

# FamilyMatters

Australian Institute of Family Studies | 2014 Issue No. 94



*Families through a long lens*



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# Director's report

Alan Hayes

Currently there are around 60 projects underway at the Institute varying in scale and duration. Of largest scale and longest duration are the longitudinal studies. This suite of studies reflects the capacity that the Institute has built over the years in the design, management and analysis of longitudinal research, and recognises that the dynamics of Australian society are best viewed through these “long lenses”. In addition to the other valuable data collections of the Australian Bureau of Statistics (ABS), which the Institute extensively analyses, the Australian Census Longitudinal Dataset (ACL D) provides a valuable new perspective on the lives of children, young people, adults, their families and communities. These data throw new light on pathways of change and the very large sample size of the ACL D will enable analyses of small groups that often cannot be explored in surveys, given their lesser scale. As such, it will be a vital source of information to inform policy and guide practice—and one that the Institute is already analysing in collaboration with our colleagues from the ABS. I heartily congratulate the ABS on this ground-breaking initiative.

## Developments in dissemination

Since its inception, research dissemination has been a major priority for the Institute. In addition to flagship publications such as this journal, a range of reports, fact sheets and evidence briefs, in a variety of formats, are produced each year. Researchers, practitioners and policy-makers extensively draw upon these, as do the media, students and the general public, both here and abroad.

The Institute is also regularly invited to respond to a range of parliamentary inquiries. A recent example was the submission to the Senate Community Affairs References Committee Inquiry Into Grandparents Who Take Primary Responsibility for Raising Their Grandchildren. The Institute's submission, prepared by Professor Lawrie Moloney and Ms Ruth Weston PSM, provided an extensive overview of existing research that identified a

number of research gaps. The submission also included new analyses of ABS data, specifically tailored to some of the key terms of reference for the inquiry. During our appearance, we discussed methodological options to address limitations of previous research in this area—a matter we are continuing to explore. As the Research Directions for 2015–18 are prepared, issues of ageing and caring responsibilities are likely to be a prominent focus, given their policy priority.

In recent years, to coincide with Families Week, we have released a fact sheet or report. This year, however, on 21 May, the Institute published *Families, Policy and the Law: Selected Essays on Contemporary Issues for Australia*, which I co-edited with Dr Daryl Higgins. The book contains four sections that examine: “Diverse family formation: Identity, recognition and law”; “Legal and statutory responses to families in difficulty”; “Relationship breakdown and family policies and practices”; and “Social science and developments in Australian criminal and family law”. Thirty-eight authors, from within the Institute as well as from other organisations, contributed the 29 chapters.

## 13th AIFS conference

Every two years, the Institute's conference is a major focus for dissemination of contemporary research on a wide range of topics focused on families. With the theme “Families in a Rapidly Changing World”, the conference was held in Melbourne from 30 July to 1 August, this year. Opened by Minister for Social Services the Hon. Kevin Andrews MP, the event attracted 480 delegates from across Australia and overseas, with a program that featured more than 140 oral presentations and 34 poster presentations. The three keynote speakers who headlined the program were Mr Trevor Huddleston CBE, from the UK Department for Work and Pensions; Emeritus Professor Dorothy Scott OAM, of Bracton Consulting Services; and Professor Paul Amato, from Pennsylvania State University in the USA. Each presentation was very well received and stimulated much discussion,



*Keynote speakers at the AIFS Conference (top to bottom): Mr Trevor Huddleston CBE, Emeritus Professor Dorothy Scott OAM, and Professor Paul Amato*



*Participants at the AIFS Conference*

including in the panel sessions that concluded each day's proceedings.

The event was a great success, allowing government policy-makers, service providers, practitioners and researchers to exchange ideas and share knowledge. The many messages of congratulations to the Institute on the success of the conference are wonderful recognition of the efforts of the many staff of the Institute who are the vital ingredient in delivering such an outstanding event. We also greatly appreciate the valuable support of colleagues, especially from our portfolio department, the Department of Social Services (DSS), as well as from a range of other Australian Government departments and agencies, including the Attorney General's Department (AGD) and the Department of Veterans' Affairs (DVA).

## Families and Children Activity Expert Panel

The Department of Social Services (DSS) has commissioned the Institute to establish and manage a panel of experts to assist agencies funded under the Department's Families and Children Activity.

The members of the panel will be available to help build the capacity of service providers to deliver evidence-based programs and practices

and continue to build this evidence base through evaluation. The prime focus of the initiative is on strengthening prevention and early intervention approaches. Membership of the panel will be open to those with research, practice and evaluation expertise from a range of service delivery, research, training, academic and service support backgrounds. The role of the panel is to advise, mentor, support and train service providers who seek to build their capacity to offer services and programs to improve outcomes for children and families. This is particularly important for agencies that, to date, have not had access to expertise to help them achieve this. It is not intended that the work of the panel will replace or circumvent research and evaluation activities that are already being undertaken by the sector. Panel members will be contracted either directly by DSS to support the sector to deliver the government's strategic priorities for the Families and Children Activity, or directly by service providers to help them build their capacity to deliver high quality evidence-based services within their communities. A high-level steering committee will provide strategic guidance and advice on the work of the panel. The Institute will oversee the panel as part of the Child Family Community Australia information exchange <[www.aifs.gov.au/cfca](http://www.aifs.gov.au/cfca)>.



## Vale Emeritus Professor Jacqueline Jarrett Goodnow AC (1924–2014)

On 24 June, the Institute lost a true friend and enduring supporter with the passing of Jacqueline Goodnow. A foundation member of the Board of Management of the then Institute of Family Studies (IFS), Professor Goodnow served in that capacity from 1980 to 1983, contributing with the distinction that was the hallmark of each and every responsibility she undertook over a long and eminently distinguished career. Her interest in the work of the Institute continued across the years, as did her generous advice and support to Institute researchers.



Jacqueline Goodnow is remembered for the many outstanding contributions she made to the fields of social and cognitive developmental psychology. Her research was particularly focused on the influences of context on development, across the lifespan. Jacqueline's prodigious productivity continued in later life with the publication of the book *Inheriting as People Think it Should be* (Goodnow & Lawrence, 2013); a chapter on refugees and displaced people, with particular attention to unaccompanied minors (Goodnow, 2014); and, most recently, a chapter on children and culture for Volume 4 of the *Carmichael Handbook of Child Psychology*, (Goodnow & Lawrence, in press).

Emeritus Professor Goodnow's standing is attested by awards for distinguished contributions to research by the Australian Psychological Society (1988), the American Psychological Association (the G. Stanley Hall Medal, 1989), and the Society for Research in Child Development (1997). In addition to an Honorary Doctorate from Macquarie University in 1995 and Fellowships of the Australian Academy of the Social Sciences, the Australian Psychological Society, and the American Psychological Association, in 1992, Jacqueline was afforded the highest recognition of the nation with her appointment as a Companion of the Order of Australia (AC), "in recognition of service to research in child development and education in the discipline of psychology". Those of us who were privileged to work with Jacqueline Jarrett Goodnow learned that she was the quintessential developmentalist! She will be greatly missed, fondly remembered and a source of inspiration to the many whose lives she influenced for the better. The condolences of all at the Institute are extended to her family at this time of such profound loss.

## Australian Gambling Research Centre

The work of the Australian Gambling Research Centre (AGRC) is primarily designed to advance understanding of the nature and extent of gambling and gambling-related harm in Australia, as well advancing ways to prevent and reduce that harm. Guided by the AGRC Research Directions for 2014–17, which have been drafted following extensive consultation, the centre is focused on undertaking research that is policy-relevant and informed by a public health approach. As such, the centre takes a population-level perspective, framed by the recognition that individual behaviour occurs in an environmental context that is strongly influenced by public policy, community attitudes, values and norms.

The AGRC has commenced an extensive work program that involves both original research and advancing inclusion of gambling questions into identified national and state-based surveys. Surveys identified for the incorporation of such questions include longitudinal research programs such as the Longitudinal Study of Australian Children (LSAC), the Australian Temperament Project (ATP), and the Household, Income and Labour Dynamics in Australia (HILDA) survey. The inclusion of such data will serve to build links between gambling data, health and socio-economic data, and policy-relevant topics. This will then facilitate comparison of research conducted across jurisdictions, disciplines and policy areas. Consistent with the Institute's priorities in dissemination, the centre places considerable emphasis on translating and communicating gambling research to advance understanding and achieve maximum policy effect.

## AIFS Research Directions 2015–18

In addition to the Institute's responsibilities with the Families and Children Activity Expert Panel, new areas of research are emerging. Over the coming months, consultations will occur to frame the Institute's own Research Directions for the next triennium, from July 2015. As with previous planning processes, the Advisory Council will be a most valuable source of advice and feedback as we frame the Institute's future research and dissemination priorities.





# Building a New Life in Australia

## Introducing the Longitudinal Study of Humanitarian Migrants

John De Maio, Michelle Silbert, Rebecca Jenkinson and Diana Smart

**Building a New Life in Australia: The Longitudinal Study of Humanitarian Migrants** is a newly initiated study that aims to better understand the factors that aid or hinder the successful settlement of humanitarian migrants in Australia, and to provide an evidence base to inform policy and program development. This ground-breaking longitudinal study will employ annual data collections over five years to trace the settlement journey of humanitarian migrants from their arrival in Australia through to their eligibility for citizenship. All study participants have received a permanent humanitarian visa enabling them to settle in Australia, granted either before their arrival in Australia as part of Australia's refugee program, or since their arrival, through Australia's asylum seeker humanitarian program. Study participants have come from a diverse range of backgrounds and a multitude of migration pathways.

Three broad research questions guide the study:

- What are the settlement outcomes of humanitarian migrants? How are they faring in terms of their English language

proficiency, housing circumstances, labour force participation, use of qualifications, income, physical and mental health, community engagement, citizenship and level of satisfaction with life in Australia?

- How does access to and use of government and non-government services and welfare benefits contribute to humanitarian migrants' successful settlement?
- Do the settlement experiences and outcomes of humanitarian migrants vary according to the differing migration pathways taken?

The Australian Institute of Family Studies (AIFS) has been commissioned by the Department of Immigration and Border Protection (DIBP) (formerly the Department of Immigration and Citizenship [DIAC]) to undertake and manage the project. Colmar Brunton Social Research, in conjunction with Multicultural Marketing and Management, is the fieldwork agency undertaking the data collection for the project. From April 2014, responsibility for the study moved from the DIBP to the Department of Social Services.

Migrant communities have made considerable contributions to Australia's economic and social wellbeing.

## Conceptualisation and development phase of the study

Australia has a long and proud tradition of resettling refugees and people in humanitarian need (Fozdar & Hartley, 2013). The fundamentals of the humanitarian program have served Australian governments and the Australian community well, and have evolved over time to respond to changing circumstances. Australia's help does not end at providing humanitarian entrants with a start to a new life in Australia. Services and supports are provided to assist recent migrants to rebuild their lives and become active participants in our community (DIAC, 2012a; Fozdar & Hartley, 2013).

Migrant communities have made considerable contributions to Australia's economic and social wellbeing (DIAC, 2012a; Hugo, 2011; Richardson, Miller-Lewis, Ngo, & Ilsley, 2002). They have increased Australia's productive capacity by, for example, helping to meet labour shortages, providing a younger workforce to augment the ageing working population, and volunteering in both the wider community and within their own community groups (Australian Survey Research Group, 2011; DIAC, 2012a; Hugo, 2011). They have been a major contributor to the increase

in the Australian population that has occurred since the mid-20th century. At the end of World War II, the Australian population was around seven million, with approximately 90% of the population Australian-born. Australia's population had grown to over 22 million by 2011, with approximately one-quarter born overseas (DIBP, 2014a). Migrant communities have also enriched our culture and brought about a broadening of Australia's social and communal life. It is from within this context that the Building a New Life in Australia study was conceived.

There were several key drivers associated with the commissioning and establishment of the study. Understanding how humanitarian migrants settle in a new country is paramount to ensuring effective policy and program responses; however, detailed research in this area was lacking. In addition, over a decade had elapsed since the Longitudinal Survey of Immigrants to Australia (LSIA) was conducted (DIBP, 2014b). The LSIA study was broader in scope, comprising participants from a wider range of migration streams (e.g., family and skill streams), a smaller sample of humanitarian migrants and fewer waves of data collection. In particular, it contained limited data relating to refugee settlement in Australia. Other motivations for the establishment of the study





included the collection of updated information in the context of the changing composition of Australia's humanitarian program and the growth in the numbers of onshore (boat) arrivals since the LSIA data were collected. By establishing the study, the DIBP hoped to better understand the settlement experiences of recently arrived humanitarian migrants in terms of their differing backgrounds and diverse pathways towards settlement in Australia.

Initial development work for the project commenced in September 2010 with the Following Migrants Forward workshop held at the Australian National University. Two advisory groups were then convened to inform the study design and development: a Survey Reference Group comprising Commonwealth government officials and external stakeholders, and a Technical Advisory Group comprising experts in refugee resettlement and longitudinal survey methods and analysis. To further guide the project's development, two background papers were commissioned in 2012: one by Dr Siew-Ean Khoo examining key issues and settlement indicators on which the survey should focus (Khoo, 2012), and the other by Professor Matthew Gray and colleagues outlining design options for the study (Gray, Graycar, & Nicolou, 2012). A position paper was also prepared by the DIBP's Economic Analysis Unit, with input from the Survey Reference and Technical Advisory Groups (DIAC, 2012b).

To further inform key aspects of the study design and ensure appropriate survey content and data collection processes were in place, AIFS undertook additional scoping work and consulted widely with a range of key stakeholders in the settlement sector, such as representatives of peak agencies; settlement service providers; community, cultural and faith-based groups; and humanitarian migrant communities. The main focus of these consultations was to seek advice about the study design and methodology, recruitment and retention strategies, survey content, and cultural sensitivities in undertaking research with this population.

Building a New Life in Australia is a complex project that has been developed within a policy environment that is dynamic, political and contentious. The DIBP's conceptual framework for understanding settlement outcomes, and the background work and consultations conducted with the advisory groups and other stakeholders were paramount to informing and refining the design and methodology of the study.

## Study population

The study population comprises individuals or families who were granted their permanent visa through Australia's "offshore" and "onshore" humanitarian programs. Box 1 provides a description of the offshore and onshore components of Australia's humanitarian program.

### Box 1: Australia's humanitarian program

**Offshore** humanitarian migrants have arrived in Australia after being identified by the United Nations High Commissioner for Refugees as refugees in need of settlement, as well as people who came to Australia via the Special Humanitarian program. These individuals or families have been granted a permanent humanitarian visa in the 200 subclass prior to their arrival in Australia (e.g., 200—Refugee; 201, 202—Special Humanitarian Migrant; 203, 204—Women-At-Risk).<sup>1</sup>

**Onshore** humanitarian migrants have sought protection following their arrival in Australia. This group comprises individuals or families who arrived by boat (termed "illegal maritime arrivals" [IMAs] by the DIBP) and were subsequently granted a permanent humanitarian visa; or those who originally came to Australia on another type of visa (e.g., student or tourist visa) and subsequently sought and were granted a permanent humanitarian visa. The onshore group have been granted an 866 visa.

Initially, it was proposed that the study would be made up of 70% offshore and 30% onshore humanitarian entrants. This ratio broadly followed the distribution of government grant applications in the 2013 humanitarian program. To be eligible for the study, offshore visa holders had to have arrived in Australia holding a permanent visa three to six months prior to their Wave 1 interview (i.e., between May and December 2013). Onshore visa holders had to have received their permanent protection visa in the same three to six month period prior to Wave 1 to be eligible for the study.<sup>2</sup> However, with the implementation of offshore processing on 15 June 2013 and the transfer of IMAs from Australia to Nauru and Manus Island for processing, some changes to the sample composition were required. The revised sample parameters were an offshore component of 77% and an onshore component of 23%.

Understanding how humanitarian migrants settle in a new country is paramount to ensuring effective policy and program responses.

The humanitarian migrant population is a vulnerable one and some have low levels of literacy or limited familiarity with Western research methods and concepts.

Selection into the study was based on the “migrating unit” named on the visa application, which could consist of a single individual or members of a family. The adult “principal applicant” on the application (the person upon whom approval for a permanent visa was based) was designated as the lead participant in the study. The principal applicant (aged 18 years and over) was required to consent to take part in the study before other members of the family could be invited to participate. “Secondary applicants” comprised other members of the migrating unit named on the visa application (e.g., spouse, children). Secondary applicants had to be aged 15 years and over and residing with the principal applicant in order to participate in the study. However, once recruited to the study, secondary applicants are able to independently continue participating in later waves if they choose (e.g., in circumstances where the principal applicant withdraws or there has been a family break-up).

## Design and methodology

Conducting a study of this type is complex and technically challenging. The humanitarian migrant population is a vulnerable one and some have low levels of literacy or limited familiarity with Western research methods and

concepts. The data collection methods and survey questions developed must be able to accommodate the differing needs of this diverse population. As such, innovative methodological approaches needed to be devised to ensure that the survey design and administration was appropriate for use with this group.

A sample size of approximately 1,500 principal applicants was the target, with no constraints made on the number of secondary applicants per migrating unit who could be recruited into the study. Thus it was envisaged that the total number of individuals taking part in the study could range between 2,000 and 3,000.

Participants have been recruited from 11 sites in urban and regional communities across Australia. These sites were primarily selected to maximise the pool of eligible participants available. Other factors also considered in selecting sites included ensuring adequate sample sizes of smaller visa classes of particular interest (e.g., the 204 Women-At-Risk visa subclass), and obtaining a geographical spread of participants across Australia. Figure 1 shows the number of participating “migrating units” in states and territories across Australia.

Five annual waves of data collection are planned to take place between 2013–14 and 2017–18, with alternating waves of home visits (Waves 1, 3 and 5) and telephone interviews (Waves 2 and 4). In Waves 1, 3 and 5 the survey will be administered using a computer-assisted self-interview (CASI) on a small portable computer tablet. The CASI has audio and flashlight functions available so that participants can listen to the questions and answers at the same time as the spoken words are highlighted on the screen. This feature is particularly useful for participants with low levels of literacy. A computer-assisted personal interview (CAPI) is also offered to participants who prefer to complete the survey with an interviewer. When neither of these methods is feasible, participants are assisted by an accredited interpreter over the phone or in person, with an interviewer also present to pose the questions and record the answers. To accommodate the diverse cultural and linguistic backgrounds of individuals in the study, the survey and participant materials were translated into 14 languages. Box 2 (on page 9) provides a further description of the languages translated, the translation process and the methodological issues involved in conducting interviews in languages other than English with this population. For Waves 2 and 4, data will be collected using a computer-assisted telephone interview (CATI) with bilingual interviewers.

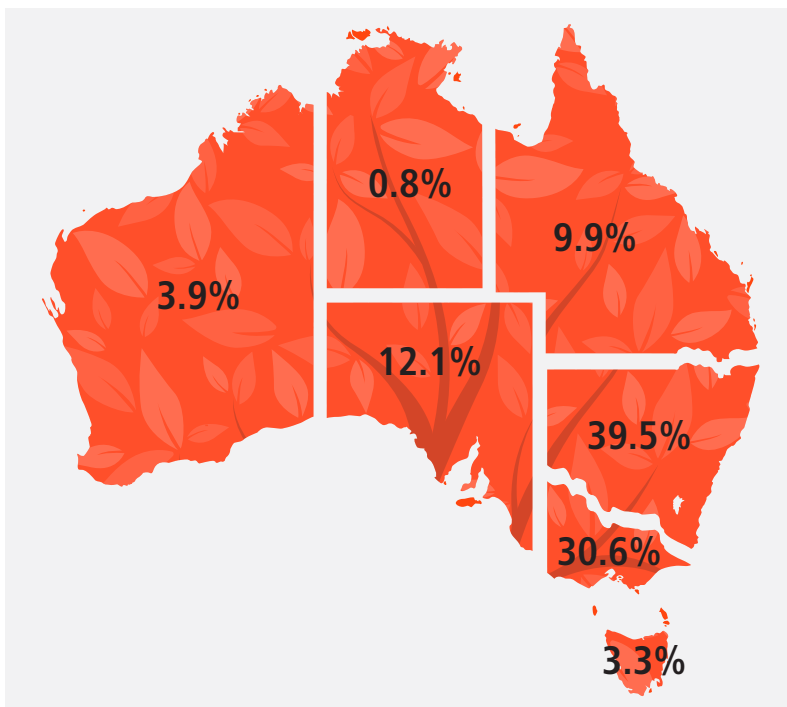


Figure 1: Distribution of participating individuals/families across states and territories of Australia

## Box 2. Translation and methodological challenges

Apart from English, the languages available for survey completion include:

- |                        |              |           |             |              |
|------------------------|--------------|-----------|-------------|--------------|
| 1. Amharic             | 4. Chin Haka | 7. Nepali | 10. Persian | 13. Tamil    |
| 2. Arabic              | 5. Dari      | 8. Oromo  | 11. Somali  | 14. Tigrinya |
| 3. Burmese/<br>Myanmar | 6. Hazaragi  | 9. Pashto | 12. Swahili |              |

The translation of the survey into multiple languages was a challenging process. Some of the key issues faced and learnings from this aspect of the study were:

- The translated materials required multiple stages of independent checking for quality assurance. This was a time-consuming process that also had implications for our capacity to make changes to content between the first and second phases of Wave 1 data collection.
- The software platform did not support some of the characters used in particular languages, with the result that some languages could not be programmed. This affected the scope of languages that could be translated. However, some participants could complete the survey in other languages or in English (e.g., Assyrian participants were often able to complete the survey using the Arabic language materials).
- Interpreters were available for participants with language requirements beyond the translated languages. Our preference was for the interpreter to attend the home visit; however, this was not always possible due to the small pool of accredited interpreters in Australia (particularly for rare languages), the geographic dispersion of participants, and the need for both interpreters and interviewers to be available at the same time. In some cases, interpreters assisted over the telephone.
- Expert advice (e.g., the advisory groups) strongly recommended gathering data using standard scales or items so that the outcomes for the humanitarian migrants could be compared with the general Australian population. Upon this advice, a suite of standard employment items and mental health scales were used. However, field interviewers noted that these were difficult for some participants to understand. Thus, it was challenging to balance the need for comparison with other data sources and participants' limited understanding of Western scales and concepts.

## Survey content

To improve understanding of the factors that aid (or impede) successful settlement, there is a need to consider both the outcomes of humanitarian migrants—in terms of their settlement success over time (e.g., economic wellbeing, social participation)—and the wide range of variables that might affect those outcomes along the migration and settlement journey (e.g., personal characteristics, migration experiences).

As noted by Khoo (2012), successful settlement can be considered from the perspective of the migrants themselves, as well as from the viewpoint of the host (country). From a migrant's perspective, this can encompass notions of living comfortably, intentions to stay in Australia, personal wellbeing and satisfaction with their life. From the perspective of the host, which is perhaps best considered through the lens of the host government, successful settlement has usually been seen in terms of social and economic participation and related outcomes. The study thus aimed to assess a broad range of factors reflecting these diverse contributors and outcomes.

The project will also help to fill in some of the gaps in the refugee resettlement evidence base identified by Fozdar and Hartley (2013). They argued that there is a clear need for longitudinal investigations of the housing, employment, health and social connections of humanitarian migrants. They also noted that further exploration of the nature and frequency of support that refugees receive and the return of refugees to their local communities would be areas of particular interest. The BNLA study, having collected extensive data on all of these aspects of refugee resettlement, is well placed to contribute in these areas.

The major domains assessed in Wave 1 included: family composition and demographics; housing and neighbourhood characteristics; English language proficiency and training; engagement in other educational study or training; employment, income and financial hardship; migration pathways and experiences; physical and mental health; self-sufficiency; community engagement and support; personal resources and life satisfaction; and perceptions of life in Australia. A summary is provided in Table 1 (on page 10). As this is a longitudinal study, it is anticipated that almost all these topics will be included in later waves of the study.

Successful settlement can be considered from the perspective of the migrants, themselves, as well as from the viewpoint of the host country.



There is a need to consider both the outcomes of humanitarian migrants, and the wide range of variables that might affect those outcomes along the migration and settlement journey.

**Table 1: Topics covered in the BNLA study**

Topic	Scope
Family composition and demographics	Demographic information relating to the family, such as age and gender of family members, country of birth, marital status
Housing and neighbourhood	Assistance required in finding housing; number of times moved home; tenure type; quality of housing; number of bedrooms; neighbourhood characteristics
English language proficiency	Languages spoken at home; English language proficiency; whether attending English language classes; use and helpfulness of interpreting services
Education and training	Highest level of education achieved; current education and training undertaken; educational aspirations; previous qualifications gained prior to arrival in Australia and whether they have been recognised
Employment and income	Current employment status; employment characteristics; prior occupation and work experience before coming to Australia; experience of unemployment in Australia; income and government benefits received; financial strain
Immigration experience	Life before settling in Australia including countries resided in prior to arrival; the experience of deprivation or trauma; time spent and type of services accessed in refugee camps, Australian detention centres or community detention; reasons for migrating to Australia; social networks available upon arrival
Health	Information on physical and mental health; life stressors and coping
Self-sufficiency	Experiences and ease of accessing services, information and transport; barriers to service use
Community support	Levels of support from national, religious and other community groups; involvement in community activities; ease of making friends; sense of belonging in Australia
Personal resources and life satisfaction	Satisfaction with current life and situation; self-concept; self-efficacy; levels of trust in different community groups and organisations; experience of discrimination
Perceptions of life in Australia	Expectations of life in Australia before arrival; factors promoting or hindering settlement; ease of settling in Australia

## Survey methodology for Wave 1 data collection

Information from the DIBP's Settlement Database was used to identify all permanent humanitarian visa holders residing in the selected locations who met the eligibility timeframe described above. A total of 4,035 individuals or families were identified as potential participants in the study. The contact details of these individuals/families were supplied to Colmar Brunton Social Research for follow-up. A letter of invitation to the study from AIFS was sent to the individuals/families together with an accompanying information brochure. The letter and brochure were translated into the individual/family's primary language and contained the following information:

- a description of the study's rationale, aims, and methodology, and the topics to be covered in the interview;
- an explanation of the differing roles of the organisations involved in the study;
- reassurance that participation would be anonymous, and the information that participants provided would be confidential,

would not be available to others, and could not be linked to a person's name and address;

- an assurance that participation was voluntary and that acceptance or refusal of the invitation to participate (in Wave 1 or future waves) would not affect a person's visa status or access to services and supports; and
- details of the website established to provide further information about the study (where the content is presented in English as well as the 14 languages translated).

Following this initial contact, Colmar Brunton interviewers telephoned each potential participating individual/family to ascertain their interest in taking part in the study, and to make an appointment if appropriate. If phone contact could not be made, interviewers undertook a home visit to try to reach potential study members. As the population is highly mobile, making contact with potential participants was one of the largest challenges faced by the study in Wave 1. Community Engagement Officers (respected members of local migrant communities) were recruited to advocate for the study, communicate

information about the study within their local community, assist with participant recruitment and broker introductions, and assist with locating potential participants whose contact details were inaccurate.

The data collection for Wave 1 occurred in two phases. The first phase was conducted in June 2013 and tested the study methodology and interview content. A total of 154 individuals were interviewed (102 principal applicants, 47 adult secondary applicants aged 18+ years and 5 adolescent secondary applicants aged 15–17 years). The second phase took place between October 2013 and March 2014. A total of 1,509 principal applicants completed an interview, as did 755 adult secondary applicants and 135 adolescent secondary applicants. In total, 2,399 individuals took part in the second phase of Wave 1.

Principal applicants completed a longer survey than secondary applicants, as they provided information about the family that was only collected once (e.g., household demographics). The average principal applicant interview took 56 minutes to complete. The average interview length for secondary applicants was 40 minutes. Some variation in survey timings between subgroups was found, with the onshore principal applicant group taking less time on average compared to offshore principal applicants. Little difference was found in survey length across the secondary applicant visa-subclass subgroups.

Participation and response rates for the second phase of the study are detailed in Table 2. There are several ways in which the response rate

can be evaluated. Firstly, this can be examined as the proportion of the total eligible sample. A rate of 37% was achieved using this criterion. However, this includes individuals/families who were not initiated for contact,<sup>3</sup> could not be contacted, or who refused. Secondly, response rate can be examined as the proportion of the cohort who were initiated for contact ( $n = 2,769$ ). Using this criterion, a rate of 55% was achieved. Thirdly, using the criterion of the proportion who were successfully contacted ( $n = 2,031$ ), a response rate of 74% was achieved (see cooperation rate 1). This includes people who were successfully contacted but could not proceed with an interview for a variety of reasons, such as the quota having been met, their having moved to an area outside of the scope of interviewing or were unavailable for the duration of the fieldwork period. Finally, a response rate (cooperation rate 2) was calculated using the proportion who were successfully contacted and eligible to proceed with an interview. Using this criterion, Table 2 shows that 83% of respondents who were contacted and able to proceed with an interview agreed to participate, while 17% refused. Rates of participation were very high across all visa subclasses, with the exception of the 866 visa subclass non-IMA group, approximately two-thirds of whom agreed to take part. Thus, inability to contact potential participants was the largest reason for non-response, while the rate of refusal was relatively low.

