth report and material is now emerging from latter waves. The original sample included over 1,700 carer interviews and started in 2008. By Wave 5, there were still 1,258 in the sample (728 from Cohort B and 530 from Cohort K).

The fifth Wave report provides summaries of the results of a number of questions, but it is often not easy to interpret many of the findings because a lot of statistics are reported in isolation without reference to non-Aboriginal children to allow comparisons. Responses are presented in a form that indicates the percentage of children who can be classified on certain responses (e.g. who can tie a shoelace). However, while such information confirms the existence of development and increasing maturity, it does not indicate whether Aboriginal children are going as well as might be expected for a child in Australia. Another problem is that there appears to be evidence of 'acquiescent responding' (people just saying 'yes' or giving the highest ratings) because respondents may be unfamiliar with surveys and how to complete them; and particularly those living in remote areas. In short, the study is largely descriptive or correlational and provides indicative insights into how Aboriginal children are faring. For example, in the Wave 1 report, 97% of children are considered to be in good physical health and most carers did not have any concerns about their child's language and development.

Another source of data is the LSAY surveys. National surveys of youth have been conducted since the 1970s, but the most commonly analysed LSAY surveys commenced

in 1995. These have extended for 12 years and have involved over 13,000 students who were in Year 9 in 1995 and who have been tracked into their 20s. LSAY has generated several analyses involving comparisons between Aboriginal and non-Aboriginal children. Much of this work is focused on educational outcomes. For example, Rothbaum, Frigo and Ainsley (2005) compared the level of school engagement of Aboriginal and non-Aboriginal children. At Year 9, both groups were generally similar in their satisfaction with school, but Aboriginal children did not feel so confident about their achievement or their intention to continue on to Year 12. Assessment of verbal reading comprehension scores and maths performance at Year 9 showed that Aboriginal students scored lower than non-Aboriginal children after controlling for other family factors such as socio-economic status. Aboriginal children from remote areas tended to obtain the lowest scores. Overall school statistics indicated that young Aboriginal children were more likely to have left school by Year 10 (20% vs. 8% for non-Aboriginal), by year 12 (another 26% vs. 12%) and that only 54% completed Year 12 compared with 80% of non-Aboriginal young people. In another briefing report from LSAY, Nguyen (2010) reported that the performance of Aboriginal children in Years 3, 5 and 7 against national benchmarks for reading, writing and numeracy did not change very much between the period 1999 and 2007 and there was a tendency for the gap between Aboriginal and non-Aboriginal performance to get larger as children got older. For example, by age 15, LSAY data showed that 46% of Aboriginal students were in the lowest quartile for reading comprehension as compared with 23% of non-Aboriginal students' with a difference of 51% to 22% observed for maths.

These differences have been thought to be due to a variety of factors including other underlying social and psychological challenges experienced by Aboriginal people (e.g. parents may have experienced removal or trauma when they were children) and the general health of children (Biddle, 2006).<sup>1</sup> Schools have also not provided Aboriginal children with supports that enhance their sense of identity and achievement. Where this has been achieved in schools, then outcomes can often be improved (Purdie, Tripcony, Boulton-Lewis, Fanshawe, & Gunstone, 2000). Similar optimism is expressed by Mahuteau, Karmel, Mavromaras, and Zhu (2015) in longitudinal analysis based on the educational performance of young people in the LSAY study. While confirming differences in performance at Year 10 and Year 12 completion rates, young Aboriginal students performed similarly in the latter years of school once Year 10 performance had been controlled. That is, if they were performing at a similar level at Year 10, then they were able to maintain this similarity of performance until Year 12.

The Western Australian Aboriginal Child Health Survey provides probably the most comprehensive analyses of the comparative wellbeing of Aboriginal and non-Aboriginal children. This study involved 5,289 Aboriginal children aged 0-17 years and included measures of physical health, social and emotional wellbeing, educational outcomes and

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<sup>1</sup> Biddle (2006) analysed LSAY data and showed that attendance at school appeared to be unrelated to differences in income. Instead, it is household variables (e.g. the wellbeing of carers and children, levels of stress) that are more important.



youth justice. The results from this large survey were compared with responses obtained from a parallel computer-assisted telephone interviewing (CATI) survey involving non-Aboriginal children. The principal psychosocial measure used in the study was the Strengths and Difficulties Questionnaire (SDQ), which features four short scales: conduct disorder, hyperactivity, emotionality and pro-social behaviours. The results showed that 25% of Aboriginal children scored in the clinical range for emotional and behavioural problems and that another 11.4% fell in the subclinical or borderline range. By contrast, 15% of non-Aboriginal children had clinical behavioural and emotional problems and 10.2% had borderline problems. Hyperactivity levels were also generally higher in Aboriginal children (15% clinical, 9% borderline), compared with 9.7% clinical and 7.4% borderline for the non-Aboriginal children. There were no significant differences for pro-social behaviours. At the same time, the study yielded some SDQ results that appeared to be nonsensical and out of step with other studies around the world in that older children were found to score much lower on conduct disorder and emotional problems than younger children. However, the researchers argued that this could be due to cultural differences and differences in carer knowledge in that the problems besetting teenagers might not often be as well-known to the parents, e.g. if they are confiding in their peers or involved with many activities outside the home.

These SDQ figures generally show that Aboriginal young people have clinical rates of psychological problems that are around 50% to 100% or 1.5 to 2 times higher than non-Aboriginal children. These differences generally accord with published figures obtained using the CBCL in the National Mental Health Survey of Youth (Sawyer et al., 2004a, b). In that study, 25.2% of Aboriginal and 12.9% of non-Aboriginal children scored in the clinical range on Externalising; for Internalising, 18.2% of Aboriginal children scored in the clinical range compared with 12.8% of non-Aboriginal children. Thus, the major difference was in relation to conduct related behaviours.

The WA study also provided insights into a number of other areas of physical health or health-related behaviour potentially affecting the wellbeing of children. Mothers generally reported a greater use of cigarettes during pregnancy (46% vs. 22% of non-Aboriginal mothers); and 11% of Aboriginal mothers were teenagers when they had their first child as compared with 2.1% of mothers in the general population. Analysis of infant statistics also revealed several differences' each of which were higher in Aboriginal parents: premature birth < 37 weeks (13% vs. 8%); low birthweight (11% vs. 7%); and poor interuterine growth (21% vs. 13%) (Telethon Institute for Child Health Research, 2004). In specific analyses of young people aged 15-17 years, it was reported that one third smoked regularly and that 25% were drinking alcohol. At age 17, 61% of Aboriginal boys and 43% of girls reported drinking; 30% of Aboriginal children reported using marijuana. On the whole, the drinking rates were found to be not that dissimilar to the general population of children in Western Australia. However, smoking rates in Aboriginal young people appeared to 'peak higher' and at an older age.

The study provided detailed analysis of the performance of Aboriginal children in school as compared with non-Aboriginal students (Zubrick et al., 2006). As in the LSAY study, this set of findings generally revealed significant discrepancies between the two groups on a variety of school-related variables. First, in relation to school completion, the results showed that 22% of Aboriginal young people in Year 11 the previous year went on to

complete Year 12 in 2001 as compared with 62% of non-Aboriginal children. There were also differences in school attendances: 50% of Aboriginal children had 10 or more days of unexplained absences compared with 4% of non-Aboriginal children. Significant differences were also reported for academic performance and on achievement tests. For example, 58% of Aboriginal children were rated as having low academic performance compared with 19% of non-Aboriginal children. At grade 7 level, 35% to 44% of Aboriginal children were achieving national literacy and numeracy benchmarks compared with 77% to 85% of non-Aboriginal children. Comparisons of carer/parent ratings and teaching ratings further showed that there was a discrepancy between the perceptions of academic performance by carers and teachers or as revealed by test scores. In 50% of cases, carers of Aboriginal children gave ratings that were different from (usually much higher than) teachers. In fact, 90% of Aboriginal carers rated that children were doing OK at school, but this was not the view of teachers. Thus, whereas there was a clear positive relationship between teacher ratings of academic performance and test scores, parental rating usually bore little relationship to actual performance. These findings could be attributable to a number of factors: (a) There may have been potential problems with the questions (e.g. cultural biases in the methodology that led to acquiescent responding); (b) Many Aboriginal parents were genuinely less aware of what was happening at school; or (c) Aboriginal parents may not have had a reference point against which to compare performance. In some families, attendance and engagement at school may have itself been considered a positive outcome, so that consideration of more subtle grade-related performance was less of a priority for these families.

The report examines many correlates of school performance and highlights the range of factors that are likely to explain some of the discrepancy between the two groups as well as the accuracy of carer ratings. Those children who performed more poorly on tests or who had lower levels of academic achievement tended to score more poorly on the SDQ; had experienced dislocation in the form of home changes; lived in remote or isolated areas; and, were more likely to have had unexplained absences. More congruent ratings were typically obtained from parents with more years of education or who were employed and who did not speak an Aboriginal language. Parents who had been removed from their parents due to welfare or other actions by the government gave less congruent responses. Overall, the results highlighted how differences in academic performance were likely to be influenced by inter-generational trauma and disadvantage, cultural and language differences, and parental experience and engagement with education themselves. On the positive side, the study did show that Aboriginal parents felt accepted and welcome by the schools.

## 2.10 Carers of Aboriginal children

As indicated in the sections above, Aboriginal children are much more likely to be placed with kinship carers than non-Aboriginal children (Zhou, Paxman, Chen, & Chilvers, 2010). Accordingly, insights into the characteristics of these carers can be partially informed by what is already known about kinship carers. In a previous report prepared based on the POCLS data (Delfabbro, 2017), it is known that kinship carers differ in a number of ways from foster carers. A significant proportion of them are older (grandparents) and therefore more likely to experience a greater prevalence of health problems as would be associated with older age. Relative carers are usually people who have not necessarily

planned to take children into care and so there are often challenges which are more prevalent in these households than in foster care. For example, kinship homes tend to be smaller; people are less likely to be employed or to have as many years of education; finances are usually more constrained; and people generally experience greater psychological distress (McHugh, 2003). In addition, the role is often perceived as less formal than foster care, so kinship carers appear less likely to have as much contact or support from caseworkers assigned to children's cases. In the earlier POCLS analysis, it was found that Aboriginal carers are much more likely to fall into the 'other relative' category (e.g. uncles, aunts) and that these people are generally from less advantaged socio-economic backgrounds than the other carers in the study.

In general, while the large studies described above have gained a number of insights into the characteristics, wellbeing and lifestyles of Aboriginal primary carers, much less is known about Aboriginal people who are carers within the child welfare system. The following brief review is therefore provided as a background for more detailed work which it is anticipated can be completed using data from the POCLS.

The first important insight into Aboriginal carers is that the large number of kinship carers who are willing to look after relatives is reflective of the strong sense of shared responsibility and volunteering that still exists in Aboriginal communities (Atkinson & Swain, 1999; Richardson et al., 2005). In the 1994 National Aboriginal and Torres Strait Islander survey, Aboriginal people reported that around 30% of Aboriginal respondents aged 15 years or older were engaged in some form of voluntary activity as compared with 19% of non-Indigenous people (Altman & Taylor, 1996). Consistent with this view, it has been found that the proportion of Aboriginal adults who care for children who have been removed from their parents is much higher (1 in 170) than in non-Aboriginal adults (1 in 1,470) (South Australian Department of Communities and Families, 2004). Some researchers have indeed argued that one reason why Aboriginal people have such a strong interest and commitment in providing care, particularly to their relatives, is that they do not trust the conventional welfare system. They consider it better for children to stay close to their country and to their families by living with kin rather than to be placed into foster care (McHugh et al., 2004). Other reports have argued that this can be motivated to protect the next generation from the experiences which they had during the years of the 'Stolen Generation' documented in Bringing Them Home report (Bromfield et al., 2007; Victorian Department of Human Services, 1998). Previous and largely negative experiences with the welfare system lead to unresolved feelings of grief and loss in older Aboriginal people who might wish to be parents. However, as reported by McHugh et al. (2004), some Aboriginal people report that the experiences of the past motivate them to assist their community by not allowing children to be removed from their country.

In a study based on interviews with government, non-government, Aboriginal agencies, carers and some children, Bromfield et al. (2007) reported that there are fundamental barriers to recruiting sufficient Aboriginal carers to meet the demands for placements. The first and most obvious problem is the disparity of numbers. Aboriginal people represent 2% of the population in most Australian States, but around 20% or more of the children in care are Aboriginal. This means that the recruitment of Aboriginal carers has to be disproportionately greater than in the non-Aboriginal community. Aboriginal families who do already provide care are often therefore in great demand and many do indeed do

far more than what might be reasonably expected of them. Some take on large numbers of children while also caring for family members as well. In some areas, the shortage is so great that Aboriginal workers serve as carers as well. When one also considers the fact that many carers are retiring from the system or that older Aboriginal carers have a shorter life expectancy or poorer health, one is therefore faced with three overlapping problems: a disproportionate need for Aboriginal carers; an already over-burdened pool of carers; and, a gradual loss of existing carers. As Bromfield et al. (2007a) point out:

“The comparatively high number of children and young people in Aboriginal and Torres Strait Islander communities compared with the small number of older people has serious consequences for the capacity of local communities to meet the needs of children requiring out-of-home care” (p. 4)

Another significant barrier to recruitment is that standard methods of recruitment, including public welfare campaigns and community talks, are generally unsuccessful. All of these methods are based on the assumption that people consistently read newspapers, watch TV and attend community events (activities which even non-Aboriginal Australians undertake less often these days). McHugh et al. point out that the sensitivities and complexities mean that the recruitment of Aboriginal carers must be undertaken with the support and advice of the local Aboriginal community and specialist Aboriginal agencies. In such situations, this is best achieved by Aboriginal workers who have the cultural knowledge, networks and trust within the community.

Another challenge for the recruitment of Aboriginal carers and, in particular, foster carers is that assessments are usually based on standards that are referenced to European/Eurasian parenting styles. Such parenting styles are often based on the assumption that there should be a visible or overt attachment bond between each child and their parents that is demonstrated behaviourally. Parents should apply discipline in a certain way and that indicates a strong oversight of the child's behaviour and certain standards of attentiveness are assumed. However, as Yeo (2003) has pointed out, such models of parenting may not always be applicable to Aboriginal culture where there may be different assumptions about the role of individual parents. In some communities, young people might be expected to be raised by a variety of adults in the community and to be more self-reliant or independent at an earlier age. By Western and Asian (e.g. Chinese or Japanese) standards, such parenting may be perceived as lax or unreliable and therefore foster carers may not be considered suitable by the system. A further problem is that assessment tools will be usually based on these values as well and be presented in a very direct way which is confronting to some Aboriginal people; be culturally offensive or intrusive; or use abstract concepts or language that are largely Western constructions and not consistent with how Aboriginal people understand or articulate ideas about families or parenting.

Furthermore, as McHugh et al. (2002) have indicated, the suitability of foster carers will often be determined based on the availability of material resources, including housing, financial security and appropriate transport. If Aboriginal families have difficulties with all three of these areas, then this will make it harder for them to be selected as foster carers. Additional concerns will then be raised if they have a history of involvement in the child welfare system or family members with any correctional record (Bromfield et al., 2007b). Indeed, there may be problems with obtaining police clearances if Aboriginal people have

previous histories of offending behaviour, have relatives who might have police records or if they were previously in child welfare. For these reasons, the recruitment of sufficient foster carers is potentially challenging and this has implications for the fulfilment of the Aboriginal Child Placement Principle.

Given these challenges, one important aim of the POCLS should be to identify the principal needs of existing Aboriginal foster and kinship carers and to examine the extent to which they are coping with their role and the extent to which additional supports and services are needed to maintain their commitment to the children under their care. Richardson et al. (2005) indicate that there has generally not been a great deal of research into Aboriginal carers and the supports they need, although AIFS has produced some guidelines specially directed towards best practice principles.

