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16

Research report

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

Developmental Outcomes of Children and Young People in Relative/Kinship Care and Foster Care

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

Research Report No. 16

Developmental Outcomes of Children and Young People in Relative/Kinship Care and Foster Care

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Disclaimer
DCJ funds and leads the Pathways of Care Longitudinal Study. The analyses reported in this publication are those of the authors and should not be attributed to any data custodians. The authors are grateful for the reviewers' comments.

About the information in this report
All the analyses presented in this report are based on the Wave 1-3 unweighted data collected in face-to-face interviews with children, young people and caregivers; and DCJ administrative data.

Pathways of Care Longitudinal Study Clearinghouse
All study publications including research reports, technical reports and briefs can be found on the study webpage www.facs.nsw.gov.au/resources/research/pathways-of-care

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Preface

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

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

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

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

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

The POCLS acknowledges and honours Aboriginal people as our First Peoples of NSW and is committed to working with the DCJ 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.

DCJ 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. DCJ 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 DCJ research governance principles once developed.

Executive Summary

Overview

- This report uses longitudinal analysis to examine how exposure to different types of care (relative/kinship vs. foster care) is related to developmental outcomes of children and young people (hereafter referred to as children) who have experienced out-of-home care (OOHC) across three waves of data (approximately five years).
- This report presents initial analysis to provide an overall summary of outcomes and identifies areas where additional analyses should be conducted to examine issues in more detail to address some of the limitations noted in this report.
- This research is aligned with several principal key research questions in the Pathways of Care Longitudinal Study (POCLS).

Key research questions

- Key research questions - entry into OOHC:
  - What are the backgrounds and characteristics of the children 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 development and cognitive/language development of children entering OOHC compared with other children in the community?
- Key research questions - outcomes in OOHC:
  - How does type of placement for children in OOHC (such as foster care or relative/kinship care) influence their outcomes?
  - How does contact between the children in OOHC and their birth parents, siblings and/or extended family influence their outcomes?

Specific research questions

- This report is divided into several sets of analyses relating to outcomes about placement type, with a particular focus on psychosocial outcomes: physical health, socio-emotional development (internalising behaviours e.g., depression and anxiety; and externalising behaviours e.g., rule breaking and aggression) and cognitive/ language development.
- Do developmental outcomes differ depending upon whether Aboriginal children are placed into Aboriginal placements, one of the indicators of compliance with the Aboriginal Placement Principle?
- How do outcomes vary for Aboriginal children in relation to the maintenance of connections with culture and the young person’s birth community?

- How does contact with birth parents relate to developmental outcomes and the potential influence of carer changes or carer stability across the first three waves of the POCLS?
- The report includes comparisons drawn between different types of relative/kinship care: those who are looking after children in OOHC whose legal guardianship is with the State, as opposed to those whose children have exited OOHC and are under the guardianship of their relatives (termed guardianship orders in NSW).
- The report includes analysis of the level of psychological distress, self-efficacy and financial status of carers after five years since the POCLS commenced and also shows how these scores have changed over time.

Methodology

- The analyses described in this report were derived from interviews conducted with carers at three different times: the baseline interview, and at two subsequent waves spaced about 18 months apart. Data was also drawn from interviews with caseworkers and Department of Communities and Justice (DCJ) administrative data.
- The analysis presented here is based on 882 children for whom data is available for all three waves of data collection and who completed the Wave 1 interview.
- The analyses focused on specific placement groups: those who remained in foster care for three waves (n = 432), and those who remained in relative/kinship care for this period (n = 393).
- Another important focus was the Aboriginal status of placements; namely, whether the placement was defined as Aboriginal (foster care/kinship care) or non-Aboriginal (foster care/kinship care).
- The principal outcomes considered in this study included physical health, psychosocial functioning, and development and cognitive ability scores.

Findings

Relative/kinship care and foster care

- These analyses compared children who had been in relative/kinship care for three waves with those who had been in foster care for three waves.
- There was a statistical effect in favour of children in the relative/kinship care group. They were rated by carers as having better physical health, although over 95% of all children were rated as having at least ‘very good health’.
- Behavioural issues as measured by externalising scores and total problems scores on the Child Behaviour Checklist (CBCL) were marginally better in the relative/kinship care group. Mean scores for both groups were, however, generally in the normal range. At Wave 3, children in foster care were slightly more likely than children in relative/kinship care to fall into the clinical range (indicating the potential need for

professional support) for externalising behaviours (e.g. rule breaking and aggressive behaviours) (23% to 20%).

- There were limited differences in cognitive ability. The Peabody Picture Vocabulary Test (PPVT-IV) and Wechsler Intelligence Scale for Children (WISC-IV) Matrix Reasoning (MR) test scores were slightly lower for children in foster care at Wave 1, but converged with the relative/kinship care group by Wave 3.
- Overall, the results showed that children who remained in relative/kinship care generally came into the POCLS with better scores on the psychosocial measures, and these differences were often maintained by Wave 3. These differences were, however, quite small in terms of the magnitude of the effect sizes.

Aboriginal placement types

- These analyses involved examining outcomes for Aboriginal children placed into relative/kinship care vs. foster care, but where the household was classified as Aboriginal or non-Aboriginal.
- These analyses compared outcomes for these groups across the three waves, including group differences and also differences across time for each group.
- Some demographic differences were evident: a higher proportion of Aboriginal boys were in non-Aboriginal relative/kinship care, and Aboriginal children in non-Aboriginal foster care tended to be younger than Aboriginal children in Aboriginal foster care.
- Aboriginal children in relative/kinship care tended to be rated as healthier than Aboriginal children in foster care. Such differences were, however, very small and not of any clinical significance.
- Comparison of CBCL T-scores indicated no significant differences for Aboriginal children based on what type of placement they had.
- Mean T-scores for all groups generally fell in the non-clinical or normal range.
- Comparisons of Aboriginal children on CBCL classifications at Wave 3 showed that there was a trend towards a higher prevalence of internalising behaviour problems (e.g. depression and anxiety) in Aboriginal foster care, and less externalising behaviour problems (e.g. rule breaking and aggressive behaviours) in Aboriginal relative/kinship care. Aboriginal relative/kinship care tended to have the lowest prevalence of Total Problems in the clinical range. These differences were not, however, statistically significant.
- Overall, the results revealed that outcomes for Aboriginal children placed into different types of care were generally quite similar.

Stability of carers

- Changes in carer were more common for children in foster care (12.7% of cases) than for children in relative/kinship care (5.3%).
- Placement changes for Aboriginal children were most common in non-Aboriginal foster care and Aboriginal kinship care.

- A change in carer was associated with poorer health as rated by carers across the three waves.
- Emotional and behaviour issues as measured by internalising and externalising scores on the CBCL were higher (worse) for children who changed carers across the three waves.
- Vocabulary scores (PPVT-IV) and cognitive scores (MR WISC-IV) did not appear to be related to placement changes.

Contact with birth parents

- There was a gradual decrease in the percentage of children in contact with their birth parents across the three waves. This effect was observed for children in both relative/kinship care and foster care.

Maintaining cultural connections and developmental outcomes

- Analyses were conducted using two principal questions: Were Aboriginal children provided with information about their culture and heritage? Did Aboriginal children have contact with their birth communities at Wave 3?
- Cultural connections were generally lower in non-Aboriginal foster care.
- There was evidence that children who socialised with their birth communities at Wave 3 were less likely to score in the clinical range (indicating problems that potentially require professional support) on the CBCL. No such significant differences were observed when the same analyses were conducted using a variable that asked carers whether a child's cultural identity was being maintained through discussion of their heritage.
- It is not possible to infer causation from the current analyses. In particular, it is unclear whether these developmental findings (using the CBCL) are the result of the cultural connections per se, or whether they reflect other qualities of carers who make the effort to maintain cultural connections. Future analysis considering a range child, carer and system variables will be conducted to explore these findings in more detail.

Carer wellbeing and outcomes

- Psychological distress, as measured by Kessler-10 (K10), was worse (i.e. scores were generally higher) for relative/kinship carers, but foster carer scores showed an increasing pattern (i.e. deterioration) over time.
- There were no differences between the types of carer and satisfaction with caring at Wave 3.
- Financial vulnerability was generally greater for relative/kinship carers when compared at Wave 3.

- Each type of carer reported a similar level of self-efficacy across the three waves in being able to deal with children's behavior as measured by the Difficult Behaviour Self-Efficacy Scale (DBSES).
- There were some small differences in comparisons of parenting style, with foster care generally rated as more emotionally responsive at Wave 3.
- Foster carer placements were generally rated by caseworkers as being most positive for children at Wave 3.

Comparisons by OOHC and guardianship status

- Comparisons were made between children placed with relatives/kin with an OOHC order as opposed to those who had exited OOHC to guardianship orders.
- There were no significant differences between the two groups in relation to financial security, psychological distress or self-efficacy in managing children's behaviour.
- Guardianship cases were less likely to involve Aboriginal children.
- Caseworkers generally rated guardianship arrangements to be superior to OOHC relative/kinship care arrangements on a range of measures, including supervision, health and psychological wellbeing, and identity and culture.

Overall caseworker ratings

- Caseworkers generally rated foster care placements to be superior to relative/kinship care placements on most dimensions relating to health, wellbeing and behavioural management; relative/kinship care was considered superior for maintaining family and cultural connections.
- Comparisons conducted by Aboriginal placement type indicated that Aboriginal relative/kinship care was rated the lowest by caseworkers across most dimensions.

Summary and implications

- In general, the results suggest that foster care arrangements are generally better resourced and considered to be of a higher quality by caseworkers than relative/kinship care placements.
- There was, however, little evidence that outcomes in relative/kinship care decline over time compared to foster care. Instead, there was stronger evidence of a 'selection' effect. In other words, children who come into relative/kinship care tend to have fewer problems from the outset, and these differences (lower scores) are generally maintained across time.
- There was a small amount of evidence that Aboriginal children who had contact with their birth communities were less likely to fall into the clinical range on the CBCL at Wave 3, although it is not possible to infer causality from the current analyses. It may be that cultural identity is more likely to be maintained in more nurturing and supportive placements for Aboriginal children or that maintaining cultural identity contributes to better outcomes.

- Placement stability or fewer carer changes is associated with better outcomes, but it is unclear whether this is a ‘selection’ or ‘exposure’ effect. It may be that children with more complex needs have more carer changes, but there was some limited evidence that changing carer is associated with poorer outcome trajectories. For more detailed POCLS analyses examining placement stability and developmental outcomes see Wells and colleagues 2020.
- There is already evidence that being in OOHC is associated with a loss of contact with birth parents (Walsh, et. al., 2018).

1 Introduction

1.1 The Pathways of Care Longitudinal Study

The Pathways of Care Longitudinal Study (POCLS) is the largest prospective study into out-of-home care (OOHC) ever conducted in Australia. Funded by the NSW Department of Communities and Justice (DCJ), the project has been designed over a number of years through a process of collaboration and consultation between DCJ, the Australian Institute for Family Studies (AIFS), Chapin Hall and academic researchers from the University of NSW, the University of Sydney and the University of Adelaide. The data for the research has been collected by an independent research company, I-view Social Research.

The POCLS assesses the wellbeing and progress of children and young people (hereafter referred to as children) in OOHC in NSW every 18-24 months. To be eligible for inclusion in the study, children had to enter OOHC for the first time between May 2010 and October 2011. A total of 4,126 children entered OOHC for the first time during the sampling window and 2,828 received final orders by 30 April 2013 and were considered eligible for inclusion in the interview component of the Study. A total of 1,789 carers were contacted to participate and 1,285 agreed to complete the baseline or Wave 1 interview. Interviews involved 895 households or residential units (this number is less than the figure above because some carers had more than one study child in their household). Interviews were conducted face-to-face with carers, and also involved direct measures with children aged three years and older (e.g. for testing and measurements). Children aged seven years and older also completed a short interview by themselves or with the support of an interviewer. Additional interviews were also conducted with the child's caseworker and, in some cases, the child's teacher at childcare or school. Further administrative placement and child protection data was extracted from DCJ databases. The project also involved data-linkages from a range of other government departments, including paediatric and medical records, indicators of educational performance (e.g. NAPLAN data) and information drawn from youth corrections.

1.2 Relative/kinship care in Australia

According to the Australian Institute of Health and Welfare (AIHW, 2020), there were 44,906children in OOHC as at 30 June 2019. The majority of children (92%) were in home based care. Of these, 52% were in relative/kinship care. Kinship or relative care is generally defined as care provided by a close relative, but it can also be extended to include close friends or members of a cultural community. These national figures indicate that relative/kinship carers generally have smaller households. For example, 62% were found to have only one child, as compared with 48% of foster homes. Relative/kinship care is the fastest growing form of care in Australia, and particularly in NSW. In the late

1990s, children in foster care numbered around 2,500–3,000 children in each year, as compared with around 2,500 children in relative/kinship care. The AIHW figures show that foster care numbers have increased to around 8,000 in 2014 (approximately a three-fold increase), whereas relative/kinship care numbers have quadrupled to around 10,000. More recent national data show a net decrease of 230 foster care households and a net increase of about 1,100 relative/kinship households in 2018/19 (AIHW, 2020).

NSW had a total of 16,884 children in OOHC as at 30 June 2019. Of these, over 50% were in relative/kinship care, corresponding to 8,966 children aged 0–17 years.

1.3 Aims and focus of this report

This is the second report on relative/kinship care derived from the POCLS data and builds upon the earlier report (Delfabbro, 2017) which reported on findings derived from the Wave 1 data and principally focused on the differences between types of care arrangement. The first report included comparisons of both carer/household and child characteristics as well as the types of relative/kinship care (e.g. grandparents vs. other relative/kinship care carers). The topics included: the demographic characteristics of relative/kinship carers; the wellbeing and health of carers; the nature and quality of relative/kinship care; the developmental status, psychosocial functioning and educational experiences of children placed into relative/kinship care; the nature of relationships in relative/kinship care; and the level of contact between the child and others in their family (e.g. parents or siblings). An innovative feature of the report was that it included comparisons between different types of relative/kinship carers, in particular, the differences between grandparents and 'other carers', who were found to be more likely to be Aboriginal carers.

This second report takes a longitudinal analysis and examines how exposure to different types of care (relative/kinship vs. foster care) is related to developmental outcomes across Waves 1-3 (approximately five years). As with the earlier report, this set of analyses was designed to address several of the key research questions in the POCLS. These are described below.

1.3.1 Entry into OOHC: Key research questions

- What are the backgrounds and characteristics of the children 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/language development of children entering OOHC compared with other children in the community?

1.3.2 Outcomes from OOHC: Key research questions

- How does type of placement for children in OOHC (such as foster care or relative/kinship care) influence their outcomes?

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

This report also builds upon findings developed in the report on Aboriginal children in OOHC in NSW (Delfabbro, 2018) by examining how placement type (Aboriginal vs. non-Aboriginal), as well as cultural and family connections, appears to relate to longitudinal developmental outcomes for Aboriginal children across Waves 1 to 3.

This report is divided into several sets of analyses relating to outcomes about placement type, with a particular focus on psychosocial outcomes: physical health, internalising behaviour, externalising behaviour, and cognitive functioning. It also specifically examines whether outcomes differ depending upon whether Aboriginal children are placed into Aboriginal placements and whether outcomes differ in homes that do, or do not, maintain connections with culture and the young person's birth community. It also examines whether the maintenance of contact with birth parents is related to developmental outcomes and the potential influence of carer changes or carer stability across the three waves. Another new feature of this study is that it includes comparisons drawn between different types of relative care, namely, those who are looking after children in OOHC, as opposed to those whose children have exited OOHC and are living with relatives on guardianship orders.

As in the previous kinship care report, this study provides some analysis of the wellbeing of carers and households but now extends this to encompass three waves of data. The report therefore includes analysis of the level of psychological distress, self-efficacy and financial status of carers either after five years since the POCLS commenced, and shows how these have changed over time. Importantly, this report extends the basic comparison of foster care and relative/kinship care to include carer arrangements defined by Aboriginal status and whether the children are living in OOHC or are on guardianship orders.

1.4 Insights from the literature

A detailed literature review relating to relative/kinship care is provided in the earlier report (Delfabbro, 2017), with some of the key insights from the earlier report summarised here to place the following analyses into context.

1.4.1 Carer characteristics

Previous studies generally show that relative/kinship carers are a more vulnerable group than foster carers. Relative/kinship carers generally have to take on the role of caring without the same degree of preparation as foster carers. Their houses are often smaller; they have fewer financial resources and often report greater psychological distress. Relative/kinship carers also include a substantial proportion of grandparent carers, who

are often older and have more health problems than foster carers. All of these findings were generally borne out in the first POCLS kinship report.

1.4.2 Child characteristics

The findings from the first POCLS relative/kinship care study showed that children placed into relative/kinship care generally had fewer psychosocial problems than those in foster care. Relative/kinship carers generally reported more confidence in being able to manage their behaviour.