The profile of participants in terms of their visa subclass, gender and location are shown in Table 3 (on page 12). As seen in Table 3, the majority (85%) of participants were recruited

**Table 2: Principal applicants' participation and response rates, by visa subclass**

Visa subclass	Eligible sample	Completed interviews	Response rate 1 <sup>a</sup>	Response rate 2 <sup>b</sup>	Cooperation rate 1 <sup>c</sup>	Cooperation rate 2 <sup>d</sup>
200	2,266	942	41.6%	59.3%	80.4%	85.2%
201	24	8	33.3%	42.1%	66.7%	66.7%
202	112	42	37.5%	53.2%	70.0%	75.0%
203	1	–	–	–	–	–
204	401	183	45.6%	62.7%	83.6%	89.3%
866 IMA	555	234	42.2%	51.7%	70.5%	85.4%
866 non-IMA	676	100	14.8%	29.8%	42.4%	58.1%
<b>Total</b>	<b>4,035</b>	<b>1,509</b>	<b>37.4%</b>	<b>54.5%</b>	<b>74.3%</b>	<b>82.7%</b>

Notes: Formulas for calculating standardised response rates have been developed by the American Association for Public Opinion Research (AAPOR): <www.aapor.org/Response\_Rates\_An\_Overview1.htm#U2w46S\_rXZt>. <sup>a</sup> Response rate 1 calculated as the proportion of the eligible sample who completed an interview. <sup>b</sup> Response rate 2 calculated as the proportion of the sample initiated for contact who completed an interview. This is consistent with the way the AAPOR calculates response rate 1. <sup>c</sup> Cooperation rate 1 calculated as the proportion of the sample successfully contacted who completed an interview. This is consistent with the way the AAPOR calculates cooperation rate 1. <sup>d</sup> Cooperation rate 2 calculated as the proportion of the sample successfully contacted and eligible to proceed, who completed an interview. This is consistent with the way the AAPOR calculates cooperation rate 3.

As the population is highly mobile, making contact with potential participants was one of the largest challenges faced by the study in Wave 1.

**Table 3: Profile of recruited sample, Wave 1**

	Principal applicant	Secondary applicant: Adult	Secondary applicant: Adolescent	Total
<b>Visa subclass</b>				
200	942	601	85	1,628
201	8	2	0	10
202	42	31	16	89
204	183	78	31	292
866 IMA	234	24	2	260
866 non-IMA	100	19	1	120
<b>Gender</b>				
Male	1,061	188	58	1,307
Female	448	567	77	1,092
<b>Location</b>				
Metropolitan	1,349	681	123	2,153
Non-metropolitan	160	74	12	246
<b>Total</b>	<b>1,509</b>	<b>755</b>	<b>135</b>	<b>2,399</b>

**Table 4: Principal applicants' language of survey completion, by interview mode, Wave 1**

Interview language	CASI (%)	CAPI with interviewer (%)	CAPI with interpreter (%)	All modes
Arabic	38.1	39.9	5.7	37.9
Persian	22.4	24.1	8.6	22.6
English	12.0	10.6	–	11.3
Dari	8.4	13.6	31.4	10.5
Hazaragi	4.2	5.0	–	4.3
Burmese/Mynamar	4.0	2.4	2.9	3.5
Nepali	4.1	0.2	5.7	2.9
Chin Haka	2.5	2.4	–	2.4
Tamil	2.0	0.7	–	1.5
Swahili	0.6	0.7	25.7	1.2
Pashto	0.7	0.2	–	0.5
Tigrinya	0.3	0.4	–	0.3
Amharic	0.4	–	–	0.3
Oromo	0.4	–	–	0.3
Somali	0.1	–	2.9	0.1
Chin Zome	–	–	2.9	0.1
Spanish	–	–	2.9	0.1
Other languages <sup>a</sup>			11.4	0.3
<b>Total (%)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Number of interviews</b>	<b>1,010</b>	<b>464</b>	<b>35</b>	<b>1,509</b>

Notes: Percentages may not total exactly 100.0% due to rounding. <sup>a</sup> This included CAPI interviews with interpreter assistance in the following languages: Karenni, Kirundi, Kinyarawanda and Vietnamese.





from the offshore cohort (i.e., visa subclasses 200–204), and was largely comprised of participants with a 200 visa. The remaining 15% were recruited from the onshore cohort (i.e., visa subclass 866). This closely reflects the distribution of the humanitarian program population from which the sample was drawn. A smaller proportion of secondary applicants were recruited from the onshore cohort compared to the offshore cohort; however, this can be attributed to the smaller migrating unit size observed among the onshore cohort, which mostly comprised single individuals. While recruitment is skewed towards males at the principal applicant level and females at the secondary applicant level, there were roughly equal proportions of males (54%) and females (46%) at the total sample level.

With the availability of interpreters, 19 languages were used across the Wave 1 sample. The most common languages of completion were Arabic, Persian, English and Dari. Table 4 (on page 12) provides details about the languages used to complete the survey, analysed by the three modes available for survey completion. Almost four-tenths of principal applicants (38%) completed the CASI survey in Arabic. Dari (31%) and Swahili (26%) language speakers were the most likely to need interpreter assistance.

The dataset has recently been cleaned and compiled. It is anticipated that the first findings from the study will be available in late 2014–early 2015.

## Participant engagement and study promotion

A number of strategies have been put in place in order to engage and retain participants over the five-year life of the study. These include:

- the development of the Building a New Life in Australia website <[www.bnla.com.au](http://www.bnla.com.au)>, which provides information about the study, updates, and reports of progress (most participants are able to access this information in their own language, as the content is translated into multiple languages);
- mailing out annual newsletters to participants providing an overview of study progress, highlighting the key findings emerging, and giving information about the next data collection wave;
- providing a modest reimbursement to thank participants for their contribution and time; and
- recruiting Community Engagement Officers, who have played an important role in supporting participant engagement by promoting the study in local communities.

## Data availability

Data from the first wave of the study will be available in the second half of 2014. It is likely that the dataset will be made publicly available to approved data users, subject to an application process managed through the Department of Social Services.

The most common languages of completion were Arabic, Persian, English and Dari.



## Summary

This important new study will shed light on the settlement pathways and outcomes of newly arrived humanitarian migrants, focusing particularly on the factors that promote or hinder a successful transition. With longitudinal data, it will be possible to analyse patterns and dynamics in the journeys that individual humanitarian migrants take, from arrival to citizenship. The study will thus yield the information required to make targeted policy decisions aimed at maximising settlement success for humanitarian migrants.

## Endnotes

- 1 Eligibility for each visa category is slightly different. Visa 200 requires a person who has suffered persecution in their home country to be living outside of that country, whereas Visa 201 is for people who have not been able to leave that country and seek refuge elsewhere. People applying for Visa 202 must be supported by an authorised “proposer” and Visa 204 is for female applicants and their dependants who are living outside of their home country without the protection of a male relative.
- 2 Onshore visa holders have been in Australia for a longer period, either on a different visa type or in immigration/community detention.
- 3 “Not initiated for contact” means that the interviewer did not attempt to contact the individual/family for an interview. This was mostly due to the fact that there was a large sample available and the entire sample did not need to be contacted in order to reach the target numbers.

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The hard work of the fieldwork team who were employed to locate study participants and undertake the household interviews is also acknowledged and we are grateful for all of their efforts.

Finally, we would like to extend a very special thank you to all of the humanitarian migrants who participated in the study. This study would not have been possible without their generosity in sharing their views and experiences.





# Pathways of Care: Longitudinal study on children and young people in out-of-home care in New South Wales

Marina Paxman, Lucy Tully, Sharon Burke and Johanna Watson

Out-of-home care (OOHC) is alternative care for children and young people under 18 years of age who are unable to live with their parents. Children and young people enter OOHC for a variety of reasons, including exposure to significant risk of harm from physical, sexual or emotional abuse and neglect, or because their parents' ability to care for them has been severely compromised by factors such as poor mental health, drug and alcohol misuse or domestic violence. The NSW Standards for Statutory OOHC are that children and young people are safe, developing well in a stable and positive environment matched to their needs and, where possible, successfully restored to their family. The standards stipulate that children's and young people's rights are a primary focus for their care; they have a positive sense of identity and connections with family and significant people; they contribute to decisions relating to their lives; and carers are supported to raise children and young people (NSW Office of the Children's Guardian, 2013).

In NSW, 18,300 children and young people were in OOHC at 30 June 2013 (NSW Department of Family and Community Services [FACS], 2014). The main placement types were relative/kinship care (53%) and foster care (39%); only a small number of children and young people were in residential care (3%) (NSW FACS, 2014). Aboriginal children and young people are over-represented in OOHC in NSW and at 30 June 2013 made up 35% of the OOHC population (NSW FACS, 2014). For some children, OOHC is a long-term arrangement, but for others, it is short-term and they are returned home. The Children's Court and child protection system are empowered to make critical decisions about parental responsibility and the care plan for children and young people who have been abused or neglected. These decisions are intended to improve the long-term safety and wellbeing of children and young people and be evidence-informed.

Research overseas and in Australia has found that children and young people in OOHC fare poorly in comparison with their peers in terms of



Research has found that children and young people in OOHC fare poorly in comparison with their peers in terms of their physical health, socio-emotional wellbeing and cognitive/learning ability.

their physical health, socio-emotional wellbeing and cognitive/learning ability (e.g., Nathanson & Tzioumi, 2007; Octoman, McLean & Sleep, 2014; Sawyer, Carbone, Searle, & Robinson, 2007; Tarren-Sweeny & Hazell, 2006). In the past decade, several research audits have been undertaken on OOHC in Australia (Bromfield, Higgins, Osborn, Panozzo, & Richardson, 2005; Bromfield & Osborn, 2007; Cashmore & Ainsworth, 2004; McDonald, Higgins, valentine, & Lamont, 2011; Osborn & Bromfield, 2007). While these audits indicate that individual studies are of a high quality and provide important insights for policy and practice, more research is needed to provide a reliable evidence base, and one that allows for a proper exploration of the linkages between children's developmental status at entry to care, their experiences in care, and their later developmental outcomes. Existing research is limited by cross-sectional designs, single sites, low response rates, small sample sizes and a lack of validated measures. There is a clear need for a large-scale prospective longitudinal study of children and young people in OOHC, to examine developmental trajectories over time, in order to identify factors that improve wellbeing.

Taplin's (2005) review of the literature on methodological issues in OOHC research outlines the benefits of longitudinal designs over other study designs. While cross-sectional data allow the investigation of differences *between* individuals, a longitudinal study using repeated measures can examine change *within* individuals, as well as between individuals, from one data point to the next (Farrington, 1991; Hunter et al., 2002). Prospective studies can document the developmental changes that occur as children and young people grow and change from early childhood through to young adult years, as well as examine possible risk and protective factors in greater detail. Collecting data prospectively also avoids the problems of recall bias that occur in retrospective studies. Large-scale prospective longitudinal studies can help answer such questions as: "Under what circumstances do children in care do well?" Longitudinal studies also allow inferences about causal linkages and associations between multiple factors related to children's backgrounds and experiences before they enter care, their experiences in care, the services they receive, and their longer term outcomes. This is not possible with cross-sectional designs.

## The Pathways of Care longitudinal study

The Pathways of Care longitudinal study (POCLS) is a new prospective longitudinal

study designed to address the methodological limitations of previous research. The overall aim of this longitudinal study of children and young people in OOHC is to collect detailed information about the wellbeing of children placed in OOHC in NSW and the factors that influence their wellbeing. It will provide a strong evidence base to inform policy and practice, and in turn improve decision making about how best to support children and young people who have experienced abuse and neglect.

This five-year study, which commenced in March 2011, differs from previous Australian research in OOHC because the population cohort is all children and young people entering OOHC for the first time and includes children of all ages as well as all geographic locations in NSW. It also collects information from multiple sources, including carers, children and young people, caseworkers, teachers and administrative data through record linkage. The study has a broad scope and collects detailed information about the characteristics and circumstances of children and young people on entry to OOHC, the experiences of children and young people in OOHC, and their developmental pathways in order to identify the factors that influence their outcomes. The developmental domains of interest are the children's physical health, social-emotional wellbeing and cognitive/learning ability. POCLS will follow children and young people regardless of their pathways through OOHC (e.g., placement changes, restoration, adoption or ageing out) to examine the factors that predispose children and young people to poorer outcomes and what factors are protective (see Box 1 on page 17).

The NSW Department of Family and Community Services (FACS) is funding and leading the study, and has contracted a team of experts to provide advice on the study design and undertake data collection and longitudinal analysis. These experts are:

- a consortium of Australian researchers led by Dr Daryl Higgins and Ms Diana Smart at the Australian Institute of Family Studies. The research consortium includes:
  - Associate Professor Judy Cashmore, Socio-Legal Research and Policy, Law School, University of Sydney;
  - Associate Professor Paul Delfabbro, School of Psychology, University of Adelaide; and
  - Professor Ilan Katz, Social Policy Research Centre, University of New South Wales;
- Dr Fred Wulczyn, Director, Center for State Child Welfare Data, Chapin Hall at the University of Chicago; and

- Mr Andy Cubie, I-view, an independent social research data collection agency.

Ethics approval for the study was granted by the University of New South Wales Human Research Ethics Committee and the Aboriginal Health and Medical Research Council Ethics Committee.

## POCLS sample frame

There are three groups of children and young people within the POCLS sample as described below and illustrated in Figure 1 (on page 18).

## 1. Population cohort (n = 4,126)

The sample frame for POCLS is all children and young people aged 0–17 years entering OOHC for the first time under the *Children and Young Persons (Care and Protection) Act 1998* across New South Wales within an 18-month period between May 2010 and October 2011 (n = 4,126). For the purpose of this study, OOHC commences from the day the child or young person is legally removed from the guardianship of their parent(s) and a care and protection order is enforced. In the population cohort, there are children and young people on interim orders who are assessed as being

### Box 1: Research objectives and key research questions

POCLS objectives are to:

- describe the characteristics, child protection history, development and wellbeing of children and young people at the time they enter OOHC on Children’s Court orders 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 and are restored, are adopted or leave care at 18 years; and
- inform policy and practice to strengthen the OOHC service system in NSW and improve the outcomes for children and young people in OOHC.

POCLS will answer the following key research questions:

On entry to OOHC:

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

During OOHC:

4. What are the placement, service intervention and case planning pathways for the children and young people during their time in OOHC?
5. What are the developmental pathways of the children and young people during their time in OOHC, post-restoration, post-adoption and on leaving care at 18 years?
6. How safe are the children and young people during their time in OOHC, post-restoration, post-adoption and on leaving care?
7. How prepared are children and young people for restoration, adoption or the transition out of care at 18 years?

Outcomes from OOHC:

8. What are the placement characteristics and placement stability of the children and young people, and how do these influence their outcomes?
9. In what ways are service interventions related to the outcomes for the children and young people, and how is this affected by their developmental status when they entered care?
10. In what ways do the characteristics of the child, carer, home/family and community affect the children’s and young people’s developmental pathways, and how do these differ from similarly situated children in the general population?
11. How does contact between the children and young people in OOHC and their birth parents, siblings and/or extended family influence their outcomes?
12. How well do the administrative data capture relevant information about the process and quality of care for assessments, case planning and permanency planning, and how can it be improved?

There is a clear need for a large-scale prospective longitudinal study of children and young people in OOHC, to examine developmental trajectories over time, in order to identify factors that improve wellbeing.

The sample of first-time entries into OOHC provides the opportunity to understand the developmental pathways of children placed in OOHC, while preventing the confounding influence of past OOHC experiences.

able to return to their parents' care, with appropriate services and supports; as well as those who stay in OOHC on final Children's Court orders.

This sample frame of first-time entries into OOHC provides the opportunity to understand the developmental pathways of children placed in OOHC, while preventing the confounding influence of past OOHC experiences.

Children and young people were selected for this cohort using FACS administrative data stored in the Key Information Directory System (KiDS). Record linkage is the key data source for this cohort.

## 2. Study eligible cohort (n = 2,827)

A subset of the population cohort is the study eligible cohort (n = 2,827), which includes children and young people who went on to receive final Children's Court orders allocating parental responsibility to another party. Primary data collection is the key data source for this cohort and, over the five years of the study, will include several placement and legal pathways, such as long-term OOHC, restoration, adoption and leaving care (18 years and older).

## 3. Survey cohort (n = 1,788)

The survey cohort consists of children and young people from the study eligible cohort whose carers agreed to have their contact details passed from FACS to the data collection agency and then were invited to participate in

a face-to-face interview at each wave of data collection. POCLS sample recruitment was a three-step process:

- Step 1: OOHC regional staff were asked to verify the children's and young people's demographic details, legal status and contact information before they were invited to participate in POCLS.
- Step 2: FACS researchers contacted carers by a pre-approach letter and phone call to ask for their consent for their contact details to be securely passed from FACS to the independent data collection agency.
- Step 3: At every wave of data collection, the data collection agency contacts the carers via telephone to invite them to participate in a face-to-face interview. If at subsequent waves the children and young people have changed placement or been restored, Step 2 is repeated so the child or young person can continue to participate in the study. Out of 2,827 children and young people in the study eligible cohort, 1,788 (63%) agreed to have their details passed to the data collection agency.

Carers who did not agree to have their details passed to the data collection agency will not be contacted for participation in any of the waves of data collection. These carers gave the following reasons for not agreeing: carers' busy schedules, they did not want the child to be seen as different to others in the household, or they just did not want to be in this research study.

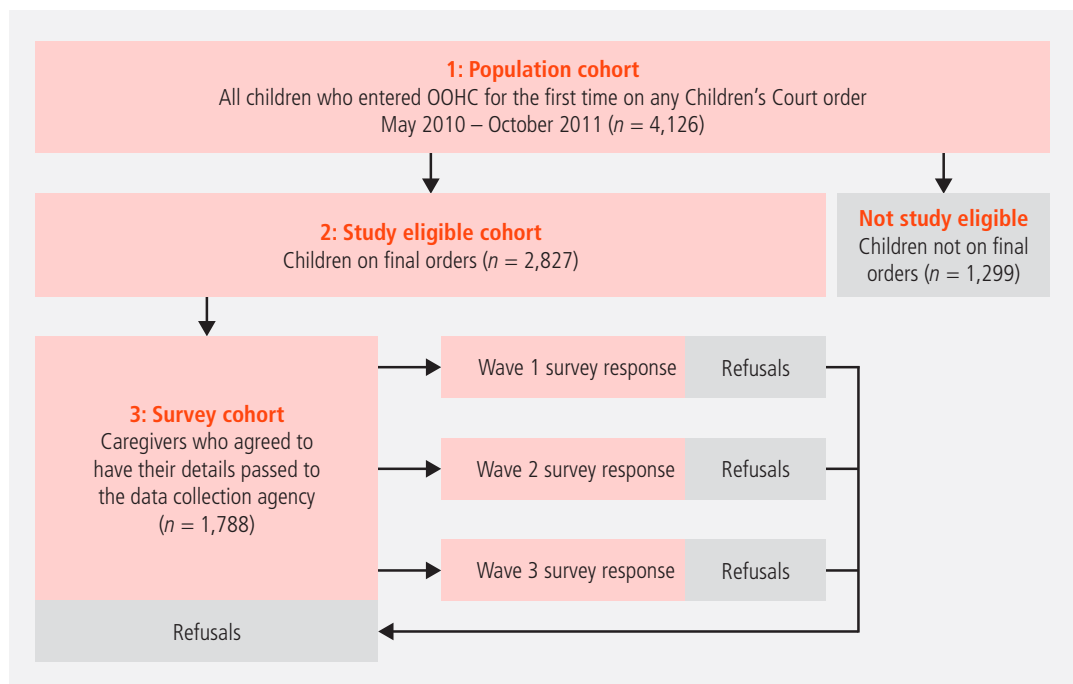


Figure 1: POCLS sample flow chart



## Wave 1 survey cohort

At Wave 1, 1,597 of the 1,788 children and young people in the survey cohort were placed with foster carers, with relative/kinship carers or in residential care; and 191 had been restored to their birth parents. The 191 who were restored were not invited to participate in a Wave 1 interview for pragmatic and ethical reasons, but will be invited to participate in all subsequent waves of interviews.

The Wave 1 survey sample was drawn from 1,597 children and young people placed with carers at the time of the Wave 1 interview. Carers of 1,285 of the children and young people completed a Wave 1 survey. Many carers had more than one child in POCLS in their care, so the number of households who took part in the Wave 1 survey totalled 899. Carers gave written informed consent to participate prior to the face-to-face interview. Children and young people over 7 years of age also gave written informed consent. The overall response rate for the Wave 1 survey was 56% (1,285/2,312; see Table 1 on page 20). At the time of the Wave 1 survey, 50% of the children and young people were in foster care, 48% in relative/kinship care and 2% in residential care. These distributions are similar to the placements of children and young people in OOHC within NSW (39% foster care, 52% kinship care and 3% residential care; NSW FACS, 2014).

Table 1 provides an overview of the POCLS sample characteristics, including age at entry to OOHC, sex of child, Aboriginality, and culturally and linguistically diverse backgrounds (CALD) of the children and young people. Of those whose carers completed a Wave 1 face-to-face interview, more than half were aged under 3 years at the time of entry to OOHC. The sample was evenly divided into female and male, and just under 10% were CALD. One-third were Aboriginal, similar to the 35% of the overall proportion of Aboriginal children and young people in OOHC in NSW (NSW FACS, 2014).

## Sample retention

As with any longitudinal study, a key issue for POCLS will be to maximise sample recruitment and retention rates over the life of the research. A low and/or biased pattern of sample recruitment into a study combined with high or differential attrition rates can affect the generalisability of the data. For children and young people who remain in OOHC, FACS client data (KiDS) will be the source of up-to-date contact details; it will be more difficult, however, to keep track of the children and

young people who are restored, adopted or aged out of OOHC.

The study uses a number of strategies to enhance sample recruitment, retention and engagement:

- an engaging study logo, which is based on artwork by a young person who grew up in care;
- POCLS brochures, a POCLS DVD for children and young people, and a POCLS DVD for adult stakeholders;
- a gift card given to interviewees to the value of \$50 per carer interview, \$30 per young person (12–17 years) interview, \$20 per child (7–11 years) interview, and a picture book for children aged 3–6 years, in recognition of their time and contribution;
- a Certificate of Research Appreciation for the children and young people;
- feedback about the study results given to participants via newsletters;
- trained interviewers and a continuity of interviewers across waves where possible;
- newsletter articles and briefings provided for FACS and other staff; and
- a POCLS webpage and an 1800 freecall telephone number.

## Study questions and measures

Questionnaire modules for carers, children and young people were selected and developed based on the information required in order to answer the key research questions of the study. Where possible, existing standardised measures and validated questions were selected so that the POCLS sample could be compared with other Australian general population studies, such as the Longitudinal Study of Australian Children (LSAC), the Longitudinal Study of Indigenous Children (LSIC) and the Australian Temperament Project; and international longitudinal studies involving OOHC populations, such as LONGSCAN and NSCAW in the United States. The appendix to this article provides a summary of the questions and measures used in POCLS face-to-face interviews to assess the wellbeing of children and young people and characteristics of the carer and the placement.

The domains of child physical health, socio-emotional development and cognitive/learning are the key outcomes of interest to the study, so considerable effort has been made to ensure questions and measures have good psychometric properties (where possible), have norms or comparison groups available, are suitable to OOHC populations, and are acceptable to carers.

The study uses a number of strategies to enhance sample recruitment, retention and engagement.

The Wave 1 survey sample was drawn from 1,597 children and young people placed with carers at the time of the Wave 1 interview. Carers of 1,285 of the children and young people completed a Wave 1 survey.

**Table 1: POCLS sample characteristics of the children and young people who entered OOHc for the first time May 2010–October 2011**

	Population cohort (All children entering OOHc on any Children's Court order)			Study eligible cohort (Children on final orders)						Survey cohort (Caregivers who agreed to have their details passed to the data collection agency)						Wave 1 survey response <sup>b</sup>		Wave 1 response rate <sup>c</sup>	
	N	%	n	Children with carers <sup>a</sup>		Children restored to birth parents <sup>a</sup>		Total	Children with carers <sup>a</sup>		Children restored to birth parents <sup>a</sup>		Total	Children with carers		Children with carers			
				n	%	n	%		n	%	n	%		n	%	n	%		
<b>Age of child at first entry to OOHc</b>																			
0–35 months	1,652	40.0	1,131	48.9	222	43.1	1,353	47.9	843	52.8	84	44.0	927	51.8	708	55.1	62.6		
3–6 years	946	22.9	566	24.5	121	23.5	687	24.3	388	24.3	44	23.0	432	24.2	299	23.3	52.8		
7–11 years	835	20.2	417	18.0	117	22.7	534	18.9	256	16.0	42	22.0	298	16.7	205	16.0	49.2		
12–17 years	693	16.8	198	8.6	55	10.7	253	8.9	110	6.9	21	11.0	131	7.3	73	5.7	36.9		
<b>Sex</b>																			
Male	2,060	49.9	1,184	51.2	268	52.0	1,452	51.4	793	49.7	88	46.1	881	49.3	637	49.6	53.8		
Female	2,066	50.1	1,128	48.8	247	48.0	1,375	48.6	804	50.3	103	53.9	907	50.7	648	50.4	57.4		
<b>Cultural background<sup>d</sup></b>																			
Aboriginal	1,346	32.6	837	36.2	121	23.5	958	33.9	592	37.1	40	20.9	632	35.3	453	35.3	54.1		
CALD	429	10.4	233	10.1	65	12.6	298	10.5	142	8.9	29	15.2	171	9.6	114	8.9	48.9		
All other children	2,351	57.0	1,242	53.7	329	63.9	1,571	55.6	863	54.0	122	63.9	985	55.1	718	55.9	57.8		
<b>Total</b>	<b>4,126</b>	<b>100.0</b>	<b>2,312</b>	<b>100.0</b>	<b>515</b>	<b>100.0</b>	<b>2,827</b>	<b>100.0</b>	<b>1,597</b>	<b>100.0</b>	<b>191</b>	<b>100.0</b>	<b>1,788</b>	<b>100.0</b>	<b>1,285</b>	<b>100.0</b>	<b>55.6</b>		

Notes: <sup>a</sup> At the time of recruitment to the study. <sup>b</sup> At Wave 1, only children living with carers were interviewed. Children restored and adopted in the survey cohort will be invited to participate in an interview at Waves 2 and 3. <sup>c</sup> Participation rate for the carer sample at Wave 1 was calculated as the number of survey responses/study eligible cohort. <sup>d</sup> If cultural background was unspecified in KIDS, the cases are included in the "All other children" category. Percentages may not total exactly 100.0% due to rounding.

Source: FACS KIDS

Physical health is measured by carer-rated questions to determine the health condition of the children and young people (including disabilities), services and supports for health conditions, changes in health conditions over time, and questions about diet, sleep and weight. The carer-rated Ages and Stages Questionnaire (ASQ3; Squires & Bricker, 2009) is also used to measure gross and fine motor skills (as well as communication, problem-solving and personal-social domains) in children aged up to 60 months.

To measure socio-emotional outcomes according to carers' report, two standardised measures were used at Wave 1:

- The Brief Infant Toddler Social Emotional Assessment (BITSEA; Briggs-Gowan, Carter, Irwin, Wachtel, & Cicchetti, 2004) was used for ages 1–2 years, to assess social-emotional/behavioural problems and social-emotional competencies.
- The Child Behavior Checklist (CBCL) was used for carers of children aged 1.5–5 years (Achenbach & Rescorla, 2000) and aged 6–18 years (Achenbach & Rescorla, 2001). The CBCL was selected because it is a widely used and comprehensive measure of externalising and internalising behaviour problems and interpersonal competencies. The CBCL has also been used in previous studies of children in OOHC in Australia (Sawyer et al., 2007; Tarren-Sweeney & Hazell, 2006), so will allow comparisons with those samples.

Information was also collected on services and supports for mental health problems, behaviour problems in the school environment, and whether or not the child or young person was prescribed psychotropic medication for their behaviour. Children and young people aged 7 and over were asked questions about their socio-emotional wellbeing, peer relationships, friendships, school, health, carers and caseworkers. To assess conduct problems, the Self-report Delinquency Scale (Moffitt & Silva, 1988) was used from 10 years, and to assess emotional wellbeing, school engagement and problems at school, three scales were used from 12 years (see the appendix).

