

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

Culturally Diverse Children in Out-of-Home Care: Safety, Wellbeing, Cultural and Family Connections



Billy Black

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

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Culturally Diverse Children in Out-of-Home Care:
Safety, Wellbeing, Cultural and Family Connections

Communities and Justice Research Report 20

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

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Abbreviations

AIHW	Australian Institute of Health and Welfare
BITSEA	Brief Infant Toddler Social Emotional Assessment
CALD	Culturally and linguistically diverse
CBCL	Child Behaviour Checklist
DCJ	Department of Communities and Justice
IDG	Indigenous Data Governance
IDS	Indigenous Data Sovereignty
NAPLAN	National Assessment Program – Literacy and Numeracy
NGO	Non-government organisation
OOHC	Out-of-home care
POCLS	The Pathways of Care Longitudinal Study
PPVT-IV	Peabody Picture Vocabulary Test
QAF	Quality Assurance Framework
ROSH	Risk of Significant Harm
SATI	School Aged Temperament Inventory
SSI	Settlement Services International
WISC-IV	Wechsler Intelligence Test for Children - IV

Preface

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

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

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

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

The population cohort is a census of all children and young people who entered OOHC over an 18-month period for the first time in NSW between May 2010 and October 2011 (n=4,126). A subset of those children and young people who went on to receive final Children's Court care and protection orders by April 2013 (n=2,828) were eligible to participate in the study. The Study protocol is published in the Australian Institute of Family Studies journal *Family Matters* 2014 Issue 94 – a special issue on longitudinal studies in Australia. For more information about the study please visit the [Pathways of Care \(POCLS\) study webpage](#).

The POCLS acknowledges and honours Aboriginal people as our First Peoples of NSW and is committed to working with DCJ's Aboriginal Strategy, Coordination and Evaluation, and Ngaramanala (Aboriginal Knowledge Program), to ensure that Aboriginal children, young people, families and communities are supported and empowered to improve their life outcomes. The POCLS data asset will be used to improve how services and supports are designed and delivered in partnership with Aboriginal people and communities.

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DCJ recognises the importance of Indigenous Data Sovereignty and Governance of all data related to Aboriginal Australians. The NSW Data Strategy (April 2021) includes the principles of Indigenous Data Sovereignty and Governance and provides provisions in regard to:

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

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

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

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

About the authors

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Nafisa works as a Senior Researcher in the *Pathways of Care Longitudinal Study* team. Nafisa has a PhD in Behavioural and Social Sciences in Health, Master's in Public Health, Master's in Business Administration, and a Bachelor of Arts in Economics. With extensive experience in research across the government and non-government sector, she has found her calling in social research that informs policy and programs to achieve long-term outcomes for the most vulnerable communities. Nafisa has been actively promoting culturally appropriate interventions to increase awareness for breast and cervical cancer screening among women from multicultural backgrounds in Australia.

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Professor Judy Cashmore AO is Professor of Social Legal Research and Policy at Sydney Law School, and Professorial Research Fellow in the Center for Children and Families, Faculty of Arts and Sciences at the University of Sydney. She has a Master's degree in education and a PhD in developmental psychology and considerable research experience concerning legal proceedings and other processes in which decisions are made about children's lives particularly their care and protection, and guardianship. She is a member of the POCLS Study Working group providing advice and analysing data for DCJ on the Pathways of Care Longitudinal Study.

Paul Delfabbro

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Professor Paul Delfabbro is a member of the POCLS Study Working group providing advice and analysing data for DCJ on the Pathways of Care Longitudinal Study. Paul has degrees in Commerce and Economics and a PhD in Psychology. He has published extensively in several areas, including the psychology of gambling, child protection and child welfare and has been a regular advisor to State and Federal Government bodies. He has extensive experience in conducting longitudinal studies involving applied data. He was chief investigator on Australia's first major longitudinal study of children in out-of-home care which was published in the book *Children in Foster Care* in 2004 (Barber & Delfabbro), winner of a North American book award.