1.4.3 Family relationships and connections

The first relative/kinship care study also provided evidence that children in relative/kinship care had closer and warmer relationships with their carers and their families than children in foster care, and that children were better able to keep in touch with their families when living in relative/kinship care.

1.4.4 Placement stability

Studies of placement stability in the broader literature generally show that children in relative/kinship care experience fewer placement moves than those in foster care.

1.4.5 Reunification/restoration

Both national and international studies generally show that children placed into relative/kinship care tend to stay in care longer. These children are less likely to exit from care or be reunified with their birth parents as compared with children in foster care.

2 Methodology

2.1 Data sources and measures

The analyses described in this report were derived from interviews conducted with carers at three points in time over a five year period: the baseline interview at wave 1; and interviews at two subsequent waves spaced at approximately 18 months apart. Data linkage also allowed for the inclusion of variables derived from DCJ administrative data, including the legal status of placements.

2.2 Child sample

The POCLS initially involved a total of 1,285 children and their carers (895 households), who were interviewed for the baseline survey. These children were drawn from a larger sample of 2,311 children who were in OOHC and on final orders at the commencement of the study. The analysis presented here is based on the original or unweighted data for 882 children for whom data is available for all three waves of data collection.

The sample comprised 450 boys and 432 girls. Placement status variables recorded for each wave were used to select the sample that enabled comparisons between children who had been exposed to kinship and foster care over an extended period of time. Children in residential care were excluded because the numbers were very small and were not a focus of this specific report. Inspection of the data showed that very few children changed placement type over time (i.e. foster care to relative/kinship care or the reverse over the five years). Accordingly, the focus of the analyses was upon those who remained in foster care for three waves (n = 432) and relative/kinship care for this period (n = 393). Analysis by demographic characteristics showed that the gender composition of the two groups was very similar (M:F 50:50 for foster care and M:F: 49:51 for relative/kinship care). Children who remained in relative/kinship care for three waves were slightly older (M = 4.8 years of age, SD = 3.44) than those in foster care (M = 4.0, SD = 3.40), t (2,090) = 3.24, $p < .001$ at the time of the first interview. However, given this small difference and the variable timing of interviews across the waves, it is unlikely that age differences would have significantly affected the results in this report. Aboriginality was also not related to placement status, with very similar percentages of Aboriginal children in foster care (40%) and relative/kinship care (41%). The relative/kinship care group comprised: 254 (65%) grandparents; 114 (29%) aunts or uncles, including ‘tribal aunties or uncles’; and the rest (n=25 or 6.4%) were other relatives such as cousins.

It was also possible to divide children in relative/kinship care into those where the parental authority remained with the State (in OOHC) and those who had exited OOHC via guardianship orders to their relatives by Wave 3. There were 143 where children who

had exited to the guardianship of relatives and 250 who remained in relative/kinship care (i.e. in OOHC).

2.3 Measures/variables

2.3.1 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 report (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.

Physical health

The physical health of the child was rated on a six-point scale from 1 = Excellent to 6 = Very poor. Carers were also asked whether the child had an illness or medical condition expected to last six months or longer. It should be noted that this is a general rating rather than one based on a formal medical opinion, but it is likely that carers would have a good sense as to whether children need more medical care or time off school or are unwell.

Socio-emotional development

The CBCL was completed by carers of children aged three to 17 years. Versions validated and normed for use for 18 months to five years of age and six to 18 years of age were used (Achenbach & Edelbrock, 1981). The CBCL yields subscale scores for a range of conditions and competencies, but the main focus of the current study was the two principal composite indices: internalising and externalising behaviours. Internalising behaviour captures largely emotional problems such as anxiety, mood disturbance, somatisation and thought problems, whereas externalising behaviour captures problems principally related to external behaviours such as rule breaking and aggression. A total problems score is also available that captures all 120 clinical items. All three of these measures are used in the analyses that follow. CBCL scores can be presented in a raw score format, or as standardised T-scores, and children's scores can be classified as falling into clinical (indicating the need for professional services and support), borderline and non-clinical ranges.

Cognitive development

Children aged six to 16 years completed 35 matrix reasoning items from the WISC-IV as a measure of logical reasoning or fluid intelligence. Age standardised scores were calculated and these had a mean score of 10 and SD = 3.

Language development

The PPVT-IV measures verbal knowledge and was completed by children aged three to 17 years. 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. Scores are scaled to be normally distributed so that a score of 100 would be the mean and mid-point of the distribution.

Cultural connections

Caseworkers were asked a series of binary questions about whether placement was maintaining specific aspects of the child's identity: the birth language; cultural identity; if the child socialised with those in their cultural community; if the child learnt about their cultural history; if the child engaged in religious practices; if the child was engaged in cultural practices; and if the child had access to culturally relevant food. In this report, two of these items – maintaining cultural identity and socialising with cultural community – were selected as having the best face validity for examining cultural connectedness within the sample.

Emotional responsiveness

The Emotional Responsiveness Scale from the Parenting Style Inventory (PSI-II) (Darling & Toyokawa, 1997) was completed by children aged seven to 17 years. This asks a child to rate a series of statements on 5-point scales from 1 = Always to 5 = Never. Items include 'Helping you out if you have a problem', 'Listen to you', 'Praise you for doing well', Do things with you just for fun' and 'Spend time just talking with you'. These items are reverse-scored and summed to yield a total score. Higher scores indicate greater responsiveness.

Parental warmth

Caseworkers were asked to rate whether the carers had a positive relationship with the child (Paterson & Sanson, 1999): 1 = Always, 2 = Often, 3 = Sometimes, 4 = Rarely.

Appraisal of placements

Caseworkers were asked to rate to what extent the placement was meeting the needs of the child in a range of areas, ranging from routine and supervision to family relationships (10-items in total). These were reverse scored so that there was a scale of 1–4, ranging from 1 = Not at all well to 4 = Very well.

2.3.2 Carer-level variables

Psychological distress

The 10-item Kessler (K10) (Kessler et. al., 2003) 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 a 5-point rating 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 their overall level of satisfaction with foster or kinship parenting. The question was rated on a 5-point scale ranging from 1 = Very satisfied to 5 = Very dissatisfied (Fees et al., 1998).

Financial security

Carers were asked how easily they could raise $2,000 in an emergency with response categories of: easily; with sacrifices; drastic measures needed; could not do it.

Difficult behaviour self-efficacy

Carers completed the Difficult Behaviour Self-Efficacy Scale (DBSES), a 3-item measure that captures their views on their ability to deal with a child's complex behaviour. Higher scores indicated greater self-efficacy (Hastings & Brown, 2002).

3 Results

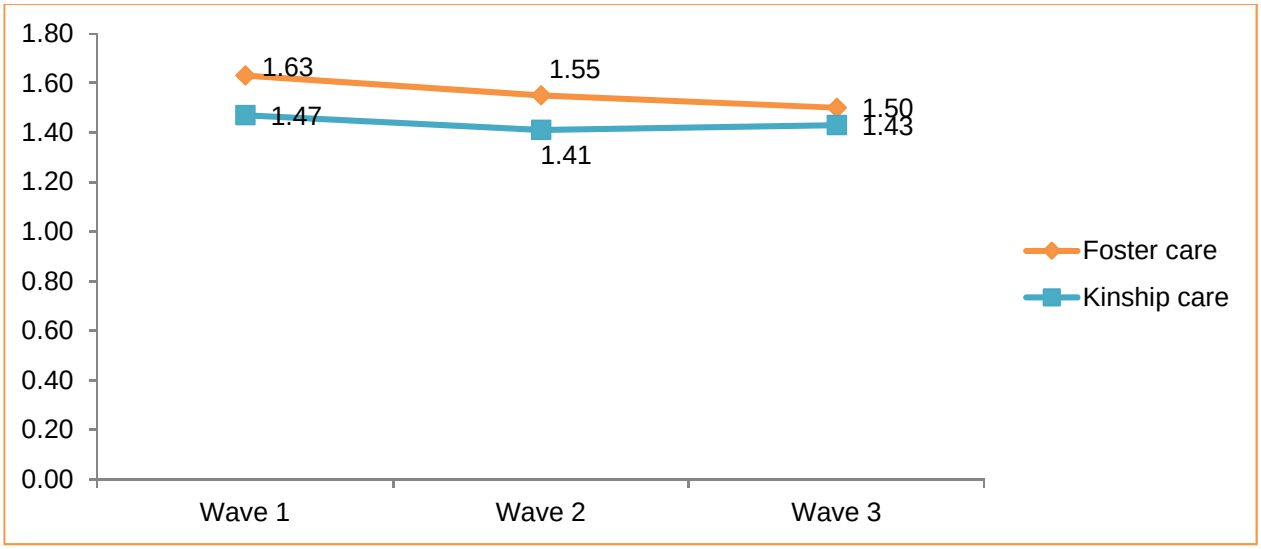
3.1 Child developmental outcomes in relation to placement type

The first set of analyses examined the pattern of developmental outcomes for children who had been placed in relative/kinship care and foster care across the three waves in a five year period.

3.1.1 Physical health

Carer ratings for physical health were compared across the waves (Figure 1) and analysed using a 2 Group x 3 Waves mixed ANOVA. There was a small main effect of Wave, with scores found to be slightly lower (indicating better health) at Wave 3 than at Wave 1, F (2, 1646) = 4.56, $p < .001$ ($\eta^2 = .006$). There was also a small Group main effect, with scores in the kinship group found to be better (lower in score) than the foster care group, F (1, 807) = 11.99, $p < .001$ ($\eta^2 = .014$)[1]. There was no significant Wave x Group interaction.

Figure 1: Health ratings over Waves 1–3 for children in relative/kinship care and foster care (higher scores equate to lower health ratings)



Foster care = 432; Relative/kinship care = 393. Relative/kinship care includes children that exited to guardianship by Wave 3.

[1] Partial eta-squared indicates the magnitude of the effect size. Any value around .01 or smaller is small; .06 is medium; and .14 is large.

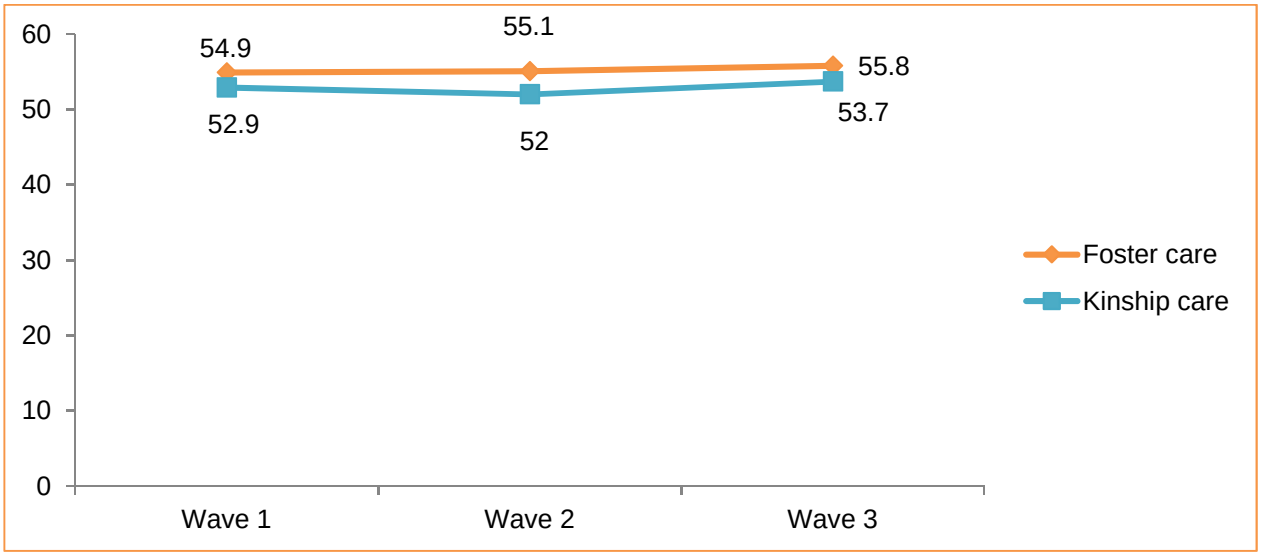
3.1.2 Socio-emotional development

The CBCL mean T-scores are presented for this measure. T-scores are standardised scores based on the child's age and gender. Scores of 50 indicate the mean of that age or gender group and the standard deviation is 10, so that 50% of scores would fall in the 40–60 range. Higher scores indicate poorer functioning or more problems. Although there are variations in the interpretation of the scores, according to the manual, values of less than 60 indicate scores in the normal range, 60–63 is borderline, and scores above 63 indicate clinical-level problems that may indicate the need for professional support.

Externalising behaviours

The pattern of mean T-scores for the CBCL measure is summarised in Figure 2. Scores were analysed using a 2 Group mixed ANOVA with Group (Foster care/Kinship care) x 3 Waves as the repeated measure. This analysis revealed a significant main effect of Group, F (1, 413) = 4.12, $p < .05$ ($\eta^2 = .01$), which indicated that scores for children in foster care were significantly higher than for those in relative/kinship care. It should be noted that while significant, the effect size is small. There was no significant Wave main effect or Group x Wave interaction was detected, which suggests that the pattern of scores observed over time was generally similar for the two groups. In both groups, scores at Wave 3 were generally quite similar to what they were at the baseline interview.

Figure 2: CBCL mean externalising behaviours T-scores over Waves 1–3 for children in relative/kinship care and foster care

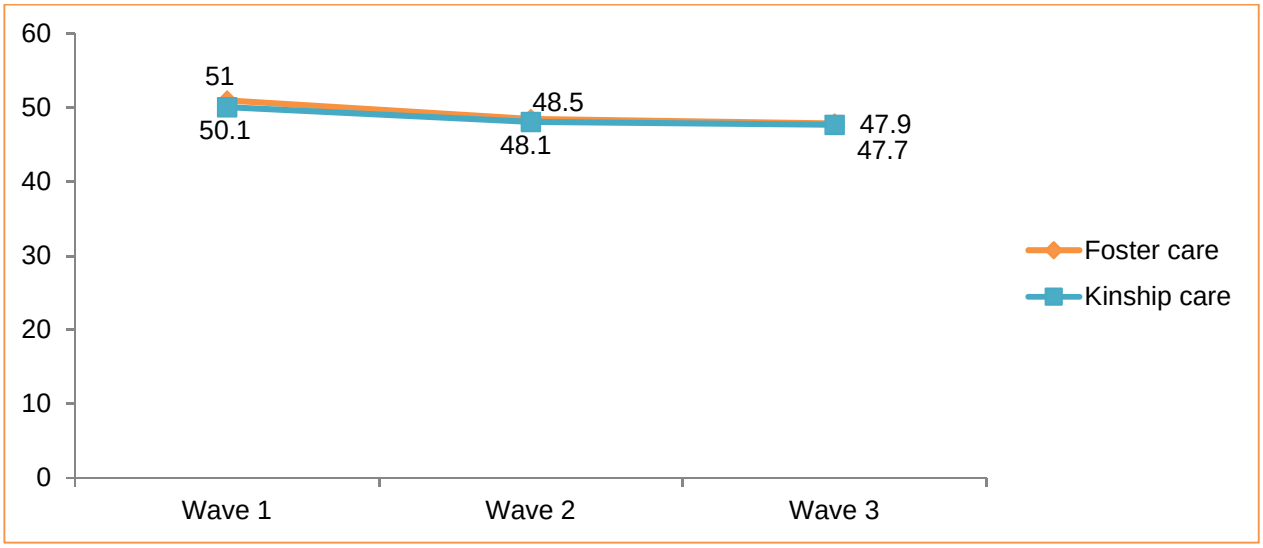


Foster care = 192; Relative/kinship care = 223. Relative/kinship care includes children that exited to guardianship by Wave 3.

Internalising behaviours

The pattern of mean T-scores for this measure is summarised in Figure 3. Scores were analysed using a 2 Group mixed ANOVA with Group (Foster care/Kinship care) x 3 Waves as the repeated measure. This analysis revealed no significant differences between the two groups or interaction, but a significant main effect of Wave, F (2, 820) = 14.68, $p < .001$ ($\eta^2 = .035$), which was the result of lower scores having been reported for Waves 2 and 3 compared with Wave 1.