To examine children's cognitive/learning outcomes, several language measures and a measure of non-verbal reasoning were selected:

- To assess receptive language skills, the widely used Peabody Picture Vocabulary Test, 4th Edition (PPVT; Dunn & Dunn, 2007) was administered by interviewers to children aged 3 years and older.
- Three additional carer-rated measures of language were used, depending on the age

of the child, for children aged 1–2 years (see the appendix).

- To assess non-verbal reasoning, the Matrix Reasoning Test from the Wechsler Intelligence Scale for Children (WISC; Wechsler, 2003) was administered by interviewers to children and young people aged 6–17 years. These measures have norms that enable comparisons to children and young people in the general population. Educational outcomes were also examined through questions about school performance (such as grades attained).

Questions and measures were also selected to assess characteristics of the carer and the placement, including: carer mental health; parenting practices, parenting style and difficult behaviour self-efficacy; satisfaction with support from services; carer socio-demographic characteristics; relationship with partner; carer experience and training; support network; and physical health (see the appendix).

## Sources of information and data collection methods

### 1. Survey of carers, children and young people

For those agreeing to participate in the survey, POCLS involves three waves of face-to-face interviews with carers, children and young people; and activities to measure the child's language development, non-verbal reasoning and felt security (see Table 2 on page 22).

Where requested, the data collection agency arranges for interpreters and Aboriginal interviewers.

At each wave, the study child or young person has to have lived with the carer for a minimum of one month before data collection takes place to ensure carers have sufficient knowledge about the child or young person. The study will continue to follow up children and young people restored to parents, adopted or aged out of OOHC.

The interviews are conducted in the carer's home or at an alternative location that the carer selects. Children aged 7 years and older watch the POCLS DVD before they are interviewed and sign an agreement form to ensure that they understand they are voluntarily participating in a research study. From ages 3 years and up, study children are involved in one or more interviewer-administered measures. The interview for children aged 7 years and older is programmed into an audio computer-assisted self-interview (ACASI). The ACASI contains

Where possible, we used existing standardised measures and validated questions so that the POCLS sample could be compared with other Australian general population studies.



POCLS involves three waves of face-to-face interviews with carers, children and young people; and activities to measure the child's language development, non-verbal reasoning and felt security.

**Table 2: Data collection with POCLS children and young people**



**Language development assessment for ages 3–17 years**

This child is completing the Peabody Picture Vocabulary Test (Dunn & Dunn, 2007) with a trained interviewer. The child was asked to point to the “leaf”.



**Non-verbal reasoning assessment for ages 6–16 years**

This young person is completing the Matrix Reasoning Test from the Wechsler Intelligence Scale for Children (Wechsler, 2003) with a trained interviewer. The young person is asked to point to the picture that completes the sequence of patterns.



**Felt security activity for ages 7–17 years**

This child is completing the activity to show who they feel close to, including members of the household where they are currently living and also family members with whom they are not currently living (adapted from the Kvebaek Family Sculpture Technique; Cromwell, Fournier, & Kvebaek, 1980). A trained interviewer instructs the child how to use the checkerboard and figurines to complete the activity.



**Face-to-face interview for ages 7–11 years**

This child is completing a computer-assisted personal interview with a trained interviewer. This is a short questionnaire with both qualitative and quantitative questions about school, friends, feelings, behaviour, casework, support and where they are living. The interviewer asks the child if there is anything else they would like to say.



**Self-complete interview for ages 12–17 years**

This young person is completing an audio computer-assisted self-interview (ACASI) on an iPad, with the voice recording done by Sammy Verma, who grew up in care. ACASI allows the young person to answer the questionnaire in a confidential setting.



This picture shows the I-view custom-designed ACASI survey, which has a space theme to make the experience more engaging. Questions are asked about school, work, friends, health and wellbeing, behaviour, casework, support, where they are living, leaving care and living skills. There is a text box for recording other thoughts.



The I-view ACASI self-interview allows for privacy and standardisation in the interview. A “play” button allows the questions to be repeated. ACASI benefits young people who have difficulty reading and understanding written concepts without additional aids. There are also games on the iPad for the young people to play when they have completed the questionnaire.

questions about their views and experiences of being in OOHC. Children are assisted by a trained interviewer if needed.

Most of the carer face-to-face interview questions are programmed into a computer-assisted personal interviewing (CAPI) system. Due to the sensitivity of some of the questions, and the possible discomfort a carer may feel in answering these questions in the presence of the interviewer (or other family member), a computer-assisted self-interviewing (CASI) section has been programmed into the middle of the face-to-face interview.

The CASI section contains questions regarding the carer's physical health, their relationship with their partner, and their level of psychological distress (using the Kessler Psychological Distress Scale [K10]; Kessler et al., 2003). The CASI section also serves to break up the long interview (between 90–120 minutes). If the carer is uncomfortable or unable to complete the CASI section on their own, the interviewer assists them. This information is then recorded by the interviewer at the end of the CASI section.

Interviewer ratings are completed after interviews with carers, children and young people. The ratings allow the interviewers to record information about the environment; for example, carers needing to manage several children and being distracted by interruptions. Ratings are also completed on the home environment itself. In addition, the interviewers record useful information for subsequent waves of data collection, such as whether the carer is planning to move house or location.

## 2. Survey of child care workers and teachers

For the Wave 2 survey with carers, the data collection agency is seeking carers' consent to contact the child's child care worker, preschool or school teacher to complete an Internet-based survey about the child or young person. Child care workers and teachers can provide an important independent perspective about risk and protective factors that are likely to be predictive of the child's or young person's educational outcomes and socio-emotional development. Emotional and behavioural problems may occur in one context only (home only or school only) or across contexts, so it is important to obtain this information. The survey will include the Child Behaviour Checklist Teacher Report Form (TRF) for school-age children and the Caregiver-Teacher Report Form (C-TRF) for children at child care and preschool (Achenbach & Rescorla, 2001). This

will enable educators to report on children's socio-emotional wellbeing in the child care/preschool/school context, using the same measure that is used by carers. Teachers will also report on children's educational attainment, peer relationships, OOHC education plans and carer's level of involvement in the child care centre, preschool or school.

## 3. Survey of caseworkers

In Wave 2, a caseworker Internet-based survey is being administered to the study eligible cohort ( $n = 2,827$ ). The aim of this survey is to gain the views of OOHC caseworkers, and to obtain information about the child and the placement that cannot be extracted from FACS administrative data (KiDS) or any other sources. Caseworkers provide an important perspective that complements the data obtained from carers, children and young people. The scope of the data collected includes: caseworkers' views on the children's or young people's placement; the children's or young people's development and wellbeing; family contact arrangements; the level of casework with the children or young people and their birth families; the case plan goal, including restoration and adoption if relevant; and the level of support provided to caseworkers.

## 4. Record linkage

Record linkage provides a rich source of data for the POCLS population cohort ( $n = 4,126$ ) to learn about the child's life before, during and, in many cases, after children and young people have left OOHC. Record linkage brings together information that relates to the same individual from different administrative data sources. To ensure privacy requirements are met, record linkage will be performed by an authorised linking agency—the Centre for Health Record Linkage (CHeReL). Access to health, education and juvenile offending data, can give a broader range of outcome measures than is possible when using only FACS administrative data on child protection and OOHC.

Record linkage, along with the primary data collections for this study, will allow the researchers to build a chronological sequence of life events to better understand the outcomes of children and young people. Record linkage will also allow the study to have more comparison groups, which will strengthen the findings and usefulness of the study. Record linkage will allow researchers to compare outcomes with aggregated data at the local government area (LGA) level (pending large enough samples so no child/young person can be identified) rather than relying on population

The data collection techniques adopted for the child and young person are conducted in the carer's home or at an alternative location that the carer selects.

Record linkage, along with the primary data collections for this study, will allow the researchers to build a chronological sequence of life events to better understand the outcomes of children and young people.

norms, which may not be typical of the child or young person's geographic area.

FACS aims to link four external data sources to the POCLS database, in addition to FACS administrative data on child protection and OOHC:

- The Australian Early Development Census (AEDC) Checklist conducted in 2009 and 2012 measures five areas of early childhood development in the first year of school (teacher-completed checklist), including physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge (Commonwealth Department of Education).
- Education records for all Australian students in Years 3, 5, 7 and 9 collected via the National Assessment Program: Literacy and Numeracy (NAPLAN) tests. Proficiency levels, reported as a band, in reading, writing, language conventions (spelling, grammar and punctuation) and numeracy at the unit-record level (NSW Department of Education and Communities).
- Health records, including those regarding gestational age, birth weight, APGAR scores and neonatal intensive care, mental health diagnosis, hospital admissions and emergency department visits, mother's age and mother's postcode at child's birth date, antenatal care, smoking during pregnancy and birth order (NSW Ministry of Health).
- Youth offending data, including the number of offences, most serious offence, and penalty severity (Bureau of Crime Statistics and Research).

The sources of administrative data summarised above will provide critical information for the POCLS Population Cohort, which will strengthen the findings and usefulness of the study by providing strong population-based comparison groups.

## Comparison groups

There are a number of comparison groups within the Population Cohort (see Figure 1 on page 18) that enable additional research questions to be asked of the data. Record linkage will enable a comparison of children and young people with similar abuse and neglect backgrounds who entered OOHC on interim orders only with those who stayed in OOHC on final orders. This will shed light on decision-making by child protection workers and the Children's Court, and the outcomes of those decisions for the wellbeing of children and young people. Children in OOHC have

poorer outcomes compared to those in the community, and the degree to which this is due to abuse and neglect versus the OOHC experience (e.g., placement breakdown) is not well understood. Record linkage will help answer this question.

The standardised measures and questions used by other studies, such as LSAC, will allow researchers to compare the POCLS sample with the general population, as will measures that have norms available.

Record linkage enables researchers to examine the representativeness of the Study Eligible Cohort, which will assist with the interpretation of the results of the primary data collection.

## POCLS data collection timeline

Figure 2 (on page 25) shows the primary data collection and record linkage that will allow researchers to build a person period file to view the child's life at different stages—pre-care, in care, and post-care. The population cohort ( $n = 4,126$ ) entered OOHC on any Children's Court order between May 2010 and October 2011. When a final Children's Court order was issued, the child was recruited to the study to participate in a survey of caregivers, children and young people. During February 2011 to June 2013, FACS undertook sample recruitment that resulted in 1,788 carers, children and young people agreeing to be in the POCLS survey cohort. April 2013 was the last date for the child or young person to receive final orders (leaving two months for FACS to recruit them). This timeframe gave every child and young person entering OOHC at least 18 months to receive final orders.

Primary data collection commenced in May 2011 and will be completed by June 2016. In this five-year period there are three waves of data collection at 18-month intervals. The Wave 1 survey cut-off date was August 2013 and resulted in 1,285 survey responses. Wave 2 is currently in progress. Wave 3 will take place from July 2014 until June 2016.

Record linkage will be refreshed before the end of Wave 3, providing retrospective longitudinal data on the population cohort.

## Data analysis and reporting

A series of research reports and policy papers will be published as the data become available after each wave of data collection.

For more information about the study, visit the study web page <[www.community.nsw.gov.au/pathways](http://www.community.nsw.gov.au/pathways)>.



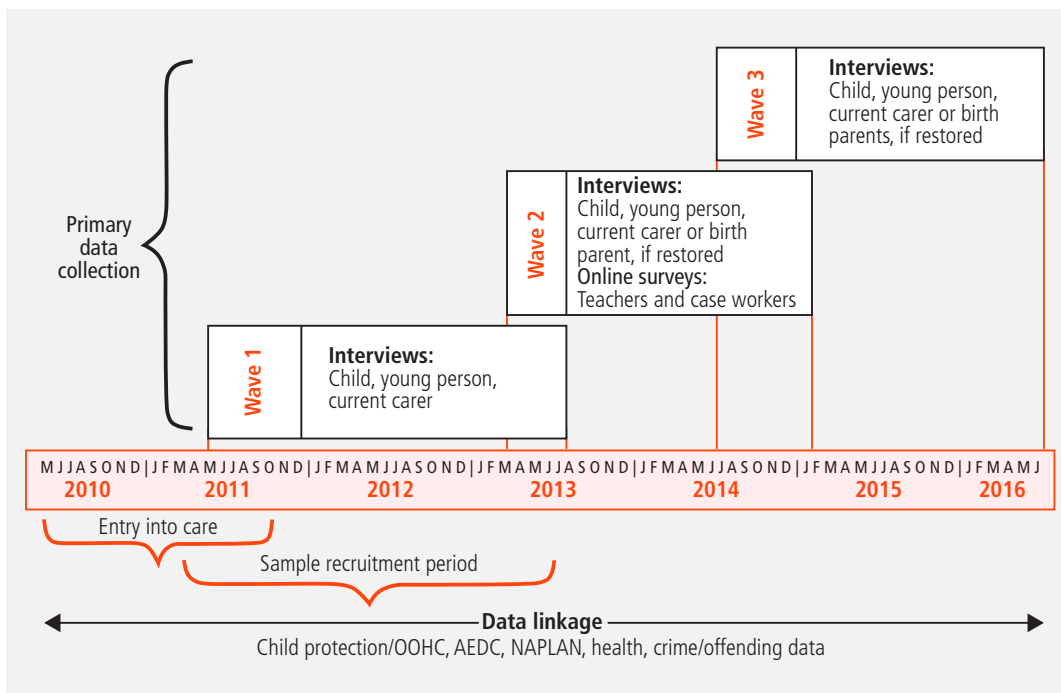


Figure 2: POCLS data sources timeline

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The opening artwork is a detail from the Pathways of Care banner, by Billy Black.



**Billy Black** grew up in care and her artwork was commissioned for this study. The drawing shows many pathways through the care system with a carer or caseworker acting as a guide, ultimately leading to independence for every young person. Billy says of the artwork, "Whether we live with family or strangers, study, work, or just try our best, the paths we choose and are guided through in our youth are what we use to prepare ourselves for the happiest adulthood we can achieve."

## Appendix

**Table 3: The questions and measures used in POCLS interviews to examine children’s wellbeing and carer and placement characteristics**

Domain	Questions and standardised measures	Carer-rated, child-rated or interviewer administered	Study age range	Used in other studies/norms available
<b>Children’s wellbeing</b>				
Physical health and development	Ages and Stages Questionnaire (ASQ3; Squires & Bricker, 2009)	Carer	9 months–5 years	US Norms
	Additional questions about health conditions, services received, immunisation, diet, weight, sleep	Carer	All	Project developed and used by other studies such as LSAC, ATP
Child socio-emotional development	Short Temperament Scale for Infants, Toddlers and Children (STSI; Fullard, McDevitt, & Carey, 1984)	Carer	9 months–7 years	LSAC, ATP
	School Aged Temperament Inventory (SATI; McClowry, Halverson, & Sanson, 2003) short form	Carer	8–17 years	LSAC, ATP
	Brief Infant Toddler Social Emotional Assessment BITSEA; Briggs-Gowan et al., 2004)	Carer	12–35 months	LSAC, US Norms
	Child Behaviour Checklist (CBCL; Achenbach & Rescorla, 2000)	Carer	3–17 years	NSCAW, LONGSCAN, US & Australian Norms
	Ages and Stages Questionnaire (ASQ3; Squires & Bricker, 2009)	Carer	9 months–5 years	US Norms
	School Problems Scale (Prior, Sanson, Smart, & Oberklaid, 2000)	Young person	12–17 years	ATP
	School Bonding Scale (O’Donnell, Hawkins, & Abbott, 1995)	Young person	12–17 years	ATP, Seattle Social Development Project
	Short Mood & Feeling Questionnaire 13-item scale (Angold et al., 1995) and additional questions on health and behaviour.	Young person	12–17 years	LSAC, ATP, ASSAD
	Self Report Delinquency Scale 10-item scale adapted from (Moffitt & Silva, 1988).	Young person	10–17 years	ATP
	Felt Security activity to show who they feel close to (adapted from the Kvebaek Family Sculpture Technique; Cromwell, Fournier, & Kvebaek, 1980).	Child/young person	7 years plus	Cashmore & Parkinson (2008) in family law study
	Additional questions for carers about services and supports for child emotional and behavioural problems, problems at school, child psychotropic medication	Carer	All	Project developed and used by other studies such as LSAC, ATP
Additional questions for children and young people about peer relationships, friendships, school, health, carers and caseworkers	Child/young person	7 years plus	Project developed and used by other studies such as LSAC, ATP	
Cognitive and language development	Communication and Symbolic Behaviour Scale Infant and Toddler Checklist (CSBS ITC; Wetherby & Prizant, 2003)	Carer	9–23 months	LSAC, US Norms

continued on next page



**Table 3: The questions and measures used in POCLS interviews to examine children’s wellbeing and carer and placement characteristics**

Domain	Questions and standardised measures	Carer-rated, child-rated or interviewer administered	Study age range	Used in other studies/norms available
	MacArthur-Bates Communicative Developmental Inventories (MCDI-III; Fenson et al., 2007)	Carer	30–35 months	LSAC, US Norms
	MacArthur Communicative Development Inventories—short form (Fenson et al., 2000)	Carer	24–29 months	US Norms
	Peabody Picture Vocabulary Test (PPVT-IV; Dunn & Dunn, 2007)	Interviewer administered	3–17 years	Many studies, US Norms
	Matrix Reasoning Test from Wechsler Intelligence Scale for Children (WISC-IV; Wechsler, 2003)	Interviewer administered	6–16 years	LSAC
	Additional questions about current schooling (usual grades at school, changes in schools, repeated years, school problems). For children aged 15 and older, questions on work and further education, life skills and plans for leaving care.	Carer	All	Project developed and used by other studies such as LSAC, ATP
<b>Carer and placement characteristics</b>				
Carer psychological distress	Kessler K10 (Kessler et al., 2003)	Carer	All	LSAC, NSW Health Survey, Aus. Norms
Social cohesion	Social Cohesion and Trust Scale (Sampson, Raudenbush, & Earls, 1997)	Carer	All	LSAC
Parenting practices/style/self-efficacy	Parenting—Warmth (Paterson & Sanson, 1999).	Carer	All	LSAC
	Parenting—Hostility (Institut de la Statistique du Québec, 2000)	Carer	All	LSAC
	Parenting – Monitoring (Goldberg, Spoth, Meek, & Moolgard, 2001)	Carer	12–17 years	LSAC
	Difficult Behaviour Self-Efficacy Scale (DBSES; Hastings & Brown, 2002)	Carer	All	Study by Whenan, Oxlad, & Lushington (2009)
	Additional questions for child about relationship with carer.	Child/young person	All	Project developed and used by other studies such as LSAC, ATP
Satisfaction with support from services	Satisfaction with Foster Parenting Inventory (SFPI), Social Service Support Satisfaction Scale (Stockdale, Crase, Lekies, Yakes, & Gillis-Arnold, 1997)	Carer	All	–
	Additional questions for carer about socio-demographic characteristics; relationship with partner; relationship with study child; carer experience and training; family activities; support network; carer physical health; cultural background and cultural activities.	Carer	All	Project developed and used by other studies such as LSAC, ATP

Notes: ASSAD—Australian Secondary Students’ Alcohol and Drug Survey; ATP—Australian Temperament Project; LSAC—Longitudinal Study of Australian Children; LONGSCAN—Longitudinal Studies of Abuse and Neglect (US); NSCAW—National Survey of Child and Adolescent Wellbeing (US). These data will be supplemented with administrative data; for example, risk of harm reports and number of placements.



# 30 years on

## Some key insights from the Australian Temperament Project

Suzanne Vassallo, Ann Sanson and Craig A. Olsson

On a mild autumn afternoon in 2013, about 150 people gathered at Melbourne's Royal Children's Hospital for a 30th birthday celebration. This commemoration differed from many 30th birthday parties as it was not for a person, but rather for a research study, with a guest list that comprised researchers, study participants and their families. Back in 1983, when the study began, few of the researchers or participants would have anticipated that the study would still be going strong 30 years later. Yet, over the past three decades, the Australian Temperament Project (ATP) has grown from a pioneer study of child temperament to become one of Australia's longest running studies of human development. It also recently became one of only a few in the world with data on three generations of family members.

In this article we reflect on the first 30 years of the ATP, what we have learnt, and our aspirations for the future of this landmark study.

### The Australian Temperament Project

The ATP is a longitudinal study that has followed the lives of a large group of Victorian children (and their parents) from their first months of life into adulthood and, since 2011, is following the "children of the study children". The study began in 1983 with the recruitment of 2,443 families with 4–8 month old infants, from Infant Welfare Centres<sup>1</sup> across Victoria. Three decades on and 15 surveys later, 70% (1,701) of these families are still active in the study.

The ATP was so named due its primary interest in understanding how children's temperaments—a key aspect of each child's personality—influence their later development. While temperament has remained a central interest, over the years the ATP has broadened its focus to study many other aspects of the young people's development, including their educational progress, mental health, relationships with others, engagement in risky

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behaviours, and their strengths and skills. Box 1 summarises the major areas of development that have been studied in the ATP.

### Box 1: Major areas of development studied in the ATP

- Temperament/personality
- Parenting style
- Behavioural and emotional problems
- School adjustment and achievement
- Family socio-demographic characteristics
- Substance use and antisocial behaviour
- Physical health
- Risky driving
- Social competence
- Civic mindedness and positive development
- Eating attitudes and behaviours
- Workforce participation
- Peer relationships
- Couple relationships, marriage and parenthood
- Parent-child relationships and family climate
- Genetic influences

Throughout the life of the study, parents have acted as key informants on their children's development, completing surveys at each of the 15 assessment waves. They have also provided information on their own mental health, family environment and lifestyles. Information from teachers and maternal and child health nurses has also been collected at relevant ages. From late childhood (11–12 years) the young people have reported on their own development, experiences and wellbeing (see Table 1 for a summary of the type of informant, ages of study members and year of data collection for each wave). Almost all data have been collected via mail surveys, but in the most recent survey wave (in 2010–11) there was also an online option.

In addition to these surveys, the ATP has conducted a number of in-depth studies with smaller groups of study members to look at specific development issues. Some of these studies have involved visiting study families within their homes.

From the start, the ATP has been a multidisciplinary collaborative project. It began as a partnership between psychologists at La Trobe University and paediatricians at the Royal Children's Hospital. Over time the collaboration has expanded to include the University of Melbourne, the Australian Institute of Family Studies (AIFS) and Deakin University. Through AIFS, collaborations were developed with agencies having particular policy interests. For example, work with Crime Prevention Victoria examined a number of policy-relevant issues related to the development and consequences of antisocial behaviour; and research with the Transport Accident Commission (TAC) and the Royal Automobile Club of Victoria (RACV) shed light on factors associated with risky driving and its prevention. As well as the core team of researchers, many others, including graduate students, have investigated specific issues using ATP data. One of the strengths of the study is the continuity provided by the ongoing involvement of many of the original investigators, while younger researchers have brought new energy and expertise to the team. (Current team members are listed on the study's website <[www.aifs.gov.au/atp](http://www.aifs.gov.au/atp)>.)

### Three decades of learnings from the ATP

At the time of writing, ATP data had been used in over 140 papers covering a broad range of developmental issues (see the ATP website for a full listing <[www.aifs.gov.au/atp/pubs](http://www.aifs.gov.au/atp/pubs)>). This research has not only contributed to scientific

**Table 1: Age of study members and informant type at each survey wave (1983 to 2010–11)**

Wave	Year	Participant age	Informant
<b>Infancy and early childhood</b>			
1	1983	4–8 months	P, N
2	1984	1–2 years	P
3	1985	2–3 years	P
4	1986	3–4 years	P
<b>Primary school years</b>			
5	1988	5–6 years	P, T
6	1990	7–8 years	P, T
7	1992	9–10 years	P
8	1994	11–12 years	P, C, T
<b>Adolescence</b>			
9	1995	12–13 years	P, C
10	1996	13–14 years	P, C
11	1998	15–16 years	P, C
12	2000	17–18 years	P, C
<b>Adulthood</b>			
13	2002	19–20 years	P, C
14	2006–07	23–24 years	P, C
15	2010–11	27–28 years	P, C

Note: Informants are: P = parents, C = children, T = primary school teachers, and N = maternal and child health nurses.



understanding of the factors that facilitate or impede healthy development, but has been used to guide public policy both in Australia and overseas.

Given its broad scope, it is not possible to summarise all of the study outcomes here. Instead, this article provides a brief snapshot of a selection of key findings emerging from the ATP so far. Those interested in learning more about the study are invited to read the reports by Prior and colleagues (2000) on the first 18 years of the study, and Vassallo & Sanson (2013) on the full 30 years to date (see also Sanson's (2013) article). Readers can also access specific papers listed on the study's website.

### Temperament

Temperament refers to differences between individuals, visible from birth, in how they typically behave and react to their social surroundings. When the ATP began in the early 1980s, there was virtually no Australian research on child temperament, and very limited Australian longitudinal research on early child development more broadly. Thirty years on, temperament is routinely measured in studies of child development, and ATP measures are frequently used in this research.

Using surveys adapted for the Australian context, ATP findings clearly show that people differ in their temperament from birth, and that these differences affect their development and wellbeing later in life. For instance, longitudinal analyses of ATP data have shown how "difficult" infant temperament characteristics (e.g., being irritable, shy, uncooperative) can lead to behavioural and emotional adjustment problems in early childhood and beyond, particularly if there are other risks in a child's life.

ATP research has also helped dispel the misconception that temperament is fixed for life. While temperament remains fairly stable for the majority, findings from the ATP show that experiences such as the style of parenting a child receives can help modify temperament traits. For example, individuals who were shy as infants were more likely to overcome their shyness if their parents were warm, positive and did not push their children to become independent too soon.

### Learning difficulties

Although most children do well at school, mastering essential numeracy and literacy skills can be a struggle for some. ATP findings show



that approximately one in eight study members were experiencing reading difficulties at age 7–8. Nearly 80% of this group continued to have learning problems (with reading, spelling or maths) six years later. These findings highlight the importance of identifying and helping children who are experiencing learning difficulties as early as possible, to prevent these problems from becoming entrenched.

Recovery from early learning problems is clearly possible. Research from the ATP has shown that boys were more likely to recover from early learning problems if they had good reasoning skills, did not have co-existing behaviour problems and came from families with higher socio-economic backgrounds.

### Mental health problems

ATP research has shown that the roots of many behavioural and emotional problems can be traced back to early childhood. Focusing specifically on emotional problems, findings from the ATP show that teenagers who were irritable and shy as toddlers and experienced problems in their relationships growing up, were at greater risk of experiencing ongoing problems with anxiety and depression. Genetic factors also increased the risk of anxiety and depression for some, by increasing their susceptibility to challenging life events or decreasing their ability to "bounce back" after experiencing difficult circumstances.

As with learning problems, early identification and treatment of children with mental health difficulties appears to be of paramount importance in reducing the likelihood of such problems persisting over time. ATP results suggest that young people who are depressed or anxious might be more likely to overcome their symptoms if they develop good social skills and better relationships with others, and if their school environment is supportive.

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## Risk-taking

The ATP has been an important resource for investigating youth risk-taking behaviour, with detailed longitudinal data collected on antisocial behaviour (e.g., violence, theft), substance use (and misuse) and risky driving (e.g., speeding, drink-driving).

Working with experts from the criminal justice, road safety and substance use fields, the ATP team has looked at patterns of engagement in these behaviours over time, and the factors that influence these. This research has provided valuable guidance for intervention efforts, highlighting optimal periods for intervention, and the areas in which these initiatives may be most useful. For instance, when studying the development of antisocial behaviour, the ATP identified a number of important periods—the start of both primary and secondary school, and immediately after secondary school—when changes for better or for worse seem most likely to occur, indicating that efforts to help young people might be particularly beneficial at these stages.

Findings from the ATP also show how different types of risk-taking often occur together, and share common risk factors. Young people who engaged in risk-taking were more likely to have “difficult” temperament traits, have a history of behavioural problems and poor social skills and to have experienced peer, parent and school issues. These characteristics were often evident from childhood.

## Bullying

Another area in which the ATP’s longitudinal data has been able to provide valuable insights is bullying. ATP findings show that young people who were bullied at age 13–14 were more likely to be depressed at age 19–20, while those who bullied others in their early teens were more likely to break the law in early adulthood. However, not all people involved in bullying experienced problems later on. The ATP team identified factors that “protected” these young people from later harmful effects of bullying. They found that victims of bullying were less likely to be depressed in early adulthood if they had good social skills and did not have difficulties with schoolwork at 13–14 years. And young people who bullied others were less likely to engage in criminal behaviour as young adults if they had good social skills, experienced good parental supervision, did not have a “volatile” temperament, and had few friends who engaged in antisocial activities at 13–14 years. This research has helped raise awareness of the fact that bullying can have harmful long-term consequences, not only for its victims but also for those who bully. It has also provided guidance for initiatives aimed at assisting bullies and victims, suggesting that social skills training programs and interventions aimed at improving relationships with parents and peers might help bullies and victims fare better in the long run.