Kathy Karatasas

Head of Multicultural Child and Family Program, Settlement Services International, NSW

Kathy has a 35-year career in child and family including child protection and out of home care. She leads the Multicultural Child and Family Support Program, which oversees family preservation, permanency and foster care services. The program strongly advocates culturally responsive practices – connecting children to family, community and cultural experiences that can assist them consider how culture can influence their sense of belonging and identity. Kathy is sector leader for children from multicultural backgrounds in care, holding sector related Board and Committee roles. Kathy holds a Master's in Social Work and Diplomas in Adult Education and Public Sector Management.

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Tadgh leads research and policy at Settlement Services International, a community organisation and social business that supports newcomers and other Australians to achieve their full potential. Tadgh holds a Doctor of Public Health and a Masters of Health Sciences and has been an investigator in a wide range of research initiatives with culturally and linguistically diverse communities for the past 15 years. Tadgh has a background in public health and has worked across government and community sectors in program delivery, evaluation, research and policy.

Paul Mortimer

Research and Policy Co-ordinator, Settlement Services International, NSW

Paul was engaged in policy and research with Settlement Services International. Previous to that he worked for a decade with Multicultural Services, NSW Department of Family and Community Services, where among other things he provided input to the development of the Pathways of Care Longitudinal Study as it related to culturally diverse children in care. Paul has a Bachelor of Social Studies (Social Work) degree, and a background in multicultural services and mainstream community services.

Alan Taylor

Macquarie University

Dr Alan Taylor was an educational researcher in New Zealand's Department of Education before working at Macquarie University as a Professional Officer (Statistics) and Senior Lecturer in Psychology. He provided statistical support to staff and students and was involved in research projects outside the university. He has experience with many different approaches to data analysis, including those which deal with longitudinal studies. He is an Honorary Senior Lecturer at Macquarie University and has worked with Professor Cashmore at Sydney University since 2014.

Executive summary

This report is a collection of papers to provide information on cultural diversity in out-of-home care (OOHC), focusing on:

Chapter 2: Literature review by Dr Tadgh McMahon, Paul Mortimer and Kathy Karatasas

Chapter 3: Child protection background and OOHC placements by Dr Nafisa Asif

Chapter 4: Developmental outcomes and factors that may influence outcomes by Professor Paul Delfabbro

Chapter 5: Family relationships by Professor Judy Cashmore and Dr Alan Taylor.

The findings in Chapters 3–5 reflect information from three separate analyses using different samples within the POCLS. The reporting period is approximately five years since entering OOHC using Waves 1 to 3 child and carer longitudinal survey data and DCJ administrative data to 30 June 2016.

Background on culturally diverse children in out-of-home care

Australia has always been culturally diverse: over 250 languages were spoken prior to European colonisation. Today, people from migrant backgrounds and Indigenous communities are part of the diverse social, cultural and economic fabric of contemporary Australia, with similarities and differences between their experiences of belonging and cultural traditions. Through migration, Australia is becoming even more culturally diverse, with nearly half of the population born overseas or having one or both parents born overseas. Culturally and linguistically diverse (CALD) is a term used in public policy to attempt to categorise the diversity of migrants and their descendants. While there is no single definition of CALD it is generally used to refer to that part of Australia's population who are from ethnic minority or migrant backgrounds and/or who speak a language other than English in the home.

Aboriginal children are over-represented in the statutory care system. Factors associated with this include: the legacy of past government policies of forced removal, intergenerational effects of previous forced separations from family and culture, lower socio-economic status, drug and alcohol abuse and family violence (Australian Institute of Family Studies, 2020). This erosion of community and familial capacity over time needs to be considered in any reform efforts as it continues to have a profoundly adverse effect on child development.

Children from CALD backgrounds are also represented in OOHC, mirroring the diversity of the general population. There is limited information on CALD children in OOHC in Australia, partly due to existing administrative OOHC data sets not accurately recording indicators of cultural and linguistic diversity. Despite the lack of accurate data, there are indications that cultural diversity is increasing in OOHC.

National standards for OOHC promote the safety and stability of placements, acknowledging the importance of belonging and identity. They include a requirement for all children in OOHC to be able to maintain connections to family, culture and community. Indeed this requirement flows from Australia's obligations under international treaties on the rights of children. The need for effective strategies that help children to maintain ties to their family, culture and community is universally accepted even where there is debate on how best to maintain these cultural ties in OOHC practice. In relative/kinship care, cultural maintenance may be easier to achieve as children are in the care of a relative or kin who can preserve ties with family, culture and community. Maintaining cultural connections for children from CALD backgrounds placed in foster care is arguably harder.

