24-1

Research Report

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

How Children who Exit Out-of-Home Care to Guardianship Orders are Faring: An overview of the POCLS Cohort

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

Research Report No. 24-1

How Children who Exit Out-of-Home Care to Guardianship Orders are Faring: An Overview of the POCLS Cohort

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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 1-4 unweighted data collected in face-to-face interviews with children, young people and caregivers; DCJ administrative data and record linkage health, education and offending 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

Study design by NSW Department of Communities and Justice Insights, Analysis and Research; Australian Institute of Family Studies; Sax Institute, Professor Judy Cashmore, University of Sydney; Professor Paul Delfabbro, University of Adelaide; Professor Ilan Katz, University of NSW; Dr Fred Wulczyn, Chapin Hall Center for Children University of Chicago..

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Preface

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

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

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

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

The population cohort is a census of all children and young people who entered OOHC over an 18 month period for the first time in NSW between May 2010 and October 2011 (n=4,126). A subset of those children and young people who went on to receive final Children's Court care and protection orders by 30 April 2013 (n=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 DCJ's Aboriginal Strategy, Coordination and Evaluation, and Ngaramanala (Aboriginal Knowledge Program), 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 and Governance of all data related to Aboriginal Australians. The NSW Data Strategy (April 2021) includes the principles of Indigenous Data Sovereignty and Governance and provides provisions in regard to:

- Ensuring that our approach to data projects assesses the privacy, security and ethical impacts across the data lifecycle.
  Ensuring the controls are proportionate to the risks and that we consider community expectations and Indigenous Data Sovereignty.
- Guaranteeing a culture of trust between data providers and recipients, including Aboriginal people, through consistent and safe data sharing practices and effective data governance and stewardship

Ngaramanala will be working with the Aboriginal Community of NSW in 2022 to co-create an Indigenous Data Sovereignty and Governance policy for DCJ including a position on reporting disaggregated data. The POCLS will continue to collaborate with Aboriginal Peoples and will apply the policy principles once developed.

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

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

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1 Executive Summary

This report is one of four analyses that were undertaken to examine the outcomes of children and young people (hereafter children) who exit out-of-home care (OOHC) to guardianship orders. This series of analysis focuses on '*transitioned guardians*', that is OOHC relative/kinship carers allocated full parental responsibility for a child who were automatically transitioned to guardianship orders when the legislative amendment was proclaimed in October 2014. Further analysis using subsequent waves of data collection will provide information on the longer term outcomes of children, and for children exiting from a variety of OOHC legal orders and placement types to guardianship orders, to inform policy and practice.

The four analyses examining how children who exit OOHC to guardianship orders are faring focus on:

- An overview of the POCLS cohort
- Socio-emotional wellbeing
- Cognitive learning ability
- Relational permanence.[1]

This report provides a descriptive overview of the experiences and outcomes for a cohort of children who exited OOHC to guardianship orders compared with a cohort of their peers who remained in OOHC relative/kinship placements, including the socio-emotional wellbeing of children and their caregivers, overall access to services, contact with birth families and connection to Aboriginal culture. The analysis utilised data from the POCLS to compare outcomes for children at Wave 1, which occurred prior to the children exiting to guardianship orders[2]; and at Wave 4, which was around six years later.

1.1 Key findings

The study found neither group had universally better outcomes than the other, with mixed results across different outcome measures.

The results of this analysis can provide descriptive information about the extent to which service needs are met across time. This can be used to provide preliminary quantitative evidence from which to discuss policy implications, and to provide a basis for further

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[1] Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Numbers 24-1, 24-2, 24-3 and 24-4.

[2] The transition to guardianship orders occurred in 2014 - between waves 2 and 3.

exploration of how services can impact socio-emotional needs across the two arrangements.

When viewing the results, it should be noted that any observed differences in outcome cannot be directly attributed to guardianship or relative/kinship care. This is because the analysis did not account for selection biases arising from whether children were part of the guardianship cohort or remained in relative/kinship placements. These inherent differences between these populations can be seen in the observed differences between the groups on several measures at Wave 1, prior to exit to guardianship.

Key findings from the analysis are:

- Around 1 in 5 children who did not require support for socio-emotional issues at Wave 1 were assessed as requiring support at follow up approximately six years later, regardless of whether they exited to guardianship.
- Most children reported feeling happy, settled, safe and part of the family in both arrangements, with no significant differences existing between those who exited to guardianship and those who remained in relative/kinship care.
- Children who exited to guardianship appear to have had their needs met at least as well as those who remained in care, with only 2% of guardianship caregivers reporting that the children in their care were not having their needs met by services at Wave 4.
- There was also no significant difference in the reporting of any specific barrier to service, and no significant difference in carer-reported satisfaction with the caregiving role or caregiver stress at either wave.
- There was no significant difference in the percentage of children who had contact with any family member at either wave, or in whether children wanted more or less contact with any relation.
- Around half of caregivers reported experiencing some issue around family contact at both waves, with no significant difference between those in relative/kinship care and those who exited to guardianship at either wave.
- Around 6 in 10 children were reported by their carers to identify with their Aboriginal heritage very much or a fair amount at Wave 4. This did not vary significantly between those who exited to guardianship and those who remained in relative/kinship care at either wave. There were no significant differences between cohorts regarding maintenance of children’s birth name, discussion of heritage, attendance of key cultural events, socialising with community of birth culture, or practice of birth language.

2 Introduction

This report presents analysis of the outcomes and experiences of 138 children who exited OOHC to guardianship orders. In analysing their outcomes and experiences, the children on guardianship orders were compared to a cohort of 198 children who remained in OOHC relative/kinship care placements (i.e. did not exit OOHC). This analysis utilised data from the POCLS.

Children's service characteristics and outcomes were compared at Wave 1, which occurred prior to the children exiting to guardianship, and at Wave 4, which was around six years after Wave 1 and between two and a half and four years after the guardianship cohort's exit from OOHC. None of the children who exited to guardianship in the POCLS sample had returned to care as of 30 June 2016. Findings are presented in relation to the children's socio-emotional wellbeing, services received, contact with birth family, connection to Aboriginal culture, and carer's wellbeing.

2.1 Methodology

The POCLS follows a cohort of children who entered care for the first time between May 2010 and October 2011 and were on a final order by 30 April 2013. Interviews have been completed with children and caregivers over five waves to date, with the first interview at Wave 1 conducted from June 2011 through August 2013, and Wave 5 conducted between April 2019 and December 2020.

This analysis looked at the interview responses of 138 children who exited to guardianship in late October 2014[3], along with their caregivers' responses. These 138 children were in the care of 91 relative/kinship caregivers, and were in the same household from Wave 1 through to Wave 4. The 198 children in the comparison group remained in the same relative/kinship care placement between Wave 1 and Wave 4.

As this analysis is an initial exploration of unweighted POCLS data on guardianship in comparison to relative/kinship care, it does not account for all explanatory variables. It is possible that differences found between the two groups could be explained by other factors not included in the analysis. This limitation may be addressed in further studies on the differences between the two groups identified in this paper.

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[3] 136 children exited to guardianship on 28/10/2014, 2 exited on 17/6/2015.

The scope of this paper is focused largely on the guardianship cohort who exited as part of a large group of children and young people whose care arrangements were moved to guardianship in 2014. Their experiences may differ from children who exited after them.

2.2 Initial characteristics of the two cohorts

We examined the profiles of the guardianship cohort and relative/kinship cohort at Wave 1 to determine if there were any differences which may potentially impact findings at Wave 4 (four years after the guardianship cohort exit and six years after Wave 1). We found no differences in any child or caregiver demographic measures between the two cohorts.

Children aged seven years and over who were more likely to require support[4] for socio-emotional issues in Wave 1, as measured on the Child Behaviour Checklist (CBCL)[5], were also more likely to remain in relative/kinship care than to exit to guardianship. Figure 1 shows a significantly higher percentage of children in long-term relative/kinship care were reported by their caregivers, through the CBCL assessment, to have socio-emotional concerns requiring support (34% made up of 5% in the borderline range and 29% in the clinical range) than those who were in the guardianship cohort at Wave 1 (19% made up of 7% in the borderline range and 12% in the clinical range) ($X^2 = 6.728$, $p = 0.035$). This is not surprising as a need for continuing caseworker support would mean a child would not be a candidate for exiting care to guardianship. Among those who exited to guardianship, 66% had at least one sibling living with them at Wave 1, which increased slightly to 69% at Wave 4. This was not significantly different from the 66% of children in relative/kinship placements who had a sibling living with them at Wave 1 and at Wave 4. There was no significant difference between waves for either cohort.