## Positive development

Many studies focus on what is going wrong in people’s lives, examining only part of the picture. The ATP team has always had a keen interest in what is going right, and this has become an increasing focus since the study members reached their late teens.

Rather than simply referring to the absence of problems, positive development involves the achievement of optimal development and wellbeing. Many experiences in childhood and adolescence appear to help young people to “thrive” as adults. These include: strong relationships with family and peers, positive school experiences, a less reactive temperament style, good control over emotions, and an interest in being involved in the community.

Perhaps not surprisingly, positive development has been linked to better outcomes in adulthood. Study members who showed evidence of positive development at age 19–20 experienced better emotional, physical and mental health in early adulthood.





## Parenting adult children

The transition from adolescence to adulthood is often accompanied by major changes in relationships between parents and their offspring, but little is known about how parents view this process.

When the study members were in their mid-20s, parents were asked about their relationships with their ATP sons or daughters and their current parenting roles. Most parents continued to share close relationships with their adult sons or daughters over the transition to adulthood. However, many parents no longer believed that it was their role to provide practical, hands-on support to their 23–24 year olds, seeing their role as more of an advisor or as emotional back-up.

Nevertheless, approximately two-thirds of parents had provided some form of financial assistance to their son or daughter in the preceding year. They also provided valuable emotional support to their adult children. Interestingly, when we asked both the parents and their adult children about this support, the young adults valued the support more highly than their parents realised.

## Informing policy, practice and research

Insights gained from ATP research have helped inform practice and policy in a number of fields, including education, health, criminal justice, road safety and parent education. For example, ATP research has provided important guidance for parents on everyday issues such as how to manage their teenager's drinking, and how to tailor their parenting style to the temperament of their child. It has also informed policies and initiatives aimed at reducing crime, risky driving and teen alcohol use.

The ATP has also been used as a “model” for other longitudinal studies. For instance, *Growing Up in Australia: The Longitudinal Study of Australian Children* and *Footprints in Time: The Longitudinal Study of Indigenous Children* have benefitted from the ATP research team's experiences of running a large, ongoing longitudinal study, regularly seeking advice from the ATP on project-related issues. Furthermore, many studies use ATP questions in their own research, most commonly the temperament measures.

The ATP is a key member of a number of research partnerships, including the Longitudinal Studies Network,<sup>2</sup> and collaborates with other studies, both in Australia and overseas, to study issues of mutual interest. As an example, the



ATP is currently taking part in an international study led by the Organisation for Economic Co-operation and Development (OECD), that is focusing on the role of cognitive skills and temperament in promoting wellbeing and social progress and how such skills can be better developed.

## Future directions

As the ATP enters its fourth decade, the ATP has an opportunity to continue informing policy and practice, by increasing understanding of the factors that improve the life chances of Australians at different stages of the life course. The ATP will continue to track changes in many aspects of study members' lives, including their personality, relationships, workforce participation, aspirations and mental health, for better or worse, as they move through mid-adulthood (30+ years).

The ATP's rich longitudinal data will also continue to be invaluable in studying aspects of adult development that have their roots in earlier life. For example, the ATP is well placed to examine why some people are able to overcome earlier difficulties while others suffer long-term effects. Likewise, the ATP's work on positive development will continue and will be able to examine how “thriving” in adolescence and early adulthood affects later personality and success in life. The changing nature of relationships between the original ATP parents and their adult children is another area of interest as the project moves forward.

The ATP will also continue to welcome further opportunities to work with other researchers and organisations, both in Australia and abroad, to address issues of specific concern for policy and practice in Australia.

One of the most important contributions that the ATP will make going forward is through the ATP Generation 3 study (see Box 2). This study,

Insights gained from ATP research have helped inform practice and policy in a number of fields including education, health, criminal justice, road safety and parent education.



This landmark study has made significant contributions to policy and practice in a number of fields.

which commenced in 2011, provides a unique opportunity to study the developmental origins of health and wellbeing across three generations (the ATP study participants, their parents, and the study participant's own children). There are only a handful of prospective three-generation studies worldwide, and none have data on parents from their birth. The aim is to recruit 1,000 offspring over the next five years to create a resource capable of identifying important transgenerational risk and protective factors (psychosocial, biological and economic) that affect the health and development of the next generation and that may hold substantial policy implications for promoting a healthy start to life.

## Box 2: The ATP Generation 3 study

Now that ATP participants are in their 30s, and many are settling down and having children of their own, the focus of the study has extended to the next generation. The ATP Generation 3 study commenced in 2011 and will recruit 1,000 cohort offspring across the peak period of births in the cohort over the next five years. Offspring are identified through contacting participants twice yearly to enquire about new pregnancies (as well as plans for becoming pregnant).

Parents or expectant parents who enrol in the study are invited to participate in a variety of project components. These include short telephone interviews during pregnancy and after the child's birth (at 8 weeks and 12 months), an ultrasound during the third trimester of pregnancy, an observational assessment of children and parents when the child is 12 months old, and the collection of DNA and other biological samples from parents and children (at 8 weeks and 12 months). Planning for an age 4 follow-up is currently underway.

With three decades of prospective information on parents (Generation 1), their children (Generation 2), and now their children's children (Generation 3), the ATP Generation 3 study will be uniquely placed to examine how the life histories of one generation affect the next. The study will be one of the largest and most comprehensive intergenerational studies of its kind internationally and will offer new and important insights for policies promoting a healthy start to life for all Australians.

## Conclusion

Thanks to the extraordinary support of the study families over the past three decades,

the ATP has been able to collect a wealth of valuable data, covering various aspects of life from infancy to adulthood. This landmark study has made significant contributions to policy and practice in a number of fields. As it continues to track participants through adulthood, and is enriched by the ATP Generation 3 study, the ATP looks set to remain a major research resource well into the future.

## Endnotes

- 1 Infant Welfare Centres in Victoria are now called Maternal and Child Health Centres.
- 2 For further information about the Longitudinal Studies Network, please visit the ARACY website: <[www.aracy.org.au/networks/longitudinal-studies-network](http://www.aracy.org.au/networks/longitudinal-studies-network)>.

## Further reading

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A full list of ATP publications can be found at: <[www.aifs.gov.au/atp/pubs](http://www.aifs.gov.au/atp/pubs)>

**Suzanne Vassallo** is a Research Fellow with the Australian Institute of Family Studies. **Ann Sanson** is an Honorary Professorial Fellow in the Department of Paediatrics at the University of Melbourne. **Craig A. Olsson** is a Professor in Developmental Psychology at Deakin University (Psychology), the Murdoch Childrens Research Institute, and the University of Melbourne (Paediatrics and Psychological Sciences).

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**Disclaimer:** The views expressed in this article are those of the individual authors and may not reflect those of the organisations involved.



# "I expect my baby to grow up to be a responsible and caring citizen"

What are expectant parents' hopes, dreams and expectations for their unborn children?

Elizabeth R. Peterson, Johanna Schmidt, Elaine Reese, Arier C. Lee, Polly Atatoa Carr, Cameron C. Grant and Susan M. B. Morton

Even before a child is born, parents have hopes, dreams and expectations for their child. These are shaped by the parents' beliefs, morals, rules, values and ways of thinking, which are transmitted to children through their parents' behaviour toward them, shaping the child's development and future in potentially important ways (Edwards, Knoche, Aukrust, Kumru, & Kim, 2006; Suizzo, 2007; Tamis-LeMonda et al., 2007). For example, children whose parents have high educational expectations tend to demonstrate better academic performance at all ages (Benner & Mistry, 2007; Kaplan, Liu, & Kaplan, 2001), stay at school longer (Choy, Horn, Nuez, & Chen, 2000; Ensminger & Slusarcick, 1992), be more engaged with learning, and have high educational aspirations themselves (Choy et al., 2000; Jacobs & Harvey, 2005).

Cultural differences in parental beliefs have been explored. For example, collectivist cultures often place more value on relating well to others, fitting in and interdependence, whereas individualist cultures place more

emphasis on independence and expressions of uniqueness (Gambrel & Cianci, 2003; Hofstede, 1984; Markus & Kitayama, 1991; Shek & Chan, 1999; Suizzo, 2007; Tamis-LeMonda et al., 2007).

Many approaches have been used to understand parents' hopes, dreams and expectations for their children. Most of the research has focused on quite specific domains of interest, such as parental aspirations for their child's academic success (e.g., Jacobs & Harvey, 2005), values (e.g., Darling & Steinberg, 1993; Tudge, Hogan, Snezhkova, Kulakova, & Etz, 2000), morals (e.g., Reese, Balzano, Gallimore, & Goldenberg, 1995), the characteristics of an "ideal child" (e.g., Paguio, Skeen, & Robinson, 1989), or how to parent (e.g., Chan & Koo, 2011).

Other researchers have taken a more theoretically driven approach (e.g., Burton, 1990; Edwards et al., 2006; Maslow, 1943; Max-Neef, Elizalde, & Hopenhayn, 1991; Rosenberg, 2003). Probably the most well-known work on human needs or requirements for the optimal development of individuals is that of Abraham

Even before a child is born, parents have hopes, dreams and expectations for their child.

Maslow (1943), who identified five basic needs for well-adjusted individuals. These needs are typically understood to be hierarchical, with lower, more basic needs (physiological, safety, and belonging) having to be at least

relatively satisfied before the higher needs (self-esteem and self-actualisation) can be acquired or activated (Feist & Feist, 2006). Although the ordering of Maslow's "needs" has been criticised, in part due to variations across cultures, the values themselves are argued to be relatively universal (Gambrel & Cianci, 2003; Hofstede, 1984; Tay & Diener, 2011).

Beliefs about what children require to develop into thriving individuals and citizens are evident within families, cultures, theory and policy. However, to date, researchers have not often asked parents to freely state what *they* perceive their hopes, dreams and expectations for their children to be, and this question has certainly not been asked before their children are born. Given the potentially self-fulfilling nature of parental wishes for their children (e.g., Fan & Chen, 2001; Tudge et al., 2000; Wood, Kaplan, & McLoyd, 2007), it is important to document these beliefs as early in the child's life as possible, in order to be able to subsequently explore whether and how these beliefs play out and the extent to which they change.

## Method

### Participants

A random sub-sample of 15% of the pregnant women enrolled in Growing Up in New Zealand was selected for this analysis (Morton et al., 2012). Where the women had partners enrolled in the study (almost always identified as the baby's biological father), their data were also included. This procedure resulted in a sub-sample of 1,013 pregnant women and 648 partners. Thirteen women and four partners had not responded to the relevant question and were excluded, giving a final sub-sample of 1,000 mothers and 644 partners (see Table 1 for demographic information).

### Procedure

At the end of a 90-minute antenatal maternal interview and a 45-minute antenatal partner interview, both the pregnant women and their partners were separately and independently asked an open-ended question: "Please give us one or two sentences about the hopes, dreams and expectations you have for your baby". Interviewers entered the respondents' responses verbatim into a laptop computer, and were instructed not to probe beyond asking the above question.

**Table 1: Pregnant women and partner demographics of Growing Up in New Zealand sub-sample**

	Mother		Partner	
	N	%	N	%
<b>Age groups (years)</b>				
< 20 years	59	5.9	14	2.2
20–29 years	383	38.3	169	26.2
30–39 years	503	50.3	363	56.4
40+ years	55	5.5	98	15.2
<b>Self-prioritised ethnicity <sup>a</sup></b>				
European	546	54.7	384	59.7
Māori	139	13.9	57	8.9
Pacific Peoples	125	12.5	72	11.2
Asian	156	15.6	98	15.2
New Zealander	10	1.0	15	2.3
Other	23	2.3	17	2.7
<b>Planned/unplanned pregnancy</b>				
Planned	574	57.7	NA	
Unplanned	421	42.3		
<b>Child birth order</b>				
First child	438	43.8	NA	
Subsequent child	561	56.2		
<b>Education</b>				
No secondary education	66	6.6	44	6.8
Secondary education	218	21.9	134	20.8
Tertiary education	715	71.6	466	72.4
<b>Household income</b>				
Low (< \$70,001)	515	51.5	260	40.4
Medium (\$70,001–100,000)	181	18.1	125	19.4
High (> \$100,000)	304	30.4	259	40.2
<b>Household New Zealand Deprivation Index 2006 <sup>b</sup></b>				
Quintile 1	174	17.4	130	20.2
Quintile 2	171	17.1	121	18.8
Quintile 3	176	17.6	116	18.0
Quintile 4	222	22.2	143	22.2
Quintile 5	257	25.7	134	20.8
<b>Total number of observations</b>	<b>1,000</b>		<b>644</b>	

Notes: Where the stated frequencies do not sum to the total number of women or partners in the sample, this is due to missing data. <sup>a</sup> Parents were asked to identify their own ethnicity or ethnicities at the most detailed level possible (commonly Level 3 Statistics New Zealand hierarchy [Statistics New Zealand, 2005]) and they were then asked to identify their main (self-prioritised) ethnic group. For Table 1 this has been coded at Level 1, with the New Zealander category also included. Level 1 "European" includes New Zealand European. <sup>b</sup> The New Zealand Deprivation Index combines nine socio-economic variables from the 2006 Census, capturing eight dimensions of deprivation at the small area level. In this table the original deprivation scores (measured in deciles) have been collapsed into quintiles, each quintile is the sum of two sequential deciles, so deciles 1 and 2 form quintile 1, deciles 3 and 4 form quintile 2, etc. Decile 1 represents the least deprived geographic areas and 10 represents the most deprived areas (Salmond, Crampton, & Atkinson, 2007).



## Data analysis

A thematic analysis approach was used (Braun & Clarke, 2006). Initially, the data were analysed inductively (allowing the content of the data to direct the coding and theme development), and then deductively, using existing concepts or ideas to shape analysis.

### Initial free coding

The full dataset of parental hopes, dreams and expectations was read. The first three authors then worked with randomly selected responses from 100 women and 100 partners to develop a coding scheme. Twenty-seven codes were inductively generated (Figure 1). Ten per cent of the data were then independently coded in order to establish reliability of at least 80% between each pair of coders. Once achieved, the second author coded the remainder of the sub-sample.

Each parental statement was broken into idea units. An idea unit was a single statement (e.g., belief, desire, thought) that could be meaningfully coded into one category. Individual categories were only allocated once to each idea unit. Figure 1 shows response percentages alignment between the pregnant women and their partners for the 27 inducted codes.

The inductive process was used to get an initial understanding of the respondents' views, but many of the categories had too little data to allow for meaningful subsequent analysis using multiple respondent characteristics. Therefore, other frameworks were considered to allow deductive coding with fewer categories. Maslow's widely used hierarchy of needs framework fit best with the existing 27 codes, in contrast to other frameworks such as Bronfenbrenner's Ecological Model (Bronfenbrenner, 1977). Only four of the original inductive categories—*To be an easy baby*, *Gender*, *Intergenerational linking*, and *Other*—all of which contained little data, were excluded from this analysis due to poor fit with Maslow's hierarchy.

### Coding with Maslow's hierarchy of needs

To develop this coding scheme, we used Maslow's (1943) five-tiered hierarchy and Koltko-Rivera's (2006) review of Maslow, which importantly adds the category of *Self-transcendence* that Maslow later developed to account for individuals who "identify with something greater than the purely individual self" (Koltko-Rivera, 2006, p. 306). Introducing this sixth tier allowed for better accommodation

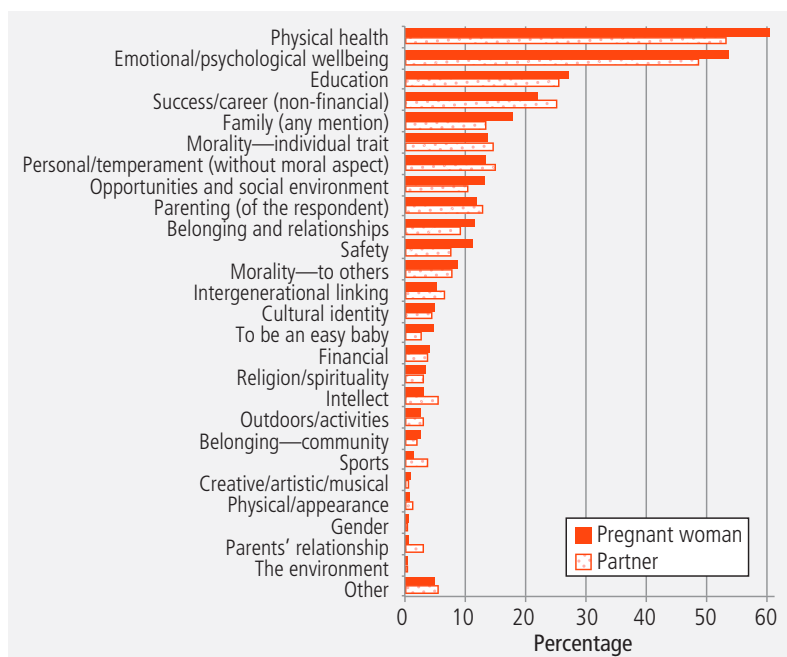


Figure 1: Percentage of pregnant women and partner responses according to initial inductive codes

of responses such as "hoping that the child would have a religious or spiritual dimension to their lives".

In addition, Gorman's use of Koltko-Rivera's work (Gorman, 2010) provided a useful template for further understanding Maslow's schema. Table 2 (on page 38) shows how Koltko-Rivera's and Gorman's descriptions map on to Maslow's original explanations.

As with the initial coding, each statement was broken down into idea units and each unit assigned to one of Maslow's categories, with a code being applied only once to each statement. Ten per cent of the sub-sample was then independently coded into the six Maslow categories, and a seventh *Other* category was used for data that did not fit. All idea units were assessed on the basis of the context in which they were mentioned. Once 80% reliability was reached across all three coders, one author then coded the remainder of the sub-sample. Consensus among all coders on disagreements was reached through discussion.

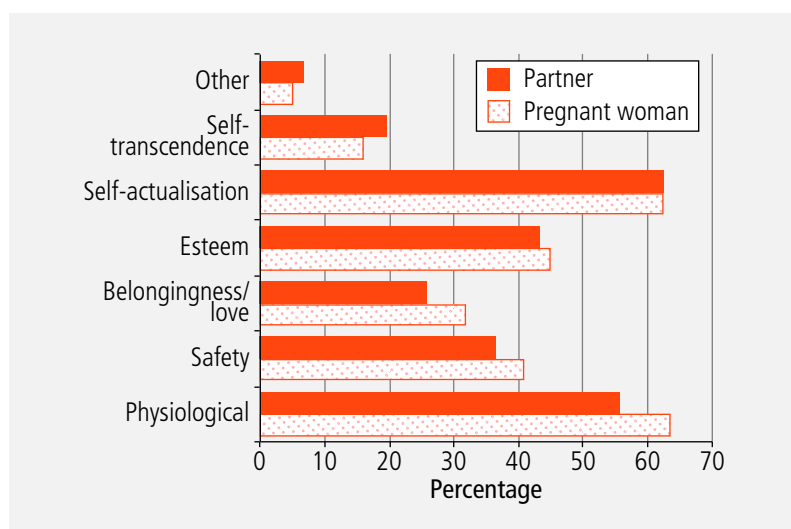
## Results and discussion

Figure 2 (on page 38) shows the proportion of pregnant women and partners who commented on each of the Maslow categories. Both parents prioritised these categories in much the same way. The most notable differences were in the likelihood of commenting on the physiological tier (64%

**Table 2: Maslow's original hierarchy of needs and subsequent elaboration by Koltko-Rivera (2006) and Gorman (2010)**

	Maslow (1943)	Koltko-Rivera (2006)	Gorman (2010)
Physiological	Bodily needs	Basic necessities of life	Survival needs met, confident they will continue to be met
Safety needs	Predictable, orderly and organised world, justice, protection, financial and employment security	Security through order and law	Feels safe, and confident they will not be harmed
Belongingness and love needs	Affection, a place in a group, both giving and receiving love	Affiliation with a group	Is confident in their relationships/ability to form caring relationships. Is able to identify with a group or groups
Esteem needs	Self-respect/self-esteem, achievement, confidence, independence/freedom, esteem and respect of others, reputation and prestige	Esteem through recognition or achievement	Has realistic positive opinions of themselves and their ability to gain respect and recognition from others
Self-actualisation	Doing what they were fitted for, self-fulfilment, realising potential	Fulfilment of personal potential	Has a sense of their ability to achieve further goals and a sense of what they want to strive for
Self-transcendence <sup>a</sup>		Furthering a cause beyond the self and experiencing communion beyond boundaries of the self through a peak experience	Is concerned about others and strives to contribute to the good of the community either locally or globally

Notes: <sup>a</sup> The self-transcendence category was added to Maslow's 1943 five-tiered model after a review of Maslow's work by Koltko-Rivera in 2006. This review took into account later works by Maslow where he describes individuals who "identify with something greater than the purely individual self" (Koltko-Rivera, 2006, p. 306).



**Figure 2: Percentage of pregnant women and partner responses according to Maslow's hierarchy of needs**

women vs 56% partners) and on belongingness/love (32% women vs 26% partners).

## Fit with Maslow's hierarchy of needs

### Physiological

The physiological category was one of the two most prevalent categories mentioned across the sample, and the most prevalent for the pregnant women. The most common statement in this category was simply a hope that the child be "healthy". In some instances, this was more detailed; for example, "no developmental concerns"; that they "grow old"; the hope that "she has ten fingers and ten toes"; or that the baby will "eat and sleep and grow well". This category may have been more commonly mentioned by prospective mothers due to the mental and physical investment pregnant women have in supporting their unborn child. The focus on physical health across a large proportion of our sample stands in contrast to LeVine's (1988) suggestion that a focus on the physical health of a child is more common in non-industrialised societies. Our result may be because we asked during pregnancy, when the manifestation of the child is almost exclusively physical. Parental concerns and their hopes and dreams may change once the child is born, something that Growing Up in New Zealand has the capacity to assess.

We also included within the physiological category responses desiring that the child be active or spend time outdoors; for example, "a love for the outdoors"; that they grow up "healthy in a natural place and doing a lot of outdoor activities"; or that they "be active in sports". At times this was mentioned specifically in relation to New Zealand; for example, to have "access to the more outdoor lifestyle in New Zealand".

A few parents described their child's health as something they were responsible for as parents, either once the child was born: "I would like to raise healthy, confident and successful children"; or because of something the parent had already done: "I hope that my baby is healthy—because of my smoking—I have had a hard time dealing with that".

### Safety

Parenthood is associated with increased concern about dangers and heightened awareness of risks in the environment, especially for first-time parents (Eibach, Libby, & Gilovich, 2003). A large proportion of the parents who mentioned *safety* did so in general terms, wanting the child "to be safe" or to have a "safe environment". Some were more specific, many

wishing that their child live in a safe community or neighbourhood, home or house (“To be brought up in a safe community like this—that was the reason we moved here”; “That we are able to provide him with a safe home”), while others broadened their scope to a safe country or world. For other parents, the wish for safety was articulated in relation to aspects of the child, not the environment; for example, that the child not be discriminated against (“I don’t want him/her to be disadvantaged because of his/her race”). Others wished that their child be safe from specific forms of violence: “I don’t want to have violence in the family”; for their child to “not be picked on or anything like that”.

*Safety* also often encompassed the hope that the child have their needs met (“to live comfortably and not to struggle”); that they be financially secure (“to be financially better than what I am doing”); and that they have the employment necessary to ensure material security (“get a good education, get a good job, own his own home”). Related to this was the notion of the child having a “fortunate life”, expressed in comments like: “I would like this baby to have everything”. In some instances, this was articulated as a comparison with the parent’s life, whether it should be similar (“I hope they will have the same upbringing I had, i.e., safe, tightknit family values, safety and security, access to good education, interest in sports, and a really good Kiwi upbringing, not dominated by the Internet”); or different, in that the child’s life should be *more* fortunate than the parent’s (“I hope he has a better childhood than I had”); or that the child would make better life choices than the parent (“I don’t want her to make the same mistakes I did”).

In other cases, hopes for the child to have a specific type of childhood seemed to be couched in the parent’s underlying wish to be a “good” parent, and hence able to support and nurture the child and provide them with “safe” parenting. They wanted to be supportive parents (hoping to “be able to support them both emotionally, physically and financially”); to have time for their child (hoping “I could have the time to spend with my child and as a family”); to provide the child with a good foundation for the rest of their lives (“I hope to provide them with all the opportunities they need to be the best person they can be and to instil in them values and tools for their journey in life”); or to provide better parenting than they received (“I’m looking forward to being a mum and spending time with him and being a better parent than I had”). The hope to be a “good” parent was also often articulated as the wish to be able to provide for their child.



As well as hoping to be supportive parents, they also expressed the desire that their child be supported by others, either specific people (to receive “love and support, as I have had, from family and friends”) or, less often, in a wider social sense (that the child is “supported throughout its life”).

#### Belongingness/love

Frequently mentioned in this category were hopes that children feel part of the family, get on with their siblings, and feel loved in a general sense (that the child “be loved”, be a “loving” person, or grow up in a “loving environment”). Love was also mentioned specifically in relation to the parents themselves (“to also know that her parents love her and that her parents will always be there for her when she needs them”). Personal connectedness was also expressed in the desire that the child be friendly or have good friends (to “get on well with his friends”; to “have lots of mates and be outgoing”). At times, the desire for the child to have relationships with others extended to both family and friends (to “grow up feeling loved, nurtured, encouraged and inspired by an extended network of family and friends”). Overall, more pregnant women than partners mentioned the belongingness/love category.

Based on previous cross-cultural research, we also expected that the ways in which respondents talked about being part of a family would vary by cultural background. That is, within collectivist cultures, family generally constitutes the fundamental unit of belongingness, especially within East Asian, Pacific and Māori cultures (Durie, 1998; Ngan-Woo, 1985; Tamis-LeMonda et al., 2007). In *Growing Up in New Zealand*, participants were asked to list all their ethnicities and then to specify the one with which they most identify.

Parenthood is associated with increased concern about dangers and heightened awareness of risks in the environment, especially for first-time parents.



The predominance of education-related comments in the esteem category is relevant given the importance of early success or failure at school for the development of an individual's belief about their capabilities.

We used this “self-prioritised ethnicity” as a proxy for the cultural background to which the participant was most likely to be affiliated.

The desire that children adhere to group norms by respecting their parents or families (e.g., a Pacific woman commented: “I hope that she is respectful to her parents”) was predominantly expressed by those who self-prioritised within Level 1 Asian and Pacific ethnicities; to a lesser extent, Māori parents; and notably less so by those who primarily identified as European or New Zealander. Similarly, the wish that their offspring should care for them when they were older was more commonly expressed by Asian parents (e.g., “He should look after us when he grows up, and support us”); to a lesser extent by Pacific women; and rarely by European, New Zealander, or Māori parents.

We understood *belongingness* to include a desire that the child be part of an ethnic or cultural group. Piontkowski, Florack, Hoelker, and Obdržálek (2000) noted that the more individuals have a sense of belonging and identity with a particular cultural group, the more likely they are to see that culture as an important and distinct part of who they are, and to strive to protect that distinctive social identity. We found that parents who prioritised their ethnic identity as Māori, Pacific or Asian were more likely to talk about the child's cultural belonging; for example, “to keep our own culture while in New Zealand” (Asian woman); or “I expect him to grow up with a strong cultural background” (Pacific woman). Some Māori parents specifically focused on

culture in relation to language; for example, “my main goal is for my child to be a fluent Māori speaker” (Māori partner). In some instances, those who mentioned culture were part of the groups who primarily identified as New Zealander or European. These individuals specifically mentioned non-New Zealand cultures, while sometimes also simultaneously expressing the desire for their child to feel part of New Zealand culture; for example, “I want her to feel that New Zealand is her home, but still to remember the Romanian culture”.

Within our sub-sample, church membership (as opposed to religion, which was coded as part of self-transcendence) was exclusively mentioned in relation to belonging by pregnant Pacific women (although it was not mentioned by any of the Pacific partners), a finding which likely relates to the relative centrality of religion to Pacific cultures within New Zealand (Bedford & Didham, 2001).

### Esteem

This category was most commonly mentioned in relation to education. These comments were very general, hoping the child would have a “good education” or “do well in school”. Very few parents mentioned a specific level of education; if they did, it was just to finish school, rather than specifying tertiary/higher education. Some parents also mentioned education in a functional sense (“good health and good education, because I think when you have those two, you can achieve anything else”; “that they achieve at school, because I know that helps with money and work”). Only a very few parents explicitly talked about education as an integral good; for example, wanting their child to “know that education is important”.