Figure 3: CBCL mean internalising behaviours T-scores over Waves 1–3 for children in relative/kinship care and foster care

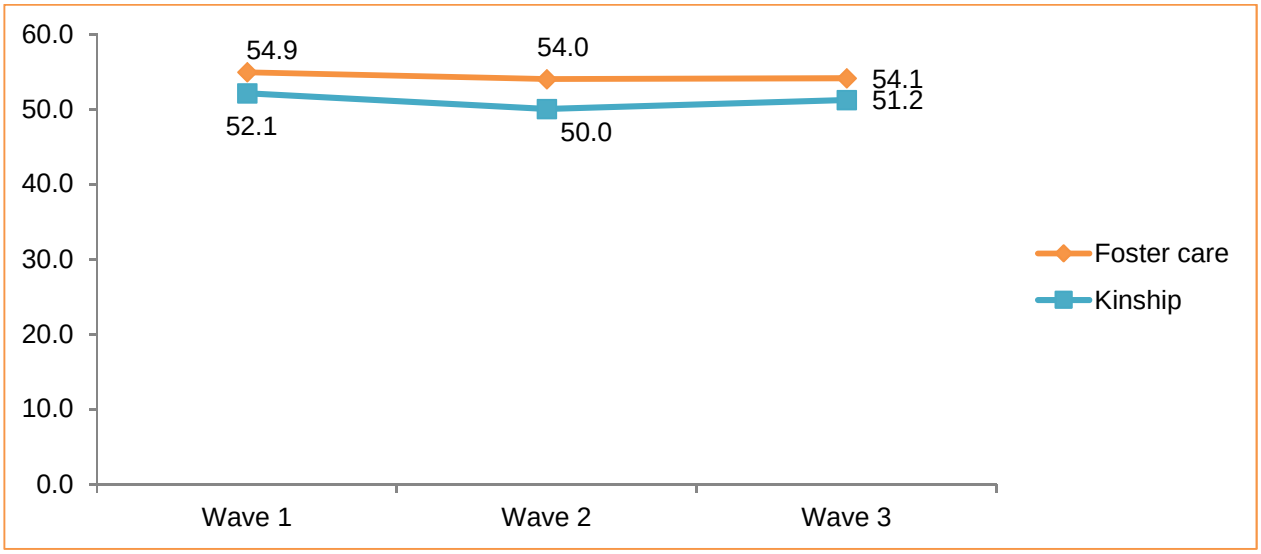


Unweighted household n's: Foster care = 192; Relative/kinship care = 220. Relative/kinship care includes children that exited to guardianship by Wave 3.

Total problem behaviours

The pattern of mean T-scores for the CBCL measure is summarised in Figure 4. Scores were analysed using a 2 Group mixed ANOVA with Group (Foster care/Kinship care) x 3 Waves as the repeated measure. This analysis revealed a significant main effect of Wave, F (2, 826) = 3.91, $p < .01$ ($\eta^2 = .009$), with slightly lower scores having been reported for Wave 2 compared with the other two waves, particularly in the relative/kinship care group. Consistent with the difference observed for externalising scores, total problems scores were significantly higher for the foster care group than for the relative/kinship care group, with the difference remaining similar at Wave 3 to what it was at Wave 1, F (1, 413) = 6.86, $p < .001$ ($\eta^2 = .016$).

Figure 4: CBCL mean total problem behaviours T-scores over Waves 1–3 for children in relative/kinship care and foster care



Unweighted household n's: Foster care = 192; Relative/kinship care = 223. Relative/kinship care includes children that exited to guardianship by Wave 3.

Overall clinical status behaviours at Wave 3

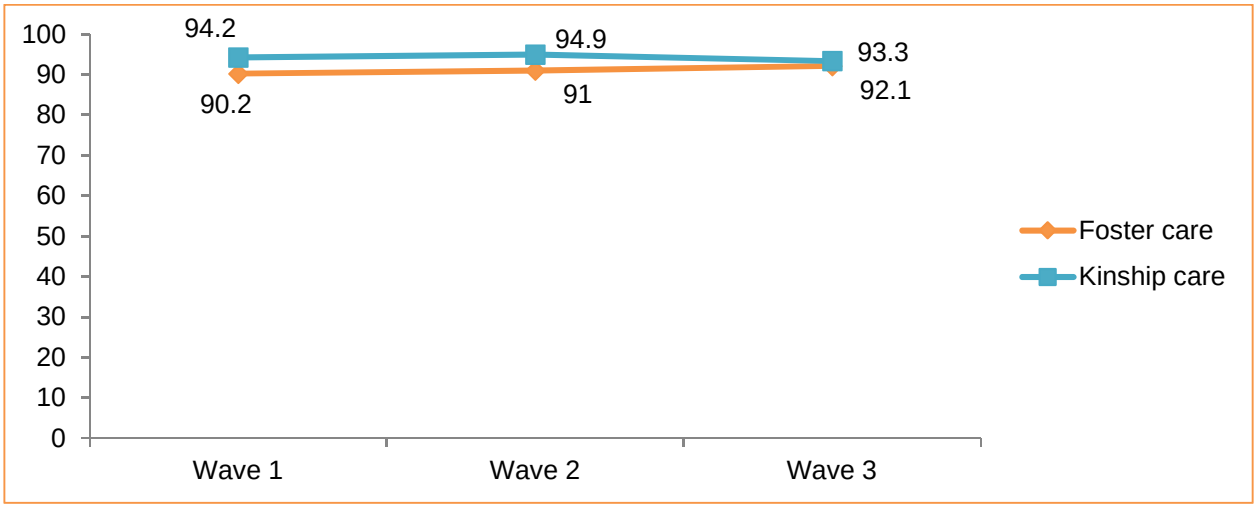
At Wave 3, it was possible to determine the percentage of children in each group who fell into the CBCL clinical range indicating the need for professional services and support. For children in relative/kinship care it was: 19.6% for externalising behaviours; 11.5% for internalising behaviours; and 18.1% for total problem behaviours. For children in foster care, it was: 23.4% for externalising behaviours; 12.5% for internalising behaviours; and, 21.1% for total problem behaviours. In other words, the two groups were relatively similar at Wave 3 in terms of their clinical status, although slightly more children in foster care had clinical-level behavioural problems (externalising). Comparisons of these percentages using chi-squared tests indicated no significant differences between groups in the percentage of cases falling into the clinical vs. non-clinical classifications for these three CBCL measures.

3.1.3 Language and cognitive development

Language development

The pattern of mean scores for the PPVT-IV is summarised in Figure 5. Scores were analysed using a 2 Group mixed ANOVA with Group (Foster care/Relative/kinship care) x 3 Waves as the repeated measure. There was no significant main effect of Wave or significant Group x Wave interaction. Scores for kinship/ relative care children were generally higher across the three waves, F (1, 348) = 5.85, $p < .01$ ($\eta^2 = .017$).

Figure 5: PPVT-IV language scores over Waves 1–3 for children in relative/kinship care and foster care

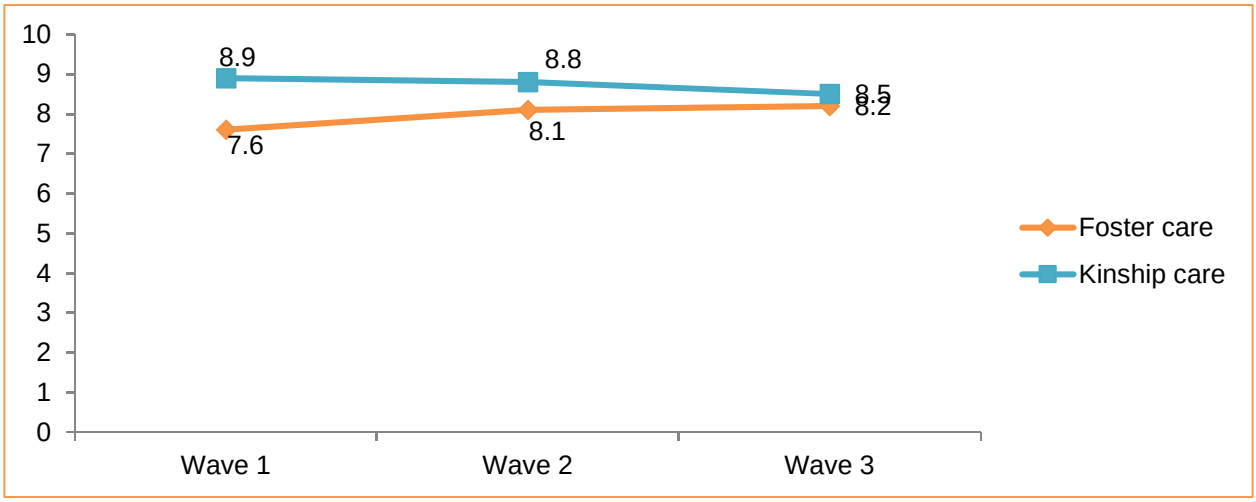


Unweighted household n's: Foster care =164; Relative/kinship care = 186 Relative/kinship care includes children that exited to guardianship by Wave 3.

Cognitive reasoning development

The pattern of mean scores for the WISC-IV matrix reasoning measure is summarised in Figure 6. Scores were analysed using a 2 Group mixed ANOVA with Group (Foster care/Relative/kinship care) x 3 Waves as the repeated measure. There was a significant Group x Wave interaction, F (2, 362) = 3.55, $p < .01$ ($\eta^2 = .019$), which appears to be the result of the two sets of scores regressing towards the mean. A main effect of Group, F (1, 181) = 4.55, $p < .01$ ($\eta^2 = .025$), indicated that WISC-IV matrix scores were generally higher for the kinship care/relative care children, but principally in the first two waves.

Figure 6: WISC-IV matrix reasoning scores over Waves 1–3 for children in relative/kinship care and foster care



Unweighted household n's: Foster care = 79; Relative/kinship care = 124. Relative/kinship care includes children that exited to guardianship by Wave 3.

3.2 Developmental outcomes for Aboriginal children

The next set of analyses examined whether outcomes were related to the Aboriginal status of the household; in particular, whether Aboriginal children placed in Aboriginal households had different outcomes from those placed into non-Aboriginal households over a five year period. By cross-tabulating the type of household and the type of care, it was possible to identify four groups of Aboriginal children: (a) Aboriginal household – foster care; (b) non-Aboriginal household – foster care; (c) Aboriginal household – relative/kinship care; and (d) non-Aboriginal household – relative/kinship care. The major developmental and health outcomes for each of these groups were examined using a similar analysis to that applied to the overall sample in the previous section. Demographic comparisons (Table 1) showed that there was a higher representation of Aboriginal boys in non-Aboriginal kinship care and relatively more Aboriginal girls in Aboriginal relative/kinship care. There were no significant age differences at Wave 3.

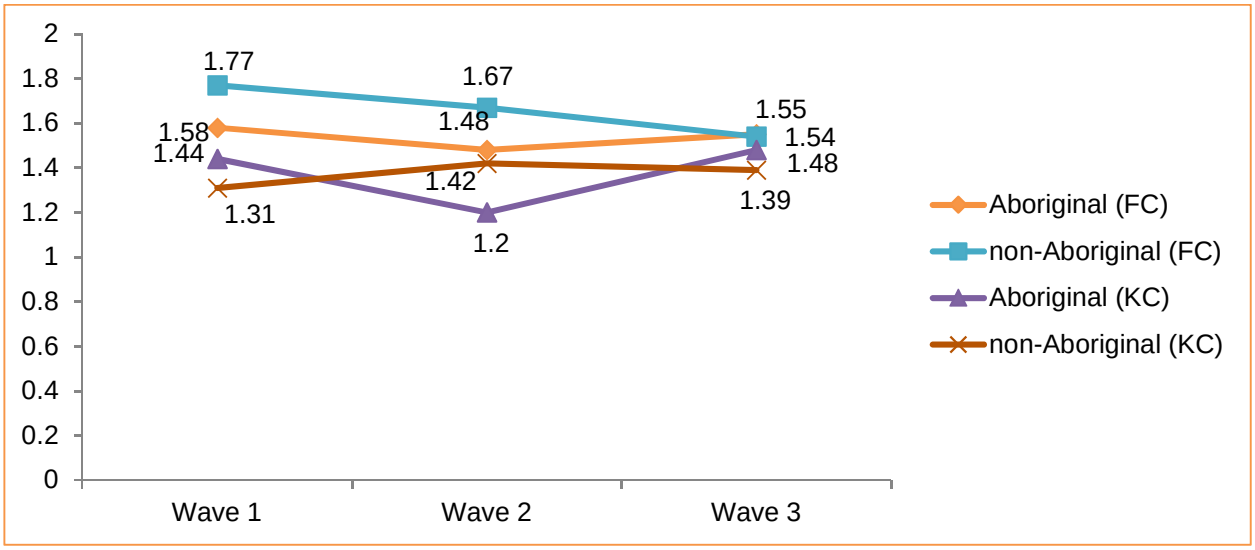
Table 1: Age (at Wave 3 interview) and gender profile of Aboriginal children in different placement types

Placement types	n	Age M (SD)	Male %
Aboriginal foster care	66	7.35 (3.52)	46
Non-Aboriginal foster care	108	7.01 (3.19)	44
Aboriginal relative/kinship care	71	7.76 (3.57)	39
Non-Aboriginal relative/kinship care	90	7.47 (3.08)	60

3.2.1 Physical health

The majority of Aboriginal children (95%) were rated by their carers as having ‘very good’ to ‘excellent’ health across all Waves. A 4 Group x 3 Wave mixed ANOVA was used to examine how carer-rated physical health scores changed over time (Figure 7). There was no main effect of Wave, but a significant Wave x Group interaction, $F(6, 662) = 2.89$, $p < .05$ ($\eta 2 = .025$) and also a main effect of Group, $F(3, 331) = 6.55$, $p < .01$ ($\eta 2 = .056$). Inspection of Figure 7 indicates that Aboriginal children in both types of relative/kinship care tended to have the lower (or better ratings). Ratings for Aboriginal children in non-Aboriginal relative/kinship care converged towards the mean over time, whereas ratings for Aboriginal children in Aboriginal relative/kinship care decreased from Wave 1 to 2 and then increased slightly by Wave 3. All of these changes were very small and are unlikely to indicate any clinically or medically relevant changes in health status across the five years (or 3 waves).

Figure 7: Physical health ratings by carer across Waves 1–3 in groups classified by Aboriginal placement status (higher scores equate to poorer health ratings)



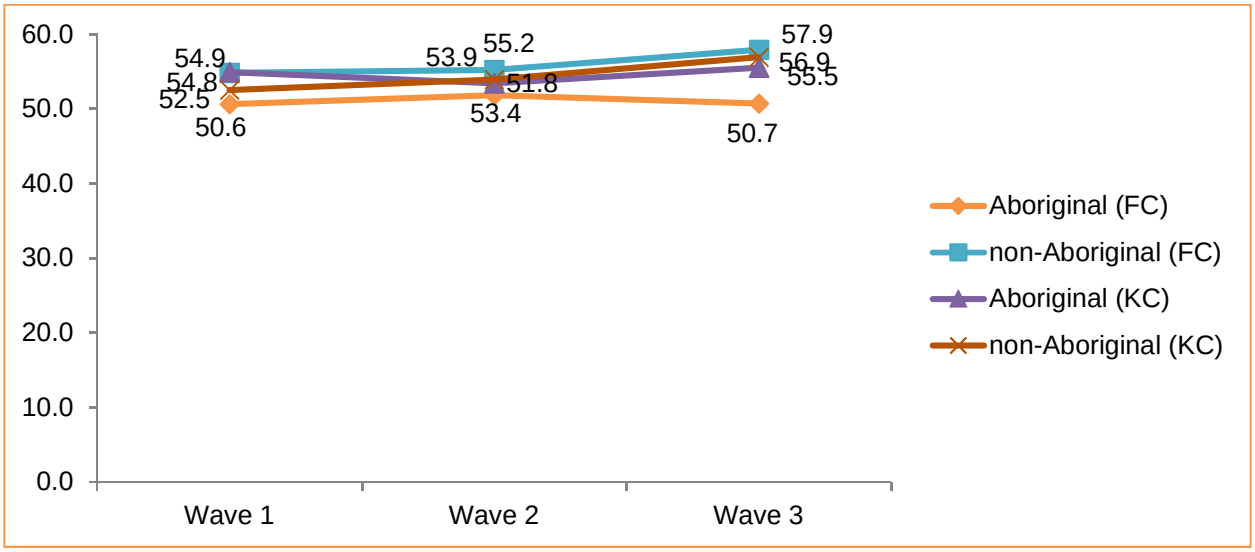
Unweighted n's: Aboriginal foster care = 66; non-Aboriginal foster care = 108; Aboriginal relative/kinship care = 77; non-Aboriginal relative/kinship care = 90. Relative/kinship care includes children that exited to guardianship by Wave 3.

3.2.2 Socio-emotional development

Externalising behaviours

For the CBCL measure, there was no main effect for Wave, Group effect or Wave by Group interaction. In other words, Aboriginal placement type did not appear to be related to externalising T-scores (Figure 8).