Figure 2 shows children who remained in care had significantly more placements prior to Wave 1 (mean = 2.3) than children who exited to guardianship (mean = 1.9, F = 8.79, $p < 0.001$). Almost one in three children who remained in care had had three or more placements prior to Wave 1. This was almost one in five for those who exited to guardianship.

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[4] The response categories of 'borderline' and 'critical' have been collapsed into a single category of 'requiring support' for the purpose of this analysis.

[5] The Child Behaviour Checklist is a checklist/questionnaire used to identify emotional and behavioural issues in children.

Figure 1: Scores on the CBCL Total Problems Scale T scores at Wave 1

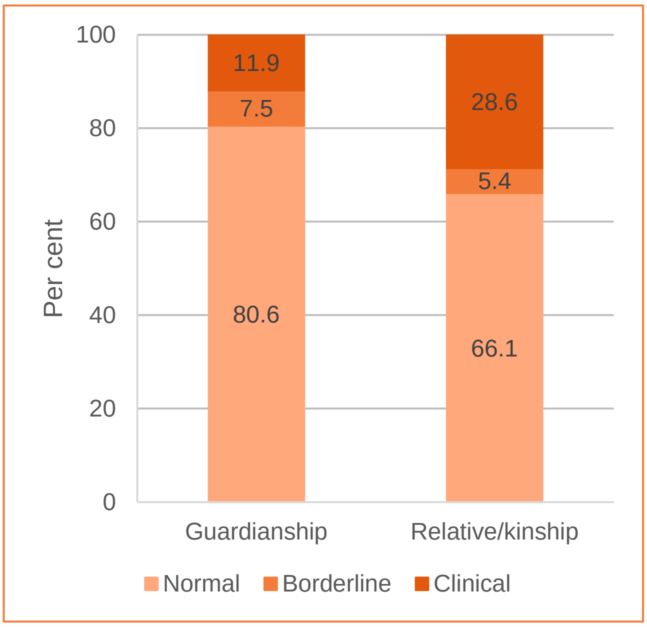
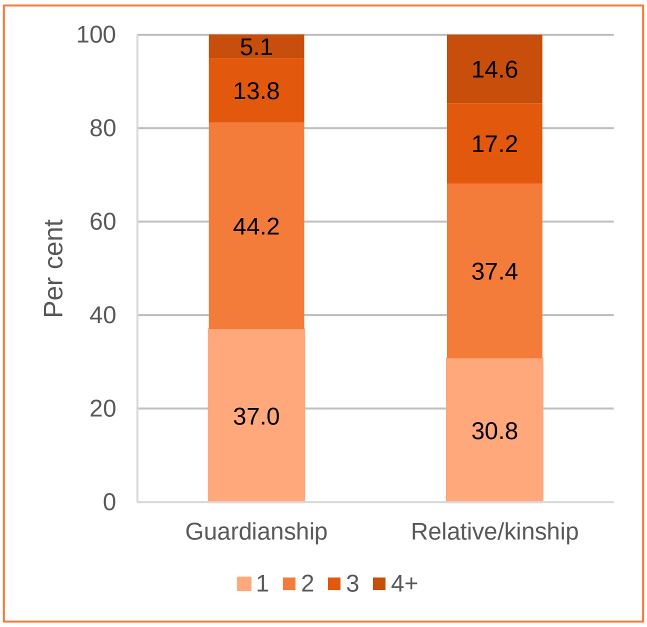


Figure 2: Total placements before Wave 1 Interview



Note: n=67 (guardianship), n=112 (relative/kinship care). Children were aged 7 and over.

3. Results

This section looks at what the POCLS data tells us about the medium-term outcomes of each cohort of children and young people and their carers, through examining any differences between the cohorts from Wave 1 to Wave 4. The outcomes are grouped into themes.

3.1 Children's socio-emotional wellbeing

Results from two different child wellbeing tools (the Brief Infant Toddler Social Emotional Assessment[6] (BITSEA) and the CBCL) were combined to provide a longitudinal perspective. There was no significant difference between the groups at Wave 1 (X^2 = 2.713, p = 0.1), with a significant difference appearing at Wave 4 (X^2 = 4.557, p = 0.033).

A significantly higher percentage of children who required support at Wave 1 for socio-emotional issues did not require support at Wave 4 among those in guardianship (80%) compared to those who remained in relative/kinship care (28%). It is not known how

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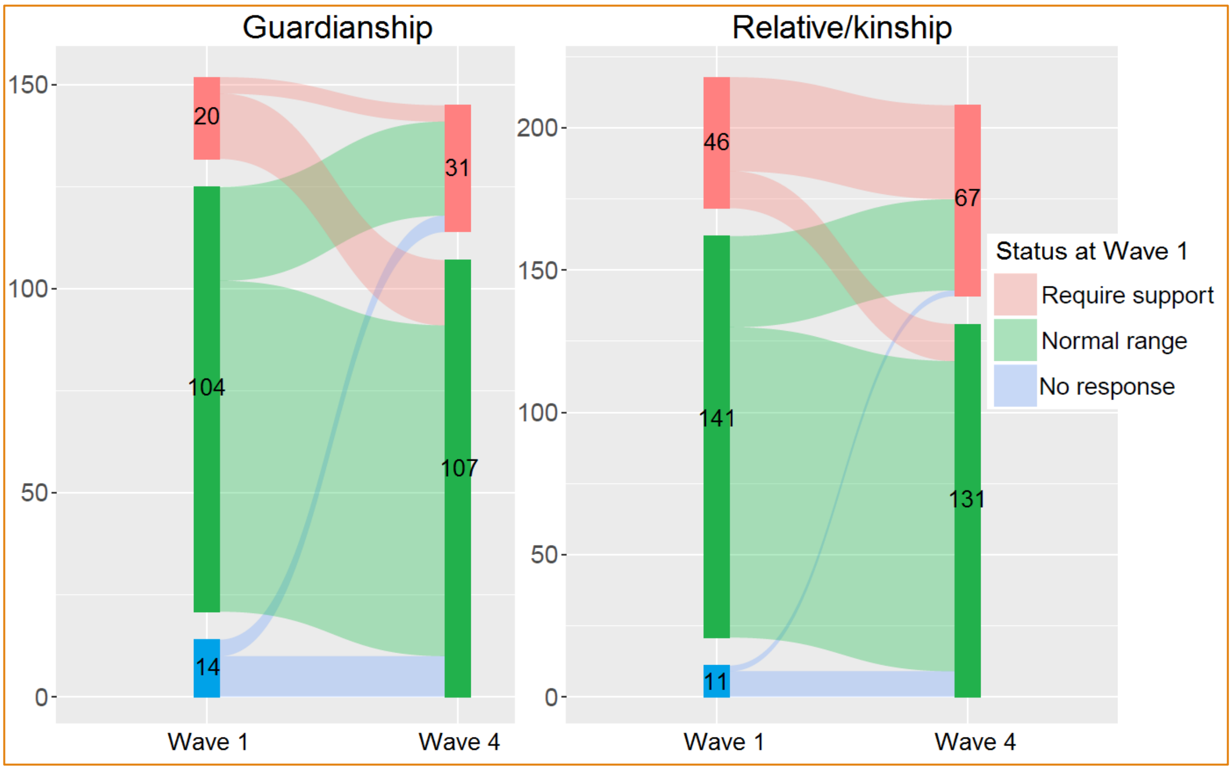
[6] The BITSEA is an assessment tool to identify children aged 1 to just under 3 years who might have delays in socio-emotional capacity or behavioural issues.

much of this improvement occurred before those in the guardianship cohort exited to guardianship. The proportion of children who showed no need for socio-emotional support at Wave 1 who then required support in Wave 4 was approximately the same between guardianship (22%) and children in relative/kinship care (23%) - see Figure 3 below. This means that around 1 in 5 children who did not require support were assessed to require support at follow up regardless of whether they exited to guardianship. This highlights the need to ensure continued access to support for those exiting to guardianship, even when they do not require support at time of exit from care.