The predominance of education-related comments in the esteem category is relevant given the importance of early success or failure at school for the development of an individual's belief about their capabilities (Bandura, Barbaranelli, Caprara, & Pastorelli, 2001; Pajares & Schunk, 2002).

Within this category, we also included the desire for the child to have attributes that would indicate self-esteem or self-respect: independence (“I would like him to stand on his own two feet and to be a responsible man and independent”); confidence (“to be confident in what he wants to be when he grows up, and not to be pushed around by other people”); non-physical strength (“I hope that she will grow into a strong independent woman and accomplish her dreams”); self-esteem (“she needs to be proud of who she is”); and the general wish that the child can



“be themselves” or be “true” to themselves. We also included the desire for characteristics that would lead them to gain the esteem of others, including that they be well-behaved (“I hope it is quiet, well-behaved and healthy”; “that she is a good little girl and is active and not shy or naughty”) or law-abiding; that they be a “good person”; that they be a conscientious employee (“I want him to be a hard worker”); that they be “well rounded”; and that they be physically attractive (“I hope that she has lots of hair like mine, curly”; “has its mum’s nose”). These esteem characteristics also included being talented, either generally (“I want my child to find and know what their talents and giftings are and use those”), or more specifically, such as in sports (“that they are an All Black—no pressure!”)<sup>1</sup> or music (“I want to make the baby an Indian singer if they have the God-gifted quality”). Finally, this category also included the more general desire that the child be successful (“for him to become someone”), or that they become “a leader”.

### Self-actualisation

The most commonly mentioned aspect within this category was that the child be happy. Usually this was expressed in a very general sense (“I just hope that she is going to be healthy and happy”), but sometimes it was expanded on in particular ways; for example, “that they will do something meaningful and productive with their life that makes them happy”. Related to this was the desire that the child enjoy life (“hope she enjoys life while she can”), and that they have a “good life” or a “good future” in a non-specific sense. These findings align with research on students in 42 countries who reported that happiness and life satisfaction were very important to them, with students from Westernised countries assigning happiness to be of greater importance. This prominence is suggested because as people fulfil their basic material needs, their happiness and subjective wellbeing become increasingly important (Diener, 2000).

The next most commonly mentioned wish in this category was that the child have opportunities, either provided by the parents (“I hope to provide them with all the opportunities they need to be the best person that they can be”), or in a more general sense (“I want my son to have the opportunity to do whatever he wants and not to struggle”; “that it has the best opportunities that life can offer”). The hope that the child should be able to utilise these opportunities was mentioned by a few; for example, “that she takes as many opportunities as she is given to experience the great things in her life”. Related to this was the hope that

children try their best (“I want her to achieve her goals and strive for what she wants”; “for her to never give up on anything”), and actively follow their dreams (“hopefully she will go for her dreams and let nothing stop her”).

We also included in this category, dependent on context, parents’ wishes that their children have good jobs or careers. While most references to future employment were coded in the safety category, on the basis that they referred to financial security, in some instances it was clear that the respondent was talking about a career as being rewarding in a personal rather than a remunerative sense (“that they end up doing a career that they love”).

### Self-transcendence

Building on Maslow, Koltko-Rivera (2006) defined self-transcendence in two ways: to further a cause beyond the self, and to experience a “communion” beyond the self, sometimes through a “peak experience” (p. 303). We understood Koltko-Rivera’s definition to have a spiritual aspect to it, and to include religious aspects when these were of a spiritual nature (rather than membership of a church); for example, “that he will be raised as a Catholic and keep the faith”; “I want her to be a godly woman and to love God is the most important thing”. Within this category, the likelihood of mentioning self-transcendence as related to a religious experience was again patterned on the basis of self-prioritised ethnicity, with Pacific women considerably more likely than any other group to mention this category in relation to spirituality.

Gorman (2010) expanded on Koltko-Rivera’s first definition by suggesting that self-transcendence includes a concern about others, and a desire to contribute to the good of community, in either an immediate or a global sense. We thus included parental wishes that their children be thoughtful towards others, that they be respectful (outside of the family context), honest, compassionate and caring, and polite. Within this, we also included the desire to have a child with morals and good values, and that the child contribute to society (on whatever scale), or be a good citizen, “to be able to be of service to the community”.

In keeping with the idea that self-transcendence incorporates an understanding of others, we also included any mention of wanting a child who was tolerant of difference (“to grow up with the belief in itself that we are all different and it’s OK to be who we are”), or who was aware of and respected cultural diversity (as opposed to being part of a culture); for example, “to be aware of other cultures wherever they are

The most commonly mentioned aspect within the self-actualisation category was that the child be happy.



in the world”. Interestingly, while belonging in a cultural sense was almost exclusively mentioned by non-European women, the idea of respecting cultural difference was almost exclusively mentioned by European women (which includes New Zealand European), seldom by Asian women, and not at all by those who identified as Māori, Pacific or New Zealander.

## Conclusions and limitations

Overall, our findings suggest that Maslow’s theory continues to have relevance to expectant parents in New Zealand today, and provides a useful framework for thinking about human needs and desires. In general, parents in this sample had positive hopes, dreams and expectations for their unborn child and they expressed aspirations for their child at all levels of the hierarchy. Hence, while infants primarily need their lower level (physiological and safety) needs met, this is not the sole focus of the parents’ aspirations. Instead, many parents aspired to have their child’s higher level needs met, needs that are typically associated with later development (belonging, esteem, self-actualisation and self-transcendence). It is possible that the needs identified by the parents for their as yet unborn children are, in fact, the current needs and feelings that motivate these parents (see, e.g., Kaplan et al., 2001). These needs may also vary by socio-economic status and other demographic variables, reflecting parental concerns and perceived needs. Having established a useful framework in this

initial sub-sample analysis and described the different categories of responses, data from the full Growing Up in New Zealand sample will be able to be explored further quantitatively, and subsequent longitudinal analysis will allow us to see how needs change or play out over time.

The most common categories of hopes and dreams in this sample are for physiological and self-actualisation needs to be met, reflecting the dominance of the desire to have a healthy and happy baby. While Maslow (1970, cited in Feist & Feist, 2006) estimated that the average person would have only 10% of their self-actualisation needs met, it seems this is a desire for over 60% of our parents. Awareness of these perceived higher level needs has policy implications. As Feist and Feist (2006) pointed out, many societies emphasise the lower level needs and base their educational and political systems on meeting those needs, disregarding the higher level needs that many people strive for. Yet, there is also a move towards higher level indices of wellbeing or happiness to measure a country’s progress (alongside the more common measures of gross domestic product); for example, in the United Kingdom there have been attempts to measure subjective wellbeing (Waldron & Office for National Statistics, 2010). This points to the increasing importance of finding out what helps people feel that their needs and the needs of their children are being met.

Maslow believed that everyone has the potential to reach the higher levels of his hierarchy and



become self-actualised (Feist & Feist, 2006), but that not everyone does so. Feist and Feist noted that people are often not given opportunities to develop at the higher levels due to being deprived of lower level needs—whether it be food, safety, love or esteem—and hence find it difficult to move towards being self-actualised individuals. As our sample of nearly 7,000 New Zealand children grow up, we will be able to explore the extent to which their parents' early hopes and dreams become realities and what factors may enable the children to flourish.

The data have a few important limitations. Firstly, these data were responses to an open-ended question asked at the end of an interview and, as such, may have been affected by respondent fatigue. There is also a potential bias towards those who are more articulate, with longer responses potentially resulting in more categories being coded from their data. It is, however, likely that the issues of fatigue were randomly spread across the cohort, reducing specific bias. Future quantitative analysis of the full dataset will also allow for more detailed assessment of demographic differences in the frequency of idea units and the number of Maslow's categories mentioned by the participants to be identified. Despite these limitations, this study provides an important snapshot of parents' hopes and dreams for their unborn children's futures, and lays the groundwork for future longitudinal quantitative analysis on whether parents' early hopes and dreams for their children are realised, and how these hopes change over time.

## Endnotes

- 1 The All Blacks are New Zealand's national rugby team.

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Many parents aspire to have their child's higher level needs met, needs that are typically associated with later development (belonging, esteem, self-actualisation and self-transcendence).

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**Elizabeth R. Petersen** is employed in the School of Psychology, University of Auckland. **Johanna Schmidt** is part of the School of Social Sciences, University of Waikato, Hamilton. Elizabeth R. Peterson and Johanna Schmidt contributed equally to this work. **Elaine Reese** is employed in the Department of Psychology, University of Otago, Dunedin. **Arier C. Lee** and **Cameron C. Grant** are employed in the Department of Paediatrics: Child and Youth Health, University of Auckland, and Cameron C. Grant also works at the Starship Children's Hospital, Auckland District Health Board. **Susan M. B. Morton** is employed in the School of Population Health, University of Auckland. Arier C. Lee, **Polly Atatoa Carr**, Cameron C. Grant and Susan M. B. Morton are all part of the Centre for Longitudinal Research—He Ara ki Mua, University of Auckland.

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## OPINION

# Re-thinking ageing research

## Questions we need to know more about

Patricia Edgar

I want to talk about the need for more and better research on ageing in Australia.

My recent book *In Praise of Ageing* did not start out as a formal research project, but from my interest in the whole process of ageing—as I got older myself—and why some people seem to age better than others, living to a ripe old age in an engaged and meaningful way, despite having the same problems that everyone has as they age with failing health, loss of loved ones or economic decline. My inspiration was a woman called Lesley Falloon, aged now 94, who managed to stand up and chat throughout a long event at University College while I (with a then current hip problem) had to sit down and wonder at her energy. I was also pretty impressed with my friend Jim Brierley who, at 87, was still sky-diving, the oldest active parachutist in the world.

So my book contains several case studies of people aged over or close to 90 years old; not a random sample, but typical of the older people I know and others to whom I was introduced. As I did those interviews and had them write

their life stories and attitudes to growing old, I studied the research literature on ageing—especially the research that seemed to be influencing government policy—and found it sadly wanting. There were several Australian Institute of Family Studies (AIFS) papers that were very useful that challenged prevailing stereotypes about ageing, but on the whole the underlying assumptions were of old age as frailty, dependence, a burden on families and society. Such assumptions need to be challenged and to do that we need more and better research on ageing as a modern-day social phenomenon. For ageing today is not what it used to be.

For a start, definitions of ageing are all over the place. Stereotypes of the aged dominate our thinking.

The old age pension was introduced more than 100 years ago at 65 for men and 60 for women. Since then our life expectancy has increased by 35 years and will continue to increase. The aged represent the fastest growing demographic and their stage of life is becoming the longest part



Are we old when we qualify for a Seniors Card? When we retire from the workforce? When we qualify for the pension? When we get sick? When we have grandchildren? When we get grey hair? When we access our superannuation?

of our life span. At 50 you are entering what I call “the second half of life”; you are not on the scrap heap.

When *is* someone old? South Australia’s Ageing Plan has been based on interviews with Australians over 50. Is 50 the magic number when you turn into an old person? Is 70 the new 60 now that we are supposed to work until we are 70? Are we old when we qualify for a Seniors Card? When we retire from the workforce? When we qualify for the pension? When we get sick? When we have grandchildren? When we get grey hair? When we access our superannuation? The answers have very different policy implications, but so far we don’t have a clear handle on the meaning of this stage of life. We can’t develop sensible policies and programs for people when we don’t know who we are talking about.

Do we become dependent when we become old? Treasury seems to think so. The department is obsessed with the gross domestic production (GDP), which they measure four times a year. Treasury, successive governments and the Productivity Commission carry on about the ageing population and the dependency ratio, insisting the old are going to squeeze the life out of younger workers. Treasury predicts the ratio of workers to retirees by 2056 will be 2.6 to 1 (see Colebatch, 2011). So they question, how can tomorrow’s workers be expected to finance so many retirees?

But how useful is the measure of GDP in understanding this assertion? GDP ignores the productivity and value to society of older

people through caring, voluntary and creative work. It is culturally linked to Western ideas of independence, personal responsibility, individual agency and economic productivity. It also ignores many other things. For example, Italy will estimate revenues from drug trafficking and the sex trade as part of their calculation of GDP from next year. It is a move expected to boost Italy’s economic results. The calculation will also include revenues from contraband tobacco and alcohol, even though they will be very difficult to measure, being unreported illegal activities. The Bank of Italy in 2012 estimated the value of the criminal economy at 10.9% of GDP. Theoretically that could mean Italy’s GDP result would come in far higher than the government’s 1.3% growth estimate. The grey economy of businesses that do not pay taxes is already calculated in Italy’s GDP and was estimated to be worth between 16.3% and 17.0% of the economy in 2008, which is the last year for which the calculation was made (*Weekend Australian*, 2014).

Moreover, the dependency ratio is based on current workforce productivity figures. An increase in productivity, through advanced technology or improved management systems, of a mere 0.5% would cover the costs of the aged-care and aged-health expansion.

In a report prepared for the Monash Centre for Population and Urban Research titled *The Ageing of the Australian Population: Triumph or Disaster?* Katharine Betts concluded that over the last 35 years the so-called dependency burden has actually fallen. Older Australians have increased their contribution to the labour force, and financial dependency on the wage-earning population has fallen. Her research seems more accurate than that of Treasury.

The fact is, more older people are staying in the paid labor force and they are still being economically productive: Australian Bureau of Statistics’ figures on workforce participation show only 13% of workers plan to retire by 60 (ABS, 2009). Those who say they will never retire have gone from 384,000 to 575,000. Able-bodied people don’t want to sit around for what is shaping up to be possibly the longest stage of their lives without contributing.

People want to work. Deloitte showed that a 5% increase in paid workforce participation by people over 55 would add \$48 billion per year to national income (Ryan, 2014).

Yet, discrimination in the workforce is keeping them out of work. We need to have major research undertaken to help anchor this discussion in evidence (about job flexibility, work-family balance, age discrimination



by employers and HR managers), against which to measure progress rather than have repeated claims that the aged Baby Boomers are the pampered generation. In fact, Baby Boomers do not form a unique bulge in the population pyramid. (Bernard Salt's scary premise is wrong.) The cohorts following the Baby Boomers are larger, so even existing age-specific rates of labour force participation will mean growing numbers in the paid labour force (Betts, 2014).

What, even, is productivity when the GDP fails to measure the significant dollar value of caring work, voluntary work, community work and creative work, without which our economy could not function, and none of which is a monopoly of the young? When Joe Hockey says people should work as long as they can, he discounts this significant contribution. Treasury should do some sums on the social capital that volunteer work produces and how that affects our economy.

AIFS did some valuable work back in 1999 when Christine Milward published *Understanding Links Between Family Experience, Obligations and Expectations in Later Life*. And her *Family Relationships and Intergenerational Exchange in Later Life* questioned the nature of dependency and showed that the flows of both financial assistance and moral support run from old to young more than from young to old. David De Vaus, Matthew Gray and David Stanton measured *The Value of Unpaid Household Caring and Voluntary Work of Older Australians* in 2003 and found that those over 55 contributed the staggering sum of \$74.5 billion a year through caring for spouses and grandchildren and in other unpaid voluntary work. This figure would be much higher today. Women aged 65 to 74 contributed \$16 billion in unpaid work inside and outside the home; men of that age, who are fewer in number, contributed another \$10.3 billion. The press has reported that in 2011, 937,000 children received child care on a regular basis from a grandparent, a huge contribution to the economy.

This question about the meaning of dependency is a very important issue for government policy. How can commentators claim the dependency ratio will bring our economy to its knees when the value of volunteering is worth more to Australia than the mining industry?

Dr Lisel O'Dwyer, a Senior Research Associate in the Adelaide University's School of Social Sciences, has estimated the true value of Australia's 6.4 million volunteers as more than \$200 billion a year, outstripping revenue

sources from mining, agriculture and the retail sector. Her study also suggested that even a 1% increase in social capital (including volunteering) was likely to lead to falls in homicides, sexual assaults, burglaries and vehicle thefts.

And it's not just the direct economic contribution that helps: volunteering and caring actually help people live longer and better lives. More and more retirees are finding purpose in volunteering and caring, and their contribution is highly relevant to this debate about who is deserving of a pension. Volunteers get satisfaction from helping others, enhancing the quality of their life and their health. They are healthier, fitter, more mentally alert and more socially connected than other people as a result, and the payback to the economy and workplace is massive. The cost of a pension to such people is an investment in the social order.

In short, our assumptions about the burden of the aged, the dependency ratio and the future workforce are riven with inaccuracy. How to counter negative stereotyping would be a profitable research project to pursue.

What about health? Is this where the aged will be a burden? Not so, if you look at the research in more detail. And not if the medical profession would only move away from medication and technological intervention towards a more preventive approach. Health care costs are rising, but demographic ageing is not the sole cause or even the main cause. Improvements in care are the main cause of the increase, and where demography does enter the equation, population growth has more than twice the effect of ageing. In 2004, Michael Coory used data from the year 2000 from 26 OECD countries and showed there was no connection between expenditure on health as a percentage of GDP and the proportion of population aged 65+. Better health means serious illness and morbidity is compressed into the last year or two of life.

When I turned 70 I was advised by three different members of the medical profession I would no longer be notified to have a pap smear, and not to return for another colonoscopy or a mammogram. It seems a new cancer would take some years to develop, bringing me close to my statistical life expectancy, so expensive health preventive measures were not seen as cost effective. Yet only 8% of old people are in aged care accommodation, most preferring to live independently for as long as possible.

There are many significant ways in which current health costs can be reduced:

Our assumptions about the burden of the aged, the dependency ratio and the future workforce are riven with inaccuracy.

For the majority of men and women aged 50 to 70 years, family contact across the generations is important and frequent, despite the fact that young families often live a distance away from their ageing parents.

- Medical guidelines for the dying must be improved. We are still not very good at talking about death. “I’m not afraid of dying”, Woody Allen joked, “but I don’t want to be around when it happens”. In the absence of talk, millions of dollars are wasted on “futile” aggressive medical interventions for patients unable to speak for themselves and whose death is inevitable. It has been calculated that advanced care planning would save \$250 million annually (Powell, 2012). Further, millions of Australians believe that the final curtain is our business and that voluntary euthanasia should be considered a human right.
- The Grattan Institute (Duckett, 2013) has argued that the government could save \$1.3 billion each year by reforming the Pharmaceutical Benefits Scheme (PBS).
- The new science of pharmaco-genomics—of prescribing drugs based on an individual’s biomarkers—would save the health system \$12 billion over five years by avoiding adverse drug reactions and unnecessary pharmaceutical spending (Batt, 2011).
- Improved anaesthetics and improved cataract surgery have already helped reduce the duration of hospital stays. New surgical techniques should be subjected to the same level of scrutiny as new drugs.
- Widening the boundaries for diseases like high blood pressure, osteoporosis, attention deficit disorder, asthma and high cholesterol adds significantly to costs in the medical system.
- This applies particularly to definitions of mental disease. The APA’s diagnostic manual lists 374 disorders for depression, with criteria so vague as to potentially include all of us. Australia has a population of 23 million, and recently Patrick McGorry claimed that 4 million of us (17%) have a mental disorder (McGorry, Purcell, Hickie, 2007). Dare I say I don’t believe it?

This is where more research on family relationships and inter-generational contact might be useful. One factor that stands out in the research on healthy ageing is the issue of social isolation; more than pain or any chronic medical ailment, lack of social contacts and support can be their undoing.

The AIFS journal *Family Matters* (1991, No. 30) highlighted the topic with “Ageing: Everybody’s Future”. Ilene Wolcott’s paper in that issue, “The Influence of Family Relationships on Later Life”, concluded that for the majority of men and women aged 50 to 70 years, family contact across the generations was important and frequent, despite the fact that young

families often lived a distance away from their ageing parents. Parents provided and expected to continue to provide emotional, practical and financial support to their adult children, and in many cases for grandchildren. For those with older parents, being available to provide care was more dominant than providing financial support. Life appeared to be satisfactory for the majority of those aged 50 to 70. However, for those with health problems, income insecurity and who were alone without close family, many aspects of their lives were less than satisfactory, and they were less positive about the future, and were concerned about their own health and the health of family members and their own and their children’s future financial security. A repeat survey now might find similar or even stronger concerns.

Changed patterns of marriage, separation, divorce and remarriage experienced by people on the verge of entering later life are likely to have different consequences for family relationships and support between generations. Where is the research on support for the aged when divorce has disrupted contact between grandparents and grandchildren? Or where a new partner does not get on with their in-laws? Or where perhaps the existence of multiple parents and grandparents transforms the nuclear couple family into an extended “lattice family” with multiple support networks?

Who will do the research on how the trend for young people to live at home into their 30s, delay marriage and bring sexual partners into the parental home, plus the rising cost of housing and extended “earn or learn” policies for unemployed youth combine to alter the patterns of inter-generational relationships and, in particular, the way family support systems cope with an ageing population? Such changed patterns will generate new challenges for future public policy decisions. Perhaps we are moving gradually to a more inter-dependent concept of family life because so-called “independence”, “autonomy” and “privacy” are less possible in a threatened economy and environmental decline? All questions to be examined carefully.

We need much more work here.

I have recently become an ambassador for the National Ageing Research Institute (NARI). NARI is trying to move into research on the social and psychological factors affecting ageing. One recent study on chronic obstructive pulmonary disease (COPD, which affects up to one in five people over 40 years old in Australia and is currently the fourth most common cause of death in men and sixth most common in women) shows it can increase the risk of mental illness, anxiety and depression.



Perhaps not surprisingly, the study found telephone contact helps. NARI provided a telephone support service for older adults with COPD and depression. Half of those enrolled took part in a course of cognitive behaviour therapy delivered over the phone by a trained psychologist. The remaining 150 received regular telephone support from trained volunteers who avoided talking about health problems. This research showed “talk to a friend” telephone support was just as effective as cognitive therapy in helping people with COPD to reduce their anxiety and depression. NARI believes that linking trained volunteers to offer telephone support has the potential to assist people with other chronic diseases who are also suffering anxiety and depression.

In this technological age, we should be developing social networking sites that link the old and the young. I was taken with research in Holland, by an inventive group of medical professionals at an institute in Amsterdam called the Waag Society (Wildevuur et al., 2013). They used the Internet to pair elderly shut-ins in a nursing home with young partners. Some of the young people volunteered and others who were jobless were paid to participate. The senior citizens, some of whom were seen as virtually senile with too much time on their hands, had to learn how to use the computer. Expectations were low, but the elders jumped at the chance to be learning something useful; to be doing something that actually connected them to young people. And they felt happier. There were no scientific tests, there were simple self-reports of feeling better, not just from the elders but from the kids too. Both groups began feeling a sense of optimism. Soon the nurses noted that seniors weren't requesting as much medication for pain, anxiety, depression, memory loss or even their physical ailments. Cognitively they were doing things that a few months before seemed beyond their mental grasp. They weren't dying as fast as they used to, so more beds were required.

It makes very good sense to support such activities. In Australia, 66% of those over 75 say the Internet helps them connect with their families and makes them feel more secure in their homes. The Baby Boomers are the fastest growing users of information technology, and appropriate training provided in a supportive environment can greatly assist older workers to learn new technology systems effectively. But cost is a deterrent for some. So Australia's telcos could show community leadership and offer subsidised rates for seniors to get online.

And what about a social network that links the old and the young? I Googled “old and young”



online to see if anyone had done such a thing and what did I find? The words “old and young” link to porn sites. So we need a new name, but it is a good, potentially commercial idea.

There is insufficient research that shows how people age differently according to ethnicity, religion and gender.

As far back as Simone de Beauvoir's lament about her unattractive ageing body (she was only 50 and her womanising partner Jean Paul Sartre was not helping), there has been a clear gender difference because women were traditionally more “dependent”. But was that ever true with women who were peasant farmers, or factory workers, or servants who worked until they died? And now that women are better educated, more likely to stay in the labour force and more aware of their human rights, how has this affected the way they age? Better education is clearly related to better health, higher incomes and life expectancy. Yet we know little about how that is linked to their experience of marriage, having children and the fact that smaller family size increases the burden of caring for an ageing parent on the surviving children, usually the females.

Where is the research on how ageing affects different ethnic and religious groups? On migrants and refugees without extended families? Or on the way older migrant groups experience language difficulties when confronting a medical and aged care system based on English and on cultural assumptions they do not share?

In this technological age, we should be developing social networking sites that link the old and the young.

There is a lot more we could do to make ageing a more positive process, despite the inevitable onset of physical deterioration and death.

In my book there are case studies of women who have reinvented themselves and survived well after divorce or the death of their male partners. We know that male life expectancy is lower than that for women, but today's workplace is likely changing that. It may be safer but it is more sedentary. Men still delay medical treatment more than women, but women are now subject to many of the same stresses and diseases that have affected men. Divorce and job discrimination may still impoverish women more than men, but how does this affect ageing, when women maintain family and friendship relationships more effectively than men?

Little is known about ageing and sexuality either. Because there are fewer men than women, older men are more likely to have a sexual partner and to be sexually active. Overseas research has found, however, that older adult participation in and satisfaction with sexual activity has increased over time, as have positive attitudes towards sexuality. Sue Malta's (2013) PhD study found that older women aged 60 plus were just as likely to initiate new relationships on Internet dating websites as men of the same age. She discovered that relationships became sexual quickly, and for many women they were more enjoyable than their previous (mostly) long-term married experiences. Some participants had a series of short-term relationships and others had multiple partners. Aged care homes are rife with newfound love affairs. The stereotypes are again wrong, with older adult needs and priorities regularly left out of vital national health, research and policy agendas.

According to Paulene Mackell, Australian men aged 80 and above have the highest suicide rate of any age or gender group (Cattell, 2000). According to the 2007 National Survey of Mental Health and Wellbeing, 30% of women with a mental health problem visited a general practitioner, compared with 18% of men. Older men lose both meaningful workplace activity and their ongoing partnership, resulting in a loss of identity. They seek medical (especially mental health) assistance less than women and that disconnect needs to be addressed.

Finally, let me say a few words about the notion of "successful ageing". I have been accused of promoting an unrealistic image of the all-singing, all-dancing, prancing, happy oldie, which is just as unproductive as the stereotype of all old people being frail, dependent and demented.

The title of my book, *In Praise of Ageing*, was not meant to suggest that everyone can age happily, wisely or healthily. My own

experience of growing older tells me I have been lucky compared to many people. And I have had breast cancer and a hip operation; my husband Don has had cancer too and has survived. We are educated, financially secure and have a very positive relationship with our grown children and grandchildren, but others are not so lucky.

Some recent British research directly challenged the concept of "successful ageing", suggesting that although we do want to stay healthy and active as long as possible, the idea has run away with itself and is now almost a new form of ageism. To age "successfully" almost means not to age at all, and is based on the notion that everyone starts from a place of health and "high functioning". They ask what "successful ageing" might mean to people who have had a long-term physical or intellectual disability or a chronic mental illness, or come from a culture that is less individualistic and preoccupied with the importance of independence than we are (such as Hindus and Buddhists who accept the transience of life and place the values of family life and acceptance of death above being "active" until your very last breath; see Lamb, 2014). Such meanings are likely to feed into attitudes and thus all the other aspects of health and wellbeing we know about. How, they ask, can we involve more marginalised groups, people who have compromised health, in our thinking about ageing? There are many areas of research that flow from such questions.

I wrote my book in order to show the need to shift policy thinking away from negatives that produce even further negatives, to indicate how our increasing longevity can be a positive for society as a whole as well as for the individual experience of ageing. Indeed, the research now coming out suggests there is a lot more we could do to make ageing a more positive process, despite the inevitable onset of physical deterioration and death.

It has to be noted that, while about 30% of one's likelihood of living to 100 is determined by genes, and longevity does run in families, several longitudinal studies have shown that personality and attitude are important in determining whether we will live a long life well.

A Harvard study by George Vaillant (1998) found that (controlling for variables such as income, ill-health and divorce) those with a positive attitude to life, those who saw ageing as an opportunity to re-invent themselves and get on with the business of living, made the most significant contribution to longer life expectancy.



Christina Bryant et al. (2012) of the University of Melbourne also found in their study that positive attitudes to ageing were associated with higher levels of satisfaction with life, better self-reported physical and mental health, and lower levels of anxiety and depression, after controlling for confounding variables. Better financial status and being employed were both associated with more positive attitudes to ageing and better self-reported physical health. Relationship status was also significantly associated with mental health and satisfaction with life, but not with physical health.

Her conclusion? Having positive attitudes to ageing may contribute to healthier mental and physical outcomes in older adults. Overcoming negative stereotypes of ageing through change at the societal and individual level may help to promote more successful ageing.

The importance of the psychosocial domain highlights the need for social policies that promote social inclusion. Hitherto, little attention has been paid to ways in which people might be prepared for, and educated about, old age, beyond financial planning. It may be productive to place more emphasis on developing policies that challenge ageing stereotypes in order to promote more positive attitudes to ageing, alongside encouraging involvement in well established and modifiable predictors of successful ageing, such as social participation and physical exercise.