In NSW, ethnic or cultural matching between the child and carer(s) is often considered alongside cultural care planning. There is limited empirical evidence of the benefits of cultural matching in foster care and how it might impact on cultural maintenance. In fact there is considerable debate on the merits or otherwise of cultural matching (which is discussed in Chapter 2). There is more consensus that the skills and capacities of alternative caregivers, irrespective of their cultural backgrounds, and the safety and stability of the placement are critical to help children navigate and maintain ties to their family, culture and community (discussed in Chapter 2).

There is some overseas evidence that children from ethnic minority backgrounds may enter OOHC in different ways to 'majority' background children as a result of potential biases in decision-making at different stages of child protection processes (Bywaters, et al., 2017; Dworsky et al., 2010), but an Australian study found parity between children from Aboriginal, CALD and other backgrounds (Sawrikar & Katz, 2014a).

Some studies in other countries have theorised that ethnicity may influence developmental outcomes for children in OOHC, but the limited research has not found evidence to support this.

CALD children's characteristics, child protection backgrounds and experiences in out-of-home care

Based on the DCJ administrative data for the POCLS children from the population and final orders cohorts, there were significant differences by cultural background in terms of child demographics, child protection history and placement characteristics, including:

- **Age at entry.** Almost 40% of children from a CALD background entered OOHC within 0–35 months, compared to 44% of Aboriginal children and 37% of other Australian children.
- **DCJ districts.** Almost one in three (28%) children from the South Western Sydney district were from a CALD background.
- **Risk of Significant Harm (ROSH) reports prior to entry into OOHC.** A greater proportion of children from a CALD background had fewer ROSH reports compared to Aboriginal and Other Australian children.

- **ROSH reports involving parental drug/alcohol abuse, mental health and domestic violence issues.** A smaller proportion of CALD children had ROSH reports involving parental drug/alcohol and domestic violence issues compared to Aboriginal and Other Australian children. A slightly higher proportion of CALD children had ROSH reports for parental mental health compared to Aboriginal children.
- **ROSH reports involving neglect, physical and sexual abuse.** A smaller proportion of CALD children had ROSH reports involving sexual abuse and neglect compared to the other two groups of children. For CALD children the predominant reason for ROSH reports was physical abuse, but this was not statistically significantly different to Aboriginal and Other Australian children.
- **Predominant type of placement.** A greater proportion of children from a CALD background experienced foster care as predominant type of placement during their first care period compared to Aboriginal and Other Australian children.
- **Placement changes.** A larger proportion of CALD children had two or three distinct placements compared to Aboriginal and Other Australian children. Distinct placements exclude non-permanent placements (such as respite and emergency) of less than seven days as well as a return to a previous carer.
- **Exits from OOHC before 18 years.** Of those children who have left OOHC before their 18th birthday, the rate of re-entry to OOHC was lower for CALD children compared to Aboriginal and Other Australian children.
- **Restoration.** CALD children were more likely to be restored than Aboriginal and Other Australian children.

Developmental outcomes of CALD children in out-of-home care

The POCLS used standardised measures to collect longitudinal data on children's development over time. Overall, the developmental outcomes for CALD children who completed three interviews¹ over a five-year period since entering OOHC for the first time were generally similar to Aboriginal and Other Australian children:

- **Physical health.** Children's physical health was rated as good to excellent by the vast majority of carers and similar by cultural background.
- **Socio-emotional wellbeing.** There was some evidence that CALD children had better socio-emotional development compared to Other Australian and Aboriginal children:
 - A smaller proportion reported to have emotional and psychological conditions expected to last six months or longer

¹ These findings are from one analytical approach to these data. Other approaches that take the nested structure of the data into account – that is, the fact that children and young people are nested within households and households within regions – should be considered. The sample size for the CALD group was quite small for a number of the measures and this can lead to less valid results as findings can be more easily influenced by a small number of individual scores within the sample.