Figure 3: Child socio-emotional wellbeing over time, as measured by the BITSEA and CBCL



3.2 Children's satisfaction with living arrangement

At Wave 4[7], children aged seven and older were asked questions about how happy, settled and safe they felt in their current living arrangement, and how much the adults made them feel part of the family. Most children reported feeling happy, settled, safe and part of the family in both arrangement types, with no significant differences observed

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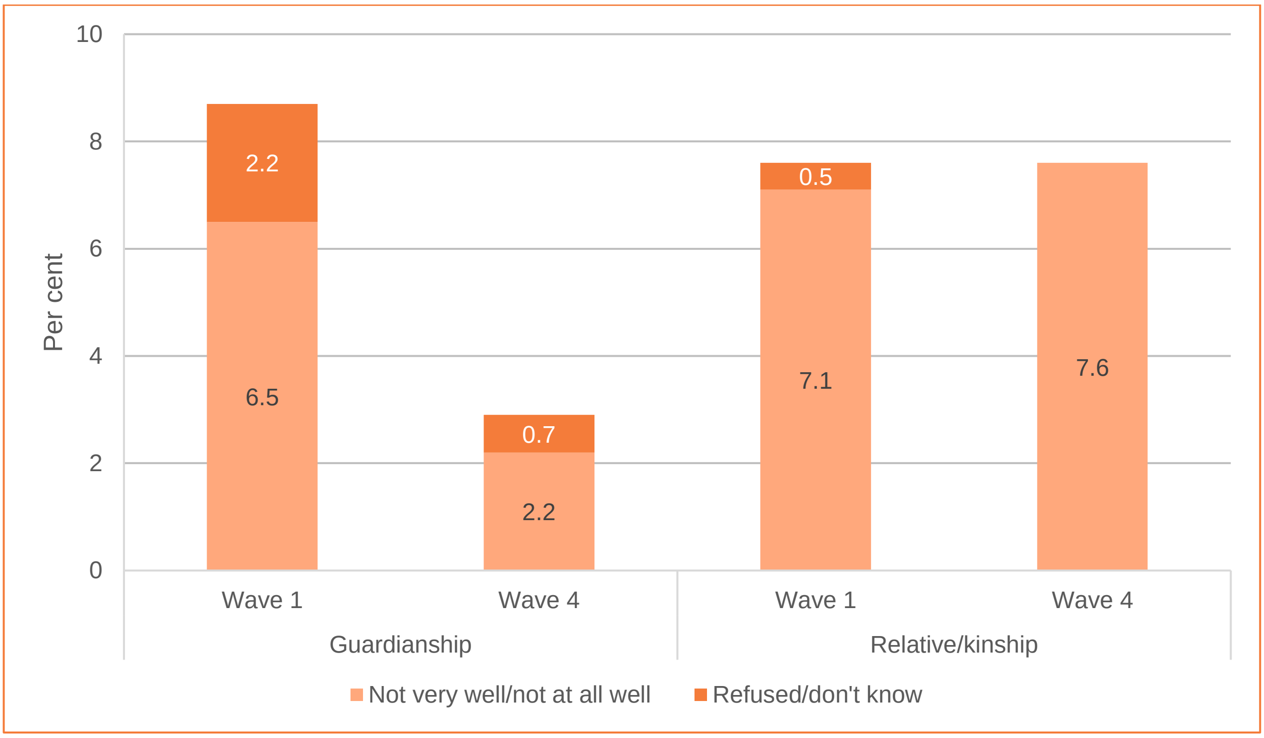
[7] This question was not asked at the Wave 1 interview.

between those who exited to guardianship and those who remained in relative/kinship care with at least 87% of children responding positively.

3.3 Services provided to children

Children who exited to guardianship appear to have had their needs met at least as well as those who remained in OOHC. Figure 4 shows the percentage of children whose caregivers reported they were getting their needs met by services ‘not very well’ or ‘not at all well’ was similar for the guardianship group (7%) and those in long term relative/kinship care (7%) at Wave 1. Figure 4 also shows that 2% of children who exited to guardianship were reported by their caregivers as not having their needs met at Wave 4 compared to 8% of children who remained in relative/kinship care, a difference that approached but did not reach significance ($X^2 = 3.62$, $p = 0.057$). Note that it appears the socio-emotional problems of those requiring assistance in relative/kinship care are greater at Wave 4 than those who exited to guardianship.This may explain why there were almost significantly more caregivers of children in relative/kinship care reporting that the children in their care were not getting their needs met compared to those who exited to guardianship.

Figure 4: Percentage of children reported by their caregivers as not having their needs met by services



Note: W1-4 n=138 (guardianship), n=198 (relative/kinship)

The data allows us to see what services were received by children prior to exiting to guardianship and 3-4 years after they had exited. We only know the number of children who have received each kind of service, as reported by their caregivers. We do not know the relationship between service need and the receipt of these services.

Table 1 illustrates that children who remained in relative/kinship care were significantly more likely to attend an eye specialist/surgeon or receive an eye test at Wave 4 (60%) than those who exited to guardianship (49%; $X^2 = 3.935$, $p = 0.047$). The same was true of children attending a hearing test, with 50% of those who remained in relative/kinship care and 38% of those who exited to guardianship receiving a hearing test at Wave 4 ($X^2 = 3.957$, $p = 0.047$). Use of dental services was also more common for children in relative/kinship care at Wave 4 (87% compared to 70%; $X^2 = 12.98$, $p < 0.000$). It is possible that the higher attendance at these services among those in relative/kinship care was due to a greater need for the services, not a lack of access to these services when required among those who exited to guardianship.

Caregivers of children over the age of 36 months were asked if the child was taking medication to control behaviour. There was no significant difference in the percentage of children reported by their caregivers to be taking medication to control behaviour between those who exited to guardianship and those who remained in relative/kinship care at either Wave 1 ($X^2 < 0.000$, $p = 1$) or Wave 4 ($X^2 = 1.313$, $p = 0.252$).

Table 1: Percentage of children receiving services – significant results only

Service Received by Child	Guardianship Wave 1 (%)	Guardianship Wave 4 (%)	Relative/Kinship Wave 1 (%)	Relative/Kinship Wave 4 (%)
Dental hospital or local dentist	40.6^	70.3*^	44.4^	86.9*^
Eye specialist/surgeon/eye test	6.5^	48.6*^	7.1^	60.1*^
Hearing test	2.2^	38.4*^	3.5^	50.0*^
Paediatrician	42*^	29*^	56.6*^	42.9*^
Attended any specialist	12.3^	28.3^	13.1^	34.8^
Ear, Nose, Throat	5.8*	12.3	1*^	13.6^
Occupational therapist	3.6^	10.9^	2^	15.7^
Surgeon	0*	5.8	1.5^	7.1^
Early Childhood Health Centre	26.1^	2.2^	31.3^	2.6^
Dietician/nutritionist (recode)	1.4	4.3	0.5^	4.5^

Note: W1-4 n=138 (guardianship), n=198 (relative/kinship)