Figure 8: CBCL mean externalising behaviours T-scores across Waves 1–3 in groups classified by Aboriginal placement status

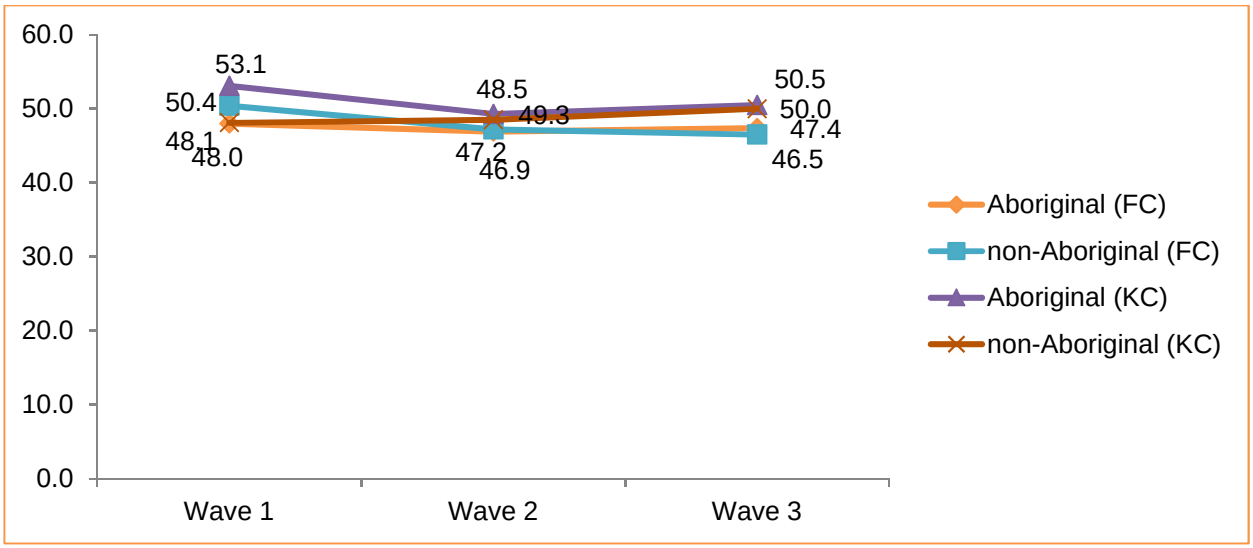


Unweighted n's: Aboriginal Foster care = 30; non-Aboriginal Foster care = 52; Aboriginal Relative/kinship care = 36; non-Aboriginal Relative/kinship care = 56. Relative/kinship care includes children that exited to guardianship by Wave 3.

Internalising behaviours

For the CBCL internalising behaviour measure, there was no main effect of Wave, Wave x Group interaction or Group difference (Figure 9). Aboriginal placement type did not appear to have any significant influence on internalising scores.

Figure 9: CBCL mean internalising behaviours T-scores across Waves 1–3 in groups classified by Aboriginal placement status

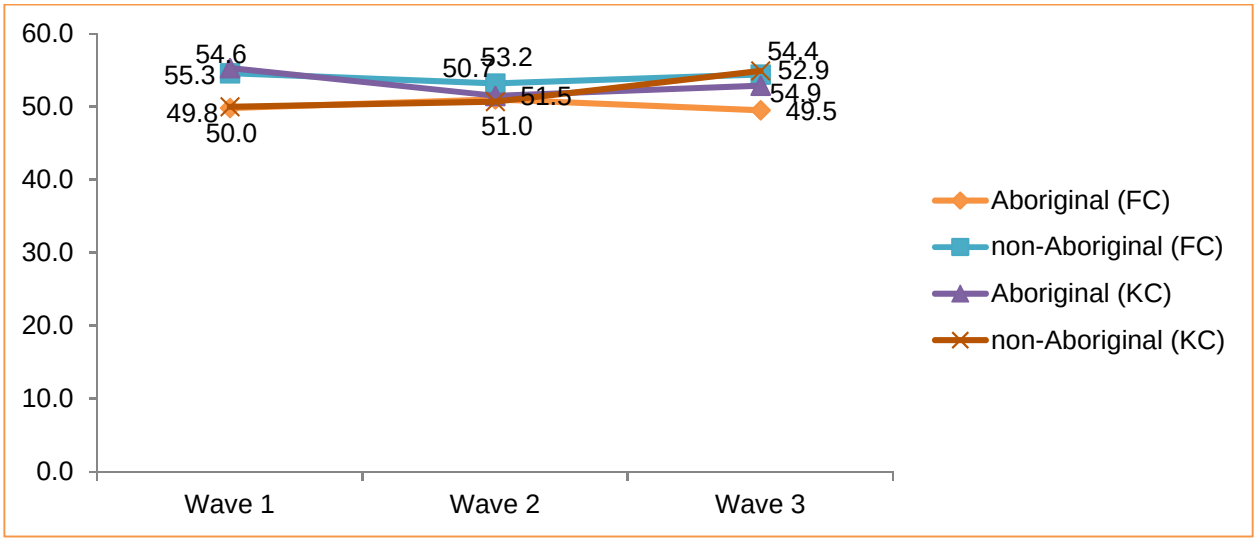


Unweighted n's: Aboriginal Foster care = 30; non-Aboriginal Foster care = 52; Aboriginal Relative/kinship care = 33; non-Aboriginal Relative/kinship care = 56. Relative/kinship care includes children that exited to guardianship by Wave 3.

Total problem behaviours

For the CBCL measure, there was no main effect of Wave, Group x Wave interaction or Group effect. Aboriginal placement type did not appear to be related to this outcome variable (Figure 10).

Figure 10: CBCL mean total problem behaviours T-scores across Waves 1–3 in groups classified by Aboriginal placement status



Unweighted n's: Aboriginal Foster care = 30; non-Aboriginal Foster care = 52; Aboriginal Relative/kinship care = 36; non-Aboriginal Relative/kinship care = 56. Relative/kinship care includes children that exited to guardianship by Wave 3.

Overall clinical status behaviours at Wave 3

Table 2 shows the percentage of Aboriginal children in the different groups falling into the clinical range indicating the need for professional services and support on the CBCL at Wave 3. When analysed using 3 Placement type x 3 Classification (normal, borderline, clinical) chi-squared tests, there were no significant associations. However, there was a trend towards a higher prevalence of internalising behaviour problems in Aboriginal foster care, and less externalising behaviour problems in Aboriginal kinship care. Aboriginal relative/kinship care tended to have the lowest prevalence of total problem behaviours in the clinical range.

Table 2: Proportion of Aboriginal children in the CBCL clinical range by Aboriginal placement type at Wave 3

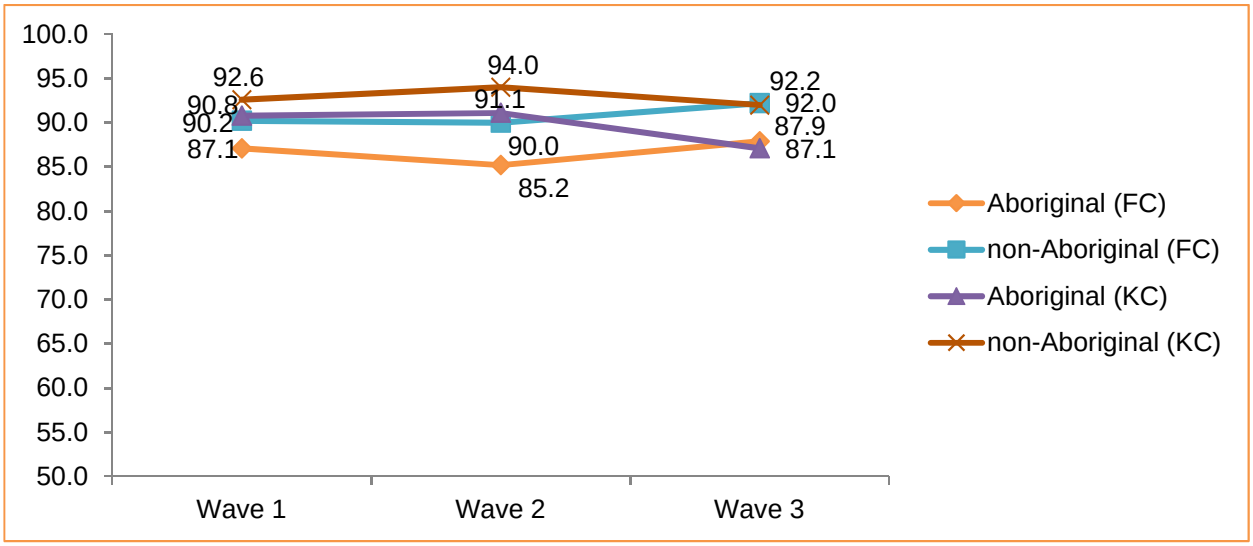
Behaviours	Aboriginal foster care	Non Aboriginal foster care	Aboriginal relative/kinship care	Non Aboriginal relative/kinship care
Internalising	19.7	9.3	9.9	13.3
Externalising	21.8	26.9	18.3	27.8
Total Problems	25.8	25.9	14.1	23.3

3.2.3 Language and cognitive development

Language development

For the PPVT-IV, there was a no significant Wave, Wave x Group or Group effect. There was no evidence that placement type was related to this outcome variable (Figure 11).

Figure 11: PPVT-IV language scores across Waves 1–3 in groups classified by Aboriginal placement status

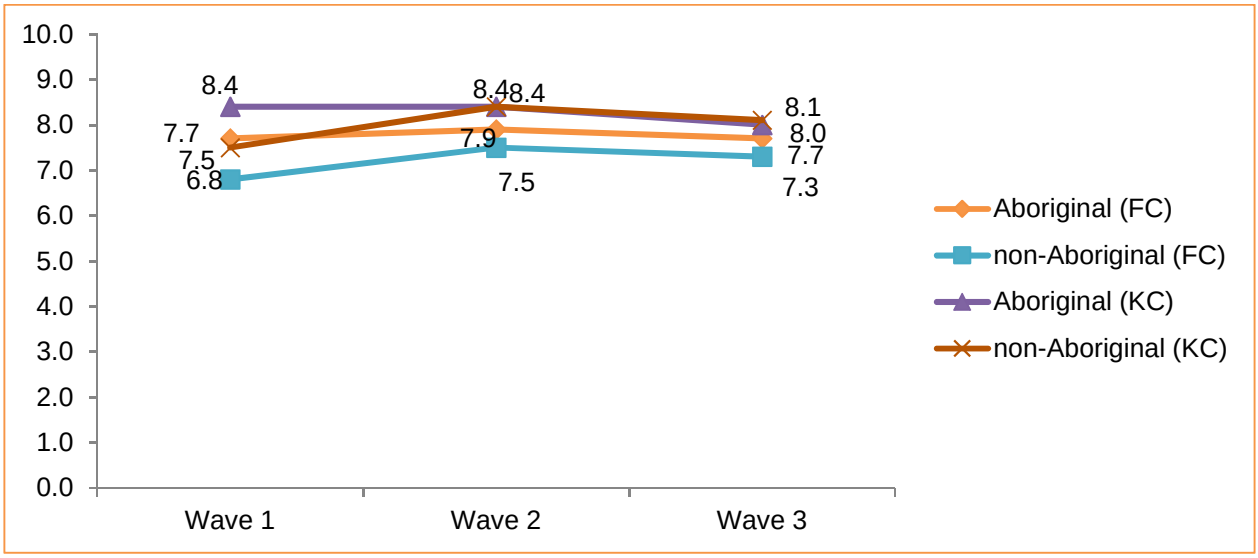


Unweighted n's: Aboriginal Foster care = 30; non-Aboriginal Foster Care = 45; Aboriginal Relative/kinship care = 31; non-Aboriginal Relative/kinship care = 42. Relative/kinship care includes children that exited to guardianship by Wave 3.

Cognitive reasoning development

For the WISC-IV matrix reasoning test, there were no significant effects (Figure 12).

Figure 12: WISC-IV matrix reasoning scores across Waves 1–3 in groups classified by Aboriginal placement status



Unweighted n's: Aboriginal Foster care = 15; non-Aboriginal Foster care = 21; Aboriginal Relative/kinship care = 17; non-Aboriginal Relative/kinship care = 21. Relative/kinship care includes children that exited to guardianship by Wave 3.

3.2.4 Summary

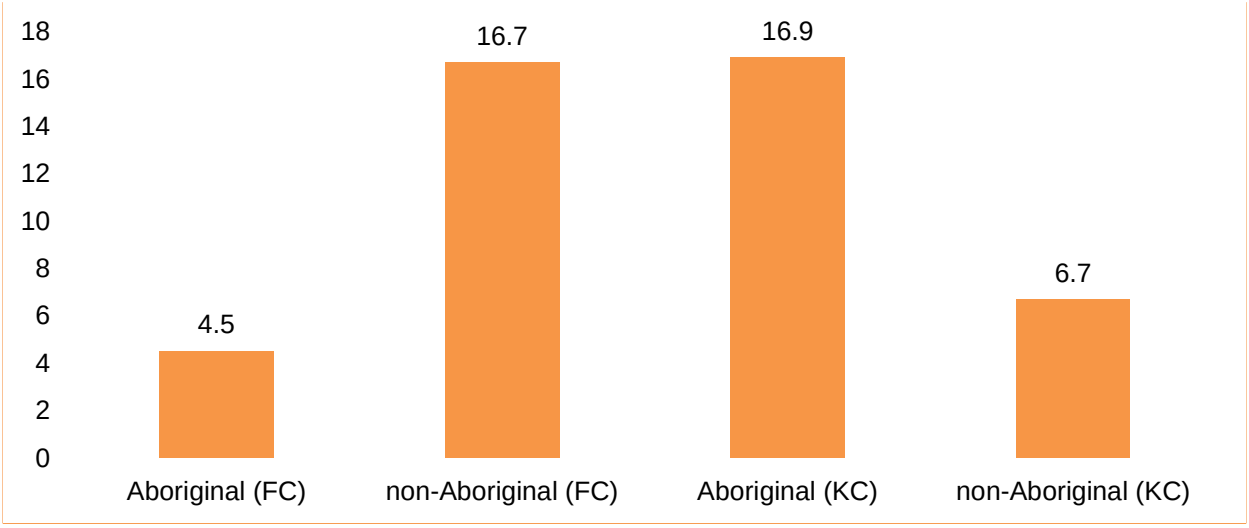
In summary, the differences between the groups were generally small. There were some trends towards Aboriginal children in Aboriginal relative/kinship care having slightly better health outcomes and a lower prevalence of clinical-level CBCL problems as indicated by the total problem behaviours and internalising behaviour items. This group did, however, contain a disproportionately larger percentage of girls, but it is not clear whether this explains the other differences given that broader literature tends to indicate that boys display a higher prevalence of externalising problems in most normative samples.

3.3 Child developmental outcomes in relation to carer stability and placement type

A series of analyses was conducted to examine carer stability and placement type over a five year period. Carer stability was examined by using changes in the identity of the carer at each wave using the carer interview data. This analysis showed that 798 (89.5%) children had not changed carer by Wave 3, 80 or 9.1% had one change and 3 (0.3%) had changed twice (i.e. did not have a consistent carer from one wave to the next). Carer changes were slightly more common for Aboriginal children (46/356 = 12.9%) than non-Aboriginal children (47/526) = 8.9%, but this difference only approached significance, $\chi^2 = 3.58$, $p = .06$. Analysis of carer stability by placement type (foster care vs. relative/kinship care) indicated that carer changes were more prevalent in foster care (55/432 = 12.7%) than in relative care (21/393 = 5.3%), $\chi^2 = 13.43$, $p < .01$. The prevalence of carer changes also differed depending on the type of Aboriginal placement (as shown in Figure

13), $\chi^2 = 9.96$, $p < .05$. Placement changes were more common for Aboriginal children in non-Aboriginal foster care and Aboriginal relative/kinship care.

Figure 13: Percentage of Aboriginal children having at least one carer change from Wave 1 to Wave 3 by Aboriginal placement status at Wave 3



Key: FC=foster care; KC=relative/kinship care. Sample size: Sample Aboriginal foster care = 66; non-Aboriginal foster care = 108; Aboriginal relative/kinship care = 71; non-Aboriginal relative/kinship care = 90. Relative/kinship care includes children that exited to guardianship by Wave 3.