## 2.11 Services and interventions for Aboriginal carers involved in the child welfare system

Although service supports are the focus of other POCLS reports, it is useful to examine some of the factors which are thought to influence the experiences of Aboriginal carers in the OOHC system. Information of this nature is available in general form in some higher level reports and discussed in evaluations of individual services or interventions. A useful consolidation of this material and which is likely to be highly inclusive of the major topics is a series of best practice reviews produced by AIFS, Higgins and Butler (2007a, b, c). The AIFS reviews discuss the range of factors which are likely to influence the recruitment and training of Aboriginal carers; the best supports for carers; and, some examples of promising programs and models which exemplify some of the principles discussed. Some of these points are relevant to the POCLS because the retention and success of carers of Aboriginal children (and most notably kinship) carers is an important issue in NSW and also has implications for the success of placements and children's wellbeing. Although recruitment is not directly relevant to the POCLS, both training and support are clearly factors which are relevant to the well being of carers who are included in the study. The earlier POCLS report on kinship care provides a detailed summary of general support programs for carers and many of those are likely to be relevant to Aboriginal carers as well. The following material refers, therefore, to additional factors that are particularly relevant to Aboriginal people.

The AIFS reviews indicate that there are a number of factors which are likely to contribute to greater success in training Aboriginal carers. The first is that the training should be specific to Aboriginal people so that they do not feel like a 'minority' in the room and that there are other Aboriginal carers present to provide support and a visible presence during the training. As noted above, a second important consideration is training be culturally relevant and referenced to the community. A third quality should be that it is both 'bottom-up' as well as 'top-down' in its approach. Rather than merely involving the one way transmission of information, it should also provide opportunities for carers to contribute their knowledge and experience to the training. In some cases, this might take the form of more experienced carers acting as facilitators so that there is clear Aboriginal content and ownership over the topics being discussed. Training might also be beneficial if it has a blended quality. For example, Aboriginal and non-Aboriginal carers could on occasions benefit from sharing their different perspectives to understand their

different understandings of important topics such as: what it means to be a carer; and their concept of family or good parenting. Non-Aboriginal carers may benefit from training to understand the needs of Aboriginal carers; the specific needs of Aboriginal children; their extended family structures; what cultural competence means; and an appreciation of historical factors and their role in grief, trauma and Aboriginal people's suspicion of the welfare system.

Consultative research by AIFS indicated that Aboriginal carers share many of the same concerns as other carers. They worry about the level of financial support and their capacity to pay for clothes, transport, and other household expenses. They also express concerns about the amount of information provided to them about children in their care; the nature of their relationship with caseworkers (as partners and collaborators as opposed to low paid employees of the relevant department) (see also Higgins, Bromfield, Higgins, & Richardson, 2006). They also emphasise the need for greater respite and support networks for carers to allow them to share knowledge and experiences with other carers and to have a greater ability to advocate for changes in areas which appear to be problematic across the sector.

The reviews highlight some examples of what are considered good examples of practice and these include two programs in Western Australia, most notably the Yorganop Carer Assistance Program and Growing Up Our Kids Safe and Strong. These organisations were highly effective in recruiting and supporting carers because they had a 'ground up' focus whereby the community and experienced carers contributed to the content of the training and ongoing programs. They also had flatter and more collaborative organisational structures with clear leadership and goals and where ideas could be shared between practitioners and management. In addition to good organisational structures, these services appeared successful because they provided high quality training relevant to Aboriginal people and could provide advocacy on the behalf of carers. Carers had experience, good support and resources and there was an emphasis on culturally relevant placements and schooling. Some of the most useful aspects of the training included:

- the delivery of material in a shared and inclusive environment;
- the ability to draw upon the expertise of experienced Aboriginal carers;
- flexible training environments that allowed people to miss sessions and come back to them or the ability to opt-out of some sessions if sensitive;
- the establishment of trust;
- acknowledgment of the skills and knowledge of carers;
- use of culturally relevant scenarios in training;
- a focus on the needs of the carer as opposed to merely complying with Departmental requirements;
- trainers have appropriate cultural competency including a knowledge of trauma, the effects of the removal period and its long-term effects;
- use of a 'yarning' or conversational style as opposed to a question and answer or unilateral transmission of material.

The Yorganop Carers Assistance Program involved 10 sessions or modules to be completed over two years. It included a session relating to the basic responsibilities of

carers; dealing with sadness; child development; child behaviour; child health; dealing with teenagers; and other topics related to transitions and the changes and challenges experienced by young people as they progressed through life.

## 2.12 Beneficial services and supports for Aboriginal children and young people

As with carers, there are many supports and services that are likely to be relevant for both Aboriginal children and young people in the care system. In this section, a brief summary is provided of what are considered some of the most useful types of support for Aboriginal children based on the published evidence. These services provide some context for the service environment (or types of services) that are available in Australia to support Aboriginal children and young people who are either in care or at risk of being placed into care.

### Aboriginal placement support services

A particularly important type of service is that which provides assistance in obtaining Aboriginal placements and therefore which helps Aboriginal children remain in contact with their families, community and culture. An example of this type of service is the Keeping Kids Connected service overseen by Aboriginal Family Support Service (AFSS) in South Australia, as documented by Higgins and Butler (2007d). The program provides short-term culturally appropriate emergency respite placements if an Aboriginal carer cannot be found. It can also provide cultural advice and assistance in obtaining suitable Aboriginal carers. It has set up respite houses in both Adelaide and Port Augusta where children can go if no other placement is available. Similarly, in NSW, there is the Protecting Aboriginal Children Together (PACT) service, which is an advisory body comprised of representation from the non-government sector which assists Aboriginal children and their families in dealing with the child protection system. FACS consults with PACT in locations where it is available to obtain advice and assistance with risk assessments to determine whether a child welfare response is required. PACT can assist in locating suitable Aboriginal carers, but also assists with family preservation by conducting home visits. The aim of this service is to keep Aboriginal families together wherever possible, to reduce the number of Aboriginal children coming into care, and also assist with the implementation of the Aboriginal Child Placement Principle.

### Mentoring

Mentoring programs are designed to provide young people with role models and also support them during difficult or transitional periods of life. One example, Panyappi, as documented by Higgins and Butler (2007d) is directed at teens who are involved in the juvenile justice system or who are at risk of involvement and who have been referred into OOHC. This program is overseen in Adelaide by the Metropolitan Aboriginal Youth Family Service. The mentoring is designed to build self-esteem, resilience and self-reliance and also reduce offending. It involves building cultural understanding and a sense of identity and involves the young people's family in goal-setting. The program involves a number of steps. It starts with the service meeting with the young person and the family to understand their needs and situation in life. The young person is then matched to a mentor who tries to build trust and a relationship by engaging the young

person in activities and discussing goals with the family. The mentor tries to create a sense of identity and self-esteem by taking them to visit local elders and by helping the young person become more aware of his or her family tree and family history and wider aspects of Aboriginal culture. Self-esteem and competence is built up through engagement in activities. The mentor can work with the young person for up to 20 hours per week; assist with liaisons with organisations or court processes; and assist in times of crisis. Evaluations of this program indicated that it had been successful in reducing offending rates in the young people. It was, however, operating from a relatively low funding base at the time its activities were documented.


### Culturally relevant schooling

As indicated in earlier sections, schools can play an important role in developing Aboriginal children and young people's confidence and performance in several ways. Evidence from the LSAY study suggests that Aboriginal children who maintain a stronger sense of identity and self-esteem are more likely to perform well at school than if they feel isolated in mainstream education. For this reason, specialist Aboriginal schools around the country can provide culturally relevant education for children which, teaches them about their heritage and history; engages them in activities which include Aboriginal stories, art and which identifies them with their families and country of origin. In some cases, there may be schools which include specialist programs that run alongside the regular classes or some schools may identify themselves as dedicated Aboriginal schools where the education is focused on Aboriginal content (Gawura in Sydney is one example where this ethos is evident' or the Murri School which is an independent community school). Other useful educational initiatives that benefit Aboriginal children (including those in care) can sometimes involve the provision of practical supports: morning meals, engaging activities (art, music, cultural activities) and transport support. Several such arrangements have been set up in remote schools in Australia, including Irrkerlantye Learning Centre in Alice Springs which ran in the 1990s until 2005 or the Sunset School in Mt. Isa (Delfabbro & Day, 2004).

### Intensive Family Support Services

Intensive Family Support Services (IFSS) are models which are principally family preservation services that are focused on keeping families together (Matthews & Burton, 2013; Munns, 2010; Tilbury, 2012, 2015). Such programs are designed by FACS rather than by the Aboriginal community. They usually have several aims: (a) To reduce the risk factors that lead to children coming into care; (b) To reduce the prevalence of child protection notifications and the need for child welfare responses; (c) To improve the health and wellbeing of carers and children and enhance overall family functioning. Such programs of this nature have been developed around the world and can include several components. Most include some parental support; assistance with parenting; managing complex behaviour and how to set boundaries. They often involve practical support such as assistance with financial or legal matters, and liaison with schools and other organisations that might provide assistance to the carers or parents. Such programs are relevant to OOHC for two reasons: the first (as mentioned) is that they are designed to reduce the number of children coming into care; the second is that they can assist children to go home to their families once they are in care.





Some examples of programs of this nature that have been developed for Aboriginal families include the Central Australian Congress organisations which is a community controlled health service that has provided services with the financial assistance of the Federal Government. The IFSS provides intensive support to Aboriginal families in their homes and focuses on parenting skills; dealing with trauma; and the strengthening of attachments between parents and children. Child abuse is conceptualised as occurring within a wider social and community environment and so effective interventions involve providing financial and housing security as well as dealing with the social and psychological needs of families.

An IFSS is available for Aboriginal children in NSW. The IFSS available in NSW is home-focused and has a short-term intensive focus (usually around 12 weeks) and involves individual caseworkers providing ongoing support to a small number of families. The service is designed to promote the safety and wellbeing of children and parents to improve life skills, parenting skills and problem solving; and to assist families to link up with other services in the community (Tilbury, 2012).

## 3 Research questions

The following is a set of key research questions which could be examined using the POCLS Waves 1 to 3 longitudinal data-sets.

### Research question 1

*What is the physical health, socio-emotional and cognitive/learning development of children and young people entering out-of-home care (OOHC) compared with other children in the community? and*

*In what ways do the characteristics of child, carer, home/family and community affect children's developmental pathways, and how do these differ from similarly situated children in the general population?*

#### *Specific research questions and hypotheses*

The study will examine how Aboriginal children are developing in the care system in their own right, but will also allow comparative analyses to be undertaken where this is of policy relevance to some stakeholders. Previous research suggests that Aboriginal children will score not so well on measures of social and emotional wellbeing and on measures of cognitive functioning at Waves 1 to 3. The gap in development between Aboriginal and non-Aboriginal children increases over time.

#### *Policy relevance*

There is national and State interest in reducing the gap between Aboriginal and non-Aboriginal children on a range of developmental outcome measures. Is the same pattern observed in OOHC in NSW over three waves of data or does being in OOHC mean that the trajectories are similar? Many Aboriginal children are placed with kin but, as McHugh (2003) has pointed out: "To date there is little evidence to support the contention that kin care in the general population or for Indigenous communities provides better outcomes for children" (p. 16) and "The available evidence appears to suggest that for some families, especially Indigenous families, unsupported placements by untrained carers are unlikely to produce good outcomes for children and according to Victorian data to be in the longer term more expensive as a caring option" (p. 22).

### Research question 2

*What are the backgrounds and characteristics of the children and young people entering OOHC, including their demographics, child protection history, reasons for entering care, and duration of the legal order?*

#### *Specific research questions and hypotheses*

Aboriginal children will enter care for different reasons than non-Aboriginal children. Aboriginal children will come from families with a prevalence of more risk factors; neglect will be the most common reason for entry into care for Aboriginal children.

### *Policy relevance*

There is a need to address the reasons why so many Aboriginal children are coming into care and, in particular, why so many infants are coming into care.

### **Research question 3**

*How is the Aboriginal Child Placement Principles used in placement assessments and placement decision making for the Aboriginal children and young people entering OOHC?*

#### *Specific research questions and hypotheses*

- NSW will have generally high levels of compliance with the Aboriginal Child Placement Principle. Most children will be involved in cultural activities. Developmental outcomes will be better for those children who have contact with cultural activities.
- The analyses will be able to examine variables associated with compliance with the Aboriginal Child Placement Principle, including the area of NSW identified.
- Analyses will examine whether non-Aboriginal carers of Aboriginal children are keeping them in touch with their culture if they report any cultural awareness and competency training.
- Analyses will examine the developmental outcomes for Aboriginal children placed into Aboriginal vs. non-Aboriginal households.

### *Policy relevance*

Adherence to the Aboriginal Child Placement Principle is a major policy imperative in Australia. Based on the recent Victorian research, it is important to examine in what form this compliance is occurring (e.g. via kin or kith). Engagement in cultural activities is considered important for maintaining young Aboriginal people's sense of cultural identity and self-esteem.

### **Research question 4**

*How does contact between the children and young people in OOHC and their birth parents, siblings and/or extended family influence their outcomes?*

#### *Specific research questions and hypotheses*

Specific analyses will examine whether Aboriginal children are supported to maintain connections with their birth families. Following the recommendations of the Victorian Commission report, the analyses will also examine the extent to which siblings are placed together or apart.

### *Policy relevance*

The maintenance of appropriate connections with family is considered a major policy imperative to address concerns about the large number of young Aboriginal children in care and the extent to which the modern system is avoiding the concerns raised in the Bringing Them Home report.

## Research question 5:

*In what ways do the characteristics of child, carer, home/family and community affect children's developmental pathways, and how do these differ from similarly situated children in the general population?*

### *Specific research questions and hypotheses*

Specific analyses will examine the wellbeing of Aboriginal carers. Previous research suggests that this group is likely to experience greater socio-economic hardship and psychological strain than other carers.

### *Policy relevance*

The maintenance of a sufficient number of Aboriginal carers in the NSW system is essential for the fulfilment of the Aboriginal Child Placement Principle, but also may influence the wellbeing of Aboriginal children in care.

## 4 Data sources and measures

### 4.1 Data sources

The analyses described in this report were derived from several data sources: interviews conducted with respondent carers a subset of young people, caseworkers, and teachers, as well as secondary data linkages. Secondary data linkages enabled the inclusion of Family and Community Services child protection data, which specified the total number of child protection incidents of various types prior to the child coming into care. Survey data derived from the carers and young people was available (assuming that the young person was old enough to be interviewed) at three time points: the baseline interview; and at two subsequent waves spaced approximately 18 months apart. One caseworker and one teacher interview had also been completed for some children by the time that the Wave 3 carer survey data had been compiled.

### 4.2 Child sample

The POCLS initially involved a total of 1,285 children and their carers (895 households) who were interviewed for the baseline survey, but the longitudinal tracking sample has been extended to include 1,479 children and their carers who were interviewed at least once across the three waves of data collection. To be included in the POCLS sample, children had to be on their final orders when the study commenced and the sample was selected. Full details of the sample methodology is provided in the Wave 1 Baseline Statistical Report (AIFS, Chapin Hall and FACS, 2015). The sample of 1,479 comprised 734 boys (49.6%) and 745 (50.4%) girls with a mean age of 5 years at the time of the Wave 1 interview (and therefore 8 years old at the time of the Wave 3 interview). Of this total, 574 (38.8%) were identified as Aboriginal based on FACS administrative data and/or the Wave 3 interview with the carer. There were no significant age or gender differences between children of Aboriginal and non-Aboriginal heritage. By Wave 3, Aboriginal children were placed with: foster parents (50.1%); kinship carers (47.9%); or in residential care (2.0%). Non-Aboriginal children were placed with: foster parents (51.4%); relative care (46.5%); or residential care (2.2%).

### 4.3 Measures and Variables

#### 4.3.1 The child protection history of children in care

Linked FACS administrative data indicated the principal reasons for child protection notifications prior to children coming into care. This data took the form of Risk of Significant Harm (ROSH) reports recorded by the child protection system (both by number of reports as well as the type of concern). The types of concern included: physical abuse; sexual abuse; neglect; psychological abuse or the risk of this type of abuse; carer mental health issues, emotional state of drug and alcohol use; the at-risk behaviour of young people; and domestic violence. It was also possible to determine if there had been any reported pre-natal concerns.

### 4.3.2 Developmental status of children

A number of developmental and psychosocial wellbeing measures were administered during the course of the carer and/or child interviews. Some of these measures were based on carer reports (third party observations); others required young people to answer questions or complete tasks; and there were also questions of this nature in the caseworker and teacher surveys.

#### Child Behaviour Checklist (CBCL)

The CBCL was completed by children aged 3 to 18 years. Versions validated and normed for use for 18 months to 5 years of age and 6 to 18 years of age were used (Achenbach & Edelbrock, 1981). The CBCL yields subscale scores for a range of conditions and competencies, but the principal focus of the current study was the two principal composite indices: internalising and externalising. Internalising captures largely emotional problems such as anxiety, mood disturbance, somatisation and thought problems, whereas externalising captures such problems as hyperactivity or those relating to external behaviour. Both of these composite scores can be combined to yield a Total Problems Score. All three of these are used in the analyses which follow. The CBCL scores can be presented in a raw score format; as percentile T-scores; or children can be classified as falling into clinical, borderline and non-clinical ranges.