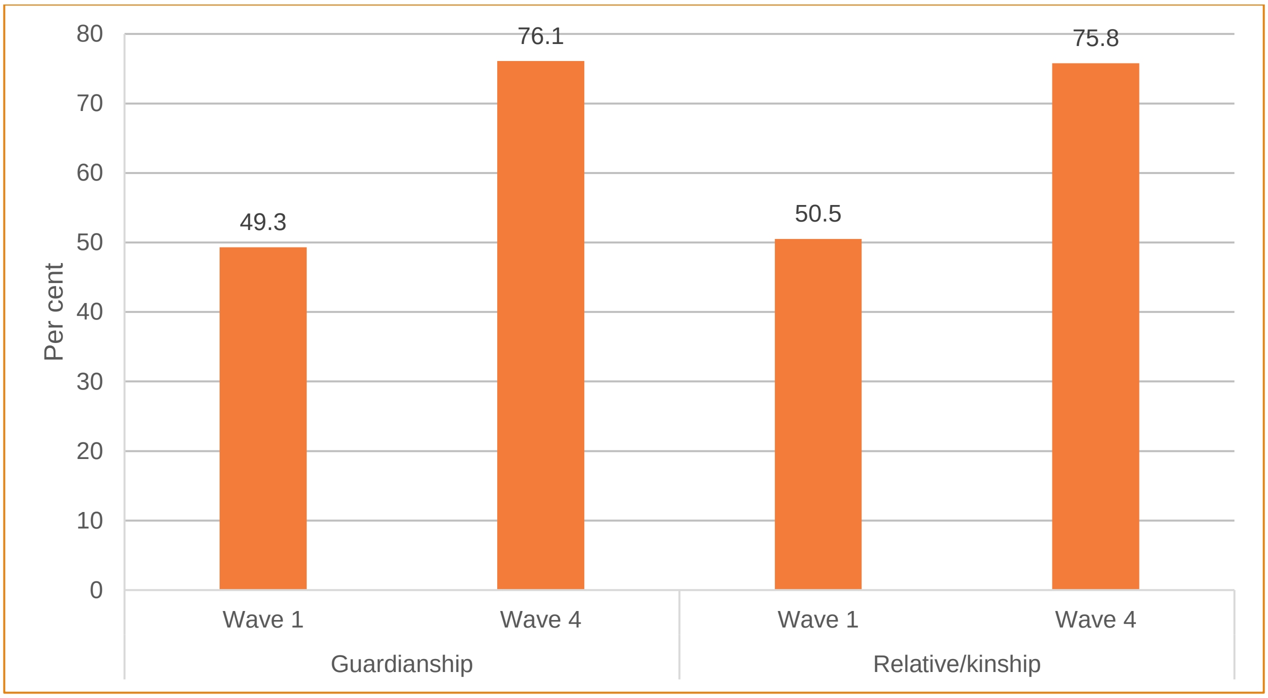
* Significant difference between the placements (guardianship and relative/kinship)

^ Significant difference between the Waves (within placement type)

The above table includes only those categories where results were found to be significantly different, a full table of results can be found in Appendix A.The above percentages were based on all children. Significance was calculated after excluding refused/don't know, which made up less than 1% of all responses.

Figure 5 shows there was a significant increase between Wave 1 and Wave 4 in the number of children reported to have a condition that lasted or was expected to last six months or more among both those in guardianship ($X^2 = 20.07$, $p<0.001$) and those in relative/kinship care ($X^2 = 26.05$, $p<0.001$). It is likely this increase was related to the age of the children, with particular conditions increasing with age. There was little difference between the arrangement types in the proportion of children reported to have a condition lasting or expected to last six months or more at either wave.

Figure 5: Percentage of children reported to have a condition that lasts or is expected to last 6 months or more



Note. W1-4 n=138 (guardianship), n=198 (relative/kinship)

There was no significant difference in any of the carer-reported barriers to access services between the two arrangements. Cost of service was reported as a barrier by 15% of caregivers of children in guardianship with a condition at Wave 4, which was significantly more than the 4% who reported cost as a barrier at Wave 1 ($X^2 = 3.903$, $p = 0.048$). The same was true among those who remained in relative/kinship care, with cost as a barrier being reported by 2% at Wave 1 and 13% at Wave 4 ($X^2 = 8.242$, $p = 0.004$).

Table 2: Percentage of children with a condition lasting or expected to last 6 months or more whose carers reported barriers to receiving services

Barriers to receiving professional support	Guardianship Wave 1 (%)	Guardianship Wave 4 (%)	Relative/Kinship Wave 1 (%)	Relative/Kinship Wave 4 (%)
Any Barrier Reported	22.1	25.7	29.0	30.0
Cost of the service	4.4^	15.2^	2.0^	13.3^
Long waiting lists	16.2	13.3	22.0	16.7
Too far to travel	4.4	3.8	2.0	3.3
Problems with transport	2.9	1.0	0.0	2.7
Something else	5.9	2.9	3.0	2.7
No appropriate services (recode)	2.9	1.0	3.0	2.0
Not knowing what services are available or not offered (recode)		4.8		2.0
Difficulty getting agency approval or assistance (recode)		3.8		12.0
Child or young person won't attend or engage (recode)		5.7		2.7

Note. W1-4 n=91 (guardianship), n=131 (relative/kinship)
The percentage reporting barriers is based on all children, not just those requiring a service.
* Significant difference between the placements (guardianship and relative/kinship)
^ Significant difference between the Waves (within placement type)

3.4 Contact with birth family

Various types of contact and reported experiences regarding contact with a child's birth family were examined.

3.4.1 Siblings living in the home

Table 3 shows the proportion of children with birth siblings living in the caregiver household. It can be seen that 66% of children who exited to guardianship had siblings living in the caregiver household at Wave 1, which was not significantly different to the 66% of children in relative/kinship care who had siblings living in the home. This remained stable in both arrangement types across waves.

Table 3: Percentage of children with birth siblings living in the caregiver household

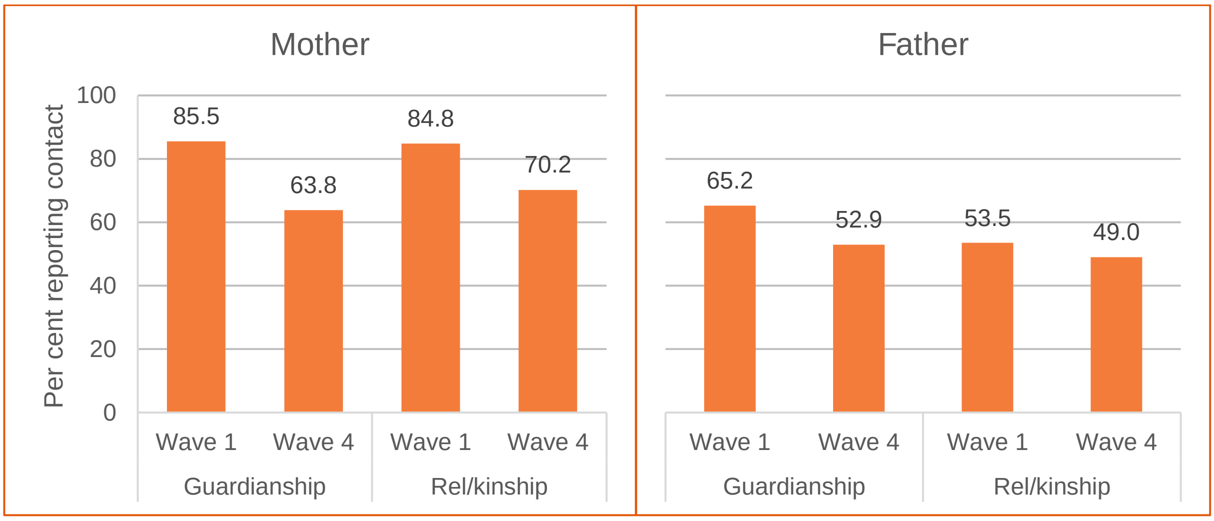
	Guardianship		Relative/Kinship	
	Wave 1 (%)	Wave 4 (%)	Wave 1 (%)	Wave 4 (%)
Siblings living in the home	65.9	68.8	66.2	66.2

Note. W1-4 n=138 (guardianship), n=198 (relative/kinship)

3.4.2 Contact with mothers and fathers

Figure 6 shows children's contact with their mothers fell significantly among those in guardianship from Wave 1 (86%) to Wave 4 (64%; $X^2 = 16.097$, $p < 0.001$). The same was true for those who remained in relative/kinship care, with the percentage of children who had contact with their mothers falling from 85% in Wave 1 to 70% in Wave 4 ($X^2 = 11.393$, $p = 0.001$). There was no significant difference between the arrangement types at either wave. Compared to mothers, the reduction in contact with fathers for both arrangements was smaller in magnitude between the two waves, and did not reach significance (relative/kinship care: $X^2 = 0.905$, $p = 0.357$; guardianship: $X^2 = 4.455$, $p = 0.824$).