- Total Problems scores for the Child Behaviour Check List (CBCL) (Externalising and Internalising Problems scales) were lower for CALD children, and scores for all children for Total Problems were generally within the normal range (65–78% over Wave 2 to 4). Over time, the prevalence of CALD children falling in the clinical range was significantly lower than for all children. However, all children should receive culturally appropriate assessments to ensure professional support is provided early in their care trajectory.
- Children’s socio-emotional wellbeing was associated with a number of factors concerning their relationships with the people they live with and their contact with their family members, as well as their age, placement stability, and type of placement (Cashmore & Taylor, 2020). Children who changed households and those in foster care had higher total socio-emotional and behavioural problem scores than children in relative/kinship care and those who remained in the same household across waves.
- Overall, children’s socio-emotional wellbeing in the POCLS was consistently associated with how positive carers were about children’s contact with their birth parents, how well it was working, and their own self-reported parenting warmth and hostility.
- **Verbal ability.** Other Australian children scored higher than CALD and Aboriginal children for verbal ability (as measured by the Peabody Picture Vocabulary Test (PPVT-IV), but these differences were small and within the normal range.
- **Non-verbal ability.** There were small differences in favour of CALD children for cognitive reasoning as measured by the Wechsler Intelligence Test for Children (WISC-IV), but these differences were small and within the normal range.

Cultural identity and connections for CALD children in out-of-home care

- Carers reported that many CALD children were living in OOHC arrangements with little exposure to their birth language, and had little access to cultural or religious activities or connections to their cultural communities. Carers reported that some level of cultural identity was being maintained for most CALD children including culturally relevant food.
- Carers reported that about a quarter to a third of children did not identify with their cultural background.
- The majority of carers of CALD children reported being confident about their ability to maintain cultural connections.

CALD children’s relationship with their carers

- There were similarities and differences between CALD and non-CALD children² in their experience in OOHC regarding their relationships with their carers. The carer’s parental warmth self-rating was similar, with carers from all groups generally reporting they display a warm style of parenting ‘often’ or ‘always’.

² In Chapter 5, the authors used the term ‘non-CALD’, which includes children identified as Aboriginal, Aboriginal-CALD and Other Australian.

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- Children from all groups were similar in how close they indicated they felt to members of either their caregiver household or to members of their birth family.
- Children from all backgrounds were similar in how emotionally responsive they rated their carers as being. This included whether they helped them if they have a problem, listened to them and did things with them that are just for fun, as well as whether their carers helped them to feel part of the family.
- Over 80% of children from all backgrounds at each wave and in both relative/kinship and foster care indicated that they were happy living there. The carers of CALD and non-CALD children did not differ in their self-reported ratings of their parenting style.
- Overall, carers were very positive about how close they were to the children in their care. There was a consistent trend for the carers of CALD children to be more likely to say that they were 'very close' to the child compared with those of non-CALD backgrounds.
- There was a similar pattern for how close carers said the other children in the household were to the child.
- CALD children, especially those in relative/kinship care, were more likely be living with their siblings than children of non-CALD background. This may indicate that relative/kinship carers were more likely to take a sibling group of CALD children than foster carers and non-CALD relatives were.

CALD children's contact and relationship with their birth family

- Children were most likely to have contact with their mother, then their father and siblings, followed by other relatives. CALD children tended to be less likely to have contact with both parents than children of non-CALD background.
- CALD children were also less likely to have contact with siblings they were not living with than children identified as Aboriginal, Aboriginal-CALD and Other Australian. This may be because CALD children were more likely to be living with their siblings, with no siblings outside their household.
- Aboriginal-CALD children were less likely to have at least monthly contact with their mother at each wave than children of other cultural backgrounds. This may reflect some of the complexities for children with mixed ethnic and cultural backgrounds, also reported in some of the international literature.
- According to their carers, CALD and Aboriginal-CALD children in relative/kinship care were more likely to have a good relationship with their mother, and with the maternal aunts and uncles and cousins they were not living with than children from Aboriginal and Other Australian backgrounds. There were few differences for children in foster care.

- CALD carers were significantly more likely to report that CALD children had a good relationship with their birth fathers (but not with other family members) than carers of CALD children whose own background was not CALD.
- The majority of caregivers were positive about children's contact with their birth family and reported that contact with their birth family was meeting the child's needs in maintaining their family relationships 'very well' or 'fairly well' at each wave. The relative/kinship carers of CALD children were the most positive, with the odds of relative/kinship carers of CALD children being two to three times more likely to say that the child's needs for the maintenance of their family relationships were being well met.