#### Matrix Reasoning Test from Wechsler Intelligence Scale for Children-(WISC-IV)

Children aged 6 to 16 years completed 35 Matrix Reasoning Test items from the WISC-IV as a measure of logical reasoning or fluid intelligence.

#### Peabody Picture Vocabulary Test (PPVT-IV)

This test of verbal knowledge is administered to children aged 2 and a half and older. There are 228 items with different starting points for children of different ages. The test yields raw scores based on correct answers and errors as well as standardised scores ( $M = 100$ ,  $SD = 15$ ) for different ages. Scores higher or lower than the reference point of 100 indicate the extent to which the child's vocabulary compares with peers.

#### School Bonding Scale

This is a four-item scale, completed by carers, measuring to what extent children are settling in and forming relationships at school (O'Donnell, Hawkins, & Abbott, 1995). Each item: 'Try hard', 'Get on well with your teachers', 'Felt it is important to do well at school', 'Enjoy school' is scored on a five-point scale from 1 = Always to 5 = Never. Lower mean scores across the items indicate better school bonding.

#### School Problems Scale

A four-item short form version of the Prior et al. (2000) school problems scale was used in the study and completed by carers. Children and young people were asked how often they 'Found someone to have lunch with'; 'Understood the work in class'; 'Managed school rules and routines'; and 'Got projects, projects and homework done'. Response categories ranged from 1 = 'Always' to 5 = 'Never'. Lower mean item scores indicate fewer problems at school.

## Physical health

The physical health of the child was rated on a six-point scale from 1 = 'Excellent' to 6 = 'Very poor'.

## Caseworker general concerns

Caseworkers were asked if they had any concerns about a range of issues in the child's life including their physical health and social, emotional and behavioural wellbeing.

## Teacher ratings: School performance

Teachers were asked to rate whether the children had any problems at school: poor grades; disciplinary issues or behavioural problems; problems with attendance, truancy; or whether they had been suspended or expelled. They were also asked to rate how the child compared with same age peers on several items: how hard they were working; the appropriateness of behaviour; how much they were learning; and how happy they were. Responses were obtained on seven-point scales ranging from 1 = 'Much less' to 7 = 'Much more'.

### 4.3.3 Family contact and placement type

The POCLS included questions relating to the type of placement (foster care, kinship care or residential care) as well as the nature and frequency of contact with family members outside the placement. Types of contact included supervised and unsupervised face-to-face contact; overnight stays; telephone contacted and internet-based communication. Family members identified included; mothers, fathers, siblings, grandparents and other relatives. The frequency of contact was captured using ordinal scales that ranged from 'never' up to 'weekly'.

### 4.3.4 Cultural connections

The POCLS data captured data on the Aboriginal status of the respondent carer and the partner of this carer so as to be able to classify households as Aboriginal or non-Aboriginal. A series of questions was also asked of carers to determine to what extent children were kept in touch with Aboriginal culture, e.g. whether their cultural heritage was discussed; whether young people were involved with cultural activities; kept their original name, among other questions. Teachers were also asked to rate how well education plans were serving the needs of CALD and/or Aboriginal children: 'Very well', 'moderately well' and 'not so well'.

### 4.3.5 Sibling contact

Caseworkers were asked to indicate how many siblings the child had within the same household and living elsewhere, how often they were in contact, and how well the contact plans with siblings were working.

### 4.3.6 Characteristics of carer households/carers variables

The POCLS data collected information on the type, size and perceived adequacy of the carer's home and also their financial wellbeing (e.g. whether they could raise money in an emergency).

### Kessler-10 (K10)

The 10-item K10 was completed by carers to measure psychological distress. Completion of this scale requires participants to rate how often a series of statements applied to them in the last four weeks on five-point ratings scales. Response categories ranged from 'None of the time' to 'All of the time'. Total K10 scores range from 10 to 50 with higher scores indicating greater distress.

### Satisfaction with foster caring

Carers were asked to rate how satisfied they were on five questions relating to their satisfaction with being a foster parent or carer (Fees et al., 1998). Items included: being able to reach caseworkers when needed; assistance from caseworkers; relationship with other agencies; opportunities to meet other foster or kinship carers; and their overall level of satisfaction with foster or kinship parenting. Each question was rated on a five-point scale ranging from 1 = 'Very satisfied' to 5 = 'Very dissatisfied'.

### 4.3.7 Placement variables

Caseworkers were asked several questions about the child's placement:

- *Placement stability:* Caseworkers were asked whether the child had ever had a placement breakdown while managed by their agency.
- *Obtaining appropriate placements:* Caseworkers were asked how difficult it was to obtain a suitable alternative long-term placement with foster carers; with relatives or kin; with siblings; where there were behavioural issues; or health and developmental issues; or to maintain school continuity. This was culturally matched on four-point scale that ranged from 1 = 'Not at all challenging' to 4 = 'Very challenging'.
- *Nature of care arrangement:* Caseworkers were asked to indicate the nature of the placement where Aboriginal children were residing.
- *Consultation about placements:* Caseworkers were asked to indicate which family members had been consulted about the child's placement.
- *Child's view of placement:* Caseworkers were asked to indicate whether children's views had been sought about the appropriate placement.
- *Placement meeting child's needs:* Caseworkers were asked to rate on a four-point scale (from 'Very well' to 'Not very well') how well the current placement was meeting the child's needs in a number of areas. The figures indicate the percentage who responded 'Very well' or 'Fairly well'.
- *Parenting in placement:* Caseworkers were asked to indicate whether the child had a positive relationship with the carer; whether the carer praised the child; expressed affection; criticised the child; or became angry with the child. on a four-point scale: 'Always', 'Often', 'Sometimes' or 'Rarely'.



## 5 Results of quantitative analyses

### 5.1 Physical health

When carers were asked to rate the physical health of Aboriginal children (where 1 = 'Excellent' and 6 = 'Very poor'), the mean rating at Wave 3 was 1.49 ( $SD = 0.73$ ). Across all three waves, 98% of children were rated as having 'good' to 'excellent' health with near identical results for Aboriginal and non-Aboriginal children.

### 5.2 Child-Behaviour Checklist (CBCL)

Analyses were then made of the T-scores for CBCL internalising, externalising and total scores for the two groups across the three waves. All analyses were conducted using two (Aboriginal vs. non-Aboriginal) x three wave mixed ANOVA (Analysis of Variance) with repeated measures on wave. Results were then verified using the Linear Mixed Model that assumed an autoregressive covariance structure to see if the results differed when the assumption of independent error terms was relinquished. Given the similarity of the results, the standard ANOVA is reported because of its advantages in terms of clarity of interpretation and readily available effect size estimates. For internalising, there was a significant main effect of wave,  $F(2, 890) = 14.05, p < .001 (\eta^2 = .03)$ , which indicates that scores generally decreased over time, but no main effect of Aboriginality overall. There was also a significant wave x Aboriginality interaction,  $F(2, 890) = 3.09, p < .05 (\eta^2 = .007)$ , which is the result of decreases or improvements in scores generally being greater in the non-Aboriginal group across the three waves. For externalising, there was no main effect of wave, Aboriginality or interaction between the two variables. For total scores, there was a significant main effect of wave,  $F(2, 890) = 3.75, p < .05 (\eta^2 = .008)$  which indicates that scores generally decreased over time, but no main effect of Aboriginality overall. There was also a significant Wave x Aboriginality interaction,  $F(2, 890) = 3.70, p < .05 (\eta^2 = .007)$ , which is the result of the improvements in scores generally being greater in the non-Aboriginal group across the three waves. These results for total scores would appear to reflect the changes observed for internalising scores.

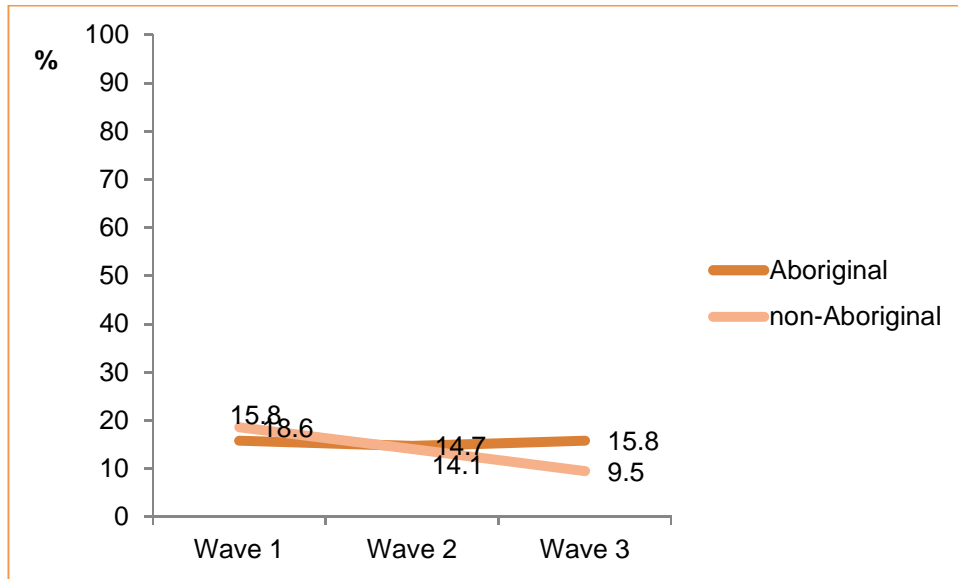
**Table 5.1 CBCL T-scores across Waves 1-3 for Aboriginal and non-Aboriginal children**

	Aboriginal (n 184) M (SD)	Non Aboriginal (n 263) M (SD)
<b>Internalising</b>		
Wave 1	50.3 (12.66)	51.5 (11.67)
Wave 2	48.5 (12.26)	49.0 (12.25)
Wave 3	48.9 (12.72)	47.5 (11.51)
<b>Externalising</b>		
Wave 1	54.2 (14.58)	54.4 (13.47)
Wave 2	54.5 (13.79)	53.6 (13.88)
Wave 3	56.2 (13.76)	54.0 (13.19)
<b>Total scores</b>		
Wave 1	53.3 (14.40)	54.4 (13.53)
Wave 2	52.3 (14.10)	52.5 (14.31)
Wave 3	53.9 (14.36)	52.2 (14.06)

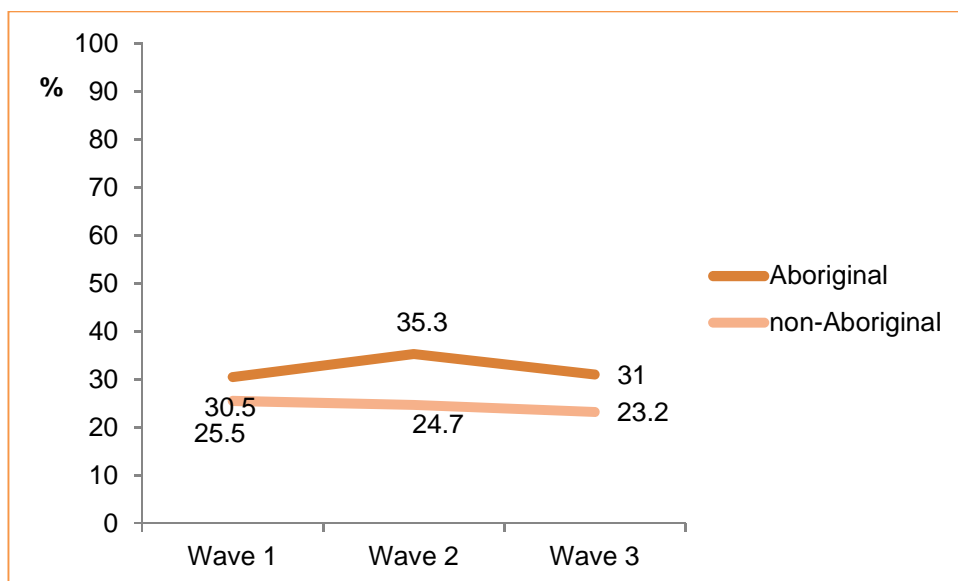
Note: Based on those children who completed all three waves

Another series of analyses examined the changing status of children over time; in particular, what proportion of both groups fell into the clinical range in each of the three waves. Figure 5.1 shows the percentage of children in the clinical range for internalising and shows that the proportion of Aboriginal children in the clinical range remained largely unchanged over time (Cochran's Q test < 1, n.s.), whereas the percentages for non-Aboriginal children decreased (Cochran's Q test = 15.71,  $p < .001$ ). Follow-up McNemar tests showed that the percentage of non-Aboriginal children in the clinical range for internalising at Wave 3 was significantly lower than at Wave 1. There were no significant changes in the proportion of Aboriginal (Q = 2.25, n.s.) or non-Aboriginal children (Q < 1, n.s.) who fell into the clinical range for externalising behaviours between Wave 1 and Wave 3. No significant differences were observed for total problems.

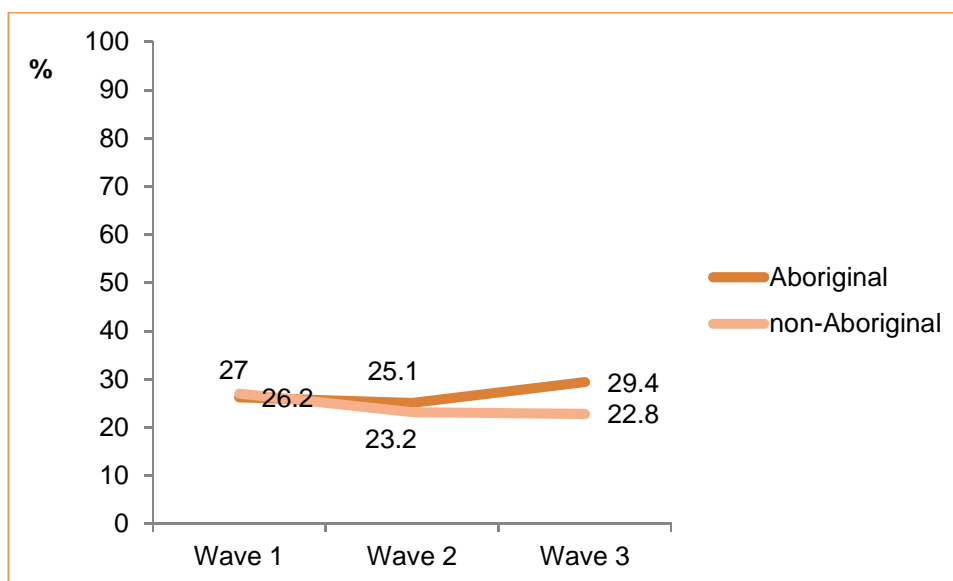
**Figure 5.1 Percent of children in the clinical range for internalising (CBCL)**



**Figure 5.2 Percent of children in the clinical range for externalising (CBCL)**



**Figure 5.3 Percent of children in clinical range for CBCL total problems**



The CBCL data also provides opportunities to examine how the sample of children in the POCLS compares with the general population because the CBCL has been included in national mental health studies for youth. Sawyer et al. (2001) have presented data from the National Survey of Mental Health and Wellbeing, and they reported the following percentages of children falling into the clinical range on the CBCL. As indicated in Table 5.2, one typically finds that between 12% and 20% of children and young people (depending on their age) fall into the clinical range. Inspection of the figures above would generally indicate that the POCLS sample is quite similar in relation to externalising, but that a much greater proportion of Aboriginal children, in particular, display clinical level externalising problems.