Figure 6: Percentage of children who had contact with their birth mothers and fathers



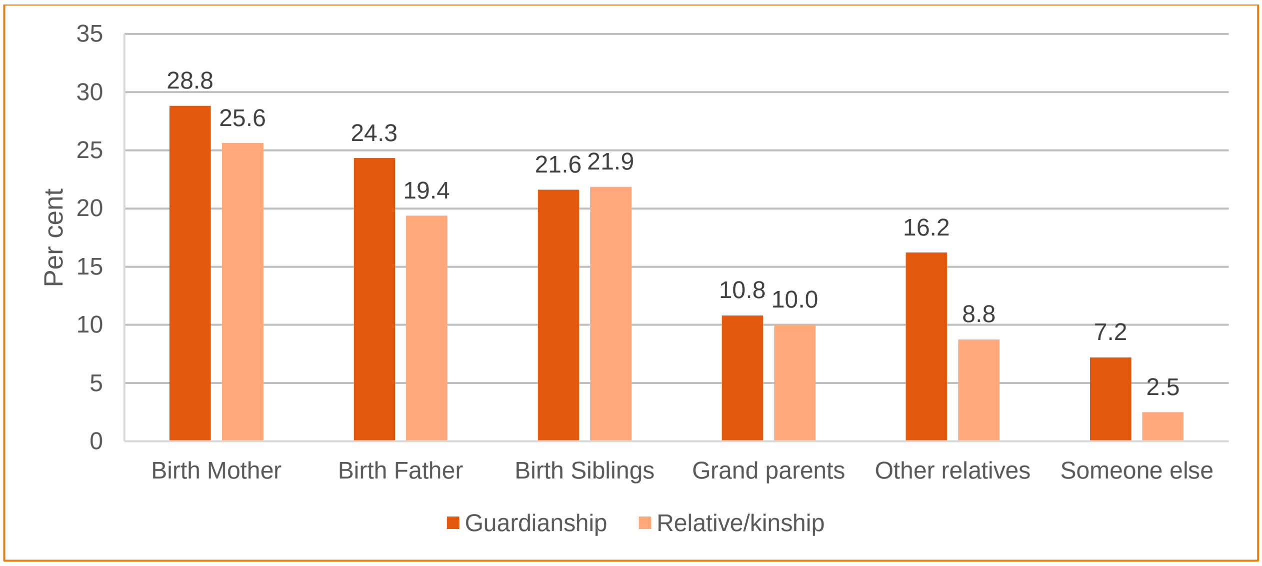
Note. W1-4 n=138 (guardianship), n=198 (relative/kinship)

3.4.3 Child-reported feelings regarding contact with family

Children seven years of age and older were asked at Wave 4 whether they would like more, less, or the same amount of contact with their birth mothers, birth fathers, birth siblings, grandparents, and other relatives. Figures 7 and 8 show that overall, children reported they wanted more contact with family than less contact.

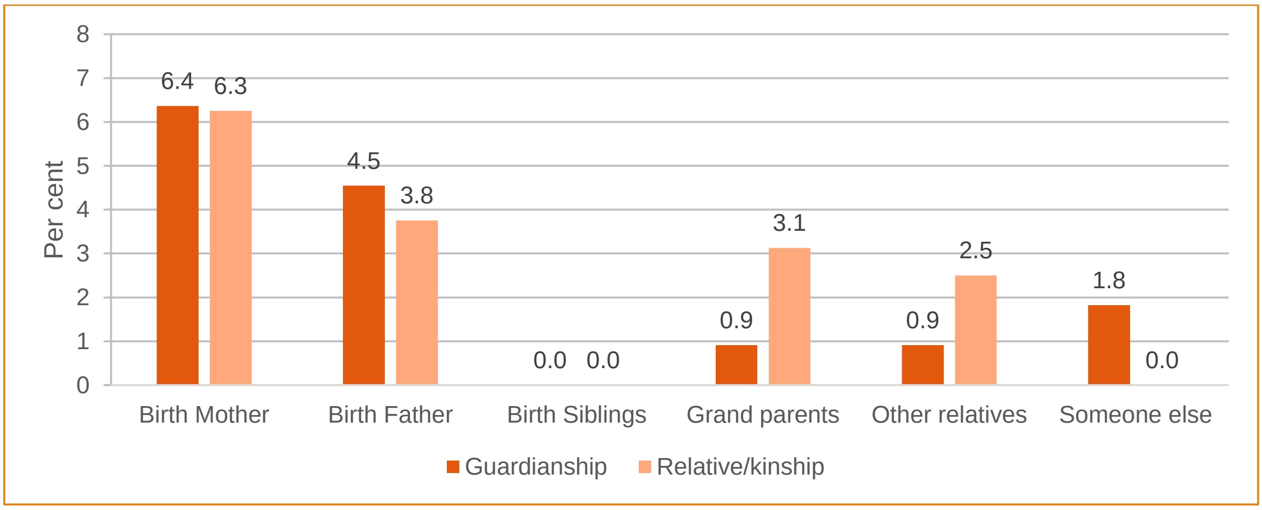
Of those who exited to guardianship, 36% reported wanting more contact with at least one family member, while 10% reported wanting less contact with at least one family member. This was not significantly different to those who remained in relative/kinship care. Among those who exited to guardianship, 29% wanted more contact with their mothers, 24% wanted more contact with their fathers, and 22% wanted more contact with their siblings. There was no significant difference between the arrangement types in whether children wanted more or less contact with any relative.

Figure 7: Percentage of children aged 7 or over who reported wanting more contact with a family member at Wave 4



Note. n=111 (guardianship), n=160 (relative/kinship)

Figure 8: Percentage of children aged 7 or over who reported wanting less contact with a family member at Wave 4

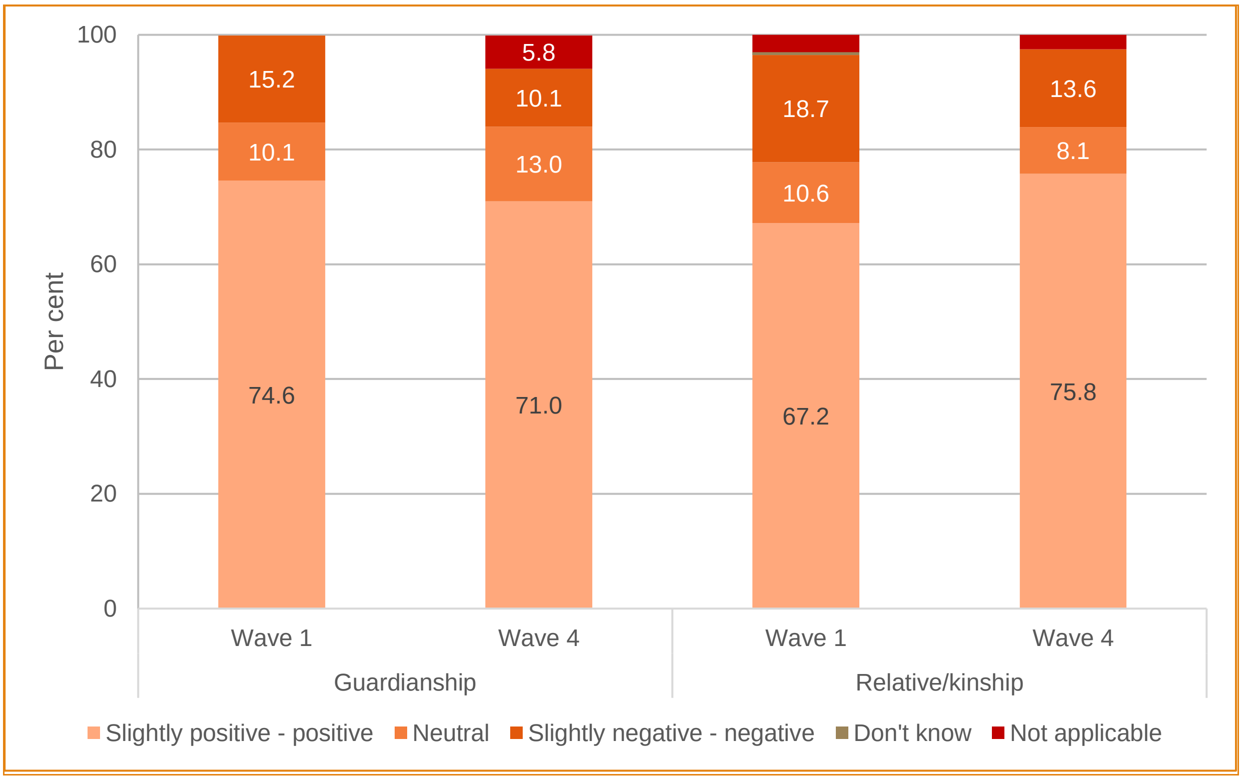


Note. n=110 (guardianship), n=160 (relative/kinship)

3.4.4 Caregiver-reported feelings regarding contact

Figure 9 shows caregivers feel positive about contact for about three quarters of the children, and this was relatively consistent between waves and living arangements. Among those who exited to guardianship, 10% felt neutral and 15% slightly negative or negative towards contact in Wave 1. With ‘refused’ and ‘not applicable’ removed from significance calculations, there was no significant difference between what caregivers reported between waves or between arrangement types. There was also no difference between guardianship and relative/kinship caregivers at Wave 4 in how they felt about access to the child’s birth family ($X^2 = 1.055$, p = 0.901).