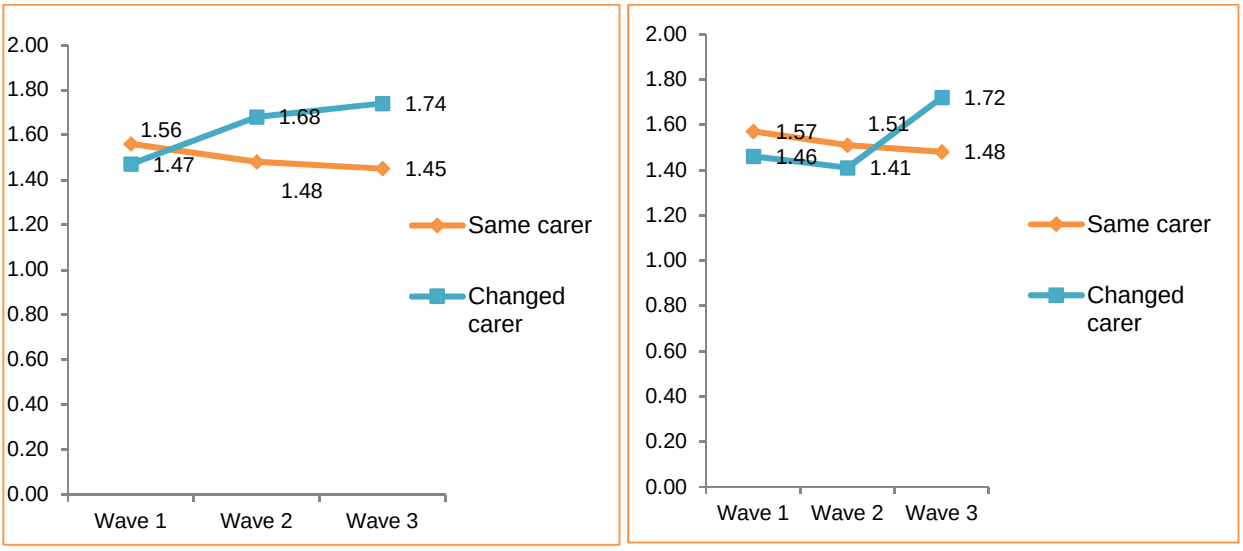
3.3.1 Developmental outcomes in relation to carer stability

These analyses involved a 2 Group (Aboriginal/non-Aboriginal child) x 2 Carer Change (Same/Changed) x 3 Wave mixed ANOVA. The aim was to examine how outcomes varied depending upon whether children had been exposed to carer changes over time and whether this differentially affected Aboriginal vs. non-Aboriginal children.

Physical health

Figure 14 displays the pattern of physical health ratings for Aboriginal and non-Aboriginal children by whether they changed carer and shows that children who changed carer tended to be rated less healthy over time, while there was a slight downward trajectory (improvement in reported health) for children who remained with the same carer (Wave x Change status interaction, F (2, 1756) = 7.61, $p < .01$ ($\eta^2 = .009$)). It is unclear whether this is due to genuine changes in health or the different respondents involved (i.e. new carers might have rated the children as less healthy than the previous carer). These changes were very small and unlikely to be of medical significance.

Figure 14: Physical health in relation to carer stability in non-Aboriginal and Aboriginal children



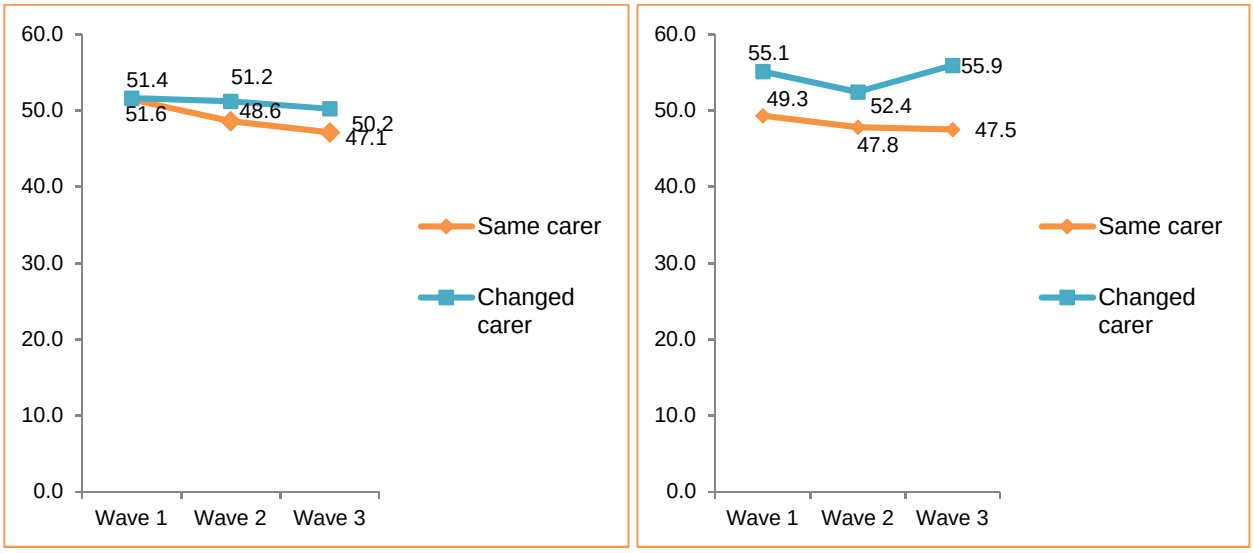
(a) Non-Aboriginal children **(b) Aboriginal children**

Unweighted n's: Non-Aboriginal (changed = 479, no change = 33; Aboriginal (changed = 46, no change = 310). Relative/kinship care includes children that exited to guardianship by Wave 3.

Internalising behaviours

Figure 15 shows the pattern of CBCL internalising behaviour scores for Aboriginal and non-Aboriginal children by whether they changed carer. As is evident from the figures, mean internalising T-scores were generally higher when children had placement changes, F (1, 443) = 8.80, $p < .01$ ($\eta^2 = .019$). There was also a significant Wave main effect which is depicted as a general decline in scores over time, F (2, 856) = 3.83, $p < .05$ ($\eta^2 = .009$). In other words, children who changed placement generally had slightly poorer internalising scores than those who remained with the same carer. Given the lack of a Wave x Carer change interaction, this may be merely a selection effect, that is, children with higher Internality are more likely to have a carer change rather than the carer change leading to changes in Internality over time.

Figure 15: CBCL mean internalising T-scores in relation to carer stability in non-Aboriginal and Aboriginal children



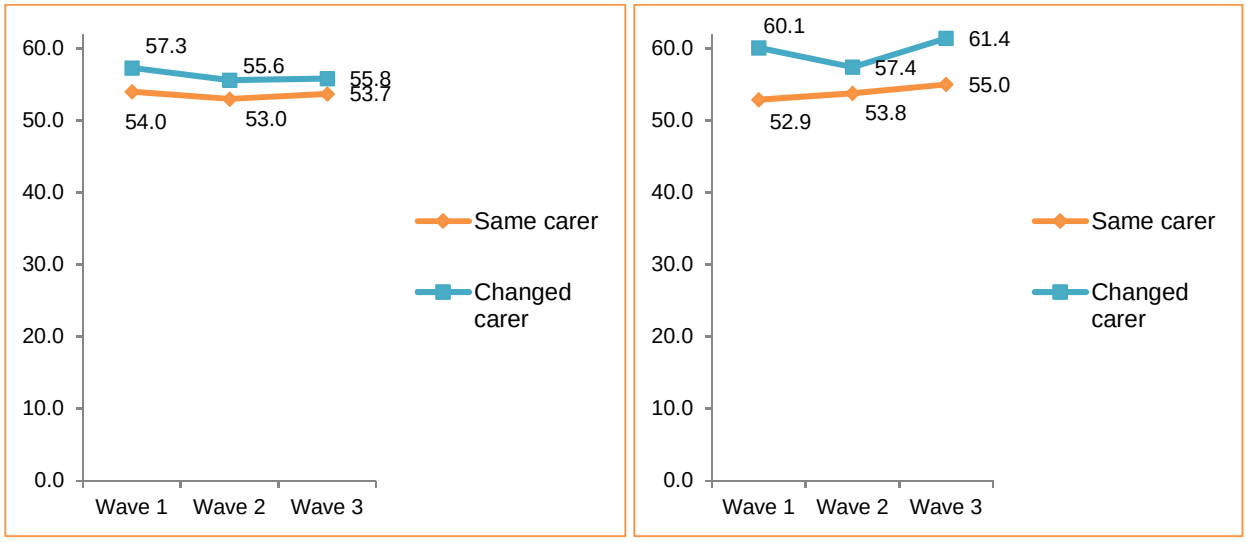
(a) Non-Aboriginal children **(b) Aboriginal children**

Unweighted n's: Non-Aboriginal (changed = 230, no change = 33); Aboriginal (changed = 153, no change = 31). Relative/kinship care includes children that exited to guardianship by Wave 3.

Externalising behaviours

Similar analyses were conducted for mean CBCL externalising T-scores (Figure 16) and found that scores were generally higher when children had placement changes, F (1, 446) = 7.83, $p < .01$ ($\eta^2 = .017$). Once again, for both groups of children, the evidence appears to support a 'selection' rather than an exposure effect, in that children who had carer changes already had poorer Externalising scores at Wave 1. These differences generally still existed at the end of Wave 3, although to a larger extent in Aboriginal children.

Figure 16: CBCL mean externalising T-scores in relation to carer stability in non-Aboriginal and Aboriginal children



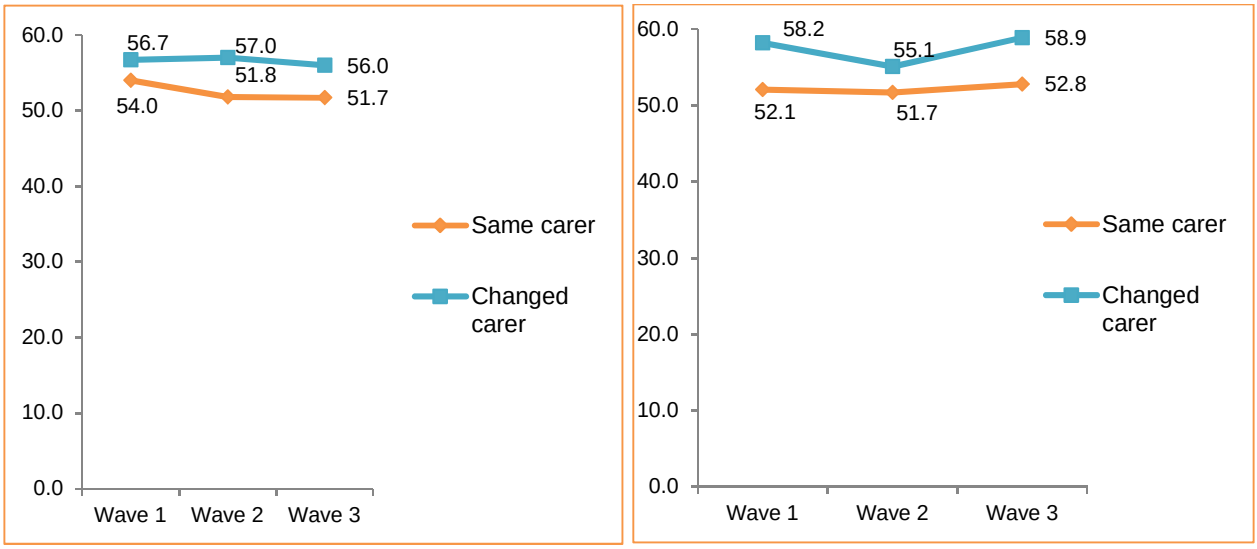
(a) Non-Aboriginal children **(b) Aboriginal children**

Unweighted n's: Non-Aboriginal (changed = 230, no change = 33); Aboriginal (changed = 153, no change = 34). Relative/kinship care includes children that exited to guardianship by Wave 3.

Total problem behaviours

The CBCL mean total problems T-scores were generally very similar to those obtained for the separate components: internalising behaviours and externalising behaviours (Figure 17). Total problems scores were significantly higher for children who changed carer, F (1, 446) = 7.61, $p < .01$ ($\eta^2 = .017$). Children who changed carer were more likely to have higher total problem scores at Wave 1 and this difference was maintained across the three waves.

Figure 17: CBCL mean total problems T-scores in relation to carer stability in non-Aboriginal and Aboriginal children



(a) Non-Aboriginal children **(b) Aboriginal children**

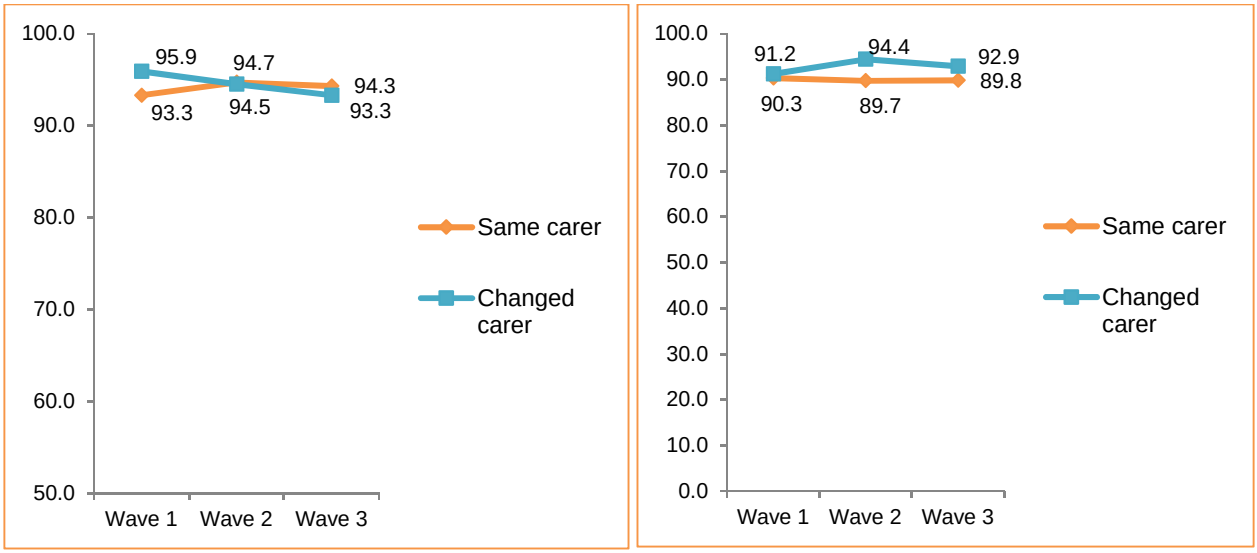
Unweighted n's: Non-Aboriginal (changed = 230, no change = 33); Aboriginal (changed = 153, no change = 34). Relative/kinship care includes children that exited to guardianship by Wave 3.

3.3.2 Language and cognitive development

Language development

Similar analyses were used to analyse PPVT-IV scores (Figure 18). No significant results were obtained. Changing carer did not appear to have any influence on PPVT-IV scores.

Figure 18: PPVT-IV language scores in relation to carer stability in non-Aboriginal and Aboriginal children



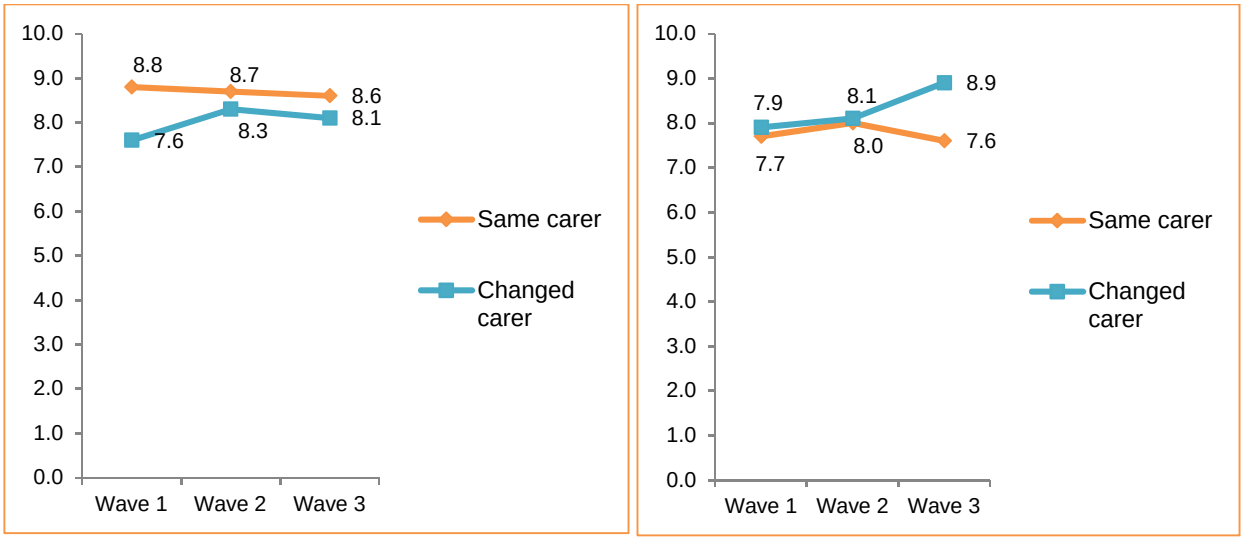
(a) Non-Aboriginal children **(b) Aboriginal children**

Unweighted n's: Non-Aboriginal (changed = 195, no change = 21); Aboriginal (changed = 130, no change = 26). Relative/kinship care includes children that exited to guardianship by Wave 3.

Cognitive reasoning development

The same analysis was repeated for WISC-IV matrix scores (Figure 19). No significant results were obtained. Changing placement did not appear to have any relationship with WISC-IV scores.