**Table 5.2 National normative data: percentage of clinical cases for the CBCL**

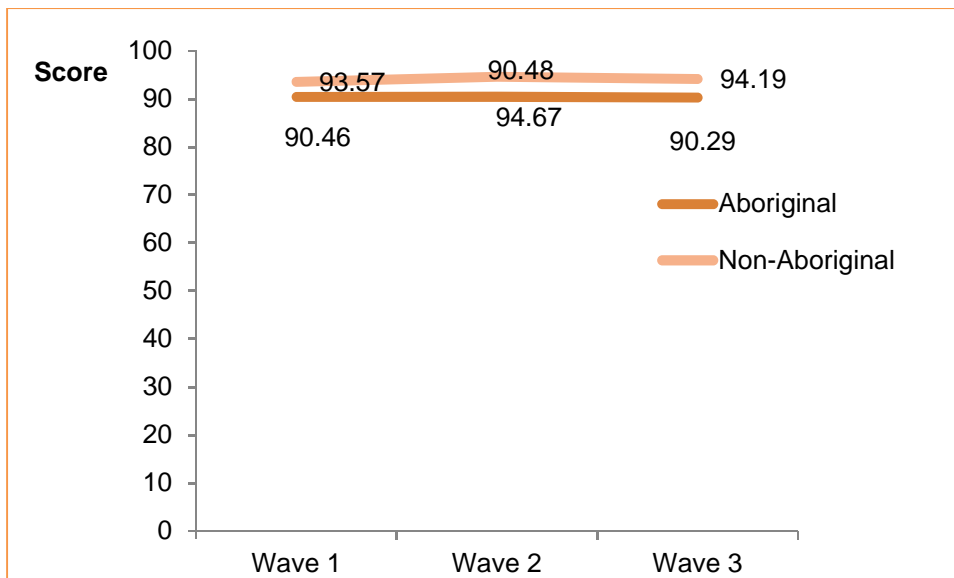
CBCL	Age 6 12 years	Age 13 17 years
Internalising	13.3	16.4
Externalising	12.7	19.6
Total problems	14.1	18.9

### 5.3 Verbal and cognitive reasoning

A first analysis examined standardised scores on the Peabody Picture Vocabulary Test (PPVT-IV) (Figure 5.4). The results from this analysis showed that non-Aboriginal children scored around four units higher than Aboriginal children (approximately 94 vs. 90) across the three waves,  $F(1,370) = 8.54$ ,  $p < .01$  ( $\eta^2 = .023$ ), which was a small effect. No significant wave or group x wave effects were obtained, which suggests that there was no evidence of any difference in score trajectory over time. The scores overall indicated that both groups typically fell in the low-average range, which is close to the

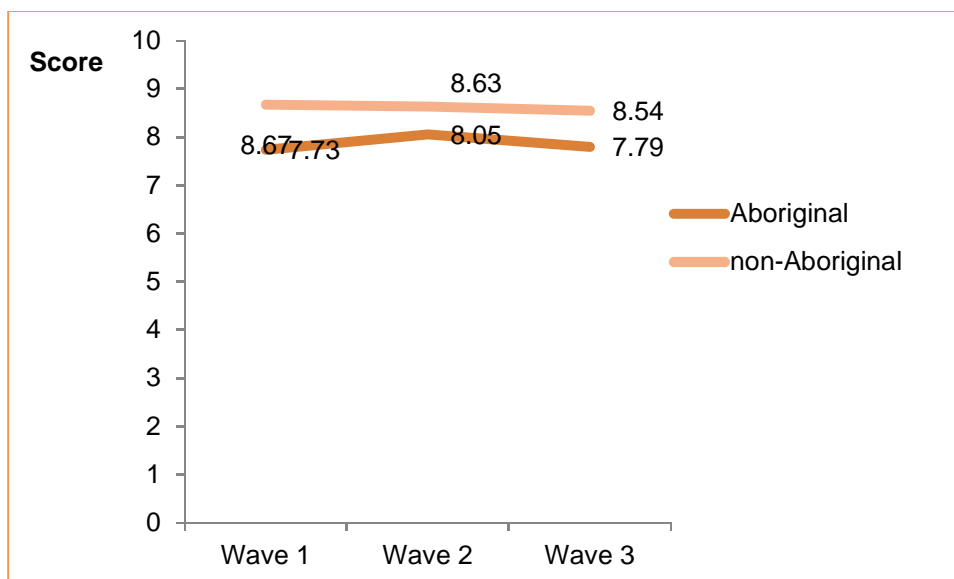
average of 100 obtained in normative/general population samples. Thirty per cent of Aboriginal students had scores of 85 or lower at Wave 1 and 26.5% at Wave 3 (a level usually considered to be 'borderline' in standard IQ tests) which would suggest that around a quarter to a third of Aboriginal children may benefit from additional educational support in the area of language development.

**Figure 5.4 PPVT-IV standard scores across the three waves**



Similar analyses were conducted using the matrix scores from the WISC-IV (Figure 5.5). The results showed that there was no significant main effect of wave or group x wave interaction. The only significant (but small) effect was that Aboriginal children were found to score slightly lower than non-Aboriginal children on this test,  $F(1,196) = 4.35, p < .05$  ( $\eta^2 = .022$ ). On the whole, both groups maintained quite similar scores over time.

**Figure 5.5 Matrix Reasoning Test (WISC-IV) scores across the three waves**



## 5.4 Independent caseworker assessments of health and wellbeing

Caseworkers were asked to provide an independent appraisal of whether they had any concerns about various aspects of child's development. Table 5.3 indicates that a proportion of caseworkers for Aboriginal and non-Aboriginal children had some or a lot of concerns about each area. As indicated in Table 5.3, concerns were most likely to be related to the emotional wellbeing of children, their behaviour and their cognitive development. There were no differences between the two groups on any of these variables. The results show that caseworkers had concerns about a significant number of Aboriginal children in a range of areas. Almost half had concerns about their behaviour and emotional wellbeing and over a third had concerns about cognitive development.

**Table 5.3 Concerns raised by caseworkers**

Concerns	Aboriginal n (%)	Non Aboriginal n (%)	Chisquared
Physical health/ Disability	70 (23.6)	106 (20.5)	1.36
Dental health	40 (13.7)	52 (10.2)	3.10
Cognitive development	107 (36.0)	149 (28.9)	4.89
Emotional wellbeing	138 (46.6)	230 (44.5)	2.67
Conduct issues	134 (45.4)	247 (47.9)	1.36
Social behaviour	105 (35.6)	195 (37.8)	< 1

Note: The same size for each analysis can be inferred from the table. The total sample for each area ranged from 296 to 428.

## 5.5 Schooling and education

### School attendance, bonding and engagement

For children aged 5 years or older at the Wave 3 interview (for whom data was available concerning school enrolment), it was found that 87% of Aboriginal children and 89% of non-Aboriginal children were enrolled at school. Analysis of the data from the school bonding and problems scales over the three waves indicated no significant difference between the two groups on either measure for any of the waves. Mean scores for items were 4.2 to 4.3 (reverse scored), which indicates that children were generally 'often' engaged with school and 'often' found it easy to manage school rules, understand the work, and get work done as required.

### School moves

Caseworkers were asked to indicate whether children had moved school for different reasons that might represent challenges in the OOHC system. These comparisons showed no significant differences for having to change school due to a placement move: 24.2% for Aboriginal children vs. 18.2% for non-Aboriginal children. Changes due to emotional or behavioural problems were generally rare and again did not differ between the two groups: 6.8% for Aboriginal children and 4.4% for non-Aboriginal children.

## General problems at school: Caseworkers

Caseworkers were asked whether the child had been experiencing any problems at school in a number of areas (Table 5.4). The results indicated no significant differences between the two groups, which is generally consistent with other data that indicates that both groups were generally matched in terms of their performance and engagement at school.

**Table 5.4 School problems as reported by caseworkers**

School problems	Aboriginal n (%)	Non Aboriginal n (%)	Chi squared
Poor grades	55 (25.5)	71 (20.2)	1.95
Discipline/Behaviour	73 (32.9)	102 (28.5)	1.25
Attendance	18 (8.0)	19 (5.3)	1.70
Truancing	12 (5.4)	11 (3.1)	1.89
Suspension/Expulsion	22 (9.9)	32 (9.0)	< 1

Note: Not significant results.

## Comparisons with peers

Teachers were asked to rate how children were faring relative to their same aged peers on a variety of questions: How hard they were working; the appropriateness of their behaviour; how much they were learning and how happy they were. Scores were rated on a seven-point scale from 1 = Much less to 4 = Average to 7 = Much more. No significant differences in mean ratings were observed for Aboriginal and non-Aboriginal children.

## 5.6 Cultural connections

Analysis showed that, of 495 children at Wave 1, 210 or 42% were placed into households where there was at least one Aboriginal parent. Further analyses were conducted to examine to what extent Aboriginal children (irrespective of the status of their household) remained in contact with their cultural origins. This was ascertained through a series of questions in the carer interview around behaviours and practices. The percentage of carers who answered yes to these questions is displayed in Figures 5.6 to Figure 5.10. Differences in percentages across the time points (the probability of variations in the probability of binary responses 'yes') were tested using Cochran Q tests followed by McNemar tests. As indicated, over 90% of children still had their birth name while in care, and this increased significantly from 90% at baseline to Waves 2 and 3, where the figure reached 97%.

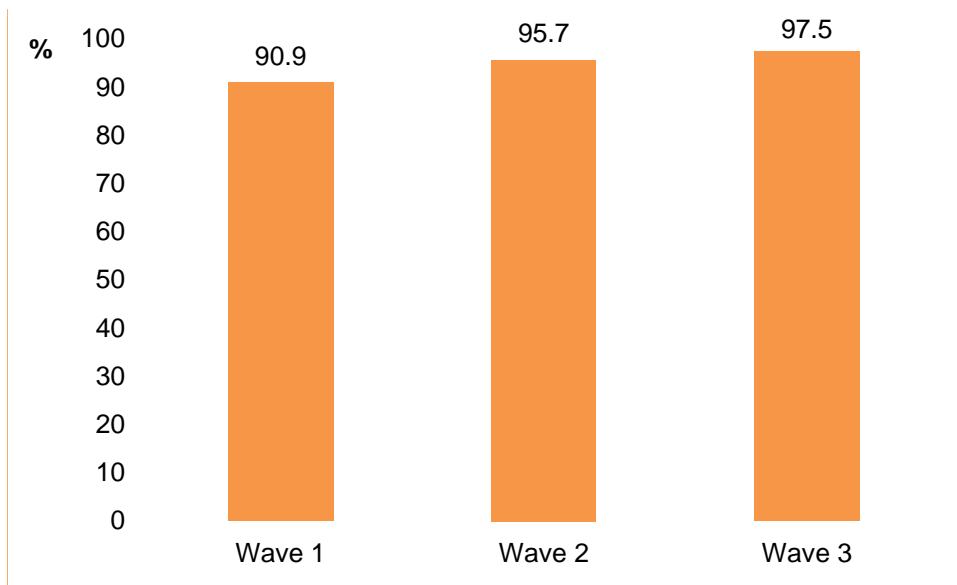
A second analysis showed that over two thirds of children had maintained their birth language at Waves 2 and 3 and that the figure had increased significantly from Wave 1.

Analysis three shows that there was also a steady and significant increase in the percentage of children who had been involved in discussions about their cultural heritage (almost 80% by Wave 3 after having been 56% at the Wave 1 interview).

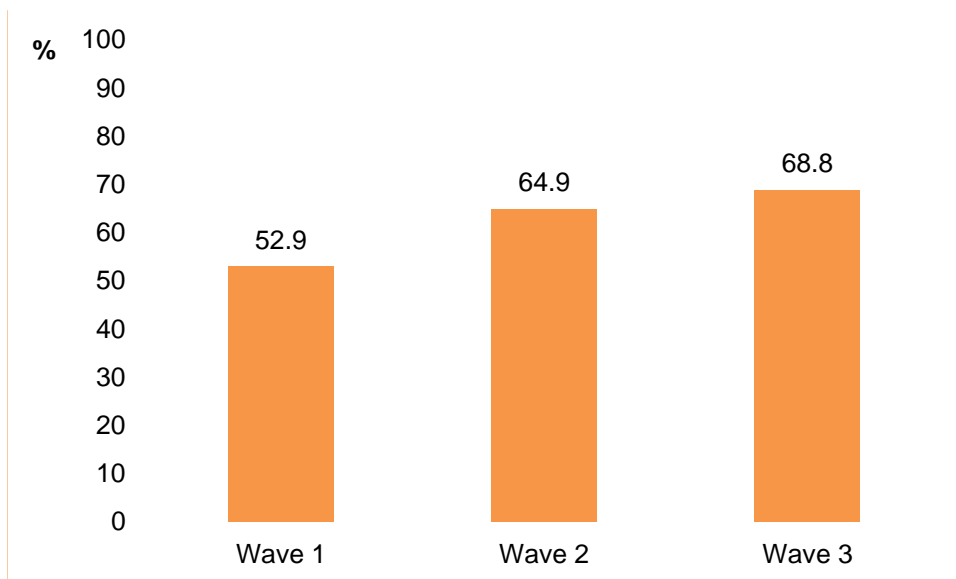
A fourth analysis showed that, while only 42% socialised with the birth community at Wave 1, this increased to two thirds by Wave 3 (a significant increase).

Finally, a fifth analysis showed there was a significant increase in the proportion of children reported to be engaged in cultural activities (up to 81% by Wave 3 after being only 42% at Wave 1). This represented a significant increase across all waves.

**Figure 5.6 Does the child maintain the same birthname since entering care? (Yes)**

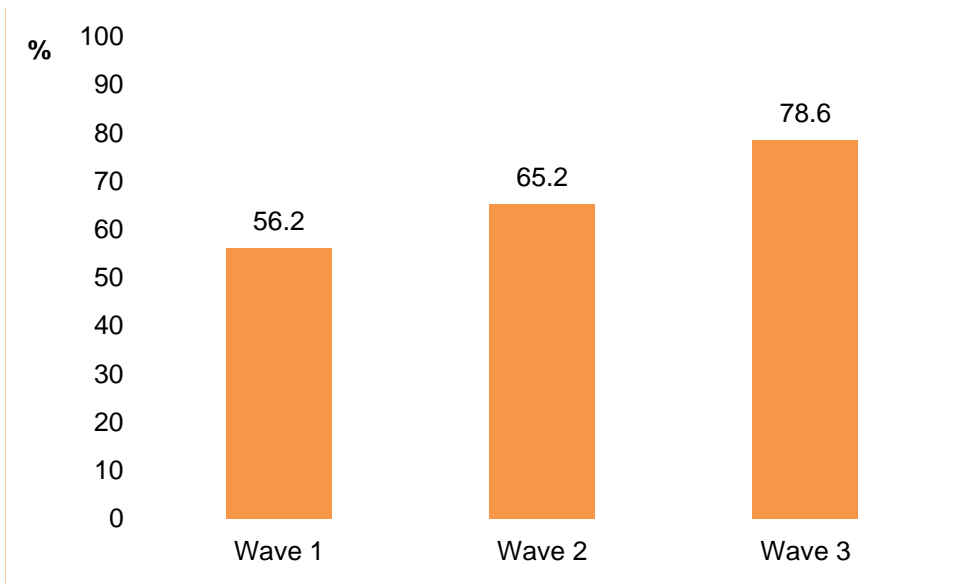


**Figure 5.7 Is the child's birth/cultural language maintained? (Yes)**

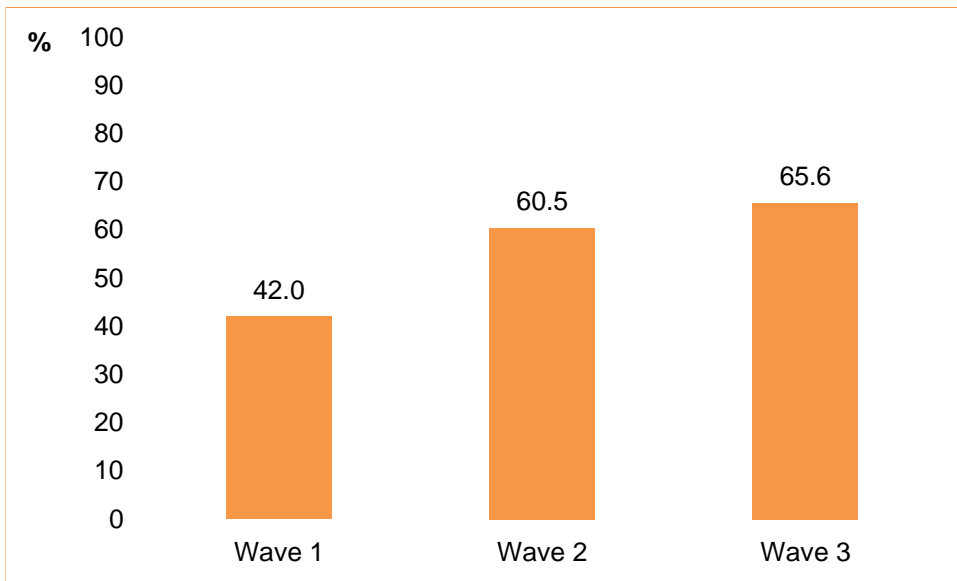




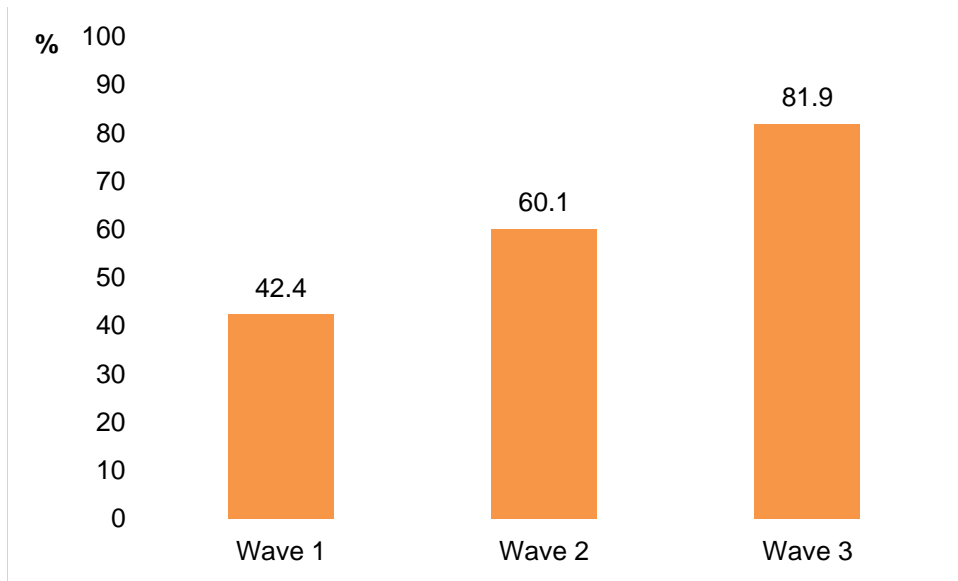
**Figure 5.8 Is the child's cultural heritage discussed? (Yes)**