Figure 9: Caregiver feelings about access to birth family



Note. W1: n=138 (guardianship), n=191 (relative/kinship); W4: n=130 (guardianship), n=193 (relative/kinship)

3.4.5 Caregiver-reported feelings on relationship quality between children and parents

It is interesting to note that many caregivers who did not report observing a good relationship between the child and their mother or father still reported feeling positive or slightly positive about contact with the child’s birth family. For instance, 64% of children who exited to guardianship had contact with their mothers at Wave 4, with 37% of their caregivers reporting they observe a good relationship between the child and their mother, and 71% reporting feeling positive or slightly positive about contact with the birth family.

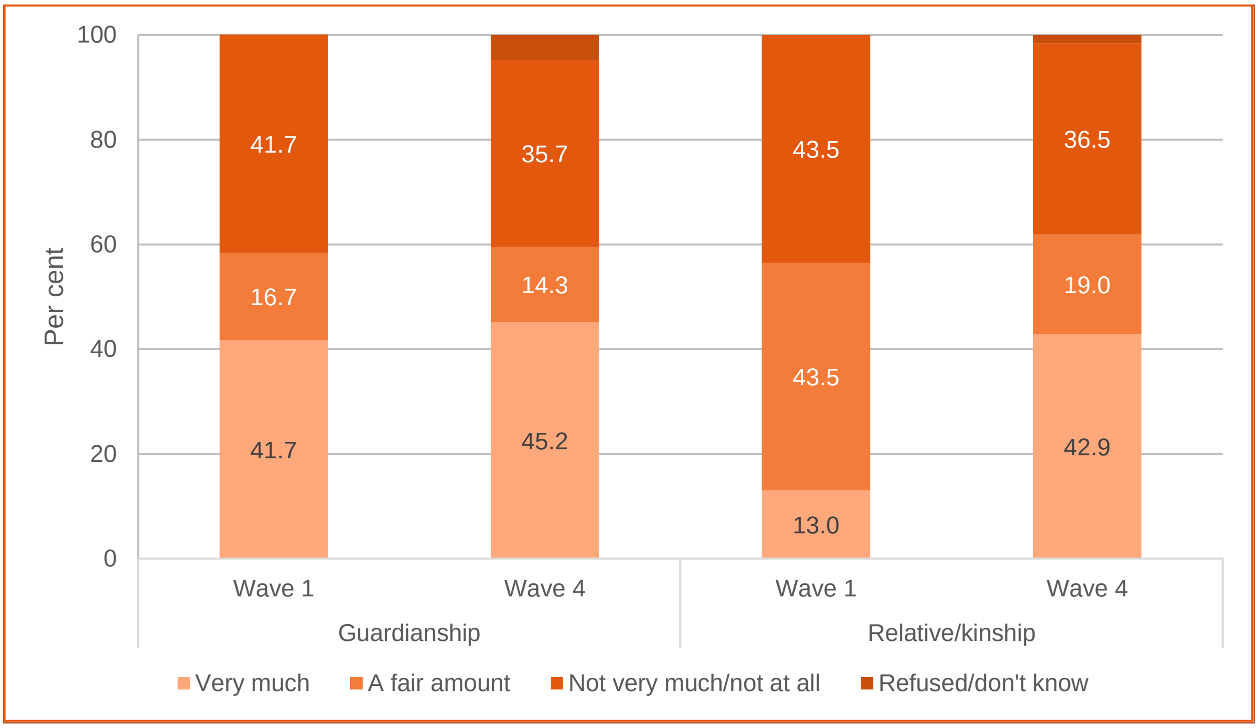
3.4.6 Caregiver-reported experience of problems occurring during contact

Just over half (52%) of guardianship caregivers continued to report that at least one issue occurring during contact at Wave 4, which was not significantly different from the 62% reporting an issue at Wave 1. There was no statistically significant difference between the percentage of guardianship and relative/kinship caregivers reporting any contact issues at either wave.

3.5 Connection to Aboriginal culture

The extent to which the child identifies as Aboriginal was asked of caregivers of children aged five and older. Figure 10 shows a significant difference in response patterns from Wave 1 to Wave 4 among those in relative/kinship care, with more caregivers reporting their child was 'very much' relating to their Aboriginal heritage at Wave 4 as opposed to 'a fair amount' ($X^2 = 8.343$, $p = 0.015$). While there were no significant differences between the arrangement types at any point, the increase in the proportion of relative/kinship caregivers reporting their child 'very much' identified with their Aboriginal heritage created a distribution far more similar to those in guardianship at Wave 4 than it had been at Wave 1. These figures should be interpreted with caution due to low numbers of reponses, particularly at Wave 1.

Figure 10: Caregiver report of extent to which child identifies with Aboriginal background for children five years of age and over



Note. W1: n=12 (guardianship), n=23 (relative/kinship); W4: n=42 (guardianship), n=63 (relative/kinship)

*Responses of refused/don't know were combined with responses of 'not very much/not at all' to calculate X^2 values due to low numbers.

There were no significant differences in reports from caregivers on who was helping to link children to their Aboriginal culture between those who exited to guardianship and those who remained in relative/kinship care. It should be noted that significantly more Aboriginal guardianship caregivers reported using their own family to help link the child to their culture ($X^2 = 4.593$, $p = 0.032$) compared to non-Aboriginal guardianship caregivers. There were no other significant differences between Aboriginal and non-Aboriginal caregivers.

Regarding steps taken by caregivers to maintain cultural connection for Aboriginal children, the only difference found between the arangement types was whether the children’s life story book had been created or was up to date. There was no significant difference at Wave 1, though at Wave 4, 69% of children in relative/kinship care had a life story book created or up to date, compared to 38% of those who had exited to guardianship ($X^2 = 9.247$, $p = 0.002$).

There were no significant differences between the cohorts regarding maintenance of children’s birth name, discussion of heritage, attendance of key cultural events, socialising with community of birth culture, or practice of birth language.

With respect to the cultural identity of the caregiver, 86% of Aboriginal relative/kinship caregivers discussed the child's identity and heritage with them, which was significantly more than the 60% of non-Aboriginal relative/kinship caregivers who did so ($X^2 = 3.859$, $p = 0.049$). There were no other significant differences by the cultural identity of the caregiver.

3.6 Carer wellbeing and support

Carers were asked about their wellbeing, satisfaction in their role and their experiences of support received in caring for children in guardianship and relative/kinship care.

3.6.1 Caregiver stress

There were no significant differences between the levels of caregiver stress between waves among the guardianship caregivers (or relative/kinship caregivers), as measured by the Kessler Psychological Distress Scale (K-10). Moreover, there were no significant differences between the guardianship and relative/kinship caregivers at either wave.