Figure 19: WISC-IV matrix reasoning test scores in relation to carer stability in non-Aboriginal and Aboriginal children



(a) Non-Aboriginal children **(b) Aboriginal children**

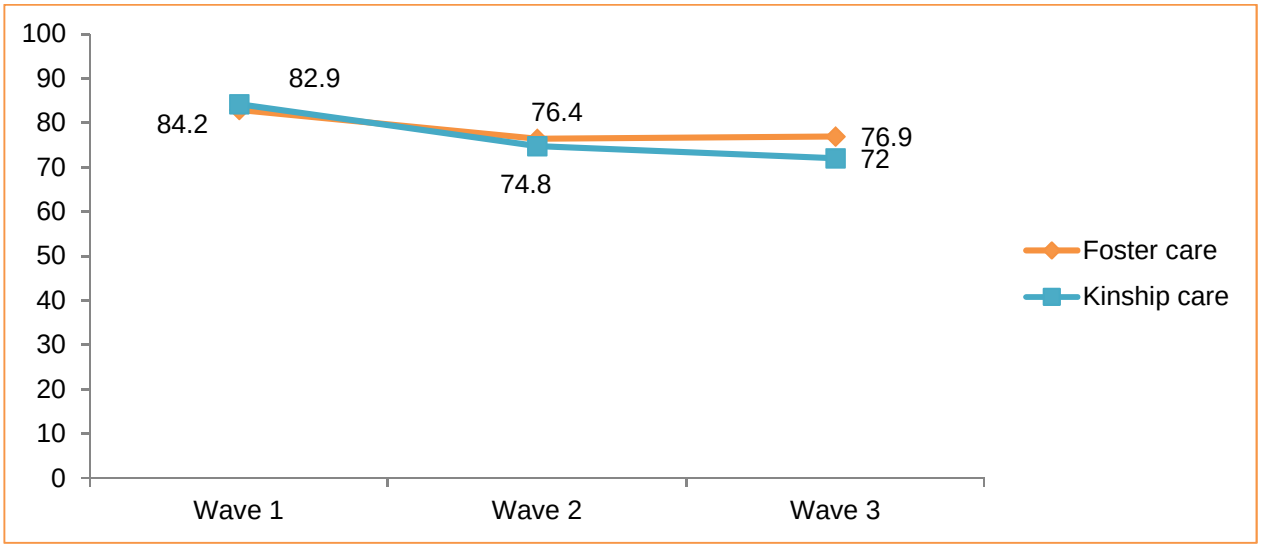
Unweighted n's: Non-Aboriginal (changed = 102 no change = 16); Aboriginal (changed = 70, no change = 10). Relative/kinship care includes children that exited to guardianship by Wave 3.

3.4 Changes in family contact in relation to placement type

Analyses were conducted to examine how rates of contact with parents had changed over the three waves (five year period) in relation to different placement types. A first set of analyses involved the sample as a whole and examined contact (Yes/No) with mothers and fathers for children placed into foster care vs. relative/kinship care.

Figure 20 displays the contact patterns of children with their mothers and shows a downward trend in contact over time for both foster care (Cochrane Q-test Q = 13.3, p <. 001) and relative/kinship care (Q = 33.8, p < .001). Contact rates were lower at Waves 2 and 3 compared to Wave 1.

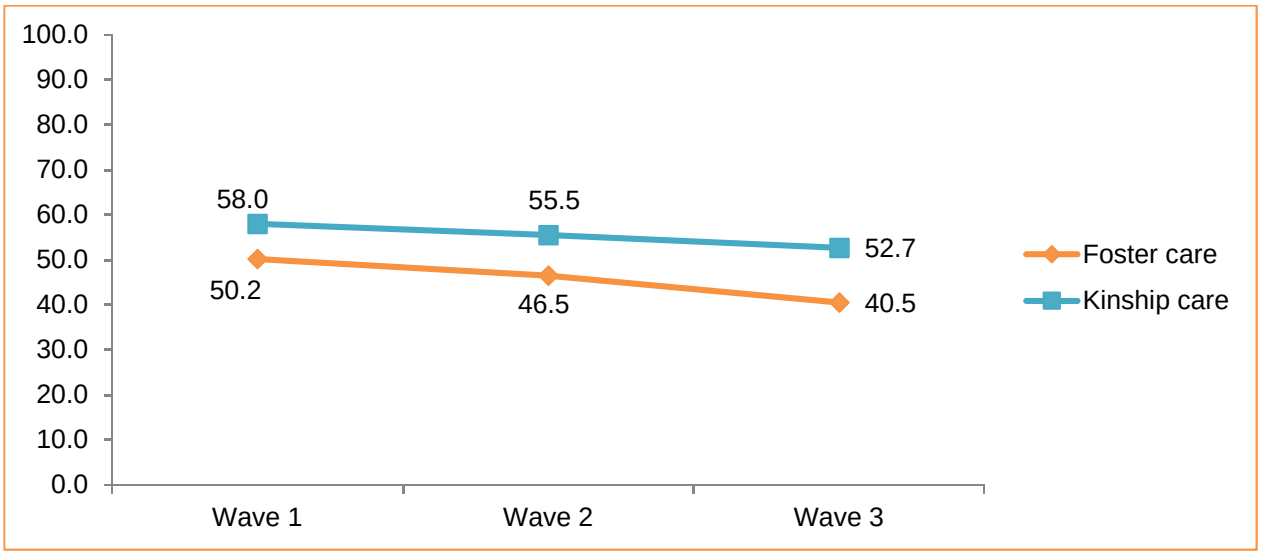
Figure 20: Percentage of children in contact with their mother across the three waves



Unweighted household n's: Foster care = 432; Relative/kinship care = 393. Relative/kinship care includes children that exited to guardianship by Wave 3.

Figure 21 shows a downward trend in contact with fathers over time for both groups, but not as steep as for mothers. Contact rates were generally lower for fathers than for mothers, and these rates changed less over time for children in relative/kinship care compared with those in foster care. For foster care ($Q = 20.7$, $p < .001$) the rates dropped at each wave while for relative/kinship care ($Q = 5.5$, $p < .01$) contact was slightly less likely at Wave 3 than Wave 1.

Figure 21: Percentage of children in contact with their father across the three waves

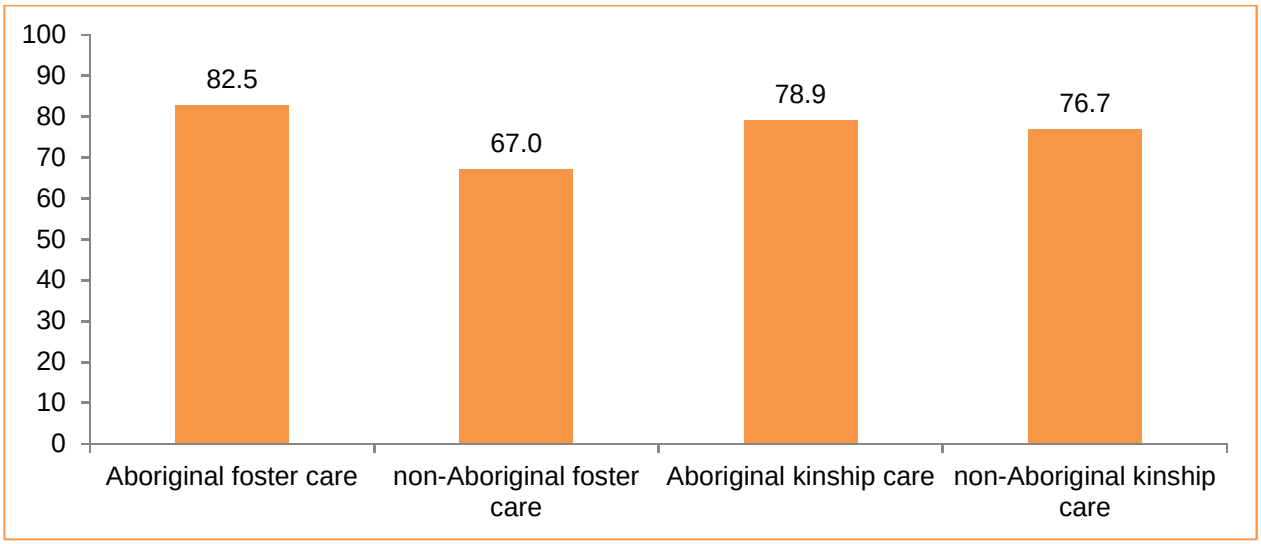


Unweighted household n's: Foster care = 432; Relative/kinship care = 393. Relative/kinship care includes children that exited to guardianship by Wave 3.

3.5 Cultural identity, placement type and developmental outcomes for Aboriginal children

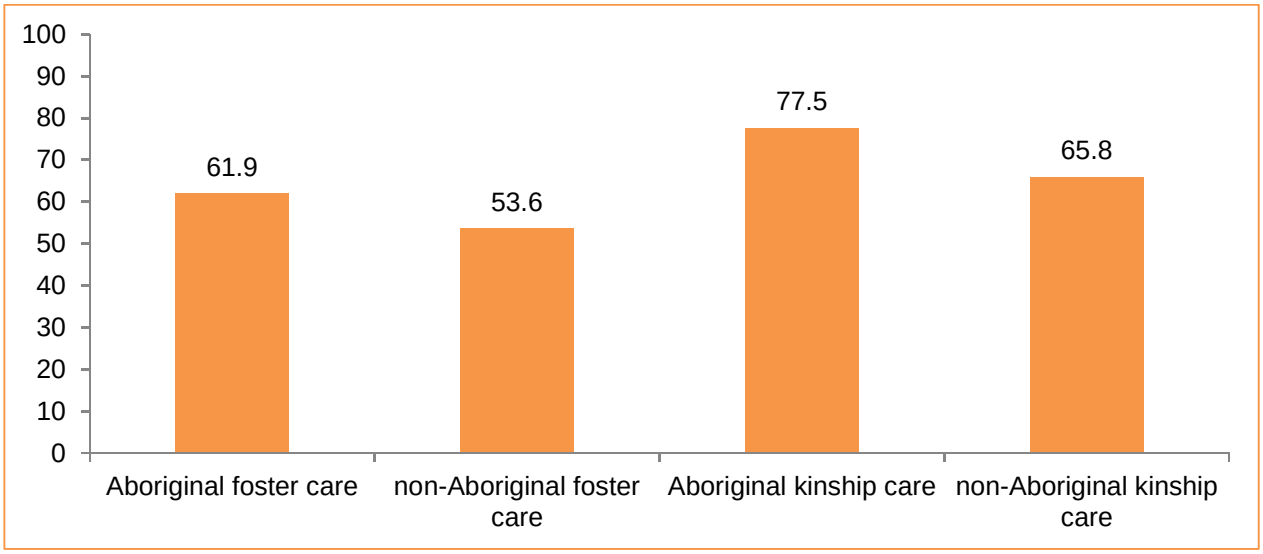
Two questions used in the carer survey appeared to have very good face validity for examining cultural connections. One asked whether the child's cultural heritage is discussed and the other asked whether the child socialised with his or her birth community. The ratings given at Wave 3 (approximately five years after entering OOHC) were used as the independent variables because of the focus on cultural connections that had been maintained in care. When these variables were examined by placement type, it is clear that cultural connections are more strongly emphasised in some forms of care than others. Figure 22 shows the percentage of Aboriginal children in each placement arrangement that had connection with their cultural identity at Wave 3 as reported by carers. There was no significant difference between the groups. Figure 23 shows that Aboriginal children placed in Aboriginal relative/kinship care households were most likely to be socialising with their birth communities than those placed into non-Aboriginal foster care, $\chi^2 = 10.3$, $p < .001$.

Figure 22: Proportion of Aboriginal children whose cultural heritage is discussed by placement type (% where this applied)



Unweighted sample size: Sample Aboriginal foster care = 63; non-Aboriginal foster care = 97; Aboriginal relative/kinship care = 71; non-Aboriginal relative/kinship care = 73. Relative/kinship care includes children that exited to guardianship by Wave 3.

Figure 23: Proportion of Aboriginal children who socialised with their birth communities by placement type (% where this applied)



Unweighted sample size: Sample Aboriginal foster care = 63; non-Aboriginal foster care = 97; Aboriginal relative/kinship care = 71; non-Aboriginal relative/kinship care = 73. Relative/kinship care includes children that exited to guardianship by Wave 3.

The next series of analyses examined whether the maintenance of cultural identity or connection was related to the trajectory of developmental outcomes across the different placement types. Analyses were confined to the principal psychological outcomes as there was sufficient data available to conduct these analyses without concerns about decreases in statistical power.

3.5.1 Cultural identity maintained and discussed

The first set of analyses introduced the maintenance of cultural identity as a potential interactive or moderating factor in developmental outcomes.

3.5.2 Socio-emotional development (CBCL T-scores)

A 2 Cultural ID (not-maintained/maintained) x 4 Placement type x 3 Wave mixed ANOVA was conducted. This analysis revealed no significant effects for internalising behaviours, externalising behaviours or total problem behaviours.

3.5.3 Verbal ability (PPVT-IV) and cognitive reasoning (WISC-IV)

A similar analysis revealed no significant results for these measures.

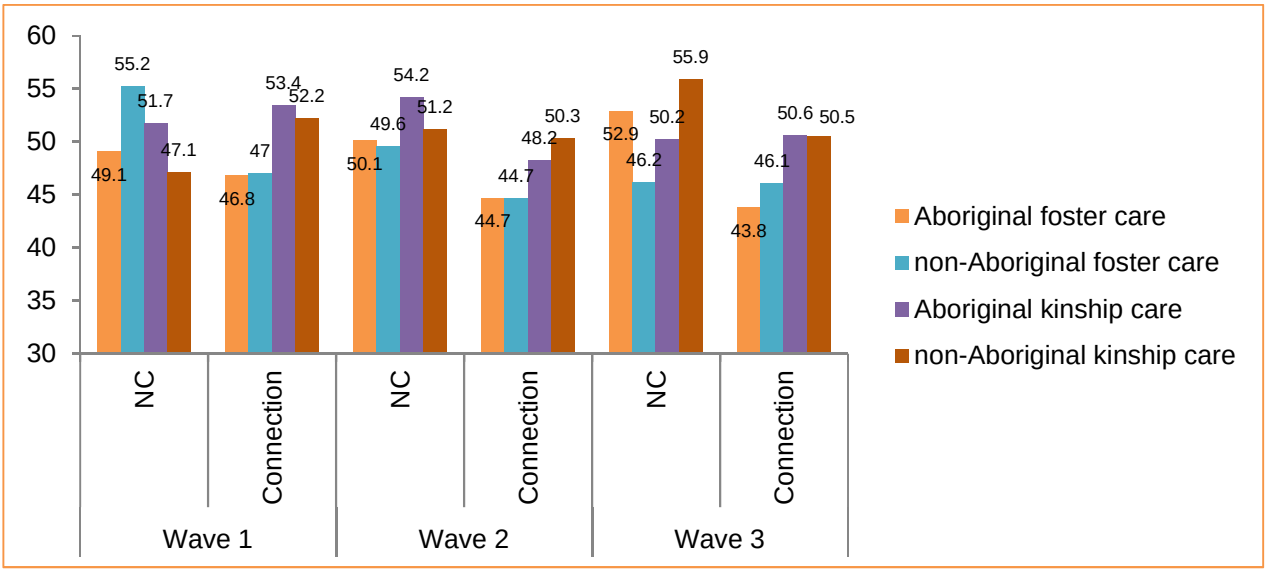
3.5.4 Maintaining connections with birth community

A similar set of analyses was conducted with the other important cultural connection variable: whether children were able to maintain a connection with their cultural/birth community. All these analyses involved a 4 Placement Group x 2 Connection (None with community/Connection to community) x 3 Wave mixed ANOVA.

3.5.5 Internalising behaviours (CBCL)

For this measure, there was a significant three-way interaction, $F(6, 294) = 3.76$, $p < .05$ ($\eta 2 = .053$). The lowest (healthiest) scores tend to be when Aboriginal children are in Aboriginal foster care and where there is a connection with their birth community (Figure 24). The second lowest scores tended to be when Aboriginal children are in non-Aboriginal foster care and where some socialisation with birth community was occurring. However, all these effects were small and are unlikely to be of clinical significance.

Figure 24: CBCL mean internalising T-scores for Aboriginal children by whether they had connection with birth community and placement type



Unweighted sample size: Sample Aboriginal foster care = 29; non-Aboriginal foster care = 49; Aboriginal relative/kinship care = 33; non-Aboriginal relative/kinship care = 44, NC = No connection with birth community maintained. Relative/kinship care includes children that exited to guardianship by Wave 3.

3.5.6 Externalising behaviours (CBCL)

No significant effects were observed for this measure.

3.5.7 Total Problem behaviours (CBCL)

No significant effects were observed for this measure.