Policy and practice considerations

Early intervention and prevention strategies to support families

- To reduce the numbers of children entering OOHC, culturally appropriate early intervention and prevention services could connect families with services and supports including pre-natal, parenting programs, support networks, and early intervention and prevention programs to support family preservation.
- An emphasis on culturally sensitive campaigns and engagement initiatives to educate parents in migrant and refugee communities of the stages of childhood development and what a child needs to thrive at each stage of development and what is needed for child protection.
- Early intervention and family preservation services should ensure that interventions are culturally responsive. Culturally responsive interventions require well-trained staff and supervision in recognition of the complexity of the work, and cultural background matching of workers to at-risk families with relevant language skills and cultural knowledge. It is noteworthy that in NSW, early intervention services develop strategies, in partnership with CALD community organisations and leaders, to actively build a diverse caseworker workforce, reflective of the diversity and languages of local communities.
- Engage culturally relevant specialist services (e.g. accredited/qualified language specific) as needed for at-risk CALD families by monitoring cultural diversity in communities to ensure services are targeted, responsive and appropriate. For example, it is important that early intervention services allocate resources to engage and use interpreter services to address language barriers for CALD families and that they engage with relevant CALD community organisations.

OOHC care and cultural plans

- Care plans emphasise the importance of engagement and connections with children and their birth families. High-quality care planning with culturally diverse children requires adequate timeframes to allow for permanency planning and appropriate consultation with the child's extended family/kin.

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- To help deliver culturally responsive care to CALD children, cultural plans should include regular monitoring of cultural practices and activities (e.g. language, attendance at cultural events) to preserve the child's cultural identity and maintain lifelong connections to their community and family. Specialist cultural consultants or evidence-based checklists/ measures/benchmarks should be developed and considered to assist with the implementation of effective cultural care planning.
- Strategies to engage family/kin of children in OOHC to assist in identifying relationships to foster lifelong connections and permanency (e.g. culturally sensitive Family Group Conferencing and the Family Finding models) should be used across DCJ and non-government organisation (NGO) OOHC service providers. Finding family should have a wide scope and include, but not be limited to: grandparents, aunts/uncles, older siblings, cousins, kinship structures and child-rearing responsibilities beyond the immediate family group.

Establishing placements and training for carers

- Promote placement with siblings and relationships with siblings the child is not living with. CALD children were more likely to be placed with siblings, but CALD children were also less likely to have contact with siblings they were not living with than Aboriginal and Other Australian children.
- Consideration should be made to engage/recruit carers from a diverse range of CALD backgrounds, which will create opportunity for optimal placements for CALD children as well as building a diversity in cultural backgrounds of all carers. This requires active and sustained collaboration with CALD communities, leaders and service providers.
- Provide carers with accurate information, cultural competency training and support regarding the child's family, culture and heritage, and link key members of their community to assist the carers in appropriately supporting the child's connection to culture especially in situations where the carers and child are not culturally matched.
- Carer training should include the perspective of CALD and Aboriginal carers and community.

Training and development for caseworkers

- Ensure there is an adequate number of culturally trained caseworkers or workers with a relevant CALD background and language skills, to work with CALD children and families. This will ensure CALD families receive support from caseworkers with a strong cultural knowledge, and where possible culturally relevant language skills, to improve the working relationship between caseworkers and families, and families and children, to achieve permanency goals.
- OOHC service providers, both DCJ and NGOs, recruit caseworkers from culturally diverse backgrounds with consideration of their competency to support cultural permanency – for CALD children it is about maintaining an ongoing connection to family and community, cultural practices, language, religion, ancestry and migration stories (Permanency Support Program Learning Hub, 4/1/2020).

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- Strengthening practitioners' shared knowledge of cultural elements in statutory care through regular group supervision and reflective practice – with CALD and Aboriginal workers included as experts in culture to develop caseworkers' capacity and capabilities to deliver and facilitate culturally responsive trauma-informed practice.