3.6.2 Caregiver satisfaction and likelihood to continue as a carer

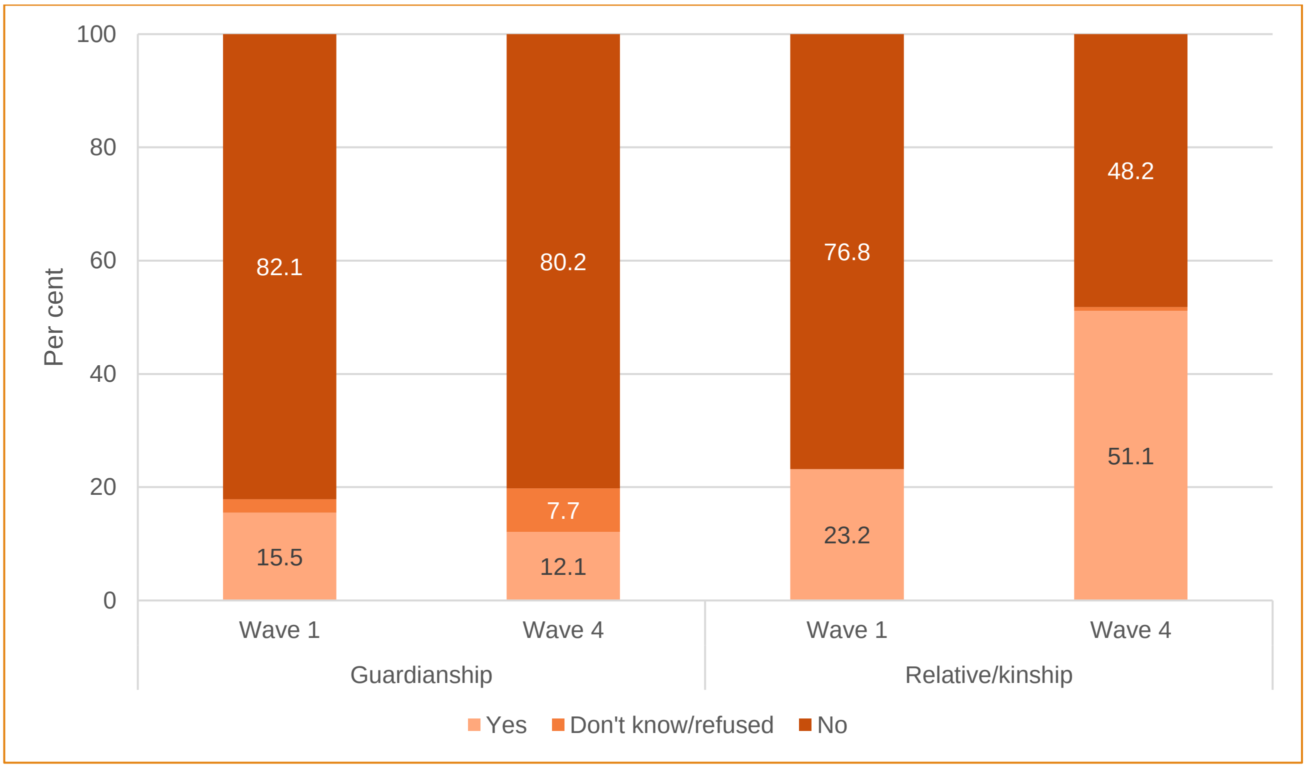
There was no difference between the arrangement types or across waves in overall satisfaction with caregiving, with very small (less than 5) numbers of guardianship caregivers reporting being dissatisfied or very dissatisfied at Wave 1 and Wave 4.

None of the guardianship caregivers reported that they were unlikely or not at all likely to continue being a caregiver at any point. None of the caregivers in relative/kinship care reported being unlikely or not at all likely to continue being a caregiver at Wave 1, and only a very small number (less than 5) reported this at Wave 4.

3.6.3 Caregiver support and services

Figure 11 shows that at Wave 1, the proportion of guardianship caregivers with a caregiver development plan (16%) was not significantly different from the proportion of relative/kinship caregivers with a caregiver development plan (23%; $X^2 = 1.229$, $p = 0.268$). This changed at Wave 4, with significantly more relative/kinship caregivers having a caregiver development plan (51%) than guardianship caregivers (12%; $X^2 = 31.35$, $p < 0.001$). It seems those that remained in care may have benefited from an increase in the rollout of caregiver development plans that was not available to those who had exited to guardianship.

Figure 11: Caregiver has a caregiver development plan with a caregiver support worker



Note. W1: n=84 (guardianship), n=125 (relative/kinship); W4: n=91 (guardianship), n=139 (relative/kinship)

Table 4 shows differences in the proportions of caregivers responding ‘Yes’ to questions about facing barriers to services. While there appear to be substantial differences in the proportion of carers reporting service barriers across waves and across cohorts, the overwhelming majority of caregivers responded either ‘No’ or ‘No service sought’. As a result, there were no significant differences across waves or cohorts.

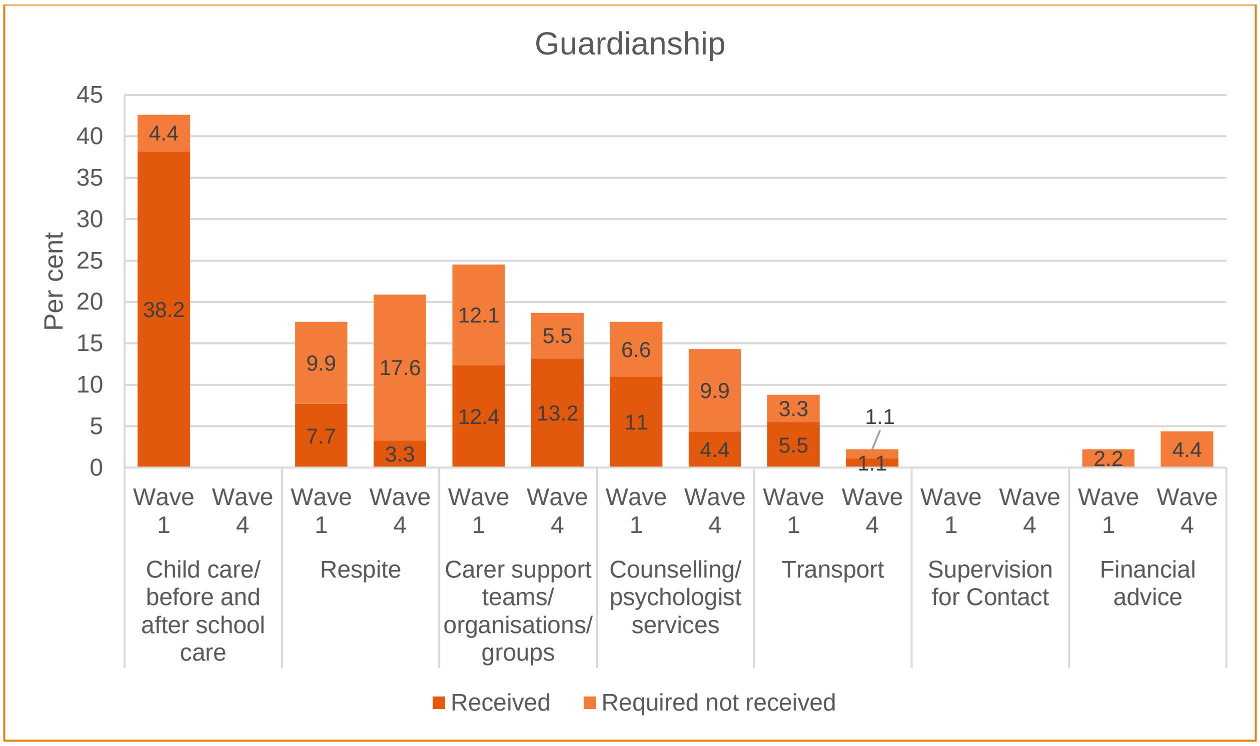
Table 4: Percentage of caregivers reporting barriers to service

	Guardianship		Relative/Kinship	
Barrier to Service	Wave 1 (%)	Wave 4 (%)	Wave 1 (%)	Wave 4 (%)
Cost of the service	5.5	12.1	4.3	6.5
Don't know how to access support/services	-	9.9	-	7.9
Lack of support from caseworker or agency	2.2	8.8	2.2	15.8
Long waiting lists	6.6	5.5	12.2	6.5
No appropriate services	3.3	5.5	7.9	2.2
Too far to travel	1.1	5.5	2.9	4.3
Lack of time	0.0	4.4	0.0	2.9
No childcare/respite care	2.2	3.3	0.7	6.5
Problems with transport	1.1	1.1	2.2	2.2
Not aware of what is available/not offered	7.7	0.0	7.9	0.0
No time/not at a convenient time	1.1	0.0	0.7	0.7
Something else	1.1	0.0	1.4	0.0