Even the research on dementia and the disease we fear more than death—Alzheimer's (which is not a consequence of normal ageing)—is beginning to recognise the importance of more positive, preventive approaches. Enormous effort has gone into finding pharmaceutical solutions with little success. But there may be simpler ways to lessen this so-called burden. Social isolation is believed to exacerbate all forms of dementia. Dementia is affecting more and more Australians every year and is projected to affect almost 3% of the total Australian population by 2050. NARI's research shows that improving physical and cognitive activity can reduce or slow down the onset of dementia and has promising effects for Alzheimer's too.

Researchers now believe the single most important thing anyone can do is to exercise the brain. Dr Yaakov Stern's research is based on autopsies performed on 137 people who were diagnosed with Alzheimer's disease in the 1990s, comparing brain pathology on death with symptoms the patient manifested while alive. The team found some severely disabled patients had brains that turned out to be less diseased than expected, and patients with few



Alzheimer's disease symptoms had brains that were badly ravaged. What could account for the difference?

Stern's theory is that complex brain operations were taken over by the undiseased parts of the patients' brains—by what he calls cognitive reserves. So how do we get these cognitive reserves and minimise, slow down, or even reverse cognitive decline? The answer lies in brain exercise, not just doing the daily crossword but in continuing meaningful education, enjoyable work, pleasurable leisure activities, physical exercise, social interaction, learning new skills like a new language, or computer skills, playing video games and interacting on social networks.

A recent Scottish study showed that being bilingual has a positive effect on cognition among older people, including 195 who acquired a second language in adulthood. The original cohort from 1936 were given an intelligence test in 1947 at the age of 11 and were retested in their early 70s. The findings (Bak et al., 2014) indicated that those who spoke two or more languages had significantly better cognitive abilities compared with what would be expected. The stronger effects were seen in general intelligence and reading, both of which were present in those who acquired their ability to speak a second language at a young age as well as later in life.

The brain needs to be active and stimulated with rich and new experiences. Nonsense is talked about the dangers to youth of multi-tasking. There is no such thing as mono-tasking. The brain is inquisitive by design. What confounds the brain enlivens the brain. And to relegate the old to passive "retirement"

The single most important thing anyone can do is to exercise the brain ... not just doing the daily crossword but in continuing meaningful education, enjoyable work, pleasurable leisure activities, physical exercise, social interaction.



To relegate the old to passive “retirement” or “having a well-deserved rest” or sitting drugged in an aged-care home, condemns many to unnecessary decline.

or “having a well-deserved rest” or sitting drugged in an aged-care home, condemns many to unnecessary decline.

My argument assumes we must accept the responsibility for looking after ourselves to the best of our ability, both physically and mentally; that we make an effort to reinvent ourselves, our work and purpose as circumstances change over a long life. But it is not just a matter of self-responsibility.

Our attitude will make a difference, but we have a right to be respected as individuals, and given access, if we want it, to work opportunities (both paid and unpaid) and good medical support. The language used to talk about us, our cultural attitudes and media reporting should not be allowed to continue to create and amplify social problems for those living the second half of their lives that can be solved and bring benefit to all of us. Portrayals of the aged as a burden just do not help. It's time to praise and celebrate ageing, not bemoan what is a natural stage of our lives.

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**Dr Patricia Edgar AM** is a sociologist, educator, film and television producer, writer, researcher, policy analyst and an ambassador for the National Ageing Research Institute. This article is an edited version of Dr Edgar's *In Praise of Ageing* presentation, given as part of the AIFS seminar series on 12 June 2014.

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# The experience of choice in voluntary relinquishment

Phillipa Castle

In Australia, adoption requires the voluntary relinquishment of the child. The free will or choice of the mother is evidenced in the very deliberate act of signing a binding consent form, witnessed in a court of law. Notwithstanding the voluntary nature of adoption, on 21 March 2013, the then Australian Prime Minister publicly apologised to those people affected by adoption practices dating from before the 1980s that are now recognised as “forced”. The use of this term refers to the findings of the 2012 Senate Inquiry into the Commonwealth Contribution to Former Forced Adoption Policies and Practices. The inquiry heard over 400 submissions, including cases where babies were taken from their mother without consent (some mothers were affected by medical drugs at the time) and instances where the mother felt compelled to give consent against her will or wishes. The Senate inquiry also heard from social workers representing the “many thousands of adoptions undertaken in good faith by women who did so in the best interests of their children” (Browne, 2012, p. 64). The Senate inquiry was aware of the sensitivity

around language when discussing adoption and this paper will reflect the Senate decision to, wherever possible, use the term “mother” to refer to the person who gave birth to the child.

Historically, illegitimacy was the defining parameter of the “choice” to relinquish. Mid-20th-century researchers represented the mother as a young, unwed woman who was trying to give her child a “better” life; that is, the love, care and security of two parents in a “normal” home situation (Smith, 1963). Her decision was a safeguard against the unrelenting social condemnation and denial of support directed at unwed mothers and their “bastard” children.

When interviewing mental health professionals, Baran, Pannor, and Sorosky (1977) were told unmarried pregnant women had “sinned, suffered and deserve to be left alone” (p. 58). “In one residence attached to a maternity hospital the sister in charge actually spelt out to them her belief that they were to do penance for their sins and to make up for the shame they had brought to their families” (Marshall

Adoption is a choice that a very small minority of women still make.

& McDonald, 2001, p. 51). The impossibility of keeping her baby went beyond the dearth of financial and social support; a single mother was actively rejected and shamed. The practice of closed adoption—that is, where there is an absence of any knowledge about or contact between the mother and child—purportedly protected the mother and her “illegitimate” child from ongoing shame (Curtis, 1986; Jones, 1993; Silverstein & Demick, 1994; Winkler & van Keppel, 1984). In a national study of past adoption practices that included 505 mothers, Kenny, Higgins, Soloff, and Sweid (2012) found “very few birth mothers in the study ... felt that the adoption was their choice. The most commonly identified contributing factors to their child’s ultimate adoption were family pressure and/or lack of family support ... many feeling they were the victims of a systematic approach to recruiting ‘undeserving mothers’ for the service of deserving married couples” (p. xiii). Higgins (2011) was explicit; choices were limited by “coercive social forces” (p. 60).

The civil rights and second-wave feminist movements of the 1960s and 1970s created an irrevocable shift in the rights of women, the rights of children and the right to information. The introduction of the no-fault divorce law in 1975 increased the divorce rate, and contributed to the change in community attitudes to single parenthood. In addition, single parents became eligible for government income support. Medical advances produced unprecedented reproductive choices through accessibility to cheap, simple, effective birth control and increased availability of abortion procedures.

The effects of these changes on adoption are demonstrated in the figures. The peak number of adoptions in Australia was in 1971, at 9,798. Of those, 2,057 were in the state of Victoria. In the 19 years between 1987 and 2006 the total number of local Victorian adoptions was 665. There were 18 local adoptions in Victoria in 2010–11 (Victorian Department of Human Services, 2011).

The number of adoptions has significantly reduced because contemporary Australian society provides more choices; reliable, cheap, contraception is available; we accept single parenthood; and, in Victoria, ongoing contact between the mother and child is mandated. The dominant mid–20th century pressures of illegitimacy are seemingly mitigated; however, the contemporary social milieu produces inverse pressures on a woman who chooses to relinquish:

**A woman considering adoption in the current climate is doing so under strong emotional pressure not to**

**surrender her child ... No matter how well considered and responsible may be a decision taken in her own interests and those of her child, she is likely to find that she must bear, in addition to her inevitable grief and doubts, the burden of gratuitous criticism and lack of understanding. (Marshall & McDonald, 2001, p. 74)**

Regardless of the social mores operating at any given time, relinquishment of a baby provokes judgement and its concomitant pressures.

Adoption is a choice that a very small minority of women still make. In order to explore the sense of choice that accompanies such a profound decision, the current study interviewed 15 mothers who had relinquished a child since the introduction of open adoption in Victoria with the *Adoption Act (Vic.) 1984*.

## Method

In order to investigate the experience of choice that underpins voluntary relinquishment, semi-structured interviews were conducted with 15 mothers between July 2007 and April 2008. The Victoria-wide Catholic welfare service, Centacare, sent 71 letters to mothers, asking for their participation in the study. Four women responded and were interviewed and another five were recruited via direct request from the Centacare Program Manager. A further four participants were recruited through the Connections Unitingcare Adoption and Permanent Care Service, which has the government tender to manage all adoptions in the southern metropolitan region of Melbourne. One participant was recruited through an advertisement in a country newspaper, and this participant also recruited an acquaintance of hers.

The information collected from the interviews underwent a thematic content analysis, using grounded theory methodology. Conditional relationship and reflective coding matrices were constructed (Scott, 2004). All participant names have been changed in this article.

## Results

### Demographic characteristics

Relinquishment dates ranged from 1985 to 2006. The age of participants at the time of the relinquishment ranged from 16 to 30 years of age; mean age 22.4 years. The age of participants at the time of the interview ranged from 21 to 50 years of age; mean age 35.5 years. At the time of the interview, five of the relinquished children were five years old and under, and eight of the relinquished children were over 16 years old.





No participant was married at the time of the relinquishment and only two remained in a relationship with the father of the child; one of these relationships was violent and managed by intervention orders. None of the pregnancies were planned. Accessing an abortion had not been possible because the mother had denied or avoided recognising the pregnancy, so it was too advanced or abortion was against her values or religion. Two of the mothers had been adopted themselves. Four of the mothers already had children and cited their existing children as one of the reasons for the relinquishment. Only six of the participants had gone on to have more children and a further two participants were pregnant at the time of the interview.

## Choice

When asked directly whether the decision to relinquish was theirs, all the mothers reported that the choice to relinquish was their own. Eleven of the mothers were unequivocal in their response. Answers were short, sharp and unambiguous: “yes”, “definitely”, “it was my choice, nobody else’s but mine”. The question generated a high level of personal ownership of the decision. No one reported active coercion.

However, when considering their experience of “choice”, attached to a statement of ultimate ownership of their decision, five mothers explicitly stated that the relinquishment did not feel like a choice at all; the circumstances produced a non-choice or forced choice:

It was all my decision, but I felt like ... no one said anything, but in my head it’s just like I had no choice, for whatever reason. (Betty)

It was a forced choice ... it was the only thing to do. (Karen)

For some, the choice felt uninformed:

[It was not a choice] in the true sense of: here are all your options, here’s a well-informed choice. (Jacqui)

For some, the experience of choice was elusive:

I think back and think “why?” I can’t understand, I really can’t and I get so angry ... I can’t say that he was taken from me because he wasn’t. It wasn’t forced upon me because it wasn’t. (Betty)

Cultural assumptions played a part in the experience of choice:

Initially it was, “Oh yeah, that makes sense, I’m only 16, 17. I can’t have a baby. I’ve still got an education I want to finish and I want to go to university and want to travel, you know”. I had all these big dreams and basically what was reinforced was, “If you have this child, it’s all out the window. You can forget about having a life basically ... There’s no way you can be successful if you had a child at 17”. And I believed that because no-one challenged it ... The crap that goes with single mothers at a young age, stuff that people want to believe which can be challenged. Now I know that. Back then I certainly wasn’t mature or I didn’t have the life experience to know that that could be challenged ... Without my parents being involved in it, I think it was almost useless because I needed them to be there for me. I needed them to say, “Well this is how we can support you”. But they just weren’t part of that whole process ... They were never involved in any of the counselling sessions ... they were never given any opportunity to explore other options or look at why they felt the way they did ... That wasn’t challenged. I think it was just accepted ... [but] it’s not an individual issue, it’s a systemic issue ... If someone had said to me, “Have you thought about keeping your child and telling

Regardless of the social mores operating at any given time, relinquishment of a baby provokes judgement and its concomitant pressures.

Choosing relinquishment is a profound parenting decision.

'em all to get stuffed?', I would have gone, "Well, hell yeah, why not!" (Jacqui)

The power of cultural assumptions is illustrated by the inability of the system, the family or the individual to challenge them.

### Reasons for relinquishment

Choosing relinquishment is a profound parenting decision. Like their mid-20th century counterparts, the mothers from the current Victorian context of open adoptions spoke about the child being "better off":

What I did was the best for him ... I just felt that that would be extremely selfish to keep him with me and not give him the life he deserves, you know. (Trudy)

Again, like their mid-20th century counterparts, illegitimacy, and its concomitant issues of youth, single parenthood and minimal family support, were the determinants. Financial hardship was cited directly by six mothers and youth was implicated in various ways:

Well I'm 16. I can't have this baby. (Jacqui)

A lack of self-confidence and life experience was nominated:

I didn't know about the everyday things, like finding a crèche and how to work out working hours with having a baby in crèche, and just your everyday challenges. (Gill)

Being a single parent of an illegitimate child had currency for some:

It wasn't so much that I didn't want the baby. I didn't want the stigma was probably more the issue. (Susan)

Another avenue of support that affects the breadth of relinquishment choice is the extended family, which traditionally has seen the mother's mother become the primary carer. Chippendale-Bakker, and Foster (1996)

found that one of the strongest predictors of relinquishment was the preference of the mother's mother.

Within this study, only four maternal grandmothers offered kinship care to their grandchild, and the offers contained the push and pull of ambivalence:

My mum would say that yes, [adoption is] probably the best thing to do, but her and dad would support me if I didn't want to. (Wanda)

All four of the mothers who received such an offer were uncomfortable with it to the point of rejecting it. The family of origin did not embody the "better off" family the mother wished for:

I certainly did not want a baby brought up in an extended family where I would be with my parents. It wasn't an environment that I had particularly liked growing up in. (Wanda)

The mother's family was formative in determining her view of her own parenting potential:

My mother was 19 when she had me ... She wasn't emotionally available and I was scared that I was going to be like that with my child ... If I manifested a parenting style that my mother had, this child was going to be isolated, hurt, disconnected ... I was afraid of that ... that I would damage her. (Arabella)

Yeah, my mum put me down, and I thought maybe I would do the same; history repeating itself. (Sarah)

For 11 mothers there was no offer of kinship care. Regardless, a number of these women were also clear that they would not have wanted their child in their mother's care, echoing the reasons voiced above. The absence of kinship care or a partner created a context of practical and social deficits that drastically restricted choice. That one is alone with the consequences of the pregnancy is a defining parameter of the decision.

Four mothers were already single parents when they realised they were pregnant. The experience of single parenthood was a determining consideration for three of them:

I had Jack, who was two. I was just 22 and I just looked at the big picture and thought, "Here I am, 22, two children, no partner. What's the prospect going to be...I don't want to struggle bringing up two children. I want to give them both the best life that I could give them" ... I just weighed it all up and thought, "How am I going to do this on my own?" It was a lot of reasons, but Jack was a really big one. (Jane)

Three of the mothers became pregnant under extreme circumstances. Drug addiction, domestic violence and mental illness imposed compelling reasons for the relinquishment. The child's safety became a critical factor



and the extreme circumstances overrode any ambivalence about the decision to relinquish.

Issues of child protection exist on a long continuum. The motivation that adoption offers a life where the child will be “better off” was in evidence not only in the women who keenly perceived their parenting limitations but also in the women who perceived that adoption offered their child the safety and protection they could not provide themselves.

## Discussion

All choices are bound by the context in which they are made, and the findings from this study continue the perennial adoption theme that pressures (implicit and explicit) generated by the social context have a direct bearing on the decision to relinquish a baby. The reasons for the relinquishment shaped the choice to relinquish for all participants. The consequences of ignoring or denying the pregnancy limited some women’s access to a termination; an anti-abortion position limited others. Attitudes to youth and single parenthood were decisive and a dearth of family support and/or extreme circumstances restricted the sense of choice for others. While the contemporary context provides an increased set of solutions to some of these factors, the findings suggest there are still a small number of women for whom the mid-20th century issues and pressures surrounding an unwanted pregnancy and single parenthood lead to a decision to relinquish.

The choice to not parent the child was determined by a spectrum of contextualising forces, which usually originated beyond them but had been internalised by these women. The mother was situated within a culturally shaped, personal context. The mothers were acutely aware of what they were unable to offer their child. They perceived they could not give the child what they “deserve”; they were too young, single, poor, unsupported, ashamed—an unacceptable maternity. The issues accompanying illegitimacy still had currency and, for some, there was a perception that they were not capable of shielding the child from dangerous others or their own history.

The findings intersect the complicated nexus of liberalism, with its beliefs about individual freedom and equality, and the constraints of the context. The contemporary context inadvertently shifts the onus from external forces beyond one’s control to taking personal responsibility; where relinquishment is seemingly a choice in the truer sense of the word and the mother “owns” it. Yet for the

women in the study, boundless choice is simply not a reality; the constricting forces are still at work, in that youth, single parenthood, finances, lack of family support and illegitimacy still dominated the decision to relinquish. However, the objective of making a “good” choice—opting for a perceived “better life” for the child—is less likely to be accepted as “good”, given contemporary cultural structures and perceptions that explicate “you don’t have to”. While the consequence of this is untold, it appears the perennial adoption theme of shame may be differently shaped but still present.

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**Dr Phillipa Castle** is a psychologist who has worked for non-government organisations, in private practice, and is currently working in Indigenous health.

Pressures (implicit and explicit) generated by the social context have a direct bearing on the decision to relinquish a baby.





# The role and efficacy of Independent Children's Lawyers

Findings from the AIFS Independent Children's Lawyer Study

Rachel Carson, Rae Kaspiew, Sharnee Moore,  
Julie Deblaquiere, John De Maio and Briony Horsfall

The passage of the *Family Law Legislation Amendment (Family Violence and Other Measures) Act 2011* (Cth) saw, for the first time, Australia's obligations as a signatory to the United Nations Convention on the Rights of the Child (UNCRC) acknowledged in the *Family Law Act 1975* (Cth) (the *FLA*). The *FLA* s 60B(4) now provides that an additional object of Part VII of the *FLA* is to give effect to the UNCRC. The UNCRC provides for the right of children and young people to participate in proceedings relevant to their care (Article 9) and to make their views known in relevant judicial and administrative proceedings (Article 12). The appointment of an Independent Children's Lawyer (ICL)—a lawyer who represents the best interests of children and young people in family law proceedings—is a key means by which Australia can meet these obligations.

Subsequent to the introduction of significant changes to the Australian family law system in 2006, there has been a marked increase in the proportion of cases where the appointment of an ICL has been ordered, rising

from approximately one-fifth of parenting applications in the family law courts in 2004–05 to about one-third of such applications in 2008–09 (Kaspiew et al., 2009, p. 309). Despite this increase in orders for ICL appointments, and concerns raised about the adequacy of funding for ICLs and variations in ICL practice throughout Australia, prior to the *Independent Children's Lawyers Study: Final Report* (Kaspiew et al., 2013) (the ICL Study), there had been a dearth of nationally based research investigating the nature and effectiveness of ICLs in the Australian family law context.

The ICL Study presents the findings of Australia's first mixed-methods research project examining the role, use and efficacy of ICLs in the family law system. The study was based on quantitative and qualitative data from ICLs, non-ICL lawyers, judicial officers and non-legal professionals, as well as from parents, children and young people who had been involved in proceedings where an ICL had been appointed. The research questions covered four broad themes: practices concerning the

allocation and utilisation of ICLs; the role and responsibilities of ICLs; the effectiveness of ICLs; and whether improvements needed to be made to systems and processes in relation to ICLs. The central research question was: To what extent does having an ICL involved in family law proceedings improve outcomes for children?

## Methodology

The findings presented in the ICL Study are based on a mixed-methods approach to data collection via four main studies:

- *Study 1*, the core quantitative study, comprised multidisciplinary, online surveys of ICLs ( $n = 149$ ) and other professionals, including non-ICL legal practitioners (barristers and solicitors) ( $n = 192$ ), non-legal family law system professionals ( $n = 113$ ),<sup>1</sup> and judicial officers ( $n = 54$ ).<sup>2</sup> The surveys also included open-ended questions aimed at collecting qualitative data on a range of aspects of ICL practice. These data provided an important means of examining the views of the main stakeholders on key aspects of, and expectations in relation to, ICL practice.
- *Study 2* involved in-depth, semi-structured interviews with parents, children and young people who had been involved in a family law matter in which an ICL was appointed and which had been finalised in 2011 or 2012. Interviews focused on participants' experiences of the ICL in their case, and were conducted by phone (parents) and in person (children/young people). These data provided in-depth insight into the experiences of parents/carers ( $n = 24$  from 23 parent/carer interviews) and children/young people ( $n = 10$ ) in cases involving ICLs, which informed the analysis of ICL practices from the perspective of those who are directly affected by them.
- *Study 3* involved in-depth, semi-structured interviews with ICLs ( $n = 20$ ), and focused on substantive practice issues in relation to representing children and young people, procedural questions, the strengths and weaknesses of the ICL role as formulated in legislation, and the qualifications, accreditation and training needs of ICLs. ICLs were invited to express interest in participating in these interviews at the conclusion of the multidisciplinary survey and these interviews were conducted by telephone.
- *Study 4* and *4a* comprised an examination of the organisational context in which ICLs operate (in particular legal aid policy and

practice in relation to ICLs) undertaken via a formal request for information (detailing policy, procedural and budget information), together with interviews with representatives from each state and territory legal aid commission. Interviews with child protection (CP) department representatives in each state and territory also provided information about arrangements for interaction between ICLs and these departments.

## Organisational context and variations in policies and approaches

The ICL role was originally developed by the Family Court of Australia in case law<sup>3</sup> and later codified in the *FLA*.<sup>4</sup> The legislative provisions and case law, together with the *Guidelines for Independent Children's Lawyers* (National Legal Aid, 2013) reflect an expectation that ICLs will provide independent and impartial assistance to the court in determining the arrangements that are in the best interests of the child, rather than acting as the child's or young person's direct legal representative. Pursuant to s 68L of the *FLA*, courts exercising family law jurisdiction may make an order for the independent representation by a lawyer of a child's interests in the proceedings, being guided by the non-exhaustive criteria in *Re K* (1994) 17 Fam LR 537.<sup>5</sup> When making such an order, the court will request that the relevant legal aid commission arrange for the appointment of the ICL. Legal aid commissions in each state and territory are responsible for accrediting ICLs and administering grants of legal aid to ICLs. At the time that the ICL Study was undertaken, across Australia, 361 ICLs were in private practice and 153 were inhouse legal aid lawyers.<sup>6</sup> In 2009–10 and 2011–12, ICL grants totaled just over \$65 million nationally (GST exclusive), averaging some \$5,371 per grant. This compares with funding allocations of \$263 million (GST exclusive) in the same period toward general family law grants (averaging \$1,700 per grant).

Section 68LA of the *FLA*, together with the *Guidelines for Independent Children's Lawyers*, outlines the role of the ICL and provides that the ICL is a "best interests" representative rather than the child's legal representative (Guideline 4 and s 68LA(4)(a)), and is not obliged to act on the child's instructions (s 68LA(4)(b)). The ICL is required to "form an independent view, based on the evidence available" of the best interests of the child whose interests they are representing (s 68LA(2)(a)). The ICL can make

There is an expectation that ICLs will provide independent and impartial assistance to the court in determining the arrangements that are in the best interests of the child, rather than acting as the child's or young person's direct legal representative.

The *Family Law Act* also obligates the ICL to ensure that any views expressed by the child or young person about matters at issue are put before the court.

submissions to the court suggesting the adoption of arrangements where the ICL is satisfied that these arrangements are in the best interests of the child (s 68LA(3)). The *FLA* also obligates the ICL to ensure that any views expressed by the child or young person about matters at issue are put before the court (s 68LA(5)(b)), although they are not under obligation and cannot be required to disclose to the court any information that the child or young person communicates to them (s 68LA(6)), save for the obligation on ICLs to notify a prescribed child welfare authority where they have reasonable grounds for suspecting child abuse or risk of child abuse (s 67ZA), and to file and serve the relevant Form 4 Notice when alleging child abuse or risk of child abuse or family violence or risk of family violence (s 67Z and s 67ZBA). The *FLA* also provides that the ICL may disclose information that the child or young person communicates to them if it is in the child's or young person's best interests to do so, even if the disclosure is against the child or young person's wishes (s 68LA(7) and s 68LA(8)).

The *Guidelines for Independent Children's Lawyers* provide further guidance about the expectations, limitations and operation of the ICL role, including the expectation nominated in Guideline 6.2 that the ICL will meet with the child or young person whose interests they are representing, unless:

- the child/young person is under school age; and/or
- there are exceptional circumstances, for example where there is an ongoing investigation of sexual abuse allegations and in the particular circumstances there is a risk of systems abuse for the child/young person; and/or

- there are significant practical limitations, for example geographic remoteness.

In addition, the *Guidelines for Independent Children's Lawyers* provide that the assessment about whether to meet the child (and the nature of that meeting) is a matter for the ICL (Guideline 6.2).

While the guidelines and the statutory framework operate across each state and territory,<sup>7</sup> the ICL study data suggest that there existed substantial differences in policies among legal aid commissions. For example, legal aid commissions in some states limit appointments to cases where one (or more) of only two or three of the *Re K* criteria apply.<sup>8</sup> Considerable variation in funding of ICLs also emerged across each state and territory.<sup>9</sup>

Other important areas of variation highlighted in our study include mechanisms for accrediting and monitoring the performance of ICLs. Each of the legal aid commissions requires lawyers to have completed the Independent Children's Lawyer training program, which is provided by the Family Law Section of the Law Council of Australia in conjunction with National Legal Aid, and expects ICLs to have a minimum five years of post-admission experience in the family law jurisdiction. However, data collected for Study 4 and 4a of the ICL Study, by way of a request for information and via interview respectively, indicate that each commission had their own selection process for appointments to the ICL panel. These data also indicate that there were no uniform professional development requirements for ICLs (Kaspiew et al., 2013, pp. 103–104, 107–109).

Variations between commissions' policies in relation to meeting with children and young people also emerged (Kaspiew et al., 2013, pp. 40–41). Some ICLs, particularly in Queensland, Western Australia and South Australia, adopt an approach in which this is seen as a collaborative function, with family consultants or single experts acting primarily as the conduit for ascertaining and interpreting children's and young people's views, facilitated by the ICL. An alternate approach involves consultation as part of the ICL's engagement with children and young people, and this may occur in parallel with the children and young people being seen by family consultants. These approaches to consulting with children and young people are considered in detail below.

## ICL role and functions

The role of the ICL is multifaceted and may vary according to the particular circumstances of each case. The relevant *FLA* provisions, the





*Guidelines for Independent Children's Lawyers* and data collected for this research suggest three overlapping functions in the ICL role:<sup>10</sup>

- facilitating the participation of the child or young person in the proceedings;
- evidence gathering; and
- litigation management—playing an “honest broker” role in:
  - case management; and
  - settlement negotiation.

Professionals surveyed for the ICL Study were asked to nominate the importance of each function. Table 1 indicates that from the perspective of participating ICLs, judicial officers and non-legal professionals, the evidence-gathering and litigation-management functions were identified as being of greater significance than the participation function. In our study, 55% of ICLs rated the participation function as significant or very significant, compared with 65% of judicial officers, 63% of non-ICL lawyers and 62% of non-legal professionals. Greater emphasis was placed by ICLs on the significance of their evidence-gathering function (83%) and litigation-management

function (73%). Even higher ratings were recorded from participating judicial officers, with 94% identifying the evidence-gathering role and 83% describing the litigation-management function as being significant or very significant. The ICL's role in facilitating agreement was also very highly rated by ICLs and non-ICL professionals, with 81% of ICLs, 91% of judicial officers, 82% of non-ICL lawyers and 87% of non-legal professionals identifying this aspect of the ICL role as significant or very significant.

## ICL participation function: Main purposes and variability in practice

ICL practice approaches, particularly those relating to the function of supporting children's and young people's participation, emerged as the most contested and variable, with differences in approaches appearing to be driven both by different policies among some state and territory legal aid commissions and by different approaches adopted by ICL practitioners. A key area where ICL practice

**Table 1: Professionals rating ICL functions as “significant” or “very significant”**

ICL function	ICLs			Judicial officers			Non-ICL lawyers			Non-legal professionals		
	Significant (%)	Very significant (%)	Total (%)	Significant (%)	Very significant (%)	Total (%)	Significant (%)	Very significant (%)	Total (%)	Significant (%)	Very significant (%)	Total (%)
<b>Participation function</b> Facilitate children's/young people's participation in proceedings relevant to their care	38.9	16.1	55.0	29.6	35.2	64.8	35.9	27.1	63.0	32.7	29.2	61.9
<b>Evidence-gathering function</b> Assist court by gathering and testing evidence	14.8	68.5	83.3	7.4	87.0	94.4	29.2	58.3	87.5	22.1	63.7	85.8
<b>Litigation management function A</b> Assist court in management of litigation where parents are unrepresented	22.8	49.7	72.5	24.1	59.3	83.4	29.2	48.4	77.6	24.8	42.5	67.3
<b>Litigation management function B</b> Facilitate agreement in the best interests of the child/young person and avoid trial where possible	31.5	49.0	80.5	16.7	74.1	90.8	31.3	50.5	81.8	29.2	57.5	86.7
No. of respondents	149			54			92			113		

Notes: Professionals were asked: “In your view, what aspects of the role of an ICL are very/less significant?” Percentages do not sum to 100% as not all response categories are presented. The proportion of “cannot say”/missing responses for the judicial officer, non-ICL lawyer and non-legal professional surveys ranged from 2.6% to 7.4% and for the ICL survey from 15.4% to 16.1%.