Improvement to administrative data collection and reporting

- Accurate identification and documentation of culturally diverse families, including the child's cultural background (specifying the birth mother and father's cultural background, using country of birth, main language spoken at home), should be a mandatory data field in DCJ data sets (and be able to be updated as new information comes to light) so that adequate resources and appropriate services and supports can be provided.
- Routine reporting of child protection data and cultural diversity in districts would facilitate planning and business cases to ensure the right mix of culturally appropriate interventions are funded to effectively address the needs of culturally diverse communities.
- The Quality Assurance Framework (QAF) collects and provides regular information to caseworkers about each child in OOHC to support and inform their case planning. The QAF could be reviewed as more evidence is gathered to ensure the cultural permanency measures/questions are optimal.

Introduction to the Pathways of Care Longitudinal Study (POCLS)

1

Child protection legislation in NSW and other jurisdictions requires that steps are taken to maintain the connection of children in out-of-home care (OOHC) to their birth culture and cultural identity. This requirement applies to Aboriginal children and children from a culturally and linguistically diverse (CALD) background. The maintenance of cultural connection and positive self-identity supports a positive care experience, and enhances child wellbeing. Currently there is limited evidence identified which test this hypothesis.

This report examines relevant data from the POCLS to provide information on the cultural diversity and maintenance for CALD children and identify the factors that are associated with better outcomes for children. Understanding these factors and the impact they have on child outcomes will guide early intervention and OOHC practice, policy and service delivery by DCJ and non-government organisations (NGOs).

This report includes separate analysis addressing research questions using different samples of the POCLS cohort. The report includes:

- An examination of the characteristics (e.g. age at entry, gender, cultural background) of children in the POCLS population cohort (both 'final orders' and 'no final orders' sub-cohorts) by cultural background, child protection issues, OOHC placement type, stability, length of time in OOHC, exits from OOHC and re-entries (Chapter 3).
- An overview of how the CALD children are faring in terms of developmental outcomes (socio-emotional wellbeing, cognitive learning ability and health) and an examination of factors (carer characteristics, parenting style and cultural connections) that may influence outcomes (Chapter 4).
- Analysis of the characteristics of the households (including culturally matched/unmatched placements, size, sibling placements) and the cultural maintenance activities that are occurring (Chapter 5).
- Information on the relationships and family contact arrangements that CALD children have with their family, kinship group and the people they are living with in OOHC, and how this differs depending on whether they are in relative/kinship care or foster care (Chapter 5).
- The relationship between cultural maintenance and child socio-emotional wellbeing outcomes (Chapter 5)

1.1 The POCLS

The POCLS population cohort is the 4,126 children that entered OOHC for the first time in NSW between May 2010 and October 2011. Of these children, 2,828 went on to receive final care and protection orders³ by 30 April 2013 – the 'final orders cohort'. The children who did not receive final care and protection orders by 30 April 2013 form the 'no final orders cohort'.

³ *The Children and Young Persons (Care and Protection) Act 1998* specifies how children under the age of 18 years should be protected and their care and protection order types, including Interim Care Orders (S69) (Interim Orders) and Parental Responsibility Orders (S79) (Final Orders). The Children's Court may make an Interim Order prior to determining whether the child is in need of care and protection. Subsequently, the Children's Court may allocate, by Final Order, all or some aspects of parental responsibility (PR) for a child to another party until permanent restoration, guardianship or adoption is arranged.

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The carers of the children in the final orders cohort were invited to participate in the interview component of the study. Of these, 1,789 agreed to be contacted for an interview ('interview cohort') and are contacted at each wave of the study. Information is collected from the carers and the children on a range of topics including wellbeing, childcare and education, caregiver parenting practices and children's relationships, service provision and support, and characteristics of the caregiver, household and neighbourhood. A range of standardised measures are used, which enables comparison of outcomes for children in care with those in the general population. For example, the POCLS uses the Child Behaviour Checklist (CBCL) to measure whether children are in the normal, vulnerable or clinical range in terms of their socio-emotional development. These results can then be compared to results for the general population.

A teacher survey has also been undertaken to collect information on school attendance, education plans, progress with schoolwork and friends.