3.5.8 Overall clinical status behaviours at Wave 3 (CBCL)

The CBCL clinical status (i.e., indicating the need for professional services and support) of Aboriginal children at Wave 3 was examined in relation to whether children's connection with their birth community had been maintained through discussion of their cultural heritage. No significant association was found between whether an Aboriginal child's cultural identity was discussed and their likelihood of being in the clinical range for externalising, internalising or total problem behaviours. Significant results were, however, obtained for the socialisation variable. Aboriginal children who socialised with their birth community were less likely to be classified as being in the clinical range on externalising

behaviours (10% vs. 18% for no contact), χ^2= 3.89, p < .05, on internalising behaviours (22% vs 34% for no contact), χ^2= 4.99, p < .05, and total problem behaviours (19% vs 30% for no contact), χ^2=4.98, p < .05.

3.5.9 Verbal ability (PPVT-IV)

No significant effects were observed for this measure.

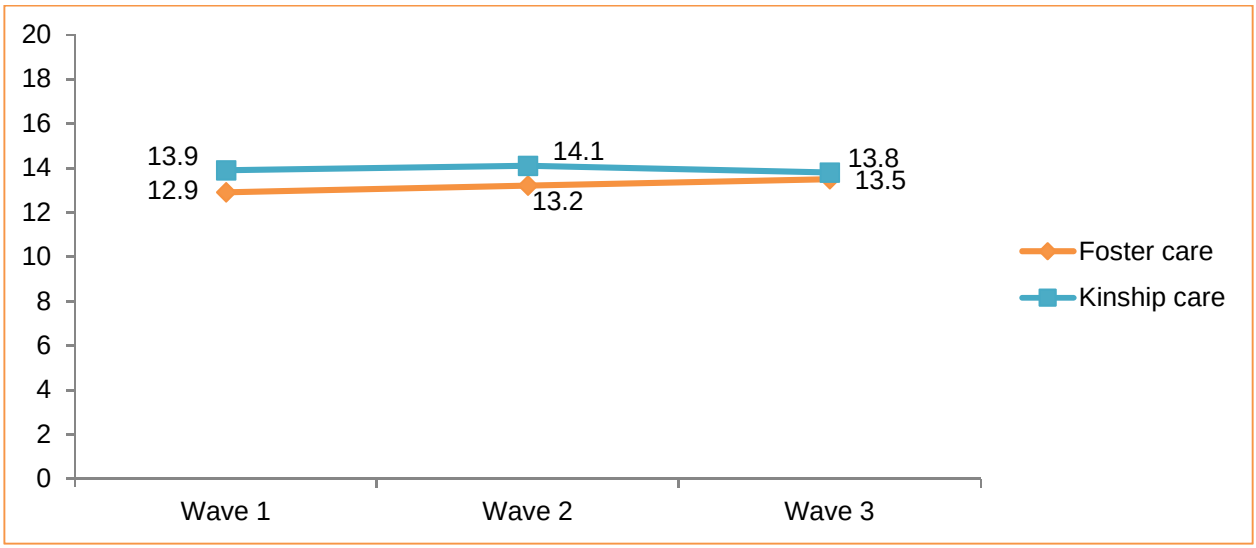
3.6 Carer wellbeing

Another set of analyses was conducted at a household level and focused on the wellbeing of carers in different placement types. The first set of analyses examined wellbeing for relative/kinship care vs. foster care households in general. A second approach was to compare the wellbeing of carers in different types of Aboriginal households.

3.6.1 Psychological distress (Kessler-10)

The K10 measure was analysed using a 2 Group (Foster care/Kinship care) x 3 Wave mixed ANOVA (Figure 25). There was no main effect of Wave or Wave x Group interaction, but a significant main effect of Group, F (1, 526) = 5.57, p < .05 (η^2 = .01), which, as Figure 25 indicates, was the result of relative/kinship carers generally reporting greater psychological distress across the three waves.

Figure 25: K10 scores over the three waves by household carer type (higher score equates to more psychological distress)



Unweighted household n's: Foster care = 277; Relative/kinship care = 251. Relative/kinship care includes children that exited to guardianship by Wave 3.

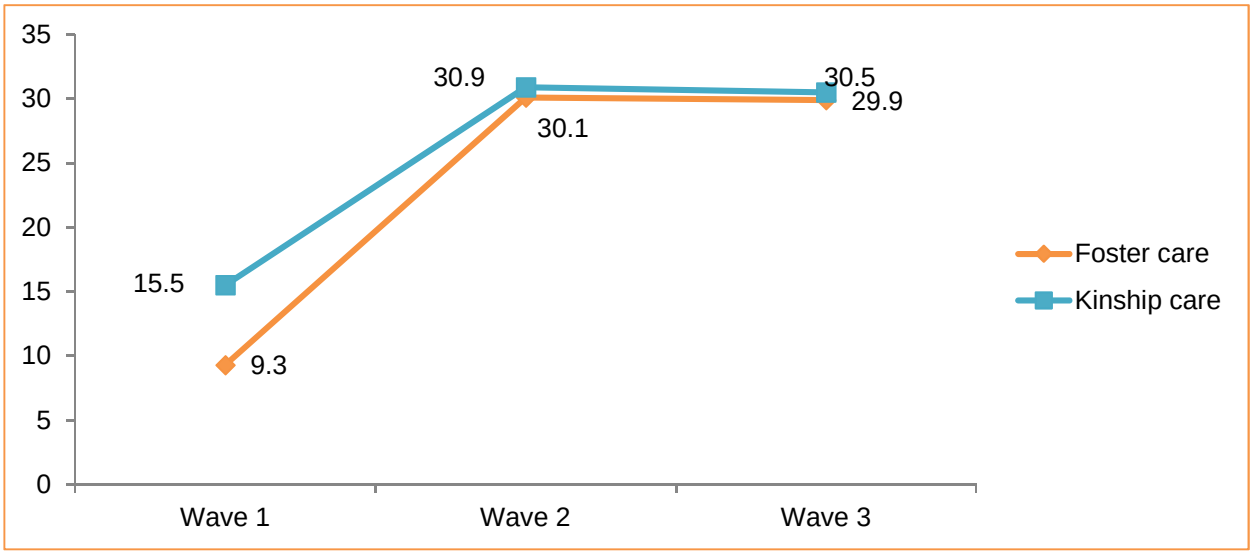
3.6.2 Satisfaction with caring

There were no significant effects for this variable, which indicates that relative/kinship carers were generally just as satisfied as foster carers.

3.6.3 Difficult child behaviour self-efficacy

For the Difficult Behaviour Self-Efficacy Scale (DBSES), the three-item measure captured how confident carers felt about their ability to manage complex behaviour in children with higher scores indicating greater self-efficacy. Figure 26 shows there was a main effect of Wave, F (2, 1058) = 425.32, p < .001 (η^2 = .446), Group, F (1, 529) = 17.45, p < .001 (η^2 = .032), but this was qualified by significant Group x Wave interaction, F (2, 1058) = 10.35, p < .001 (η^2 = .019). In Wave 1, foster carers reported less confidence than relative/kinship carers in their ability to deal with complex child behaviours, but the two groups were almost identical by Wave 3.

Figure 26: Difficult Behaviour Self-efficacy Scale scores over the three waves by household carer type



Unweighted household n's: Foster care = 278; Relative/kinship care = 253. Relative/kinship care includes children that exited to guardianship by Wave 3.

3.6.4 Financial wellbeing

Foster carers and relative/kinship carers were asked if they could raise $2,000 in an emergency at Wave 3. Table 3 shows that relative/kinship carers were much more likely to report having difficulty raising money. Almost one in five indicated that they could not raise the money, χ^2= 22.11, p <. 01.

Table 3: Number of households by care type and ability to raise $2,000 in an emergency

Response	Foster care (n 277)	Relative/kinship care (n 254)
Easily	210 (75.8)	150 (59.1)
With sacrifices	38 (13.7)	38 (15.0)
Drastic action to do so	9 (3.2)	18 (7.1)
Could not do it	20 (7.2)	46 (18.1)

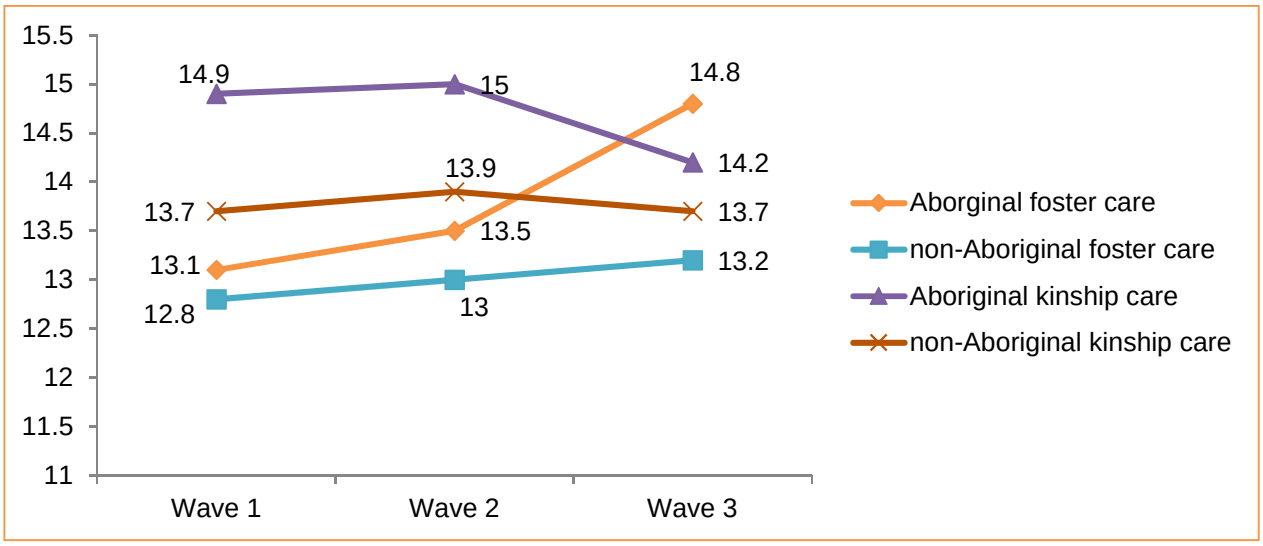
3.6.5 Analysis by carer types

The same variables were examined in relation to the four principal carer types: Aboriginal foster care; non-Aboriginal foster care; Aboriginal relative/kinship care; non-Aboriginal relative/kinship care.

Psychological distress

For the Kessler-10 (K10), there was no significant Wave or Group x Wave interaction, but a significant Group effect, F (1, 524) = 3.25, $p < .05$ ($\eta^2 = .018$). Carers who provided Aboriginal relative/kinship care reported the highest levels of psychological distress, whereas non-Aboriginal foster carers reported the lowest level of distress (Figure 27). Aboriginal foster carers appeared to be more distressed over time from Wave 1 to Wave 3, whereas the other groups were either stable or had scores that were slightly decreasing.

Figure 27: K10 scores for carers for Aboriginal placement groups (higher scores equate to more psychological distress)



Unweighted household sample size: Sample Aboriginal Foster care = 48; non-Aboriginal Foster care = 229; Aboriginal Relative/kinship care = 46; non-Aboriginal Relative/kinship care = 205. Relative/kinship care includes children that exited to guardianship by Wave 3.

Difficult child behaviour self-efficacy

The results for the Difficult Behaviour Self-Efficacy Scale (DBSES) were generally very similar to that observed for foster care and relative/kinship care in general. All scores converged after Waves 2 and 3, so that there was no significant difference between the groups by Wave 2 and beyond.

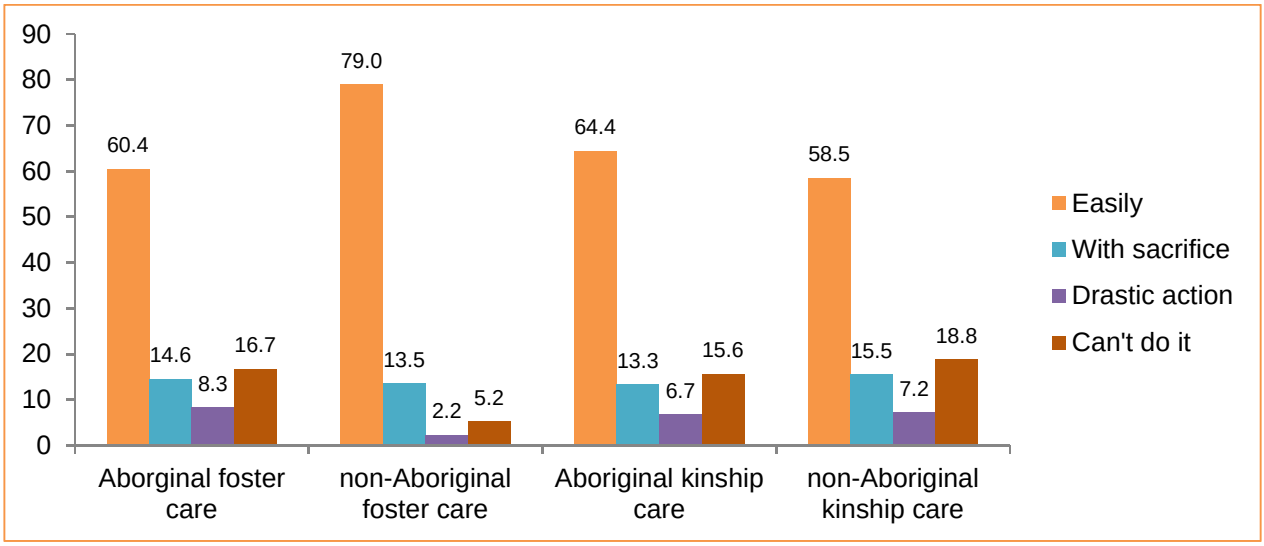
Satisfaction with caring

There were no significant effects for this variable, which indicates that satisfaction with caring did not differ depending on the nature of the household.

Financial wellbeing

Responses to the financial security question were analysed in relation to Aboriginal placement status (Figure 28). Non-Aboriginal foster carers were generally most confident in their ability to raise money in an emergency, whereas Aboriginal carers (both foster care and relative/kinship care) and non-Aboriginal relative/kinship carers were more likely to report that they could not raise $2,000 in an emergency.

Figure 28: Percentage of carers by whether able to raise $2,000 in an emergency and placement type



Unweighted sample size: Sample Aboriginal Foster care = 48; non-Aboriginal Foster care = 229; Aboriginal Relative/kinship care = 45; non-Aboriginal Relative/kinship care = 207. Relative/kinship care includes children that exited to guardianship by Wave 3.

3.7 Relative/kinship care: OOHC and guardianship orders

Comparisons were also made between relative/kinship care, where the children remained under the parental responsibility of the Minister (i.e. the children remained in OOHC), and those where the relatives had been granted guardianship either by Wave 2 or Wave 3 and the children were no longer in OOHC. There were 250 children in OOHC relative/kinship care and 143 in guardianship relative/kinship care. Of those in OOHC,

59% were with grandparents, 32% were with uncles or aunts, and the rest were with other relatives. For those on guardianship orders, 74% were with grandparents, 24% were with uncles or aunts, and the rest were with other relatives. In other words, those who exited on guardianship orders were more likely to be placed with grandparents.

3.7.1 Comparisons of carer characteristics

Comparisons conducted using Wave 3 data showed that the two sets of carers did not differ in terms of their Kessler-10 scores, how satisfied they were being carers, or their difficult behaviour self-efficacy scores. They were also generally quite similar in relation to their self-reported ability to raise $2,000 in an emergency.

3.7.2 Comparisons using child-level data

Aboriginal children were no more (or less) likely to be placed in each of the two types of care (OOHC vs. Guardianship).

Developmental measures

These comparisons were only made using Wave 3 variables because guardianship with relative/kinships had often not been established until Wave 3. As shown in Table 4, children who exited to guardianship orders generally had better (or lower) scores on externalising behaviours (CBCL), total problems behaviours (CBCL) and also scored significantly higher on verbal ability (PPVT-IV). No significant differences were observed for internalising behaviours (CBCL) or cognitive reasoning (MR WISC-IV). These differences were found to be already present at Wave 1, which indicates the types of children who exit OOHC on guardianship orders tended to have better psychosocial adjustment before this happens.