Source: Kaspiew et al. (2013, Table 2.7, p. 37)

Just over one-third of participating ICLs reported that they often or always had direct contact with the children or young people in their ICL cases.

approaches differed related to their direct contact with children and young people.

When reflecting on their last three ICL cases, just over one-third (35%) of participating ICLs reported that they often or always had direct contact with the children or young people in their ICL cases, 54% reported that they engaged in such contact rarely or sometimes, and 8% reported that they never had direct contact with the children or young people in their ICL cases (Kaspiew et al., 2013, p. 49).<sup>11</sup>

While each of the legal aid commissions have endorsed the *Guidelines for Independent Children's Lawyers*, some commissions described additional, and in some instances differing, guidance to ICLs practising within their jurisdictions, including with respect to meeting with children and young people.<sup>12</sup> When reflecting on their last three ICL cases, lower frequencies of direct contact with children and young people were reported by ICLs in Queensland (12%) and South Australia (27%) than by ICLs in Victoria (54%) and New South Wales (39%) (Kaspiew et al., 2013, p. 52). Notably, 82% of respondent ICLs in Queensland reported that they rarely (41%) or sometimes (41%) had contact with children and young people, and 27% of respondent ICLs in South Australia indicated that they never engaged in such contact (Kaspiew et al., 2013, Table 3.6).<sup>13</sup>

As Table 2 shows, when asked whether ICLs should have direct contact with the children and young people whose interests they represent, most non-ICL professionals indicated that ICLs should meet with the relevant child or young person in each case, although non-legal professionals were the group least likely to report a need for this contact to occur.

Considerable variation emerged in relation to the main purposes of this direct contact between ICLs and the children and young people whose interests they represent. As Table 3 (on page 63) indicates, where direct contact did occur, this was most frequently undertaken to familiarise the child or young person with the ICL and their role (86%) and to explain the family law process (71%). Purposes associated with ascertaining children's and young people's views were less commonly nominated (60%). Lower still were the proportions of participating ICLs nominating purposes related to the explanation of court orders or process outcomes (51% and 56% respectively).

Table 3 also depicts differences arising in the context of the "community of practice" to which the ICL belongs,<sup>14</sup> with ICLs who also practise in state/territory child protection matters reporting in greater proportions that they often or always engaged in direct contact to explain the ICL role (97%) or family law processes (81%) than their ICL colleagues practising in the family law jurisdiction alone. Of note, those ICLs also practising in state/territory child protection matters were likely to have represented children and young people on a direct instructions basis in the child protection jurisdiction.

Further insight is gained from the responses sought from each professional group with regard to the significance of various ICL participation tasks (see Table 4 on page 63). The function of providing an independent view of orders that would be in the best interests of the child or young person was rated as being significant or very significant by 83% of ICLs, 93% of judicial officers, 88% of non-ICL lawyers and 94% of non-legal professionals. Responses relating to the significance of other participation functions, however, suggest a divergence between judicial expectations of ICLs and ICLs' conceptualisation of their role and their direct contact with children and young people. For example, 59% of ICLs rated the task of informing the child or young person of the nature of the proceedings and their options for involvement as being significant or very significant, compared with 78% of judicial officers reflecting on this function. Similarly, the ICL function of informing the child or young person of potential outcomes and seeking their feedback was rated as being significant or very significant by 56% of ICLs, as opposed to 74% of judicial officers, and informing children and young people of the outcomes of the process and the implications of court orders was identified as significant or

**Table 2: Non-ICL professionals' agreement that ICLs should have direct contact with children/young people in each case**

ICL should contact	Judicial officers (%)	Non-ICL lawyers (%)	Non-legal professionals (%)
Yes	68.5	67.7	63.7
No	25.9	25.5	29.2
Not sure	1.8	4.2	3.5
Missing	3.7	2.6	3.5
Total	100.0	100.0	100.0
No. of responses	54	192	113

Notes: Non-ICL professionals were asked: "Do you consider that ICLs should consult directly (in person or by telephone) with the relevant child or young person in each case where that child/young person is of sufficient maturity?" Percentages may not total exactly 100.0% due to rounding.  
Source: Kaspiew et al. (2013, Table 3.3, p. 49)

very significant by 62% of ICLs, compared with 80% of judicial officers.

Three important findings arose from the project data in relation to the ICL participation function.

First, the data establish that having direct contact with children and young people is not necessarily routine practice among ICLs. Both quantitative and qualitative data in this study suggest that the decisions ICLs made in relation to whether or when to engage in direct contact were informed by the age of the child or young person and the circumstances

of the case (Kaspiew et al., 2013, p. 44). These decisions also reflected the practice orientation of the individual ICL and the policy and approach of the legal aid commission in which the ICL was based. The research identified two broad approaches to participation among ICLs. The dominant approach involved a cautious, multipronged approach to direct contact that focused on familiarisation between the ICL and the child or young person, and less frequently on the explanation of processes and outcomes (Kaspiew et al., 2013, pp. 45–46). The second approach, involving a high level of direct

**Table 3: Main purposes (“often” or “always”) of ICL direct contact with children/young people, by whether the ICL also represents children in state child protection matters**

Reason for contact	ICLs who also represent children/young people in state CP matters (%)	ICLs who do not represent children/young people in state CP matters (%)	All ICLs (%)
Explain the ICL’s role	96.9	79.5	85.9
Introduce the ICL	93.8	81.9	85.9
Explain the family law process	81.2	65.1	71.2
Explain the court orders that were made	65.6	41.0	51.0
Discuss the child’s/young person’s situation and ascertain their views	63.3	59.0	59.7
Explain the outcome of the family law process	60.4	48.2	55.7
No. of responses	64	83	149

Notes: The following question was asked: “What is/are the main purpose(s) of your direct contact (in person or by telephone) with the relevant child or young person?” Data for two cases where CP representation status were not indicated are not included in the first two columns. The proportion of “cannot say”/missing responses ranged from 1.6% to 4.8%. Percentages do not sum to 100.0% as not all response categories are presented.

Source: Kaspiew et al. (2013, Table 3.4, p. 50)

**Table 4: Professionals rating ICL participation tasks as “significant” or “very significant”**

ICL participation tasks	ICLs (%)	Judicial officers (%)	Non-ICL lawyers (%)	Non-legal professionals (%)
Facilitate children’s/young people’s participation in proceedings relevant to their care	55.0	64.8	63.0	61.9
Provide the court with independent view on orders that would be in the best interests of the child/young person	83.2	92.6	87.5	93.8
Inform the child/young person of the nature of proceedings and options for their involvement	59.3	77.8	69.8	63.7
Inform the child/young person of potential outcomes and obtaining their feedback	56.4	74.1	67.7	67.3
Inform the child/young person of the outcomes and implications of court orders	61.7	79.6	78.1	71.7
Ensure focus in proceedings is on best interests of child	80.5	94.5	85.5	95.6
No. of respondents	149	54	192	113

Notes: Professionals were asked: “In your view, what aspects of the role of an ICL are very/less significant?” Percentages do not sum to 100.0% as not all response categories are presented. The proportion of “cannot say”/missing responses for the judicial officer, non-ICL lawyer and non-legal professional surveys ranged from 2.6% to 7.4%, and for the ICL survey from 15.4% to 16.1%.

Source: Kaspiew et al. (2013, Table 3.1, p. 43)

Having direct contact with children and young people is not necessarily routine practice among ICLs.



ICLs adopting a cautious approach engaged in a greater level of sharing of responsibility for direct contact, necessitating a closer level of cooperative engagement between the family consultant/expert and ICL.

contact, was less common. Here, all three purposes of direct contact were undertaken by the ICL: familiarisation, explanation and consultation with the child or young person regarding their views on outcomes (Kaspiew et al., 2013, pp. 46–47). A key concern identified by ICLs who adopted a cautious orientation was that, as lawyers, they may lack the appropriate disciplinary training to consult with children and young people and to interpret their views. For these practitioners, their role was described in terms of the traditional best interests advocate who collates the necessary evidence and manages the litigation in a manner that is directed by their focus on the best interests of the child. Concerns were also raised about the ICL adding to the burden of the relevant child or young person, particularly in cases involving concerns about child abuse, where multiple professionals and agencies may already have engaged with them (Kaspiew et al., 2013, p. 45).

Second, these dominant and minority orientations to direct contact entailed a differing approach to the way in which the ICL and family consultant work together. While each approach relied on collaboration, the qualitative data suggest that ICLs adopting a cautious approach engaged in a greater level of sharing of responsibility for direct contact, necessitating a closer level of cooperative engagement between the family consultant/expert and the ICL (Kaspiew et al., 2013, pp. 82–86). The quality of the collaboration between the ICL and the family consultant would be critical to the efficacy of the cautious

approach to direct contact and the extent to which it reflects a coherent experience from the child or young person's perspective. Indeed, the significance and benefits of cooperation and collaboration between ICLs and family consultants/experts were clear themes emerging in the quantitative and qualitative data from both ICLs and non-legal professionals (Kaspiew et al., 2013, pp. 81–89). However, the project data identified complex dynamics relating to accessible, effective and child-focused communication and consultation between ICLs and family consultants/experts, and to inter-professional understandings of responsibilities and role boundaries between these professionals, including uncertainty as to how the relationship should actually be managed (Kaspiew et al., 2013, pp. 89–102).

Third, this research has highlighted a number of concerns about ICLs' practices relating to direct contact with children and young people. Quantitative data from judicial officers in particular indicate that current approaches to direct contact have not met their expectations (see Table 4). The divergence in expectations of the ICL participation function was even more pronounced in the interview data from parents and carers and from children and young people. From the perspective of the parents and carers interviewed, the approaches to direct contact employed in their cases generally meant that the professional who was representing the best interests of their children had limited or no personal contact with them (Kaspiew et al., 2013, p. 166). Disappointment with the extent and nature of direct contact by ICLs was even more pronounced in the data collected from interviews with children and young people. All of the children and young people interviewed had been involved in circumstances where their safety had been compromised, and they described expectations of the ICL listening to them, protecting them, advocating for them and helping them. For most of these children and young people, these expectations of the ICL were not met (Kaspiew et al., 2013, p. 166).

The lack of meaningful direct contact between ICLs and children and young people led to concerns among parents/carers and children/young people about the capacity of the ICL to understand their views and experiences and to, in turn, advocate for an outcome in their best interests. The accounts of children and young people, in particular, reflected disappointment with their limited (or no) contact with the ICL in their case, and indicated that often they were uncertain about what the ICL did and how their views informed the decision-making process and final outcome. While these parents/carers and children/young people focused on



the ICL function of participation, the other ICL functions of evidence gathering and litigation management (that were most emphasised by ICLs and other professional respondents) appeared to have had little visibility for them (Kaspiew et al., 2013, p. 166).

### Working with families at risk

The quantitative data illustrate that the ICL caseload is dominated by concerns about family violence and child abuse (Kaspiew et al., 2013, pp. 32–33). ICLs and other stakeholders identified a clear need for a stronger focus on equipping ICLs to operate in this context, through initial training accreditation and ongoing professional development. This need was illustrated in the variation in the responses between ICLs and judicial officers regarding questions seeking assessments of the ICLs' ability to work with parents, children and young people in these contexts (see Table 5). For example, the ability of the ICLs to detect and respond to safety issues for children and young

people, was identified as good or excellent by 69% of ICLs and 76% of judicial officers. In relation to detecting and responding to safety issues for parents, the variation between ICL and judicial officer reports was more pronounced, with 56% of ICLs nominating their ability as good or excellent, compared with 72% of judicial officers (Kaspiew et al., 2013, pp. 118–120). A broader issue was also raised by the findings of this research regarding the system's ability to deal with complex cases, which almost always involve concerns about family violence (Kaspiew et al., 2013, p. 162).

ICL approaches to ensuring that the relevant children and young people were living in safe environments and to minimising the trauma of family law proceedings were also identified as falling short of the expectations of parents, children and young people. The accounts of many of these participants indicated that the professional practices that they experienced were insensitive to child safety concerns, and in some instances suggested an underlying assumption that no violence or abuse had

**Table 5: Professionals rating the ability of ICLs to undertake particular tasks as "good" or "excellent"**

ICL tasks	ICLs (%)	Judicial officers (%)	Non-ICL lawyers (%)	Non-legal professionals (%)
Identify issues of family violence and child abuse or neglect	82.6	77.8	59.9	63.4
Assess allegations of family violence and child abuse or neglect	79.9	75.9	51.0	49.6
Make referrals to the appropriate service for children/young people in cases involving family violence and child abuse or neglect	76.5	66.7	40.6	41.6
Work with children/young people who are at risk of experiencing family violence or child abuse or neglect	59.7	53.7	25.0	35.6
Identify circumstances where children/young people are at immediate risk of harm	71.8	72.2	46.9	54.9
Identify circumstances where child/parent/caregiver may be suicidal or at immediate risk of self-harm	51.7	63.0	24.0	31.0
Detect and respond to safety issues for parents	55.7	72.2	30.2	32.7
Detect and respond to safety issues for children/young people	69.1	75.9	40.1	52.2
Ensure that evidence regarding the child's/young person's developmental needs is gathered in the process	77.7	75.9	55.2	56.6
Ensure that evidence allowing the child's/young person's perspective to be understood is gathered in the process	77.9	75.9	47.9	63.7
No. of responses	149	54	192	113

Note: ICLs were asked: "Please rate your ability to do the following in your work as an ICL". Non-ICL professionals were asked: "Please indicate your view, on average, of the ability of ICLs practising in your area to do the following". The proportion of "cannot say"/missing responses ranged from 16.1% to 22.1% in the ICL survey, 6.3% to 24.1% in the judicial officers and non-ICL lawyers surveys, and 12.4% to 25.7% in the non-legal professionals survey. Percentages do not sum to 100% as not all response categories are presented.

Source: Kaspiew et al. (2013, Table 7.3, p. 119)

From the perspective of the parents and carers interviewed, the approaches to direct contact employed in their cases generally meant that the professional who was representing the best interests of their children had limited or no personal contact with them.

Judicial officers identified the value of the ICL role as contributing an independent, impartial and child-focused perspective to the litigation management and evidence-gathering process.

occurred or that what did occur was not significant (Kaspiew et al., 2013, p. 162). Some of the parents interviewed also described the behaviour of professionals, including ICLs, as prolonging the resolution of the matter (Kaspiew et al., 2013, p. 167).

### Practitioner quality and efficacy

The multidisciplinary surveys indicate that the ICL role is valued from the perspectives of most professionals, with questions about the effectiveness of ICL practice generally eliciting positive assessments from judicial officers and ICLs, with less positive assessments from non-ICL lawyers and non-legal professionals. The views of non-ICL professionals were sought in relation to whether the involvement of an ICL improves outcomes for children and young people (see Table 6). Responses indicate that judicial officers were the most positive group (89% agreeing or strongly agreeing) and non-ICL lawyers were the least positive (62% agreeing or strongly agreeing). On this question, the responses of non-legal professionals (83%) were closer to those of judicial officers than to those of non-ICL lawyers. Non-committal responses (i.e., “neither agree nor disagree”) were provided by a larger proportion of non-ICL lawyers (20%) than judicial officers (4%) and non-legal professionals (5%) (Kaspiew et al., 2013, p. 118).

The value attributed to the ICL role was also illustrated, for example, in the responses of the different professional groups to a question eliciting views about whether the present ICL model provides “sufficient opportunities” for the views of children and young people to be heard and considered in family law proceedings. Affirmative responses (i.e., strongly agree or agree), were provided by 80% and 76% of participating judicial officers and ICLs respectively, but by comparatively smaller

proportions of the non-legal professionals (58%) and non-ICL lawyers (51%) (Kaspiew et al., 2013, p. 117).

Participants from all groups identified the relevance of concerns about practitioner quality to the question of the efficacy of ICLs (Kaspiew et al., 2013, p. 167). Importantly, perspectives on the question of how and in what circumstances ICLs did and did not contribute to better outcomes for children and young people emerged as being influenced by the way in which the various participants engaged with the family law system (Kaspiew et al., 2013, p. 163). For example, judicial officers identified the value of the ICL role as contributing an independent, impartial and child-focused perspective to the litigation-management and evidence-gathering process (Kaspiew et al., 2013, pp. 164–165). Conversely, the level of dissatisfaction apparent from non-ICL lawyers, parents and children may be, in part, reflective of their experiences of the broader family law process, including the out-of-court events and negotiation phase (Kaspiew et al., 2013, pp. 163–164).

The concerns relating to practitioner quality that were raised by stakeholders in each participant group covered two main areas:

- a lack of independence, impartiality and professional rigour in the way in which some ICLs discharge their obligations; and
- a failure to perform adequately and exercise a proactive and comprehensive approach in their role as ICL, including applying a thorough approach to gathering and analysing evidence (Kaspiew et al., 2013, p. 168).

More specifically, a clear theme emerging from the open-ended survey responses of each professional group was the variability of approaches and levels of competence among individual practitioners in the pool of ICLs (Kaspiew et al., 2013, pp. 123–126). Several participants across the range of professional roles raised concerns about the incompetence and inactivity of some ICLs (Kaspiew et al., 2013, pp. 127–135).

### Systemic issues

Broader systemic issues were also identified by each participating professional group. These included issues associated with the adequacy of accreditation, training and ongoing professional development (Kaspiew et al., 2013, pp. 105–107, 109–113, 135–140).

As Table 7 (on page 67) demonstrates, when asked about the adequacy of ICL training and qualifications, a significant proportion of non-

**Table 6: Non-ICL professionals’ agreement that ICL involvement improves outcomes for children/young people**

ICL involvement improves outcomes for children/young people	Judicial officers (%)	Non-ICL lawyers (%)	Non-legal professionals (%)
Agree/strongly agree	88.9	61.5	83.2
Neither agree or disagree	3.7	19.8	5.3
Disagree/strongly disagree	1.9	11.5	1.8
Cannot say/missing	5.6	7.3	9.7
Total	100.0	100.0	100.0
No. of responses	54	192	113

Notes: Non-ICL professionals were asked this question: “To what extent do you agree or disagree with the following proposition: Having an ICL involved in a case improves outcomes for children/young people.” Percentages may not total exactly 100.0% due to rounding.

Source: Kaspiew et al. (2013, Table 7.2, p. 118).



ICL professionals considered the training and qualifications to be inadequate.

In relation to the ICL training and selection process, participants from all professional groups described the potential for improving the selection process (including selecting ICLs with social science qualifications and family law accreditation) in order to raise the level of expertise of ICLs appointed (Kaspiew et al., 2013, pp. 105–109). The development of a national accreditation program, together with the expansion of ICL training to cover areas such as child development, skills in dealing directly with children and young people, and skills in understanding and responding to family violence and child abuse, were also identified as significant (Kaspiew et al., 2013, pp. 105–106, 111–113). Measures for monitoring the performance and accountability of ICLs were also identified by some judicial officers, ICLs and non-ICL lawyers, with more structured programs for mentoring and peer support suggested by some participants (Kaspiew et al., 2013, pp. 113–114).

Underdeveloped practices and a lack of clarity about permissible inter-professional cooperation and collaborative practices also emerged as factors relevant to the efficacy of the ICL role. The development and establishment of relationships and processes that facilitate contact between ICLs and child protection department professionals were identified as uneven, with a variety of factors impeding this cooperation and collaboration, including availability, funding and practices around information exchange (see Figure 1).

Issues relating to the adequacy of funding were also identified as constraining the services that ICLs were able to deliver. The lack of funding available for the appointment of ICLs and the under-remuneration of ICLs for their work were identified as significant issues by participants in the professional groups, particularly in the responses of ICLs and judicial officers. For example, Table 8 demonstrates that 54% of ICLs and 70% of judicial officers considered the level of remuneration that ICLs receive to be inadequate as a reflection of the work that they are required to undertake.

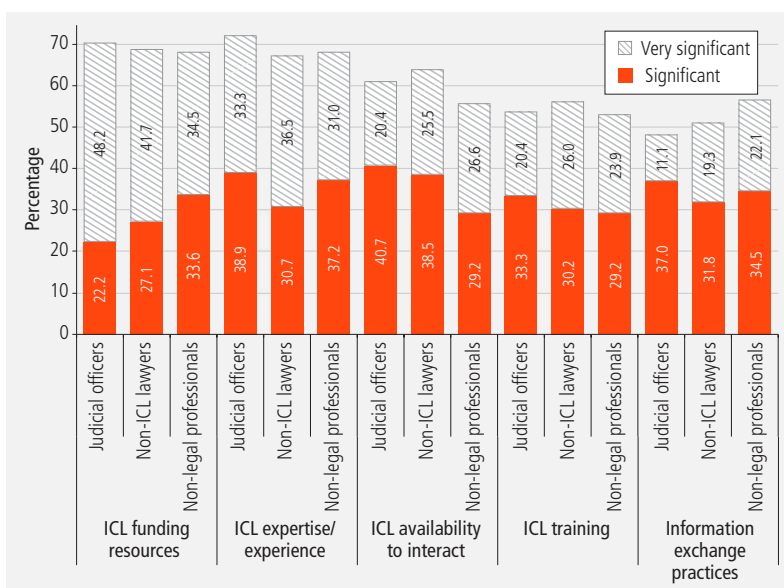
More specifically, a greater proportion of ICLs directly employed by legal aid commissions regarded ICL remuneration to be adequate (23%) compared to ICL lawyers in private practice undertaking ICL work by appointment to the ICL panel (1%) (Kaspiew et al., 2013, p. 135). The research also found that panel ICLs were undertaking work that was required by their role on a pro bono basis due to the

**Table 7: Non-ICL professionals' agreement that ICL training and qualifications are adequate**

Are the training and qualifications of ICLs adequate?	Judicial officers (%)	Non-ICL lawyers (%)	Non-legal professionals (%)
Yes	27.8	26.6	19.5
No	40.7	40.6	31.0
Not sure	24.1	28.7	46.0
Missing	7.4	4.2	3.5
Total	100.0	100.0	100.0
No. of responses	54	192	113

Notes: Professionals were asked: "Do you think the training and qualifications of ICLs are adequate?" Percentages may not total exactly 100.0% due to rounding.

Source: Kaspiew et al. (2013, Table 6.1, p. 109)



Notes: Professionals were asked: "Thinking about cooperative work practices involving ICLs and other family law professionals, to what extent do the following factors impede effective interaction?" The proportion of "cannot say"/missing responses ranged from 5.2% to 18.5%.

Source: Kaspiew et al. (2013, Figure 5.1, p. 91)

**Figure 1: Non-ICL professionals rating ICL cooperative work practices as "significant" or "very significant"**

**Table 8: ICLs' and judicial officers' agreement that ICL remuneration is adequate**

Does level of remuneration adequately reflect the work required of an ICL?	ICLs (%)	Judicial officers (%)
Yes	10.1	1.9
Somewhat	12.8	13.0
No	54.4	70.4
Not sure/missing	22.8	14.8
Total	100.0	100.0
No. of responses	149	54

Notes: ICLs and Judicial officers were asked: "Does the funding of the ICL program and/or the remuneration you received adequately reflect the work you/ICLs are required to undertake?" Percentages may not total exactly 100.0% due to rounding.

Source: Kaspiew et al. (2013, Table 7.4, p. 135)

The findings of this research identified that considerable value was placed on the ICL role.

level of funding, in many cases provided via the lump sum grants of assistance for each stage of the proceedings (Kaspiew et al., 2013, p. 136).

## Conclusion

The ICL Study explored the role of ICLs in the family law system. The findings of this study were derived from a mixed-methods approach examining the central research question: To what extent does having an ICL involved in family law proceedings, improve outcomes for children?

The research found that considerable value is placed on the ICL role. Three overlapping aspects of the ICL role relating to participation, evidence gathering and litigation management were highlighted in the data, with professional participants placing greater emphasis on the evidence-gathering and litigation-management aspects of the ICL role, and parents, children and young people reporting the ICL's role in facilitating the child or young person's participation as being most significant. While many ICLs expressed concerns about having direct contact with children and young people—particularly in the context of child abuse concerns—the children and young people interviewed expressed disappointment with the limited or no contact they had with the ICL, as did their parents or carers. The responses from judicial officers also reflected an expectation of more contact between ICLs and the children and young people whose interests they represent. Further research examining what constitutes effective ICL practice from the perspective of children and young people is warranted, and more detailed consideration is required of how ICLs should

engage with children and young people, even when child abuse concerns are pertinent. Research thoroughly examining the role of family consultants and single experts in the family law system generally, and in relation to direct contact with children and young people, in particular, would also be useful.

While the data suggest that the involvement of a competent ICL can contribute to better outcomes for children and young people, concerns were raised by all participant groups about ICL practitioner quality. ICL selection, training and accreditation, together with arrangements for monitoring ICL performance and facilitating their continuing professional development arrangements, were identified as areas for consideration. More broadly, further research is also required to consider how ICLs and other professionals can coordinate their consultations with children and young people and work collaboratively in the family law context to achieve outcomes in the best interests of children and young people.

## Endnotes

- 1 The sample of non-legal professionals included family consultants/single experts, psychiatrists/psychologists and family relationship sector professionals, including mediation and family dispute resolution (FDR) professionals, and professionals working in children's contact services or post-separation support programs, such as parenting orders programs.
- 2 The sample of judicial officers included judicial officers and registrars of the Family Court of Australia, the Federal Magistrates Court of Australia (now known as the Federal Circuit Court of Australia) and the Family Court of Western Australia. Further details of the sample (including approach to recruitment) are available at section 1.3 of the ICL Study final report (Kaspiew et al., 2013). Note that references to page pinpoints cited in this article are from the first edition of this publication released on the Attorney-General's Department website on 22 November 2013 and were current at the time of writing.
- 3 See, for example, *In the Matter of P v P* (1995) 19 Fam LR 1; *In the Marriage of Bennett v Bennett* (1991) 17 Fam LR 561; *DS v DS* (2003) 32 Fam LR 352; and *R v R: Children's Wishes* (2000) 25 Fam LR 712. On the role of the ICL more recently, see: *RCB as Litigation Guardian of EKV, CEV, CIV and LRV v The Honourable Justice Colin James Forrest, one of the Judges of the Family Court of Australia and Others* [2012] HCA 47; *State Central Authority v Best* (No. 2) [2012] FamCA 511; *State Central Authority v Young* [2012] FamCA 843; *Knibbs v Knibbs* [2009] FamCA 840; *McKinnon v McKinnon* [2005] FMCAfam 516; *T v S* (2001) 28 Fam LR 342; and *T v N* (2003) 31 Fam LR 257.
- 4 For current provisions, see the *Family Law Act 1975* (Cth) Division 10—Independent representation of children's interests.
- 5 The criteria outlined in *Re K* (1994) 17 Fam LR 537 includes matters where there are allegations of sexual, physical or psychological abuse, allegations



of antisocial conduct by one or both parents of a kind that seriously impinges on the child or young person's welfare (e.g., family violence), or where there is a relocation proposal that would restrict or, in practice, exclude, the other parent from having contact with the child/young person.