**Figure 5.9 Does the child socialise with his/her birth community? (Yes)**



**Figure 10 Is the child involved in cultural activities or festivals? (Yes)**



### Appropriateness of education plan for cultural diversity

Teachers were asked to rate how well the education plan for the child met the cultural needs of the young person. Inspection of the ratings for Aboriginal children showed the following: 38.4% of educators said 'very well'; 44.4% said 'moderately well'; and only 8.1% indicated 'not very well'.

### 5.7 Family contact and connections

By the third Wave of the study, 63.5% of Aboriginal children had slightly (although not significantly less) contact with their mothers compared with 72.1% for non-Aboriginal children. Both groups of children had similar levels of contact with their fathers (41.1% for Aboriginal and 42.5% for non-Aboriginal children). Analyses were conducted to examine whether Aboriginal and non-Aboriginal children had specific types of contact with other members of their family and whether this occurred across the three waves. Cross-sectional (within wave) comparisons were conducted using proportion difference tests whereas across time comparisons were conducted using Cochran's Q and McNemar tests as described in the previous sections. These analyses are based on cases for which contact data was available for all three waves to allow comparisons, so they cannot be directly compared with the overall figures above.

**Figure 11 Unsupervised contact with mother over three waves**

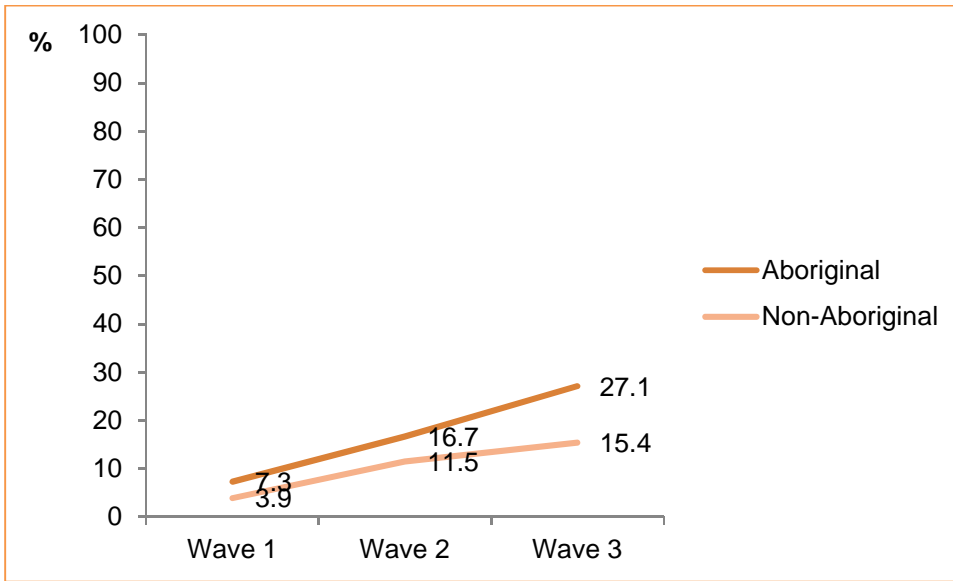


Figure 5.11 shows the percentage of unsupervised contact with mothers for children who still had contact with their mothers. Both Aboriginal and non-Aboriginal children experienced consistent improvements in the likelihood of this type of contact from Wave 1 to Wave 3, with greater increases observed for Aboriginal children.

**Figure 12 Supervised contact with mother over three waves**

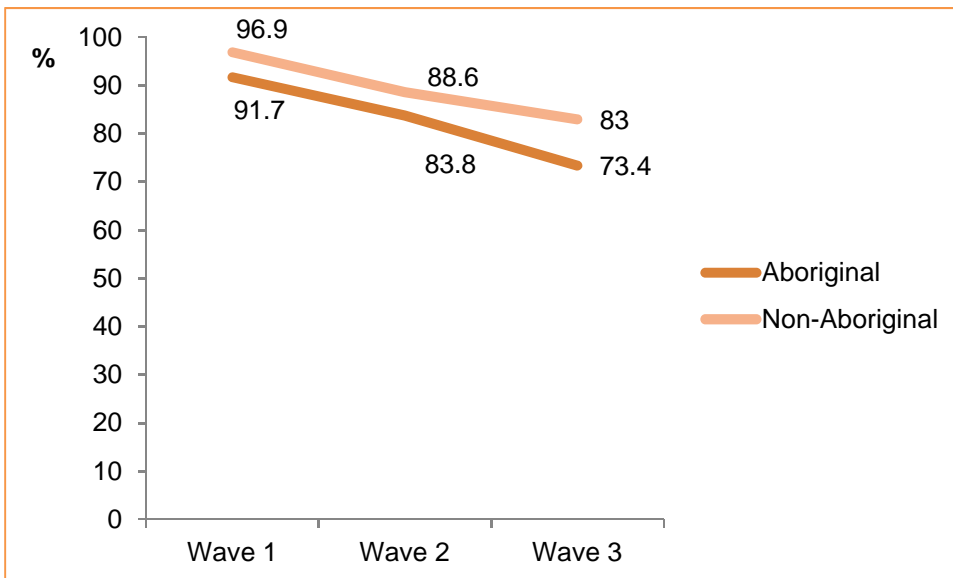


Figure 5.12 depicts the percentage of supervised contact between children and their mothers over the three waves (where contact with mothers was occurring). Cross-sectional comparisons showed that non-Aboriginal children were significantly more likely to have this form of contact at Wave 1 and Wave 3, whereas across time comparisons showed that this form of contact consistently declined for both groups. Given the pattern

observed in Figure 5.11, it would appear that there was a trend towards greater unsupervised, but less supervised contact over time in both groups.

Figure 5.13 depicts the prevalence of telephone contact with mothers. Cross-sectional comparisons showed no significant differences, but comparisons over time showed a steady increase in this type of contact for both groups.

**Figure 13 Telephone contact with mother over three waves**

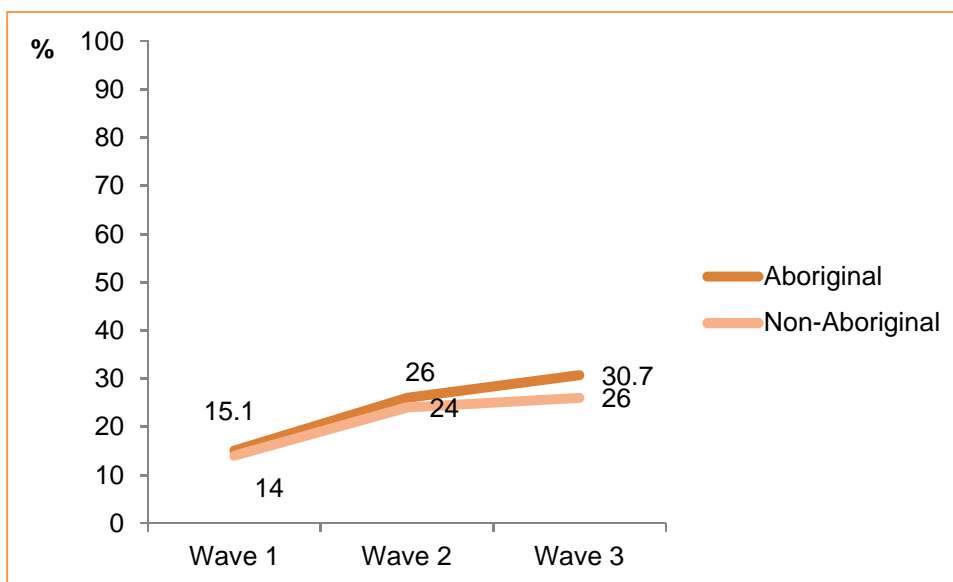
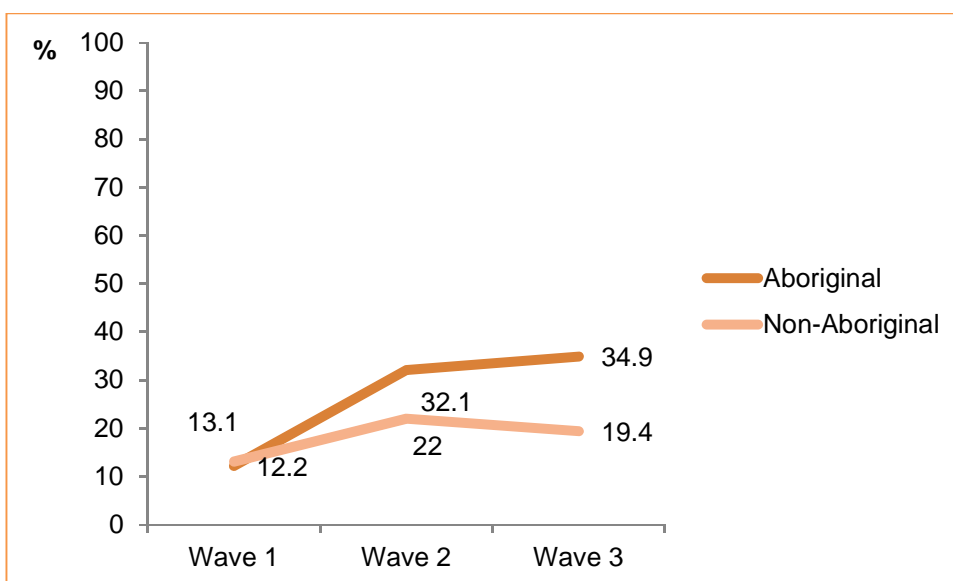


Figure 5.14 depicts the prevalence of unsupervised contact with fathers. The cross-sectional comparisons revealed that Aboriginal children were more likely to have this form of contact at Wave 3. This type of contact steadily increased for both groups over time, but the larger increases were observed for Aboriginal children.

**Figure 14 Unsupervised contact with father over three waves**



**Figure 15 Supervised contact with father over three waves**

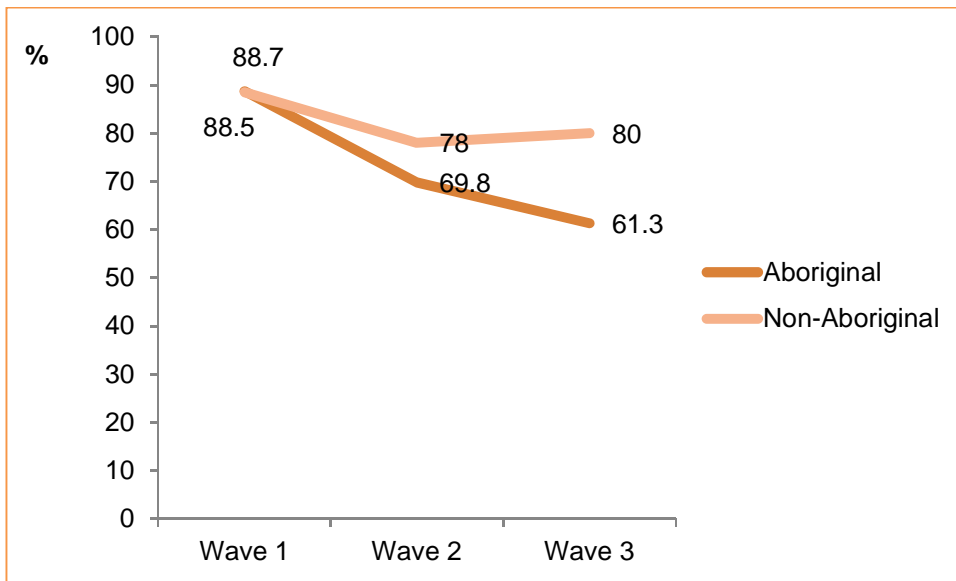


Figure 5.15 depicts the prevalence of supervised contact with the father over the 3 waves for both groups. Cross sectional analysis showed that non-Aboriginal children were more likely to have this form of contact at Wave 3. Comparisons across time showed that Aboriginal children experienced a steady decline in this form of contact, whereas non-Aboriginal children experienced a decline from Wave 1 to Wave 2, but then no more significant change.

**Figure 16 Telephone contact with father over three waves**

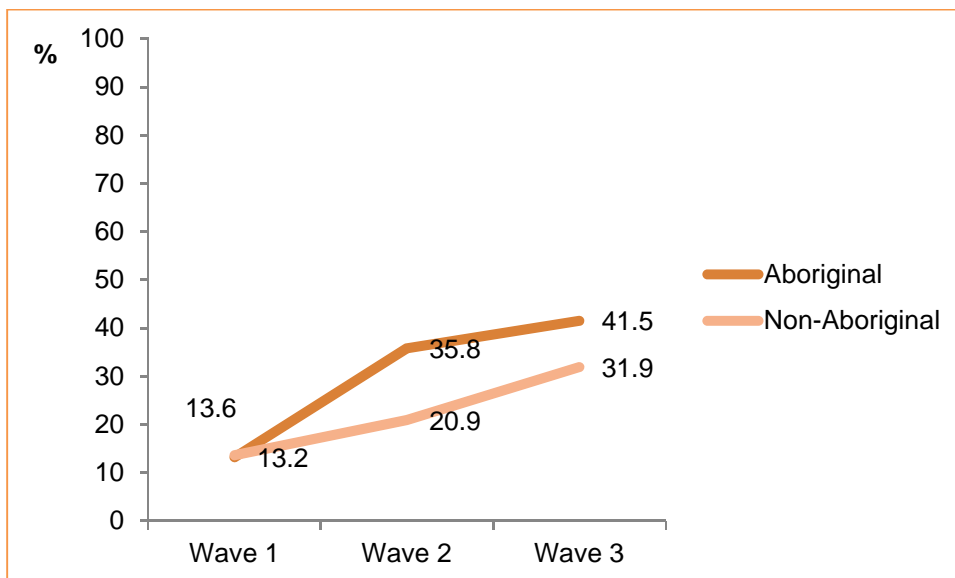


Figure 5.16 shows the prevalence of telephone contact with fathers. Cross-sectional comparisons showed that Aboriginal children were more likely to have this form of contact at Wave 2. Comparisons across time showed that this form of contact increased steadily for both groups.

## 5.8 Contact with siblings

Analyses were conducted to determine how much contact children had with their siblings. Many children in the study had siblings who lived with them (Table 5.5). Aboriginal children were generally more likely to be part of larger families (twice the prevalence of 5+ sibling families). Overall, just under 70% of children in the sample had siblings living in the same household as them by Wave 3.