Table 4: Relative/kinship care (OOHC) vs. exit to guardianship: child development measures (Wave 3 comparisons)

Measures of child development	n	M (SD)	t test
Externalising behaviours (CBCL)			
Relative/kinship care (OOHC)	250	53.3 (14.0)	
Relative/kinship care (guardianship)	143	49.2 (12.2)	3.05**
Internalising behaviours (CBCL)			
Relative/kinship care (OOHC)	250	48.6 (12.4)	
Relative/kinship care (guardianship)	143	47.0 (11.1)	< 1
Total problem behaviours (CBCL)			
Relative/kinship care (OOHC)	250	51.4 (14.3)	
Relative/kinship care (guardianship)	143	47.6 (12.7)	2.63**
Language skills (PPVT-IV)			
Relative/kinship care (OOHC)	227	93.8 (16.3)	
Relative/kinship care (guardianship)	125	97.7 (12.7)	2.28*
Cognitive reasoning (MR WISC-IV)			
Relative/kinship care (OOHC)	136	8.3 (2.97)	
Relative/kinship care (guardianship)	66	8.4 (3.07)	< 1

*p<.05 ** $p < .01$. CBCL results are based on mean T-scores

3.8 Parenting style and placement type

The POCLS dataset also includes several variables that capture how emotionally responsive carers are; their level of parenting warmth; and how much support and monitoring they provide. It was therefore possible to examine whether the style of parenting differed depending upon the different types of carer arrangement identified in this report.

3.8.1 Emotional responsiveness

Comparisons conducted using Wave 3 data (the most recent available) showed that the level of emotional responsiveness was slightly higher in foster care than in relative/kinship care: (M = 22.2, SD = 3.59 vs. M = 20.5, SD = 4.22 for relative/kinship care, t (131) = 2.22, p < .05). No significant difference was observed for relative/kinship care (OOHC) vs. relative/kinship care (guardianship) or across Aboriginal placement types.

3.8.2 Warmth: quality of carer–child relationship

Caseworkers were asked to rate the quality (how positive) of the relationship between carers and children. The total percentage of caseworkers who said ‘Always’ or ‘Often’ was determined and divided by the total number of valid responses and compared

between the groups. A proportion difference test showed that foster carers were perceived as having more positive relationships with the children than relative/kinship carers (97% vs. 87%), z = 3.44, p < .001. Relative/kinship carers (guardianship) had more positive relationships with the child than relative/kinship carers (OOHC) (93% vs. 79%), z = 2.16, p < .01.

3.9 Overall appraisal of placements by caseworkers

The four-point ratings given to each aspect of the placement were compared across the different placement types using child level data. The first comparison was between foster care and relative/kinship care (Table 5). As indicated in Table 5, caseworkers generally rated foster care higher in relation to routine and supervision, learning and education, health and medical, emotional wellbeing and behavioural management, but rated relative/kinship care higher for family relationships.

Table 5: Caseworker ratings of the placement meeting the child's needs (1 = Not well, 4 = Very well): by overall placement type

Aspect of the placement	Foster care M (SD) (n 316)	Relative/kinship care M (SD) (n 186)	t test
Routine and supervision	3.75 (0.53)	3.58 (0.58)	3.39**
Sense of belonging	3.77 (0.52)	3.76 (0.49)	< 1
Self-esteem/resilience	3.67 (0.58)	3.61 (0.59)	1.11
Learning and education	3.76 (0.52)	3.65 (0.53)	2.19*
Health and medical	3.85 (0.39)	3.69 (0.52)	3.58**
Emotional wellbeing	3.65 (0.61)	3.52 (0.69)	2.16*
Behaviour management	3.55 (0.70)	3.41 (0.75)	2.01*
Age-appropriate social relationships	3.61 (0.66)	3.55 (0.68)	1.08
Identity and culture	3.47 (0.73)	3.60 (0.66)	1.90
Family relationships	3.53 (0.67)	3.65 (0.63)	1.98*

*p <. 05; **p < .01

A second series of analyses compared ratings for children in relative/kinship care in OOHC as opposed to guardianship of the relatives (Table 6). On the whole, higher ratings were directed towards the placements where children had transitioned to guardianship of their relative/kinships and were obtained for routine and supervision, self-esteem and resilience, learning and education, behaviour management and culture and identity. These results have to be treated with caution because some of these caseworker evaluations may have occurred prior to the exit to guardianship, but the overall conclusion is unlikely to change.

Table 6: Caseworker ratings of the placement meeting the child's needs (1 = Not well, 4 = Very well): by relative/kinship care legal order status

Aspect of the placement	Relative/kinship care (OOHC) M (SD) (n 150)	Relative/kinship care (guardianship) M (SD) (n 36)	t test
Routine and supervision	3.53 (0.60)	3.78 (0.42)	2.93**
Sense of belonging	3.75 (0.49)	3.81 (0.47)	< 1
Self-esteem/resilience	3.57 (0.62)	3.80 (0.41)	2.77*
Learning and education	3.61 (0.55)	3.80 (0.41)	2.27*
Health and medical	3.67 (0.54)	3.78 (0.42)	1.11
Emotional wellbeing	3.49 (0.69)	3.66 (0.64)	1.30
Behaviour management	3.55 (0.77)	3.66 (0.64)	2.17*
Age-appropriate social relationships	3.51 (0.71)	3.69 (0.52)	1.75
Identity and culture	3.55 (0.70)	3.78 (0.42)	2.48*
Family relationships	3.63 (0.67)	3.75 (0.44)	1.35

*p <. 05; **p < .01

A final set of analyses examined these ratings in relation to the four placement types defined by their Aboriginal status (Table 7). Significant differences were obtained for all ratings. Lower scores are highlighted in bold for this analysis because of the consistency of the findings. Overall, Aboriginal relative/kinship care was not rated as highly as the other forms of care on almost all of the dimensions, whereas Aboriginal foster care was rated lowest for maintaining family relationships and identity and culture. Non-Aboriginal foster care tended to attract the highest ratings from caseworkers.

Table 7: Caseworker ratings of the placement meeting the child's needs (1 = Not well, 4 = Very well): Aboriginal placement type

Aspect of the placement	Aboriginal foster care M (SD)	Non Aboriginal foster care M (SD)	Aboriginal relative/ kinship care M (SD)	Non Aboriginal relative/ kinship care M (SD)	F test
Routine and supervision	3.77 (0.43)	3.75 (0.55)	**3.28 (0.73)**	3.64 (0.52)	7.92**
Sense of belonging	**3.60 (0.66)**	3.81 (0.40)	**3.59 (0.56)**	3.80 (0.46)	4.31**
Self-esteem/ resilience	3.47 (0.71)	3.72 (0.53)	**3.23 (0.80)**	3.69 (0.51)	9.33**
Learning and education	3.70 (0.58)	3.77 (0.50)	**3.42 (0.67)**	3.69 (0.49)	4.33**
Health and medical	3.80 (0.41)	3.86 (0.39)	**3.44 (0.72)**	3.75 (0.45)	9.80**
Emotional wellbeing	3.46 (0.69)	3.70 (0.58)	**3.13 (0.94)**	3.60 (0.60)	8.86**
Behaviour management	3.38 (0.77)	3.59 (0.67)	**3.03 (1.00)**	3.49 (0.67)	6.38**
Age-appropriate social relationships	**3.43 (0.76)**	3.50 (0.72)	**3.41 (0.91)**	3.64 (0.59)	6.75**
Identity and culture	**3.36 (0.76)**	3.50 (0.72)	**3.41 (0.91)**	3.64 (0.59)	2.85*
Family relationships	**3.19 (0.83)**	3.62 (0.59)	**3.50 (0.84)**	3.68 (0.58)	9.77**

Unweighted n's: Aboriginal foster care = 64; non-Aboriginal foster care =249; Aboriginal relative/kinship care = 32; non-Aboriginal relative/kinship care = 153. *p<.05 ** p < .01

4 Discussion of findings and policy implications

4.1 Overview

The aim of this set of analyses was to examine differences in outcomes for children placed into different types of care across the first three waves of the POCLS or approximately five years. The principal focus of the analyses was upon psychosocial outcomes in relation to exposure to periods in relative/kinship care compared with foster care as well as different types of Aboriginal placement. Insights were also obtained into differences between relative/kinship care placements involving children in OOHC, as opposed to children on guardianship orders. The analyses yielded a number of significant findings, although a challenge with any analysis of this nature is the difficulty in separating out results that are due to differences in the types of children placed into each type of care from the effects of exposure to different types of care.

4.2 Overall comparisons between relative/kinship care and foster care

The findings from this study replicated a number of the findings from the first POCLS report into relative/kinship care (Delfabbro, 2017). Relative/kinship carers are generally a more vulnerable group than foster carers. They are usually older, have less financial security and experience greater psychological stress from their role, which often is brought upon them rather than being planned in advance, as often will be the case for foster carers. These findings are generally consistent with the literature reviewed in the first report.

In general, children placed into relative/kinship care have fewer psychological difficulties (although these differences were quite small). It is unclear why this difference might exist. Apart from the fact that the system may selectively choose children (either knowingly or unknowingly) with fewer psychosocial problems to be placed into relative/kinship care, it is also possible that going into relative/kinship care is less traumatic for children, and this explains their lower scores at Wave 1. Irrespective of the reasons, these differences may explain why relative/kinship carers also appear as confident in dealing with the children's behaviour as foster carers. With many of the carers being grandparents, it is likely that these carers are more willing and able to tolerate behavioural problems in children because they share a personal interest in their wellbeing and want the family to stay together. In this report, we found no evidence that a prolonged period in relative/kinship care was associated with poorer outcomes for children. In fact, what we observed was that differences that were already present when children came into the study were generally maintained through to Wave 3. For example, children in relative/kinship care were reported to be behaviourally settled (lower externalising scores) and to have fewer Total Problems. When this was further broken down by the type of relative/kinship care, it

was found that those who exited OOHC on guardianship orders had fewer psychosocial problems than the other children in relative/kinship care. Children on guardianship orders also had better scores on the cognitive/ability measures. These findings suggest that a possible way of identifying children who could potentially be placed outside the OOHC system could be based on profiles of development scores as well as demographic factors. Non-Aboriginal children were generally less likely to exit on guardianship orders.

Policy Implications: The findings once again support the importance of ensuring that relative/kinship carers receive appropriate financial and psychological support in their role irrespective of whether they are providing care as part of the OOHC system or under guardianship orders. The results also provide insights into whether the POCLS data might be used to identify cases where there is a greater probability of exit to guardianship. It appears that better adjusted, non-Aboriginal children living with grandparents have the highest probability of going home.

4.3 Comparisons between Aboriginal placement types and cultural connections

A unique feature of the POCLS data is the ability to conduct longitudinal analyses of outcomes for Aboriginal children in different types of placement. Analyses were conducted to compare outcomes where cultural connections as well as social connections with birth communities had been maintained. On the whole, the findings were mixed. For example, no differences were observed for many of the measures, although internalising behaviour scores (CBCL) tended to be lower in placements where children had social contact with their birth community. The results also showed that children who had this form of contact were significantly less likely to be classified in the clinical range on internalising behaviours, externalising behaviours or total problem behaviours at Wave 3. Thus, there was a small amount of evidence of an association between birth community connections and better outcomes for some measures. However, at present, it is not possible to determine whether these finding are directly related to the cultural connections or other factors. It may be, for example, that carers who are committed to maintaining cultural connections are carers who share other positive qualities. However, a brief exploratory analysis of carer characteristics indicates that carers who provided cultural connections were not any more financially secure or emotionally responsive and did not score higher on any of the caseworker placement quality ratings (i.e. whether the placement was meeting the child's needs) than those who did not report providing these connections. The only difference was that they scored slightly lower in the K10.

At the same time, the results showed that non-Aboriginal care and, in particular, foster care, may be not necessarily be detrimental for other outcomes, including better physical health and cognitive outcomes for Aboriginal children. This is perhaps to be expected,

given that the findings consistently show that foster placements are generally better resourced than relative/kinship care placements. It may also be that Aboriginal households may not have the same resources as non-Aboriginal households, although this was not a main focus of this investigation, which was principally focused on relative/kinship care. However, it was clear that caseworkers rated foster care as being superior in many ways and that Aboriginal relative/kinship care (which comes close to fulfilling the requirements of the Aboriginal Placement Principle) was rated the least satisfactory form of care across a number of dimensions. These findings suggest that Aboriginal kinship placements may need to be given additional support or attention within the system. It may be that these placements face additional challenges or require additional support. Alternatively, it may be that there are cultural biases present within the system such that caseworkers may view these placements using perspectives or standards that may not capture other beneficial elements of the arrangement (e.g. the availability of social networks, the importance of cultural connections).

Taken together, the results almost appear to suggest a challenge for policy-makers. While foster carers might may have better resources in some areas (e.g., housing, financial resources) than relative carers (and possibly some Aboriginal relative/kinship carers), the choice of placement needs to be based on a balanced and long-term view of what is in the best interests of Aboriginal children. The results encourage a greater focus on outcomes for placement arrangements for Aboriginal children where community connections are not being so strongly maintained. It may be that a lack of attention to this aspect of the child's life reflects other issues that are arising within that placement.

Policy Implications: The findings indicate that caseworkers have a less positive attitude towards Aboriginal relative/kinship care, which may indicate potential cultural bias, or genuine challenges in this form of care. The finding suggest the importance of balancing the need for improvements in concrete outcomes (e.g. better education and achievement) as opposed to psychosocial outcomes that will very likely lay the foundation for future wellbeing. The findings underscore the need for maintaining cultural connections, avoiding too many changes in carer for Aboriginal children, as well as the potential value of research that looks in more detail at the qualities of carers who are willing to support cultural connections for Aboriginal children.

4.4 Contact with birth parents

At a broad level, the project also provides insights into the potential importance of monitoring family contact patterns in the NSW OOHC system. Figures from by the Australian Institute of Health and Welfare (AIHW) show that children are staying in care longer and that this is a contributing factor in the growth in the number of children in care (AIHW, 2018). The finding that there was a steady decrease in the proportion of children with contact with their birth parents is concerning because contact is known to be a

significant predictor of reunification/restoration, and this may be a contributor to the effects documented by the AIHW. Accordingly, one important policy implication of these findings is to examine what factors contributed to the loss of contact and why this was happening in both relative/kinship care and foster care.

4.5 Methodological and conceptual considerations

The analyses in this report present largely a descriptive account of the pattern of outcomes observed for children placed into relative/kinship care and foster care over the five years of the POCLS. Such analyses allows the examination of how children in these two groups were faring developmentally as compared with Wave 1. The methods used provide insights into whether children in relative/kinship care or foster care for a prolonged period generally experience changes or stability in their scores on a range of outcome measures. However, these analyses on their own only provide tentative conclusions about the relative impact of exposure foster care vs. kinship (i.e. as a service intervention). The reason for this is that children in kinship and foster care differ in relation to their baseline scores on several developmental measures and also in relation to other measures that might influence developmental outcomes while they are in care (e.g. exposure to different types of abuse). Thus, it is not possible to confidently assert that the effects of exposure to relative/kinship care and foster care are the same, unless one conducts analyses that involve children who are matched on a range of variables, e.g. demographics and baseline scores on developmental measures. Such analyses are generally rare in the field, but have been previously conducted by Rubin et al. (2007, 2008) in the US using longitudinal data drawn from the NSCAW study (National Survey of Child and Adolescent Wellbeing). The method used in the Rubin et al (2008) study involves a form of propensity matching in which children in one exposure group (e.g. foster care) are matched to those in relative/kinship care on a range of variables. The process involved for conducting such comparisons is complex and very likely has to be tailored for each individual dataset. Such work requires detailed statistical work to determine the best control or comparison variables and effective strategies for combining this information to yield comparative groups of children whose outcomes can be compared across the different exposures (e.g. kinship vs. foster care).

Another consideration is the nested nature of the data. The POCLS children are nested within households and also within districts, so it possible that some variance between children is shared because they come from the same household and district. Observations in longitudinal analyses are also nested within individuals, so that models could be developed to capture ‘within participant’ variance. Ideally, it would be useful to conduct analyses that take this hierarchical structure into account when examining the relationship between variables. If a significant amount of variance is evident within particular levels of the data (e.g. within household and/or districts), then this could influence the nature of the observed relationship between placement types and

outcomes. However, it should be noted that the existence of this hierarchical structure does not necessarily mean that the results will be substantially different from the more standard analyses presented in this report. In fact, the results may turn out to be very similar when the structure of data is taken into account using hierarchical or linear mixed models. Nevertheless, caution should be applied to the current results until they can be verified using other analytical techniques that allow for potential sources of shared variance to be taken into account in the estimation of effects and model parameters.

4.6 Future directions

The results provide a first examination of the extent to which outcomes are related to different types of care, the nature of placements provided for Aboriginal children, as well as the stability of carers across the three waves. The next stage of the POCLS analyses will be to conduct more complex modelling procedures that: (a) model the relationships with the nested nature of the data taken into account, i.e. family/household and district would be used as 'combination' or sub-grouping variables in linear mixed models; and (b) attempt to match children in kinship and foster care on a range of variables known to differ (at a group level) across the two groups. Methods would be developed to allow propensity matching of cases or to adjust for some of the differences between the groups at baseline so as to obtain a clearer sense as to how similar/matched children progress developmentally when exposed to different types of care. It is recognised, however, that such models can be more difficult to interpret, often yield less easily interpretable effect sizes, and can be more difficult to replicate if they have to be carefully tailored specifically for the analytical situations presented in the POCLS.

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