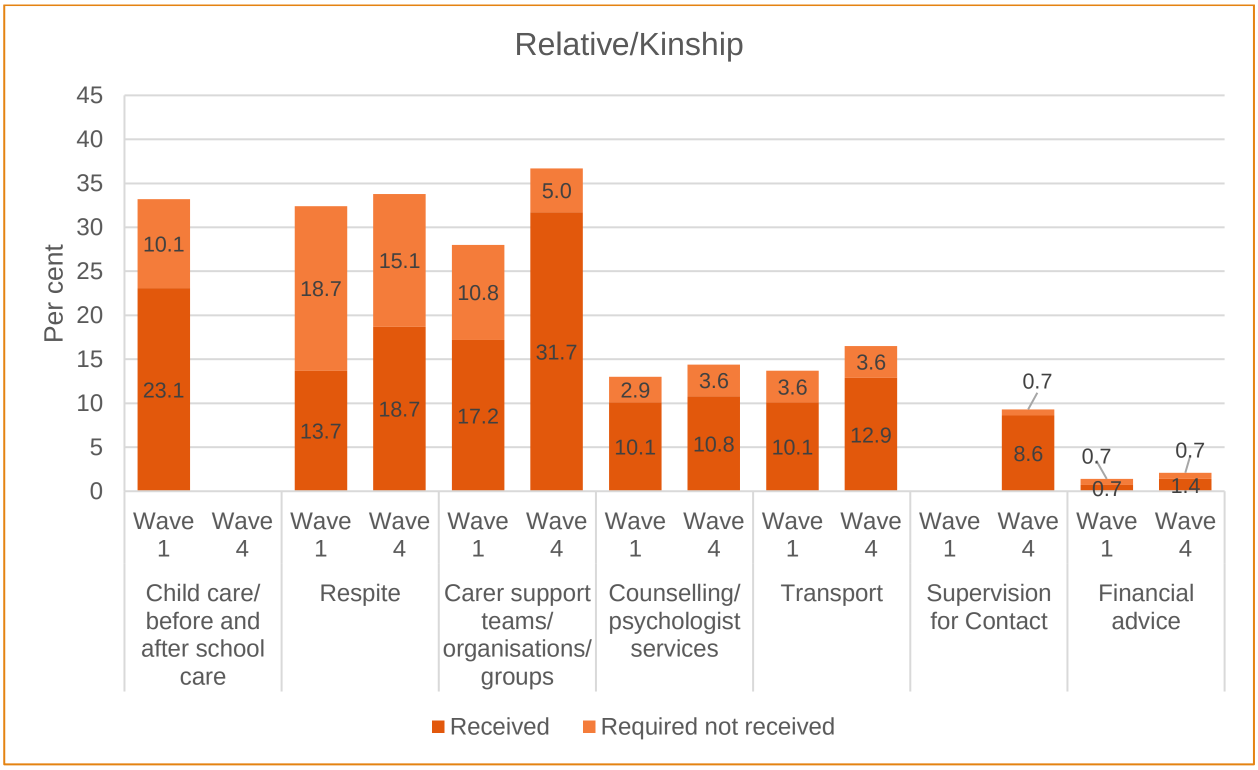
Note. W1-4: n=91 (guardianship), n=139 (relative/kinship)
*Percentages include refused/don't know, which were removed when calculating X^2 values.
**'Don't know how to access support services' not asked as a barrier to services at Wave 1.

Caregiver responses were collated to show how many caregivers were receiving a service, and how many caregivers reported requiring a service but were not receiving it. The breakdown of services required and received by carers in guardianship and relative/kinship care are shown in Figure 12. The service that the largest percentage of caregivers required but had not received at Wave 4 was respite. But the percentage of caregivers stating this service was required but not received was only 15% for relative/kinship caregivers and 18% of guardianship caregivers by the Wave 4 interview.

Figure 12: Percentage of caregivers receiving services and requiring services but not receiving them



Note. W1 n=90, W4 n=91



Note. W1 n=139, W4 n=139

In spite of the reported barriers to receiving services detailed in Figure 12 and Table 4, the percentage of caregivers seeking services for themselves fell from 63% at Wave 1 to 37% at Wave 4. This change in distribution between waves was significant among those in guardianship ($X^2 = 18.925$, $p < 0.001$) but not for those in relative/kinship care ($X^2 = 3.675$, $p = 0.159$).

4 Discussion

This analysis examined the outcomes and experiences of 138 children who exited OOHC to guardianship orders compared to a cohort of 198 of their peers who remained in OOHC relative/kinship care. The analysis found that largely the experiences of both the children and their carers were consistent on a cohort level between those who exited to guardianship orders and those who remained in OOHC relative/kinship care. Comparison of measures across these two groups shows that outcomes in terms of socio-emotional wellbeing of children and their caregivers, overall access to services, contact with birth families and connection to Aboriginal cultures appear to be similar between the two groups. The findings presented in this report on the ‘transitioned guardians’ will provide information to policy makers but more analysis is needed to answer policy questions on guardianship orders as a permanency pathways for children in OOHC. This will be subject to further examination as more waves of data are collected.

5 Limitations

The study found neither group had universally better developmental outcomes than the other, with mixed results across different outcome measures. As the analysis did not attempt to account for selection biases arising from whether the children were part of the guardianship cohort or remained in OOHC relative/kinship placements, any observed differences cannot be directly attributed to guardianship or OOHC relative/kinship care. Despite this limitation, the results of this analysis can provide descriptive information on service needs over time and provide a basis for further exploration of how services can influence socio-emotional development across the two care arrangements.

Appendix 1

Table 1: Percentage of children receiving services

Service Received by Child	Guardianship		Relative/Kinship	
	Wave 1	Wave 4	Wave 1	Wave 4
General practitioner	87.7	89.9	90.4	93.4
Dental hospital or local dentist	40.6^{W}	70.3^{PW}	44.4^{W}	86.9^{PW}
Eye specialist/surgeon/eye test	6.5^{W}	48.6^{PW}	7.1^{W}	60.1^{PW}
Hearing test	2.2^{W}	38.4^{PW}	3.5^{W}	50.0^{PW}
Paediatrician	42.0^{PW}	29.0^{PW}	56.6^{PW}	42.9^{PW}
Attended Any Specialist	12.3^{W}	28.3^{W}	13.1^{W}	34.8^{W}
Hospital emergency department (or casualty)	26.8	22.5	30.3	25.3
Counselling, psychologist, or behaviour management services	18.1	24.6	25.3	33.8
Counselling or a psychologist	18.1	20.3^{P}	23.2^{W}	33.3^{PW}
Behaviour management services	1.4^{PW}	7.2^{W}	7.6^{P}	8.6
Speech pathology service	14.5	19.6	23.2	21.2
Aboriginal Medical Service	14.5	12.3	10.6	12.6
Ear, Nose, Throat	5.8^{P}	12.3	1.0^{PW}	13.6^{W}
Occupational therapist	3.6^{W}	10.9^{W}	2.0^{W}	15.7^{W}
Hospital for an overnight stay or longer	15.2	8.7	8.1	7.1
Surgeon	0.0	5.8	1.5^{W}	7.1^{W}
Physiotherapist	2.9	3.6	2.0	6.1
Early Childhood Health Centre	26.1^{W}	2.2^{W}	31.3^{W}	2.5^{W}
Early intervention	0.0	1.4	1.0	2.5
Heart specialist	1.4	0.7	1.0	1.0
Any other specialist	5.1	2.9	5.6	1.0
Any other service	3.6	0.7	3.0	0.5

Service Received by Child	Guardianship		Relative/Kinship	
	Wave 1	Wave 4	Wave 1	Wave 4
Dietician/nutritionist (recode)	1.4	4.3	0.5[W]	4.5[W]
Chiropractor (recode)	0.0	0.0	0.0	1.0
Neurologist (recode)	0.0	0.0	0.0	0.5
Psychiatrist (recode)	0.0	0.0	0.0	0.5

* W1-4: n=138 (guardianship), n=198 (relative/kinship)

[P] Significant difference between the arrangements (guardianship and relative/kinship)
[W] Significant difference between the waves (within arrangement type)

*Recode indicates figures obtained from categorising extended responses to 'attended any other service'

**Attended any specialist includes behavioural specialist, chiropractor, early intervention specialist, ear nose and throat specialist, heart specialist, occupational therapist, physiotherapist or surgeon.

***The above percentages were based on all children. Significance was calculated after excluding refused/don't know, which made up less than 1% of all responses.

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