**Table 5.5 Siblings living in the same household at time of caseworker interview**

Number of siblings	Aboriginal n (%)	Non Aboriginal n (%)
0	101 (32.4)	178 (34.0)
1-2	152 (48.7)	291 (55.5)
3-4	43 (13.8)	46 (8.7)
5+	16 (5.1)	8 (1.5)

The two groups were generally similar in relation to how many siblings lived in different households while they were in the care system (Table 5.6). The relatively smaller absolute numbers for 1+ siblings generally indicates that there were fewer children in the sample who had siblings placed outside the household as compared with those who had children in the same household.

**Table 5.6 Siblings living in different household**

Number of siblings	Aboriginal n (%)	Non Aboriginal n (%)
0	9 (5.8)	10 (4.4)
1-2	96 (61.9)	132 (57.9)
3-4	31 (20.0)	59 (25.9)
5+	19 (12.3)	27 (11.8)

Caseworkers (for a subset of the total POCLS sample) were asked to indicate the nature of contact between the study child and siblings living in other households. A summary of the arrangements is provided in Table 5.7. The results showed that there was a trend towards non-Aboriginal children having more unsupervised contact with their siblings placed elsewhere. The results overall show that almost 80% of Aboriginal children have some sort of face-to-face contact with their externally placed siblings several times per year, which is only slightly lower than for non-Aboriginal children (around 90%).

**Table 5.7 Contact arrangements for siblings living in other households**

Contact type	Aboriginal n (%)	Non Aboriginal n (%)
No contact	23 (15.2)	20 (9.3)
Indirect (phone/email)	10 (6.6)	6 (2.8)
Supervised face-to-face (4+ per year)	70 (46.4)	94 (43.5)
Supervised face-to-face (< 4 per year)	11 (7.3)	11 (5.1)
Unsupervised face-to-face (4+ per year)	32 (21.2)	77 (35.6)
Unsupervised face to face (< 4 per year)	5 (3.3)	8 (3.7)

Caseworkers were also asked to indicate whether the arrangements put in place for contact with externally placed siblings was working well. For 128 Aboriginal children in this situation, 80.5% of arrangements were working well, and almost 20% were not. The corresponding figures for non-Aboriginal children were 87% and 13%. This difference was not found to be statistically significant,  $Z = 1.55$ ,  $p > .05$ .

## 5.9 Contact with significant relatives: Caseworker report

Caseworkers were asked to indicate whether children had significant or meaningful relationships with a range of other relatives living outside the home. These included: siblings over the age of 18; older cousins; grandparents, uncles, aunts and other relatives. A count was undertaken of how many different relatives were identified, and this was cross-tabulated with the status of the child within the placement: (a) Aboriginal child living in Aboriginal household, (b) Aboriginal child living in non-Aboriginal household, and (c) Non-Aboriginal child living in non-Aboriginal households (only 16 non-Aboriginal children were in Aboriginal households). Analysis of this data is potentially insightful, because it indicates to what extent being placed into a non-Aboriginal household is being compensated for by contact with relatives outside the home and whether the likelihood of such contact differs depending on whether the Aboriginality of the household and the child are matched or unmatched.

The results showed that 44% of Aboriginal children living in non-Aboriginal households had contact with at least one relative; for Aboriginal children placed in Aboriginal households, the figure was 41%; and the comparative figure for non-Aboriginal children was 45%. Thus, in general, there was little difference across the groups. A one-way ANOVA was used to compare the mean number of relatives listed by caseworkers, and this was 1.0 for each group, with no significant differences.

The POCLS data also provided an opportunity to examine the Aboriginal Child Placement Principle using both household characteristics as well as family contact as an

indicator of connectedness. As indicated above, the overall data shows that 58% of children with an Aboriginal heritage are placed into non-Aboriginal placements. A question then arises: How much family connection is maintained for Aboriginal children in non-Aboriginal placements? To examine this issue, several analyses were undertaken. The first examined face-to-face contact with mothers and fathers. Using Wave 3 data, it was found that 70.7% of Aboriginal children in non-Aboriginal placements had contact with their mothers vs. 51.1% placed in Aboriginal placements. For fathers, the figures were 49% (non-Aboriginal placement) and 23.9% for Aboriginal placements. When this analysis was consolidated to consider contact with at least one parent, the figures were 76.2% for placements with non-Aboriginal families and 56.1% for Aboriginal families. In other words, if Aboriginal children were placed into non-Aboriginal placements, they were statistically more likely to have contact with their parents. Only 24% of children placed into non-Aboriginal families (or 57) had no face-to-face contact with their parent.

A second analysis then focused on this 57 and found that 36 had face-to-face contact with at least one other significant family relative each year (grandparents, uncles, cousins or siblings). This suggested that only 21 Aboriginal children out of 495 in the sample (4.2%) were both placed in a non-Aboriginal home and had no confirmed family contact with their relatives. A limitation of this data, however, is that the POCLS data does not currently indicate the Aboriginal status of these other relatives. Thus, while it can be confirmed that the majority of Aboriginal children placed with non-Aboriginal carers have contact with other relatives, it is not clear whether these relatives are Aboriginal. This is because many of the Aboriginal children in the POCLS sample are of 'mixed descent'.

### Aboriginal placements and outcomes

It was also possible to examine whether child outcomes varied depending upon whether Aboriginal children were placed into Aboriginal households. Comparisons of CBCL scores (internalising and externalising) yielded no significant differences for the first two waves, but there was a significant difference for the third wave. Aboriginal children placed with non-Aboriginal carers had significantly higher externalising scores ( $M = 55.86$ ,  $SD = 14.26$ ) than those placed with Aboriginal carers ( $M = 51.56$ ,  $SD = 13.09$ ) and non-Aboriginal children in non-Aboriginal placements ( $M = 51.97$ ,  $SD = 13.21$ ),  $F(2,1014) = 8.10$ ,  $p < .001$ . Similar comparisons were conducted for the PPVT-IV and WISC-IV Matrix Reasoning Test measures of cognitive functioning. For the PPVT-IV, there were no significant differences at Wave 1; at Wave 2, Aboriginal children in Aboriginal households had lower scores than the other two groups; at Wave 3, both Aboriginal groups had scores lower than the non-Aboriginal group. No significant differences were observed for the WISC-IV Matrix Reasoning Test.

Overall, the evidence did not show any striking differences in outcomes depending upon whether Aboriginal children were placed in Aboriginal or non-Aboriginal households, but the difference in externalising scores for unmatched placements for Aboriginal children is worth monitoring into future waves. It may be a genuine effect, but it could also be just a type 1 error which can occur by chance in situations involving many statistical comparisons.



## 5.10 Child protection history of Aboriginal and non-Aboriginal children in care

ROSH data were available by type as well as the number of reports which had been reported prior to children coming into care. These total counts were used to classify children based on whether they had experienced at least one incident of each risk factor. A summary of this first set of analyses is provided in Table 5.8. Table 5.8 compares the prevalence of each risk factor for Aboriginal and non-Aboriginal children. Chi-squared tests are reported to indicate if significant differences were detected.

These comparisons showed that the child protection history of the two groups was more similar than different. Significant differences were observed for only a small subset of the variables. Non-Aboriginal children were more likely to have reports of psychological abuse or that their carers had experienced significant emotional disturbances. Aboriginal children were more likely to originate from families with reports of domestic violence or drug and alcohol problems; and they were more likely to have had pre-natal reports.

**Table 5.8 Prevalence of child protection risk factors prior to entering care**

Risk factor	Aboriginal n (%)	Non Aboriginal n (%)	Chi squared
Physical abuse	419 (73.0)	650 (71.8)	< 1
Sexual abuse	113 (19.7)	183 (20.2)	< 1
Neglect	412 (71.5)	625 (69.1)	1.24
Psychological abuse	98 (17.1)	193 (21.3)	4.02*
Risk of psychological abuse	285 (49.7)	462 (51.0)	< 1
Domestic violence	372 (64.8)	513 (56.7)	9.65**
Carer mental health	116 (20.2)	212 (23.4)	2.11
Carer emotional state	224 (39.0)	429 (47.4)	10.00**
Carer drugs/alcohol	422 (73.5)	563 (62.2)	20.19**
Other issues	156 (27.2)	297 (24.0)	1.91
Young person at risk	74 (12.9)	147 (16.2)	3.10
Pre-natal reports	133 (23.2)	169 (18.2)	4.37*

\* $p < .05$  \*\*  $p < .01$

The next series of analyses compared the total number of reports of each type that had occurred for the two groups (Table 5.9). These data were analysed using both t-tests and Mann-Whitney U tests because of the very skewed nature of the data, and very similar results were obtained. Table 5.9 shows that by far the most frequently reported incidents related to neglect and physical abuse, domestic violence, sexual abuse and drug and alcohol problems. Other problems generally occurred less frequently. It is also clear that children experience, on average, a very large number of incident reports (a mean of over 9). Comparisons of the two groups showed that Aboriginal children attracted more neglect notifications, but that there were no significant differences for any of the other types of reported event.

**Table 5.9 ROSH reports by type prior to entering care**

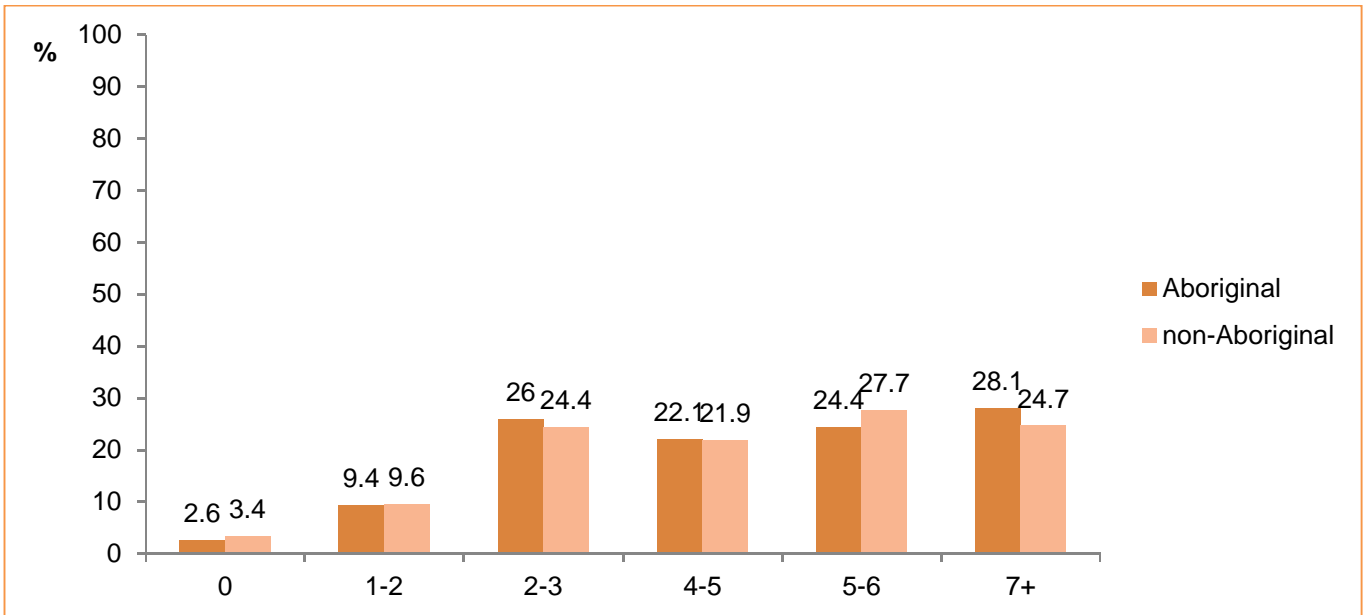
Risk factor	Aboriginal M (SD)	Non Aboriginal M (SD)	t test
Total counts	9.06 (8.69)	8.31 (7.60)	1.77
Physical abuse	3.56 (3.15)	3.20 (2.83)	1.94
Sexual abuse	1.95 (1.46)	2.32 (1.97)	1.91
Neglect	4.81 (4.91)	4.18 (3.88)	2.20*
Psychological abuse	1.67 (1.35)	1.51 (0.96)	1.17
Risk of psychological abuse	2.77 (2.24)	2.72 (2.13)	< 1
Domestic violence	3.75 (3.77)	3.68 (3.68)	< 1
Carer mental health	1.71 (1.40)	1.60 (1.25)	< 1
Carer emotional state	2.28 (1.73)	2.24 (1.81)	< 1
Drugs/Alcohol	4.66 (4.46)	4.28 (4.10)	1.40
Other issues	1.63 (1.49)	1.70 (1.37)	< 1
Young person at risk	1.77 (1.65)	1.86 (1.69)	< 1
Pre-natal reports	1.68 (0.98)	1.73 (1.01)	< 1

\* $p < .05$  \*\* $p < .01$

A further analysis undertook a count of the total number of different types of issue identified for each child (this included all the categories in Table 5.9 with total counts and prenatal excluded). The mean number of different types of issue identified was 4.69 ( $SD = 2.58$ ) for Aboriginal children and 4.63 ( $SD = 2.55$ ) for non-Aboriginal children, which did not differ significantly,  $t < 1$ .

Further insights into the complexity of family backgrounds can be obtained by examining distributions based on the counts of total issues identified prior to entry into care (Figure 5.13). Both groups were generally similar. Around a quarter had attracted 7 or more different issues, another quarter had five to six, and only 10% had only one or two different issues. These observations show that most children who enter care very likely to do so for multiple reasons and that problems tend to be clustered (e.g. alcohol and drug problems often coincide with domestic violence and mental health issues).

**Figure 17 Distribution of counts of issues reported prior to entry into care**



### 5.11 Complexity of child protection history and outcomes

It was also possible to examine whether the total number of issues reported prior to entry into care were related to outcomes in the POCLS. For this analysis, only some of the key outcome measures were considered, because other more detailed analyses are likely to be the subject of other reports. Here we consider the internalising and externalising T-scores from the CBCL as outcome measures for general psychosocial functioning and the PPVT-IV and WISC-IV Matrix Reasoning Test as measures of general cognitive functioning. In this analysis, the aim was to determine whether any relationships observed differed between Aboriginal and non-Aboriginal children.

**Table 5.10 Correlation of total report issues and child outcomes at Waves 1 to 3**

Child development	Aboriginal	Non Aboriginal
<b>CBCL- Internalising</b>		
Wave 1	.10	.14**
Wave 2	.13**	.20**
Wave 3	.05*	.11**
<b>CBCL- Externalising</b>		
Wave 1	.09	.18**
Wave 2	.17*	.30**
Wave 3	.17*	.20**
<b>Matrix Reasoning Test (WISC-IV)</b>		
Wave 1	.00	-.14*
Wave 2	-.01	-.13*
Wave 3	.01	-.13*
<b>PPVT-IV</b>		
Wave 1	-.08	-.02
Wave 2	.13	-.11*
Wave 3	-.10	-.08

\*p < .05 \*\* p<.01

The correlations in Table 5.10 are generally in the direction expected. There were small effects indicating that children who had been exposed to a wider range of issues (as indicated by ROSH reports) had higher scores on both CBCL subscales. This effect was consistently observed for non-Aboriginal children across all three waves, with modest effects observed at Wave 2 for externalising. These effects were also observed for Aboriginal children, but much less consistently and with smaller effects. There was also evidence, in the non-Aboriginal children, that having a more complex range of issues reported prior to the entry into care was associated with lower cognitive performance scores, and this effect was still being observed (albeit, a small effect) at Wave 3.

Another more detailed series of analyses examined: (a) whether reports of specific issues prior to entry into care were associated with differences in subsequent scores on the psychosocial functioning and cognitive measures and (b) whether these effects were different across the two groups of children. These analyses were conducted by taking the outcome scores (metric variables) and comparing across groups defined by the presence or absence of each issue, e.g., comparing children with or without a prior history of physical abuse on the outcome measures. These analyses were conducted for nearly all the background factors using t-test comparisons. A summary of which ones were significant for each group is displayed in Table 5.11a (Aboriginal children) and 4.11b (non-Aboriginal children).

Table 5.11a shows that a number of effects were significant for Aboriginal children. Poorer psychosocial functioning (even into Wave 3) was associated with a history of physical abuse, sexual abuse, psychological abuse and carer mental health problems, but was not associated with neglect, domestic violence or drugs and alcohol. In other words, reports of abuse as opposed to the presence of problems known to contribute to abusive environments came up most strongly. Reports of sexual abuse were found to have significant effects on PPVT-IV (vocabulary) scores across all three waves.