- 6 For further information about the number of inhouse ICLs (employed by a legal aid commission) and private panel ICLs (private practitioners appointed to the panel of ICLs) in each state and territory as at December 2012, and about the proportion of grants of assistance to ICLs, see Tables 2.1 and 2.2 of the ICL Study final report (Kaspiew et al., 2013).
- 7 Note, however, that Western Australia is governed by the *Family Court Act 1997* (WA) and s 165 of that Act incorporates the provisions of s 68LA of the *Family Law Act 1975* (Cth).
- 8 At the time of data collection for Study 4 of the ICL Study, ICL appointments were, for example, restricted in Victoria to matters falling within criteria 1, 3 and 7 of the non-exhaustive *Re K* criteria, and within criteria 1 and 6 in Western Australia. Criterion 1 relates to cases involving allegations of sexual, physical and psychological abuse; criterion 3 relates to cases where the child is apparently alienated from one or both parents; criterion 6 relates to alleged antisocial conduct by one or both parents (of a kind that "seriously impinges on the child's welfare", including family violence), and criterion 7 relates to instances of a significant medical, psychiatric or psychological illness or personality disorder affecting a parent, child/young person or another person with whom the child has significant contact.
- 9 See also Kaspiew et al. (2013), sections 2.2.3–2.2.5.
- 10 Note that Parkinson and Cashmore (2008) identified "a welfare role, a counsel assisting role and a role in giving the child a voice in the proceedings" (p. 51) and Ross (2012) referred to a counsel assisting role, a child participation role and a dispute resolution role (pp. 148–151).
- 11 Note that these responses were provided to the following question: "Thinking about the last three cases in which you have acted as an ICL, how frequently did you have direct contact (in person or on the telephone) with the child/young person. Percentages may not total exactly 100.0% due to rounding and because 2.7% of the 149 responses were missing.
- 12 For example, additional policy guidance provided by Legal Aid NSW indicate that all ICLs should meet with the children and young people whose interests they represent, and that depending upon the age of the child/young person, it is anticipated that the ICL may meet with younger children in person, thus enabling their involvement in the process, whereas older children and young people may prefer email or telephone to be the primary mode of communication. Legal Aid NSW also stated that it is not their policy for ICLs to ensure that a third person is in attendance during in-person meetings. Legal Aid Queensland's *Best Practice Guidelines for Independent Children's Lawyers* also indicate an expectation that ICLs will arrange to meet with the relevant child or young person where practical and appropriate, and it is preferred that these meetings take place in the presence of the family consultant, family report writer or other like professional involved with their case (see Kaspiew et al., 2013, p. 41).
- 13 Note that while there were insufficient survey responses from professionals in Western Australia to



analyse this issue on a quantitative basis, qualitative data collected from interviews and open-ended text box responses suggest that the more common practice in WA is for ICLs to rely on social science experts to provide evidence of the views of the child or young person (see Kaspiew et al., 2013, p. 52).

- 14 The concept of "communities of practice" involves two aspects in the context of this study. The first refers to practice approaches emerging in particular states or territories that involve the conceptualisation of the participation function as either a collaborative task between the ICL and family consultant (or single expert) or as a task for which the ICL is responsible. The second refers to the context in which the ICL practises; that is, whether they practise exclusively in family law or in both the family law and child protection jurisdictions (see also Kaspiew et al., 2013, p. 40).

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**Dr Rachel Carson** is a Research Fellow, **Dr Rae Kaspiew** is a Senior Research Fellow, **Sharnee Moore** is a Research Fellow, **Julie Deblaquiere** is a Senior Research Officer, **John De Maio** is a Research Fellow and **Briony Horsfall** was, at the time of writing, a Research Officer, all at the Australian Institute of Family Studies.

ICL selection, training and accreditation, together with arrangements for monitoring ICL performance and facilitating their continuing professional development arrangements, were identified as areas for consideration.





# Social science and family law

## From fallacies and fads to the facts of the matter

Alan Hayes

It would be tempting in an article on this topic to focus on some of the current controversies bubbling and boiling in family law circles surrounding the uses and abuses of social science “evidence”. Rather, I have assumed a dispassionate and detached perspective that is usually associated with the scholar, scientist or others who daily exercise the Wisdom of Solomon! I will examine some of the fallacies and fads regarding social science “evidence” that can get in the way of determining the facts of the matter. As such, it bears on the broader question of how social science “evidence” is to be used in family law matters. I will address:

- the historically contextualised and ever-changing nature of knowledge;
- some myths of uniformity and common misinterpretations of developmental science; and
- the primacy of discernment and judgement when assessing the facts of the matter, including the weight to be placed on social science evidence.

The belief that a contemporary perspective represents the highest point of knowledge in any field carries a certain conceit. On the one hand, it can be argued that most topics in contemporary social science, including in my own field of developmental psychology, have a long ancestry, though they are often presented as if only recently “discovered”. On the other hand, some ideas that would have been regarded as “facts” in their day now appear ridiculous to us. And some ideas remain enshrined in social knowledge, even though they have long passed their scientific use-by date!

**Science, like all knowledge, is historically contextualised**

**Yesterday’s facts can become today’s fallacies**

Among many that might have been chosen, two examples from the distant past are mentioned briefly.

Dr John Langdon Down, whose name has been lent to the syndrome, concluded that “mongolism”, as it was labelled when first described in 1866, was likely caused by tuberculosis (O’Connor, 2008). This incorrect conclusion was based on his observation of one mother who had the condition, and that the incidence of tuberculosis in children with the syndrome, suggested a possible congenital link (Ward, 1999). Others, however, were quick to associate the condition with the widely held belief that, like other examples of “feble-mindedness”, mongolism was most likely caused by the deleterious effects of education on women. Down did not accept this idea and was actually a champion for the provision of educational opportunities to women (Wiedermann, 1992). We now know, of course, that the condition actually involves errors in cell division that result in a range of chromosomal abnormalities, including the most common: Trisomy 21. While the precise cause still eludes us, we do know that a strong correlate is maternal cellular age, with some associated paternal cellular age contribution also having recently been described. The link to education may be coincidental, given that better educated women may tend to have children later in life. Additionally, social class differences in health and access to health services such as amniocentesis and medically indicated terminations may actually result in a *lower* rate of the condition in the children of better educated women. How inconvenient.

A related example now seems similarly ludicrous. Prior to the American Civil War, it was concluded that brain size is related to race, gender and intelligence. This was heavily influenced by the work of Dr Samuel George Morton who, in 1820, began collecting an amazing array of Egyptian, Indigenous Australian Aboriginal, African, Asian and Caucasian skulls from around the globe. He amassed so many that friends and colleagues jovially referred to his home as the “American Golgotha” (Gould, 1981). Morton’s conclusions were based on an impressive range of measures of cranial volume (craniometry) that were conveniently optimised with the aim of providing irrefutable scientific evidence of the superiority of white, male brains. On Morton’s death, in 1851, the *New York Tribune* stated that “probably no scientific man in America enjoyed a higher reputation among scholars throughout the world” (as cited in Gould, 1981, p. 51). Unfortunately for Morton’s place in history, Gould (1981) re-analysed the data and found that Morton’s findings resulted from a “patchwork of fudging and finagling in the clear interest of controlling a priori convictions”

(p. 54). Scientific fame can be short-lived and built on fragile foundations.

### Three contemporary examples of the changing state of knowledge

Those two examples can be dismissed as fatuous anachronisms. But some of today’s “scientific evidence” can be similarly open to question, if not ridicule. Fad and fashion can inflate the significance of particular research and lead us to ignore the issue of the validity of single studies. As such, assertion is too easily mistaken for evidence.

Three contemporary examples, again among many, show that the changing nature of knowledge is not only a problem of the distant past. A first example relates to our knowledge of the brain and its development. Until relatively recently, it was thought that we had a fixed number of neurones at birth and that these could not be replaced. The ravages of time and, dare I say, lifestyle factors were thought to ensure that neurologically it could only be downhill (the pace of decline was found to occur at a faster rate for men than women!).

We now know this is not correct. Nor is the concept that our nervous system is hardwired from birth. “There is a diversity of wiring in the brain. Furthermore, this wiring constantly changes in response to biological and environmental influences” (Institute of Medicine and National Research Council, 2012, p. 3). Advances in neuro-imaging and biochemistry have revealed the brain in a very new, complex and dynamic light. The degree of plasticity of brain functioning is far greater than previously thought, as studies of the transfer of functions in those who have suffered brain injuries now show (Doidge, 2007). Neural tissue has “a remarkable capacity for reorganization” and replacement (Garcia-Segura, 2009, p. 9). While suspected for some time (see, for example, Bergland, 1985), evidence is increasingly available that demonstrates the complex hormonal systems that underpin this plasticity and mediate and moderate the effects of experience (Garcia-Segura, 2009). The brain is the largest gland in the body, with the most complex assemblage of nerve cells and interconnected circuits. And yet, simplifications and erroneous ideas about brain development exert enduring influences on present thinking.

A second example relates to Gardner’s (2004) concept of parental alienation syndrome (PAS), in which a child repeatedly denigrates and belittles one parent, without justification. Emery, Otto, and O’Donohue (2005), among others,

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questioned the scientific status of this concept and concluded “that it is blatantly misleading to call parental alienation a scientifically based ‘syndrome’” (p. 10), especially given Gardner’s admission that he regarded his single study as the only one that had been statistically based. While others may disagree, given the state of the “evidence”, I would err on the side of caution in the use of such a construct and would not use the term “syndrome” when discussing alienation. Clearly, a definitive conclusion on the topic awaits much further research (Warshak, 2001).

The final example I would cite, albeit briefly, takes me closer to the cauldron. It relates to the concept of bonding. Most prominently associated with the work of Klaus and Kennell (1976, 1982, 1983), Eyer (1992) observed that “research on bonding was inspired by the popular belief that women, one and all, are inherently suited for motherhood” (p. 1), and that the time immediately following birth was a particularly sensitive period in relationship formation that was biologically based. Notwithstanding its weak empirical foundations, the focus on bonding did have benefits in changing obstetric and neonatal care. For example, infant feeding regimes were permitted to suit the needs of the mother and child, rather than the needs of the hospital and its routines. Bonding continues, however, to be confused with the concept of attachment, and the two are frequently used as synonyms. As Minde (1986) concluded, however, while the concept of attachment is supported by a voluminous research literature, there is scant evidence to support the concept of bonding as framed by Klaus and Kennell. “Bonding is, in fact, as much an extension of ideology as it is a scientific discovery” (Eyer, p. 2).

## Myths of uniformity

### Developmental age and stage

Scientific argument becomes the stuff of popular social knowledge that is all too readily detached from the detail and the critical debates within the scientific community. In this process, scientific evidence can be distorted in its meaning and significance. As such, it then takes on the status of an article of faith rather than empirical fact. Fallacies have a way of persisting and fads are remarkably fashionable.

While I support the focus on the early years of childhood, for example, it has become in some ways faddish. In reading the recent early childhood literature one might conclude that this is the only time in life when key brain developments occur. Those researchers who have focused on developmental epochs other

than the early years (Blakemore & Choudhury, 2006; Dahl, 2004) have struggled to have their voices heard. While adolescence is of growing interest (Spear, 2004), some developmental eras, such as middle childhood, continue to be overlooked. And adulthood is still too often seen as merely an end point, rather than a time of continuing developmental change in its own right (Smith, 2006).

Adolescence, for example, is a time of interesting paradoxes. On the one hand, there is a quantum leap in the physical strength, intellectual processing speed and capacity, and overall resilience of adolescents. On the other, it is marked by heightened risk, with morbidity and mortality rates doubling over these years (Dahl, 2004). Changes occur to multiple neurological and endocrinological systems and their interactions (Kelley, Schochet, & Landry, 2004), with brain developmental changes preceding and driving the hormonal changes associated with puberty (Dahl, 2004). Changes to myelination and neuronal pruning, especially in the prefrontal cortex, characterise the entry to adolescence (Spear, 2000, 2004). The net effects of these changes are profound and, in part, explain the propensity of adolescents to seek novelty and engage in risky behaviour (Blakemore & Choudhury, 2006; Kelley et al., 2004; Spear, 2000, 2004). Importantly, the neurological changes that occur in adolescence signal changes that continue through life (Blakemore & Choudhury, 2006).

Rather than slavish adherence to age- and stage-based approaches, as conveniently simplifying as these may be, the action in developmental psychology for some decades has been on the life course. Just as there is considerable variation and overlap on most variables between groups, so too there is considerable difference when one measures developmental age in contrast to chronological age. Further, the older one gets, the less important distance from birth becomes than proximity to death!

Developmental outcomes at any age or stage are also influenced by the interpretation of events, and these in turn change over life (Sameroff, 2004). Parents, children, teachers and, dare I say, social scientists and those across the family law system, have differing views of the meaning and import of children’s behaviour. What is reported can be as much a function of the seer as the seen. De Los Reyes and Kazdin (2005) highlighted discrepancies in informants’ ratings of child psychopathology. They went on to say that developmental history “may represent not the past acting on the present but the present reconstructing the past ... People act on and create their own lives,



including their memories and their futures, through the formation in the present of future goals, desires, and needs” (p. 75).

It is important to avoid being trapped by the external standpoint into highlighting assumptions based on the norms of development and what one might expect at a particular age or stage. A focus on individual differences highlights the need to see the world, as far as possible, as each child sees it (Henaghan, 2012). As Parkinson and Cashmore (2008) emphasised, children want to express themselves and have their views heard on the things that are salient in their lives. Henaghan quoted Baroness Hale: that when children are heard, “the court will see the child as a real person, rather than the object of other people’s disputes or concerns” (as cited in Henaghan, 2012, p. 40).

### Change, continuity and the problem of prediction

A second myth of uniformity relates to the extent of change, continuity and predictability of development. There is considerable scope for change in development. The longer the time between measurement points, the greater the scope for variability. Stability of relationship and personality variables, over time, tends to be low. As Lewis (2001) concluded, “based on the collective evidence to date—in a multitude of domains, including cognitive, social, emotional, and psychopathological—the best that can be said is that there sometimes is very limited support for the belief that earlier events are connected to later ones” (p. 74). For example, it is a mistake to see attachment as a fixed trait or stable individual characteristic across time. There is, in fact, a lack of continuity from infancy to adolescence and beyond. In the longitudinal study conducted by Lewis and his colleagues, attachment at 18 years was related to family status, whether divorced or intact, but not to attachment in infancy.

In quoting Rutter’s conclusion that, “attachment is not the whole of relationships”, Ludolph and Dale (2012) highlighted the role that other elements of the developing child’s context play in complex interactions with the characteristics of each child and the quality of the processes that connect child to context. As such, they argued that attachment should be but one “additive *best-interest* factor” rather than “a determinative one” (p. 40). Cashmore and Parkinson (2011) made a similar argument. And yet the notion of the power of earlier events and states to determine what happens later in life is an enduring belief. As Sameroff (2004) observed, “developmental achievements are



rarely sole consequences of immediate causes and more rarely sole consequences of earlier events” (p. 9).

Given the diversity of pathways through life, the interplay between change and continuity underscores developmental complexity. This begs the questions, “What drives change?” and “What maintains continuity?” As Brooks-Gunn (2003) argued, the issue is steeped in magical thinking and there is still much to be learned about the processes that operate to sustain developmental continuities. She provided a compelling critique of what might be called the “early childhood error”—the belief that all is evident and active, albeit in some instances in latent form, in early life and therefore remediable then, if only we had the knowledge. What is not clear is what is sustained, as opposed to lost, from early experience. I am reminded of Rutter, Maugham, Mortimer, and Ouston’s (1979) book, *Fifteen Thousand Hours*, and the limited residue of all that time spent in school. Not everything experienced is retained!

As Clarke and Clarke (1976) observed, “what one does for a child at any age, provided it is maintained, plays a part in shaping his development within the limits imposed by genetic and constitutional factors” (p. 273). I would echo Farran’s (2000) conclusion that “somehow, [we have] to move beyond thinking of the problems of young children as being something someone else fixes at an earlier age or in a different place so that other systems do not have to change. A developmental focus that covers the first 12 to 15 years of life would be a good start” (p. 542).

What might this mean in a family law context? As Sroufe put it, “we cannot definitively say, based on attachment assessment, this child should be with this parent more than with that parent. The major thing that I think a judge would do well to know is that attachment relationships are a lifetime thing” (as cited in

Given the diversity of pathways through life, the interplay between change and continuity underscores developmental complexity.

The dynamic nature of development makes the timing of our actions and interventions to address problems a difficult issue.

Sroufe & McIntosh, 2011, p. 463). Much can and does change over a lifetime!

The dynamic nature of development makes the timing of our actions and interventions to address problems a difficult issue. Problems emerge over time. Difficult temperament, conduct problems and aggressiveness tend to appear early in life, while social withdrawal, difficulties in peer relationships and academic problems tend to manifest themselves in the school years. The outcomes of early vulnerabilities are a function of the number of risks and problems and the presence of factors that catalyse their emergence or ameliorate their effects. In development, difference is the norm, change is the constant and the diversity of development pathways is typical. This makes decision-making based on attempts to predict the future particularly challenging.

## Critical consideration of the evidence underpins discernment and judgement

### The importance of the long view

Prospective longitudinal studies are essential if we are to tease out the factors that drive developmental outcomes. Such studies follow a sample that is broadly representative of the population, prospectively, rather than identifying a group of interest, such as a clinical sample, and looking retrospectively for the factors that might explain their membership of

the group. Prospective longitudinal studies can provide valuable insights into issues of change and continuity of pathways (Masten, 2004). The prospective Life Chances Study has shown the divergence of life paths in ways that are very difficult to foresee (Taylor, 2011).

Werner (2005) highlighted the value of prospective longitudinal research in identifying the factors that lead to successful adaptation and resilience. Prospective studies “have consistently shown that even among children exposed to multiple stressors, only a minority develop serious emotional disturbance or persistent behaviour problems” (p. 4). By way of contrast, a retrospective research strategy “created the impression that a poor developmental outcome is inevitable if a child is exposed to perinatal trauma, poverty, parental psychopathology or chronic family discord, since it examined only the lives of the ‘casualties’ not the lives of successful ‘survivors’” (p. 3).

The work of Sampson and Laub (2005; Laub & Sampson, 2003) underscores the scope for developmental change and the factors that alter negative pathways and maintain positive ones. In considering young men with a history of juvenile offending, they cited the evidence for the world of work, with its regularities and routines, and close personal relationships as two salient sets of influences that alter negative pathways and sustain more adaptive life trajectories. The presence or absence of connections to work and relationships, explain the patterns of desistance or persistence they observed in the life courses of the juvenile offenders. Of those who offend as juveniles, only a very small percentage goes on to a career in crime.

In reflecting on the Kauai Longitudinal Study—arguably *the* groundbreaking study of resilience—Werner (2005) extended the list of influences:

Among the most potent forces for positive changes for high-risk youth who had a record of delinquency and/or mental health problems in adolescence, and for teenage mothers, were continuing education at community colleges; educational and vocational skills acquired during voluntary service in the Armed Forces; marriage to a stable partner; conversion to a religion that required active participation in a “community of faith”; recovery from a life threatening illness or accident that required a lengthy hospitalisation; and occasionally psychotherapy. (p. 7)

The Australian Temperament Project (ATP) also provides valuable insights, via the lens of early temperament and its relationships to a range of outcomes (Hayes, Smart, Toumbourou, &



Sanson, 2004; Smart & Vassallo, 2005). The study commenced in 1983, when the 2,443 participants were aged between 4 and 8 months. They are now young adults.

Of particular relevance to the present discussion is the evidence that the ATP provides of the variation in the time when pathways became noticeable. The pathway to multiple substance use at the age of 15 to 16 years, for example, was discernible in infancy. Those who went on to be involved in substance abuse in adolescence were, on parental report, less rhythmic as infants; less persistent and less cooperative as toddlers; less shy from 3 to 4 years on; more aggressive from 5 to 6 years on; and from primary school on showed greater inflexibility, poorer peer relations, more depressiveness but lower anxiety and fearfulness. A wide range of indicators, any one of which is unlikely to be predictive!

In contrast, the pathway to persistent antisocial behaviour in adolescence only became noticeable in the primary school years. Those who showed problems of antisocial behaviour had noticeably higher levels of acting out, aggression, hyperactivity, attention problems and volatility that became apparent in the primary school years. In turn, they had lower levels of cooperation, self-control and relationship with parents. At least in terms of temperament, however, there were no significant associations with parental reports of their characteristics in infancy.

The ATP provides an example of a pathway that was evident early in life for boys but not until middle childhood for girls. Boys who went on to show anxiety in adolescence were noticeably more anxious and more likely to be considered to be shy by the age of 3. For girls, their higher anxiety, parent relationship factors and externalising problems only became noticeable at 11 to 12 years of age.

So pathways may be differentiated by key subgroup characteristics such as, in this case, gender, as the work of Edwards (2006) also showed in relation to the greater effects of disadvantage on the early development of boys. Finally, prediction of outcomes is likely to be difficult (Hayes, 1990), given the wider representation in the population of the indicators of any problem. Again, this reinforces the need for longitudinal studies designed to trace the various pathways people follow through life (France & Utting, 2005). It again demonstrates the perils of prediction in individual instances. Often, what is presented as predictive evidence is actually better characterised as “retro-diction”. That is, the correlations are calculated retrospectively rather than from analyses of a truly prospective

prediction study, where one would analyse the extent to which the predicted outcome actually came to pass; neither an easy nor an impossible exercise.

## Genetic and environmental influences

So what else drives continuity? Is it the stability of the environment or are there genetic underpinnings that interact with experience? In considering the continuity of personality characteristics, Caspi and Roberts (2001) concluded that there is modest continuity:

Although the environment is often put forward as a reason for continuity in personality, there is little evidence to support the hypothesis. The genetic underpinnings of continuity are just now beginning to be reported in longitudinal behaviour genetics studies and the early evidence is provocative. (pp. 61–62)

As such, the sources of individual differences are complex. If one considers aggressive behaviour, a topic of considerable contemporary interest—especially for the Australian Government—there is accumulating evidence of the influence of genes and environments. The genetic influences underpin differences in neurotransmitters (such as serotonin) that underpin impulsivity and the propensity to aggressive reactivity (Pihl & Benkelfat, 2005; Rhee & Waldman, 2011) and hormones, including testosterone or the stress-related hormone cortisol (van Goozen, 2005). While the biological contributors to aggression are progressively becoming better understood, there is still much more to be learned about the complex interplay of genetic and environmental factors (Rhee & Waldman, 2011).

The environmental influences on aggression are similarly complex and multiple. Parental behaviour, especially harsh and inconsistent parenting, and a range of other factors—from maternal alcohol, tobacco and other drug misuse prior to birth to perinatal complications and peer influences in childhood and adolescence—have been linked to an elevated propensity for aggression (Tremblay & Nagin, 2005). A link between witnessing interparental violence and subsequent violent behaviour in intimate relationships in early adulthood has been observed (Cui, Durtschi, Donellan, Lorenz, & Conger, 2010; Uslucan & Fuhrer, 2009), though the relationship is at best modest (Black, Sussman, & Unger, 2010). Analysis of prospective longitudinal birth cohort data from the Christchurch Health and Development Study also showed weak linkages between witnessing interparental violence and subsequent relationship violence perpetrated

Parental behaviour, especially harsh and inconsistent parenting, and a range of other factors—from maternal alcohol, tobacco and other drug misuse prior to birth to perinatal complications and peer influences in childhood and adolescence—have been linked to an elevated propensity for aggression.



Environmental risk is not destiny. Nor is DNA destiny.

by young adults, once socio-demographic context factors had been controlled (Fergusson, Boden, & Horwood, 2006). Exposure to violent behaviour, in and of itself, does not necessarily portend a life of violence. Exposure to abuse or neglect early in life, however, can lead to neurological and endocrinological changes that influence reactivity and responsiveness; though, again, these are not necessarily immutable effects. Environmental risk is not destiny.

Nor is DNA destiny. Rather, there is an interplay between environmental factors and genetic pre-dispositions that is much more complex than nature versus nurture. Some of these interactions are epigenetic (literally, “above the genome”). The groundbreaking new field of epigenetics highlights the importance of environmental influences on the expression of genes. Such influences can span generations, as indicated by research that shows how famine in one generation followed by abundance of food in the next can influence the risk of obesity and heart disease across generations (Pembrey et al., 2006). To that extent, you are what your grandparents and parents ate. The marks of experience of previous generations are written on the genome and act to influence the expression of genes. But for each individual, *current* experience and lifestyle throws the genetic switch. To that extent, you are what *you* eat.

### Differential susceptibility

Susceptibility to intricately interacting genetic and environmental influences is a complex process. Like epigenetics, differential

susceptibility is a rapidly developing field of research, with wide implications across several disciplines. Susceptibility to environmental influences varies considerably among children. Those with difficult temperaments, for example, have been shown to exhibit more behaviour problems when experiencing low-quality child care and fewer problems when high-quality care is available (Pluess & Belsky, 2009, 2010). As such, they are more likely to be influenced for good or ill depending on the quality of their developmental context. Children with difficult temperaments have also been shown to be more susceptible to negative maternal discipline and to show fewer externalising behavioural problems if exposed to positive maternal discipline (van Zeijl et al., 2007). Bakermans-Kranenburg and van IJzendoorn (2007) also provided support for the differential susceptibility hypothesis in a study of attachment security, with those children who show insecurity, distress and avoidance (characteristic of disorganised attachment) being more susceptible to unfavourable care environments but responding positively to favourable ones. Their study demonstrates the link between the genetic substrate and differential susceptibility to environmental experiences. Again, prediction is problematic if one only has partial information about the behaviour but not the genes!

A relationship has also been established between a specific gene that underpins differential susceptibility to childhood maltreatment and the propensity to move from being a victim to a victimiser (Caspi et al., 2002). Those with high levels of expression of the monoamine oxidase A (MAO-A) gene were shown to be less likely to victimise others than those with low levels, despite both groups having experienced maltreatment. In part, this illustrates the value of differential susceptibility in explaining why risk is not destiny.

A focus on differential susceptibility also moves the discussion beyond the simplistic binary consideration of whether, for example, particular care-time arrangements have developmental effects, irrespective of other factors. Like many other public health problems, combinations of factors complexly cause developmental outcomes related to health and wellbeing as well as to behaviours such as aggression and violence.

### Beyond myths of uniformity

The very term “development” is not a unitary construct. As Lerner, Lewin-Brizan, and Warren (2011) observed, it “continues to engage scholars in philosophical and theoretical



debate” (p.19). Dualisms abound! There are norms versus individual differences and their translation to normative versus ipsative research approaches. There is a continuing interplay of biology and experience and the tension between continuity and change, person and environment, and the competing systems of the individual and the embedding social systems, as well as single sources of influence and the multiple determinants of outcomes, and finally, the ongoing tension between the vulnerability and resilience of each one of us. And yet, development is too often treated as a unitary given.

Social science is also far from a unitary entity. This is yet another of the myths of uniformity that can mislead. As Rathus (2012) stated, or should I say understated, “there is not usually just one social science view about an issue, so reference to any article (or even a set of articles) by a judge will necessarily be selective” (p. 83).

Uncritical acceptance of social science evidence is a clear and present danger for the family law system. King and Piper (1995) cited Tuebner’s observation that:

far from making law more responsive to the demands of other discourses, bringing it closer to the taken-for-granted world which is widely accepted as ‘social reality’ these attempts to incorporate ‘social knowledge’ within law have tended to produce ‘hybrid artifacts of ambiguous epistemic status’. This means that constructs which started out, for example, in the social sciences cannot be transferred unchanged into legal discourse. (p. 33)

Further, the limits of social science must be acknowledged when presented as briefs in family law matters (Kelly & Ramsey, 2009). These limits ought to be framed in terms of the selection criteria for the studies reviewed and synthesised, the theoretical frame and methods, the manner in which effect sizes are assessed, as well as the extent of acceptance by the scientific community. As such, the norms of science should be applied not only to the research, itself, but to the way it is used!

Common errors in the use of social science include:

- applying evidence from group data to individual instances;
- holding on to outdated, static models of development that ignore the complex dynamics at play over the life course;
- grasping, selectively, a single study or a small number of studies while overlooking the caveats and concerns that apply to them;

- misunderstanding the differences between the concepts of statistical significance, effect sizes and the variance explained by the measures in a study;
- inflating the weight to be put on a single attribute, variable or outcome when multiple and changing influences impinge on individuals, at the biological, behavioural and social levels of explanation;
- overstating the capacity to predict likely developmental outcomes and pathways, given the many influences that impinge on lives, by design and accident; and
- ignoring the complex factors that lead to individual differences, including differential genetic susceptibility.

The way forward is not to eschew the social sciences but to understand the current state of knowledge, across their fields. It is to embrace a more sophisticated and nuanced appreciation of the balance of their strengths and limitations. While they are accumulating valuable insights into developmental processes, the social sciences are certainly not yet in a state to permit formulation of hard and fast rules with predictive powers. And, given the nature of human development, this may never be a realistic possibility. As argued, prediction is problematic. Fortune telling is a fraught enterprise that, more often than not, merely reflects the power of self-fulfilling prophecy. At best, one is left with the balance of probabilities.

When it comes to decisions about lives in the context of individual families, the power to make sound decisions and exercise wise judgements continues to lie in the uniquely human capacity to weigh and evaluate multiple sources of evidence. Having done that, one can only strive to reach a balanced synthesis of the facts of the matter, ever mindful of the historically, culturally and conceptually contextualised nature of knowledge in the social sciences and the family law system.

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The way forward is not to eschew the social sciences but to understand the current state of knowledge, across their fields.

While they are accumulating valuable insights into developmental processes, the social sciences are certainly not yet in a state to permit formulation of hard and fast rules with predictive powers.

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