**Table 5.11a Specific reported issues and their relationship with psychosocial and cognitive functioning scores: Aboriginal children**

Reported issue	CBCL internalising	CBCL externalising	PPVT IV	WISC IV Matrices
Physical abuse	W1	W2, W3	-	-
Sexual abuse	W1	W1, W2	W1, W2, W3	-
Neglect	-	-	-	-
Psychological abuse	W2, W3	W2, W3	W2	-
Carer mental health	W1, W2, W3	W2, W3	-	-
Domestic violence	-	-	-	-
Drugs/Alcohol	-	-	-	-

W1 = Wave 1 significant, W2 = Wave 2 significant, W3 = Wave 3 significant; CBCL T-scores; PPVT-IV and WISC-IV Matrices standardised scores.

Table 5.11b shows the findings for non-Aboriginal children and shows a similar, although also differentiated pattern of results. Internalising behaviour was related to sexual abuse, domestic violence and neglect, whereas externalising behaviour was related to all forms of abuse, as well as domestic violence and alcohol/drug problems. There were also differences (although less systematic) for the cognitive functioning scores: these were generally lower when there were reports of physical abuse, psychological abuse and related problems such as domestic violence and drugs and alcohol problems. Inspection of the mean differences showed that the differences were generally in the order of five unit differences in cognitive functioning and 4-8 points on the CBCL measures.

**Table 5.11b Specific reported issues and their relationship with psychosocial and cognitive functioning scores: non-Aboriginal children**

Reported issue	CBCL Internalising	CBCL Externalising	PPVT IV	WISC IV Matrices
Physical abuse	-	W2	W2	W2
Sexual abuse	W1, W2	W1, W2, W3	-	-
Neglect	W2	W1, W2, W3	W2, W3	-
Psychological abuse	-	W1, W2, W3	-	W1, W2, W3
Carer mental health	-	-	-	-
Domestic violence	W3, W3	W2, W3	-	W3
Drugs/Alcohol	-	W2	W1	W3

W1 = Wave 1 significant, W2 = Wave 2 significant, W3 = Wave 3 significant; CBCL T-scores; PPVT-IV and WISC-IV Matrices standardised scores.

## 5.12 Caseworker views of placements

Caseworkers were asked a series of questions about the nature of decision making, consultation and appropriateness of placements for children. A summary of these findings is provided in the following sub sections.

### Placement stability

Caseworkers were asked whether the child had ever had a placement breakdown while managed by their agency. The results showed that 24.5% of Aboriginal children had at least one placement breakdown as compared with 18.8% of non-Aboriginal children, a difference which approached statistical significance,  $\chi^2(df = 1, n = 814) = 3.71, p = 0.054$ .

### Obtaining appropriate placements

Caseworkers rated how difficult it was to obtain a suitable alternative long-term placement with foster carers; with relatives or kin; with siblings; where there were behavioural issues; where there were health and developmental issues; to maintain school continuity; or which was culturally matched on four point scale that ranged from 1 = Not at all challenging to 4 = Very challenging. The figures below refer to the percentage of cases for which the task had been identified as 'fairly challenging' or 'very challenging.' Comparative data is provided to ascertain which issues appear to be more or less problematic for Aboriginal children as opposed to children in general within the care system.

- For long-term foster care, the figures were: 54.9% for Aboriginal children and 54.8% for non-Aboriginal children.
- For kinship/relative placements: 53.3% of Aboriginal children as compared with 47.3% of non-Aboriginal children.
- For placements with siblings: 58.6% for Aboriginal children and 44.6% for non-Aboriginal children.

- For behavioural issues: 32.4% for Aboriginal children and 47.3% for non-Aboriginal children.
- For health and developmental issues: 31% for Aboriginal and 30.9% for non-Aboriginal children.
- For maintaining school/ childcare continuity: 47.9% for Aboriginal children and 30.5% for non-Aboriginal children.
- For culturally matched placements; 57.8% for Aboriginal children and 10.8% for non-Aboriginal children.

Proportion difference tests (Z-tests with  $p$  set at  $< .05$ ) indicated that caseworkers found it significantly harder to find new kinship placements for Aboriginal children, placements with siblings, culturally matched placements and those which maintain school continuity. On the other hand, it was harder to find placements to deal with behavioural issues in non-Aboriginal children. The results indicate that it appears to be quite difficult to find new placements that meet the needs of children when their placements break down. For example, when one examines the figures for Aboriginal children, it appears difficult to find culturally matched placements and those where they can be placed with siblings for almost 60% of children..

### Nature of care arrangement

Caseworkers were asked to indicate the nature of the placement where Aboriginal children were residing. Of a total of 254 cases where this information was available, 84 (33%) of children were placed with extended family; 23 (9.1%) were placed with the Aboriginal community to which they belonged, 26 (10.2%) were placed with other Aboriginal carers in the vicinity; 56 (22%) were placed with carers approved by the extended family; 34 (13.4%) were authorised foster carers and almost all the remaining children were either home or in independent living.

### Consultation about placements

Caseworkers were asked to indicate who had been consulted about the child's placement. A summary of the responses is provided in Table 5.12 with comparisons included to highlight which issues might need to be a particular focus for Aboriginal children. There was a trend towards Aboriginal children's mothers being less likely to be consulted about the placement as compared with the mothers of non-Aboriginal children, whereas paternal grandparents were more likely to be consulted for Aboriginal children. Overall, the results appear to show that rates of consultation are generally high for mothers, but that around 40% of fathers are not consulted, and that consultations often do not occur with other relatives, in many cases irrespective of whether they involve Aboriginal or non-Aboriginal children.

**Table 5.12 Who was consulted about the child's placement?**

Person	Aboriginal children n (%)	Non Aboriginal children n (%)	Chi squared
Mother	180 (78.6)	356 (86.0)	5.80*
Father	121 (58.5)	234 (63.9)	1.69
Paternal uncle/ aunt	28 (14.4)	39 (11.0)	1.36
Maternal uncle/aunt	59 (28.6)	81 (22.6)	2.54
Sibling aged 18 years+	14 (6.6)	16 (4.3)	1.44
Maternal grandparent	95 (42.4)	191 (48.7)	2.29
Paternal grandparent	68 (32.4)	91 (24.3)	4.48*

\*p <.05

### Child's view of placement

Caseworkers were asked to indicate if the child's view had been taken into account when determining where the child was to be placed (yes or no). Responses were obtained in relation to a total of 265 Aboriginal and non-Aboriginal children. For Aboriginal children: 73.2% were considered too young to answer; 24.5% had been consulted, and 2.3% had not been consulted. For non-Aboriginal children, 29.2% had been consulted, 2.5% had not been consulted and 66.7% were considered too young.

### Placement meeting child's needs

Caseworkers were asked to rate on a four point scale (from 'Very well' to 'Not very well') how well the current placement was meeting the child's needs in a number of areas. The following figures indicate the percentage who responded 'Very well' or 'Fairly well'. Once again, comparative analyses area included to highlight areas that may indicate particular challenges for meeting the placement needs of Aboriginal children.

- Age appropriate routine and supervision: 94.4% for Aboriginal children and 91.5% for non-Aboriginal children.
- Permanency and sense of belonging to family: 94.7% for Aboriginal children and 96.1% for non-Aboriginal children.
- Self-esteem and resilience: 90.9% for Aboriginal children and 95.3% for non-Aboriginal children.
- Learning and educational needs: 96.3% for Aboriginal children and 94.2% for non-Aboriginal children.
- Health needs and medical care: 95.3% for Aboriginal children and 96.9% for non-Aboriginal children.
- Emotional wellbeing: 89.3% for Aboriginal children and 92.7% for non-Aboriginal children.
- Behaviour management: 89.8% for Aboriginal children and 90% for non-Aboriginal children



- Age-appropriate social relationships: 90.9% for Aboriginal and 92.5% for non-Aboriginal children.
- Identity and cultural awareness: 88% for Aboriginal children and 93.4% for non-Aboriginal children.
- Maintaining family/Significant relationships: 91% for Aboriginal children and 92.5% for non-Aboriginal children.

The results generally show that at least 90% of placements are perceived as meeting children's needs across a range of areas and that this does not differ significantly depending upon the Aboriginal status of children. The results do, however, suggest that there may be around 10% of Aboriginal children who are not receiving adequate contact with their cultural beliefs or families.

### Relationships in placement

Caseworkers were asked to indicate whether the child had a positive relationship with the carer; whether the carer praised the child; expressed affection; criticised the child; or became angry with the child on a four-point scale: Always, Often, Sometimes or Rarely. The following results indicate the percentage of Always or Often responses:

- Positive relationship: 94.1% for Aboriginal children and 95.7% for non-Aboriginal children.
- Praised the child: 90.8% for Aboriginal children and 92.7% for non-Aboriginal children.
- Expressed affection: 90.8% for Aboriginal children and 92.1% for non-Aboriginal children.
- Criticised child: 7.4% for Aboriginal children and 6.2% for non-Aboriginal children.
- Angry at child: 6% for Aboriginal children and 5.1% for non-Aboriginal children.

### 5.13 Aboriginal carers: Wellbeing and satisfaction

A final set of analyses examined carer wellbeing and satisfaction and whether there were issues that are particularly relevant for Aboriginal carers. These analyses were conducted by selecting out duplicate cases (i.e. only selecting households once) and also including households which were the same at Wave 1 and Wave 3 (i.e. the child had not changed household). This was achieved by selecting cases for which the Household ID remained constant from Wave 1 to Wave 3.

The first analysis examined scores on the Kessler-10 (K10) a well-validated measure of psychological distress. A two Group x three Wave mixed ANOVA applied to these scores revealed no significant differences based on Group, Wave or interaction, which suggests that both Aboriginal and non-Aboriginal households did not differ in relation to levels of psychological distress. The same analysis similarly revealed no significant differences in satisfaction with being a carer between the two groups or across waves. At Wave 3, for example, 91% of carers from Aboriginal households reported being satisfied with being carers as compared with 94% of carers from non-Aboriginal households.

Carers were also asked if they could easily raise \$2,000 in an emergency. For both groups, the percentage indicating 'Yes I could do this easily' increased significantly over time (as based on a Cochran's Q test for repeated binary outcomes). For Aboriginal households, the percentage went from 41.2% at Wave 1 to 55.3% at Wave 2 and 61.7% at Wave 3. For non-Aboriginal households, the percentages started at 58.8%, increased to 67.2% at Wave 2 and then to 69.5% at Wave 3. Although the non-Aboriginal household was consistently higher, the results do show, however, some evidence that the gap between the two types of household was getting smaller over time.

## 6 Discussion of results

### 6.1 Overview of findings

The broad aim of the analyses described in this report was to examine the progress of Aboriginal children in relation to a range of areas of particular policy relevance to the POCLS project, but also in national policy debates and existing literature. In broad terms, these areas relate to the wellbeing of Aboriginal children and their developmental progress; the extent to which the OOHC system is maintaining appropriate family and cultural connections; and the factors that contribute to large numbers of Aboriginal children coming into care. Comparisons are included with non-Aboriginal children as a way to examine particular areas which may be areas of strength or challenges relative to other children in care to allow greater policy and practice focus. Overall, the results in the POCLS show some encouraging findings, but also highlight some areas of concern. Most Aboriginal children in OOHC in NSW in the POCLS are generally following a similar trajectory to other children in care. Importantly, the data show that there is not any evidence of a widening gap between how Aboriginal and other children are faring over the first three waves of the study.

Respondents in the caresystem (e.g., caseworkers) generally believe that most Aboriginal children are being kept in contact with their cultural heritage and that the majority have contact with family members, including parents, siblings and other important relatives. However, other evidence in support of appropriate cultural and family connections is less convincing. For example, only around half of the Aboriginal children in the sample were placed into households with at least one Aboriginal carer. There was also some uncertainty about whether Aboriginal children who are maintaining contact with their families were necessarily having contact with the Aboriginal side of their family and whether the level of cultural connection provided was of a high quality.

In relation to why Aboriginal children entered care, the results were generally consistent with previous studies. Physical abuse, domestic violence, neglect and family substance abuse were the most common reasons for Aboriginal children entering care, and this pattern was generally similar for other children in care, although domestic violence and substance abuse were significantly more commonly reported for Aboriginal families.

The following sections provide more detailed discussions of each of the different sets of results presented in the report.

### 6.2 Developmental and educational outcomes for Aboriginal children in care

A review of previous literature in this area suggested that Aboriginal children would generally have poorer developmental outcomes compared with non-Aboriginal children. For example, previous studies which have employed standardised measures of psychosocial functioning in the general population (e.g., SDQ, CBCL) (See Section 1.9)

found that Aboriginal children had 1.5 times to twice the rate of clinical symptomology, particularly on measures related to conduct disorder or externalising behaviour. Other studies (e.g. the major survey of Aboriginal children in WA) showed that many Aboriginal mothers are more likely to display health-related behaviours or conditions which are known to be associated with poorer developmental outcomes in children (e.g. smoking, alcohol use).

On the whole, these findings were partially replicated in the POCLS sample. Analysis of CBCL scores showed that the proportion of clinical cases in both Aboriginal and non-Aboriginal samples was generally similar to normative populations for internalising, but a greater proportion of both groups was more likely to display clinical level externalising behaviours as compared with general population samples. The percentage of non-Aboriginal children in the clinical range on internalising decreased over time, whereas Aboriginal children remained relatively stable. No significant changes were observed for the proportion of children displaying clinical level externalising behaviours from Wave 1 to Wave 3.

For developmental measures, there were also very few differences. On cognitive reasoning and verbal ability tests, both groups of children generally scored lower than population norms, with Aboriginal children generally scoring lower than non-Aboriginal children at all three waves. There was, however, no evidence of any systematically widening of the gap in scores, and the score difference itself was quite small for the matrix reasoning task and modest (five units) for the standardised PPVT-IV test.

A further area of attention was school engagement and performance. Once again, this was an area where previous national population results had suggested pessimistic results: Aboriginal children would be doing more poorly at school in terms of academic performance, and this gap would widen over time. The POCLS results provided little evidence to support this proposition for children in care in NSW. School attendance rates were generally similar for both groups; there were no statistically significant differences for teacher reports relating to academic performance, discipline or behaviour and no differences relating to reports of suspensions or exclusions. Aboriginal children were also no more likely to move school or have problems with school engagement or bonding with others. The only area of difference was that teachers were more likely to express concerns about cognitive functioning in Aboriginal children than in non-Aboriginal children, but this difference was not large (37% vs. 27%).

### 6.3 The family backgrounds/child protection history for Aboriginal children in care

Previous studies that have examined the social and family background of children in care have generally found evidence for differences in the reasons why Aboriginal children come into care. For example, the AIHW (2016) identified neglect as being a more common reason for Aboriginal children coming into care. Other studies have examined the total number of risk factors (e.g. Delfabbro et al.(2009) in South Australia) and found that Aboriginal families are affected by a greater number of problems or that the prevalence of specific problems as alcohol misuse (Fernandez & Delfabbro, 2013 in NSW) is more common in Aboriginal families. However, these findings have not been

obtained consistently across different studies, so it was difficult to make firm predictions about what differences might emerge in the POCLS comparisons.

In general, the results showed some consistencies with these previous studies. The prevalence of drug/alcohol problems was higher in Aboriginal families (although not a large effect) and there was also more domestic violence, whereas psychological and emotional disturbance appeared to be a more common feature reported for non-Aboriginal households. Aboriginal children were also likely to receive pre-natal reports, but this may be due to the fact that Aboriginal families are larger, so that the child protection system has greater evidence on which to raise prospective concerns. Analysis of sibling data in the POCLS data-set suggested that Aboriginal families were more likely to have large sibling groups in care, which is consistent with this view. Other analysis of the total number of child protection reports showed that neglect was more commonly reported for Aboriginal families, but this result has to be interpreted in the context of a large number of statistical comparisons and was again only a small statistical effect.

Further analysis of outcome measures showed that there was a relationship between developmental outcomes and the range of risk factors to which children were exposed. Children who had been exposed to a larger number of family risk factors tended to score more poorly on CBCL and some cognitive measures. Some specific background factors, including physical and sexual abuse and psychological abuse were all associated with poorer scores on CBCL outcomes for Aboriginal children, and this effect extended into Wave 3. Similar results were observed for non-Aboriginal children, with neglect found to have a stronger association with CBCL scores for non-Aboriginal children. A possible hypothesis here is that neglect may take slightly different forms or be of varying severity across the two groups of children. For example, if neglect took more of the form of rejection of the child, a very serious lack of care as opposed to other forms (e.g. child found wandering, parent not around), then the consequences could be more serious. This is a potential area that could be followed up with further investigation using the POCLS data.

In summary, the findings for this section of the report suggest that the reasons why Aboriginal and non-Aboriginal children in the POCLS entered care in NSW were generally quite similar in terms of both the nature and range of problems identified. Nonetheless, there were some findings which may have policy relevance for understanding why large numbers of Aboriginal infants come into care. Aboriginal children appear to be more likely to be identified as being at risk prior to birth, which suggests the capacity for greater support and prevention of problems that might arise after birth. Drug and alcohol problems in Aboriginal families would appear to be an ongoing area of policy importance, and there is some weaker evidence that neglect might have greater chronicity in Aboriginal homes based on the slightly higher number of reports for this problem and the evidence from national studies. Neglect is, however, an area which needs to be approached with caution, because it potentially involves greater subjectivity in how it is interpreted. Identifying neglect in Aboriginal homes can sometimes be seen as a Western value-judgment about appropriate standards of parenting (e.g. how much monitoring should be applied to children). At the same time, it is also recognised that it would be inappropriate for difficult home circumstances (e.g. unsanitary conditions or a lack of stable housing) to be judged differently and tolerated for longer

periods for Aboriginal families than for non-Aboriginal families just because of cultural assumptions by child protection workers or other professional people (e.g. police) who visit Aboriginal families.

## 6.4 Cultural and family connections

One of the most important elements of the analysis was to examine the extent to which the NSW care system is providing placements consistent with the Aboriginal Child Placement Principle. The importance of Aboriginal children being able to maintain connections to their Aboriginal culture and heritage as well as family connections is central to the recommendations in the recent Taskforce 1000 report in Victoria (Commission for Children and Young People, 2016). A system that meets the standards established by the 'Principle' and the NSW Act must seek to place Aboriginal children into Aboriginal households (where feasible) and, where this is not possible, ensure that children are given opportunities to maintain their Aboriginal identity, cultural heritage and beliefs and also remain in contact with their Aboriginal family, community and country.

Analysis of the POCLS data showed that just under half of the Aboriginal children in the sample were placed into households with at least one Aboriginal carer. Accordingly, given that the results do not provide strong support that the Department has been able to meet the broad requirement of the Act, a question then arises as to whether the OOHC system has been able to provide ongoing cultural and family connections once children were in care as consistent with Section 13(6).

The general finding was that the system appears to be making some attempts at providing cultural connections. Across the three waves of data, carer reports indicated that children were more likely to have been involved in cultural activities; have discussions about cultural heritage; and have contact with their birth communities. Teachers also generally expressed positive views about the extent to which education plans were suitable for accommodating children's cultural diversity. However, it is important to recognise that these insights are available for only a subset of all the children in care and that these survey responses do not necessarily provide any insights into the quality of the connections and whether they would meet the standards expected by members of the Aboriginal community.

Further analysis of family connections showed that most Aboriginal children had contact with their parents and siblings, with there being some evidence of increasing rates of unsupervised and telephone contact with parents over time. More detailed analysis of Aboriginal children placed with non-Aboriginal households also showed that most had contact with their parents and other significant relatives. For example, 71% of these children had contact with their mothers and 76% with at least one parent. Of those Aboriginal children who had no reported contact with their parents (57 children), it was found (based on caseworker reports) that 36 of these were having contact with other significant relatives, so that it appears that there are only around 20 Aboriginal children in the sample who were placed with non-Aboriginal carers who did not appear to have contact with family members (and potentially Aboriginal relatives). A limitation with these data, however, is that these contact data did not allow one to determine whether the relatives were Aboriginal. Thus, while it might appear that the majority of Aboriginal

children have contact with family members, it is not clear that these other family members are Aboriginal, because children may have both Aboriginal and non-Aboriginal family members. It would appear that further collection of data as part of the POCLS would be required to provide greater insights into the Aboriginal status of family connections that are identified in this report.

An important finding from these more detailed analyses was that contact with parents was more likely when Aboriginal children were placed in non-Aboriginal households. In a previous analysis of the POCLS data, it was found that Aboriginal children are more likely to be placed into kinship care (Delfabbro, 2017) and that this type of care generally facilitates contact with family members. However, Aboriginal carers are more strongly represented in the category of 'other carers' (aunts, uncles) rather than grandparent carers and foster carers. Rates of contact with family members were generally higher when children were placed with grandparents rather than these other relatives. As a result, if many Aboriginal children were placed with other Aboriginal relatives, contact rates with parents would be generally lower (similar to the rates observed in foster care). However, this would not entirely explain the effect because the numbers of other relative carers was generally smaller than for the other two groups. Thus, further investigation is required. For example, it may be that Aboriginal children who happen to be placed with Aboriginal carers are more likely to have parents who are not available, living in distant locations or who have very complex personal situations that make contact less feasible. Alternatively, this may be a function of differences in the Aboriginal families themselves. Children who have both Aboriginal and non-Aboriginal parents (but who still identify as Aboriginal children) may be more likely to be from certain areas of NSW (e.g., metropolitan areas) where there may be few Aboriginal carers, but opportunities to place them with non-Aboriginal families who live closer to their family homes. This finding suggests that further analysis should be undertaken to investigate the role of geography, family characteristics and decision-making in relation to contact and placement decisions for Aboriginal young people.

## 6.5 Placement characteristics

Analysis of caseworker data provided a number of insights into the nature and perceived quality of placements. On the whole, caseworkers expressed very positive views about the suitability of placements for Aboriginal and non-Aboriginal children. Around 90% of placements were rated by caseworkers to be meeting the child's needs in areas such as development, behavioural management, cultural connections, health, learning, and emotional wellbeing. Moreover, the results for parenting variables showed that caseworkers generally perceived the placements to be both supportive and nurturing in that parents displayed affection, praised the children for their accomplishments, and did not typically apply harsh disciplinary styles. However, more pessimistic results emerged from questions relating to the challenges of finding suitable placements for a child who had to change placement due to a breakdown. Caseworkers generally viewed these changes to be challenging in that it was often difficult to find culturally matched placements for Aboriginal children or arrangements where children could be placed with their siblings. They also reported particular challenges associated with finding new placements for non-Aboriginal children who had behavioural problems when placements were not successful.

Although analysis of POCLS cohort placement data generally indicates only modest levels of placement instability compared with other studies which have been conducted in Australia (e.g. Barber & Delfabbro, 2004), caseworkers nonetheless indicated that over 20% of the total POCLS sample and a quarter of Aboriginal children may have had at least once placement breakdown since they came into care. If this is so, then this represents a challenge for practice and for compliance with the Aboriginal Child Placement Principle. With 574 Aboriginal children in the sample, this means that around 140 Aboriginal children may have changed placement since they came into care. If 60% of these create challenges in relation to finding culturally matched placements and/or those which maintain connections with siblings, then there could be as many as 80 Aboriginal children in the POCLS where considerable practice resources may have been required to find suitable placements. Such observations underscore the ongoing importance of the Aboriginal community and support agencies to provide advice and support for identifying suitable Aboriginal placements, and facilitating consultation with families and within the community.

Currently, it is reported that consultations of this nature are occurring in the majority of cases, but that further analysis could be conducted to examine whether there are any barriers to this process. Caseworkers reported that Aboriginal mothers were generally less likely to be consulted about placement decisions than non-Aboriginal mothers (which may reflect other circumstances apart from cultural differences, e.g. mothers may be deceased or not available for consultation). Children were also seldom consulted about placement decisions. Although there may be some practical reasons why it is not always possible to modify placement decisions, such as limitations in the availability of choices, these results suggest some areas where it may be challenging to satisfy some of the broader interpretations of the Aboriginal Child Placement Principle. As Arney et al. (2015) as well as Tilbury et al. (2013) have pointed out, consultation, partnership and Aboriginal ownership of decisions (self-determination) should be central elements of any decision-making relating to the Placement Principle. These findings suggest some further areas where more detailed analysis (e.g. via qualitative analysis and case-studies) might be conducted to gain greater insights into why some of these broader trends are being observed and how practice can be enhanced, e.g. through potentially greater involvement and support from Aboriginal agencies.

## 6.6 Aboriginal carers

A brief section was included in this report to examine the psychological and financial wellbeing of Aboriginal and non-Aboriginal carers. Previous literature has suggested that Aboriginal households generally experience greater financial hardship and that carers may be potentially at greater risk of psychological and social distress. This was partially confirmed in previous analysis of kinship care in the POCLS (Delfabbro, 2017), which showed that other kinship/relative carers (who were more likely to be Aboriginal) typically reported poorer scores on measures of psychological wellbeing and greater financial and housing vulnerability. In the larger analysis reported in this study, such findings were only partially replicated. Carers from Aboriginal households generally reported similar levels of psychological distress to other carers, but financial strain (as measured by the ability to raise \$2,000 in an emergency) was generally higher in Aboriginal households. There was no evidence that carers from Aboriginal households were reporting any increased strain



over time. In fact, financial wellbeing appeared to be increasing, such that the percentage of Aboriginal household carers reporting that they could easily raise \$2,000 got increasingly more similar to non-Aboriginal households across Waves 1 to 3. Once again, it is important to acknowledge that the term 'Aboriginal household' refers to the broad status of the home rather than the ethnicity of the respondent carer (who may have been non-Aboriginal).

## 6.7 Conclusions: How Aboriginal children are faring in out-of-home care?

Much of the focus of this report has been upon the comparison of the outcomes for Aboriginal and non-Aboriginal children. Although comparisons of this nature are useful from a broader policy perspective and are consistent with the logic implicit in the Closing the Gap report, it is also important to examine the more general question as to whether outcomes are acceptable in absolute terms. In other words, are young Aboriginal people being well served by the current OOH system in NSW? In what ways can their outcomes and experiences be improved?

*Developmental area:* Inspection of the results from the CBCL suggest that around 15% of Aboriginal children have clinical internalising problems (anxiety, depression) which will require ongoing support, and a third have externalising problems (conduct, hyperactivity and related issues) which may also benefit from ongoing psychological support. Unlike non-Aboriginal children, Aboriginal children did not appear to be experiencing improvements in their psychological health (internalising) over the first three waves of the study, which may point to the need to examine whether the care system is effectively targeting some of the needs of Aboriginal children (e.g. in relation to depression and anxiety symptoms). Around 30% of Aboriginal children had standardised vocabulary scores of 85 or lower, which might suggest the need for additional assistance.

*Schooling:* Only 13% of teacher reports indicated that Aboriginal children were not attending school. Around a quarter (24%) had to change school due to placement moves. A quarter of teacher reports relating to Aboriginal children indicated poor grades, and 33% indicated that there were issues due to behaviour that could require ongoing support. Less than 10% appeared to be experiencing significant problems with their schooling (e.g. suspensions, exclusions).

*Aboriginal placements:* 58% of Aboriginal children were not placed with Aboriginal households. Although most of these children had contact with their families, it is unclear how much of this contact involved Aboriginal relatives.

*Consultation and partnership:* The majority of Aboriginal mothers were being consulted about placements (86%), but information could be sought as to why the remaining 14% were not consulted. Aboriginal children, as with non-Aboriginal children, are seldom consulted for their views about the arrangements into which they are placed.

*Cultural connections:* The majority of Aboriginal children are given opportunities to maintain their cultural identity, but this is not so for all Aboriginal children. 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. It should be noted that, consistent with Arney et al. (2015), not all Aboriginal children were identified at the commencement of the POCLS, so there may be opportunities for these figures to be improved as the study progresses beyond Wave 3.

*Family connections:* Most Aboriginal children are having contact with their parents (over 80%) and siblings living elsewhere, but there are around 15% of Aboriginal children who are not having this type of contact.

*Prevention of entry into care:* The major reasons for Aboriginal children being in care are physical abuse (71%); substance misuse in the family (74%); domestic violence (65%) and neglect (71%). These observations support the importance of focusing on domestic violence and substance use as the major factors that need to be reduced in Aboriginal communities to reduce the number of children coming into care. Attention would also need to be directed towards the physical and economic circumstances (poverty and housing disadvantage) that contribute to developing circumstances that often make domestic violence and substance abuse more likely.

*Quality of care:* Around 75% of Aboriginal children in care appear to be experiencing high levels of placement stability. Only 10% of placements were identified as not meeting the needs of Aboriginal children. However, changes in placement appear to be a major practice challenge because of the issues associated with finding culturally matched placements and/or those which enable children to remain in contact with their siblings.

## 6.8 Methodological considerations and future directions

Although these analyses have been conducted with reference to previous studies of Aboriginal children in Australia, it is important to recognise that these analyses have to be treated with some caution because of differences between this study and others which have been conducted.

The first important point to note is that this is a study of the OOHC population rather than the general population. Children had to be in care and on final orders to be included. For this reason, non-Aboriginal and Aboriginal children may share more similarities than might be true in the general population. Nearly all have been exposed to situations evoking child protection responses from the State Government, and all had been in care for some time when the Wave 1 interview was conducted.


A second, and related issue, is that there are likely to be differences between NSW and other States such as WA. In the large WA study cited in this report, Aboriginal children were often studied in remote communities, in situations where there may have been much more entrenched social disadvantage, and where services may have been more difficult to obtain. NSW, by comparison, is a State with larger, but more distributed regional cities. In NSW, Aboriginal people may therefore have opportunities to be engaged with modern service systems and live in communities which are more urbanised and where there is greater integration between non-Aboriginal and Aboriginal communities, families and lifestyles.

A third selection issue is that carers also had to opt-in to take part in the study, so that it is possible that some more complex or 'hard to reach' children may have not been included in the study. This is a possibility, but such an issue would probably affect both Aboriginal and non-Aboriginal child samples. Previous analysis by Chapin Hall as part of the POCLS data analyses also shows that the POCLS sample is reasonably representative of the larger population of children on final orders who could have been included in the study (Australian Institute of Family Studies, 2015).

A fourth and important consideration is that the POCLS may have been conducted to higher standards than other studies. Considerable time was invested in developing a refined set of measures and administering the survey in a way that enabled high quality data to be obtained. In the WA study, concerns were raised about whether some measures might have been culturally appropriate and understood by some respondents. Such misunderstanding could have led to over-statement of some problems via acquiescent responding (i.e. people sometimes will say yes to questions if they do not understand). A strength of the POCLS was that it has a high degree of convergent validity in that reports from multiple respondents about the same child seem to converge on similar conclusions. There are also multiple development measures, all of which appear to show quite similar results.

A fifth issue is that many of the views about the appropriateness of placements and cultural connections represent the subjective views of caseworkers, carers and other respondents. It does not necessarily follow that these appraisals of culturally important variables will necessarily accord with the views of the Aboriginal community, which may have higher expectations about what these concepts mean. It may be that the evidence presented here only confirms that efforts are being made, but it does not confirm the quality of these efforts (e.g. whether cultural activity is sustained or meaningful for young people). In other words, it may be easy to 'tick boxes' to indicate that various actions have been taken; it is another matter to show that these have brought about a meaningful increase in a young person's connection with his or her culture, community and country of origin.

A sixth and further complexity in studies of this type is that the term Aboriginality is used as a binary category, and this very likely disguises considerable diversity in the Aboriginal population and in Aboriginal families. Although the Aboriginal Child Placement Principle must be applied equally to all Aboriginal families, some Aboriginal children will live close to country with two Aboriginal parents; others will live in the metropolitan areas with at least one non-Aboriginal parent and there will be situations that fall in between. This report, therefore, only provides a general overview of differences between outcomes for Aboriginal and non-Aboriginal children. Although such analyses may be useful from a broad policy perspective, they will not provide insights into how proximity to country, inter-generational effects or differences in the composition of Aboriginal households might relate to outcomes. Importantly, this report also does not capture potential differences in other factors that may influence social disadvantage and life outcomes, such as young people's exposure to racism, which may differ depending on the community and a child's family history. All of these are issues which would need to be investigated further in more refined and potentially mixed methodology studies involving Aboriginal researchers with insights into the sensitivities and issues of cultural engagement and awareness required



to undertake this work. Such work could, for example, examine the role of country and geography, family structures and relationships in decision-making, while also providing insights into the practical issues associated with identifying and recruiting Aboriginal carers in different parts of NSW.

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