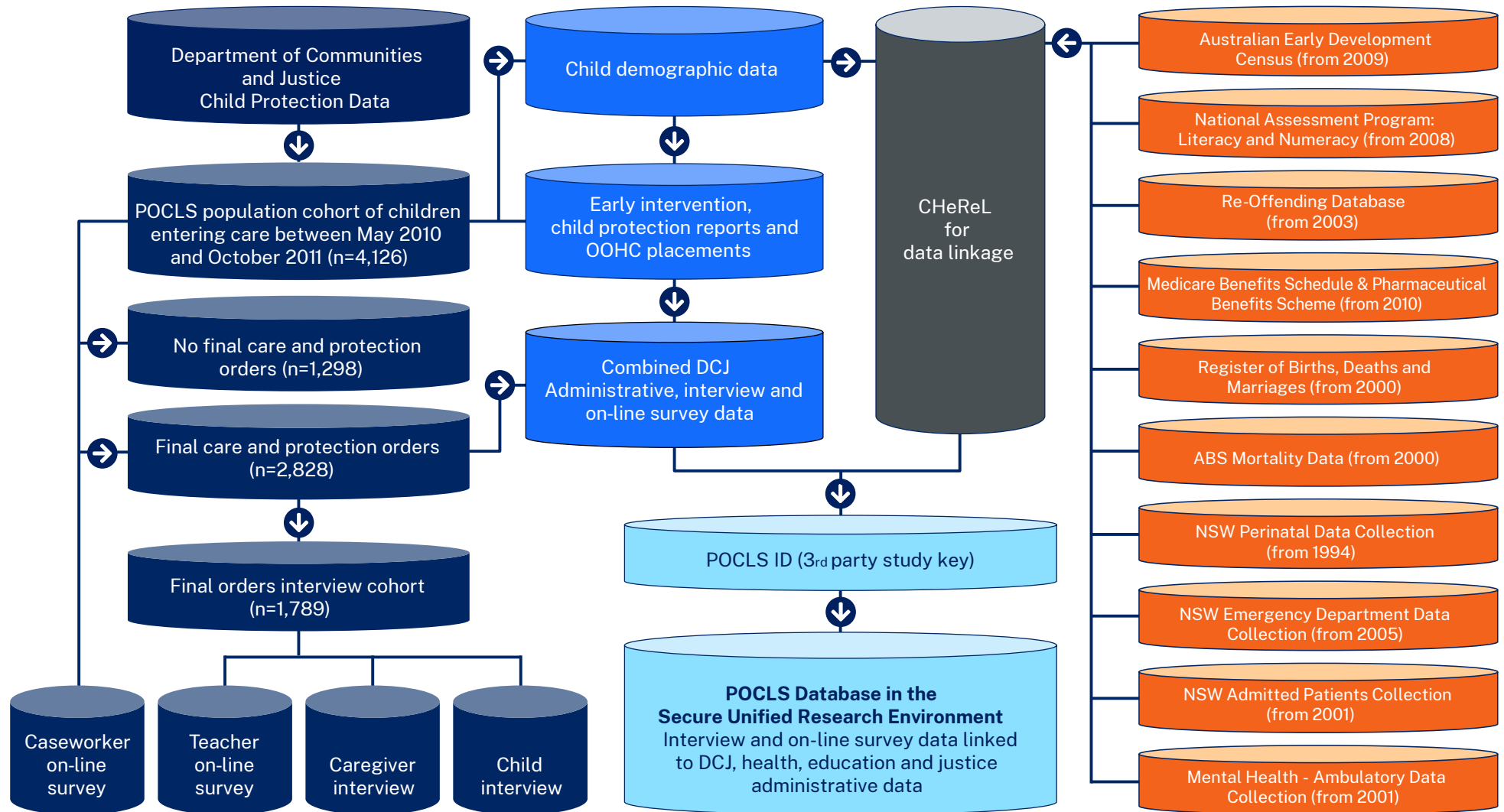
A caseworker survey collects information on caseworker current involvement, placement and child needs, birth family contact and case plan.

In addition to DCJ administrative data on child protection reports and OOHC placements, the study links administrative data on education, health and offending.

Using record linkage data, outcomes for children who entered care for the first time and then went on to receive final care and protection orders can also be compared with outcomes for children who did not go on to receive final orders by 30 April 2013. These data include the Australian Early Development Census, National Assessment Program – Literacy and Numeracy (NAPLAN), Re-offending database, Register of Births, Deaths and Marriages, ABS Mortality data, NSW Perinatal Collection, NSW Emergency Department data, NSW Admitted Patients, Mental Health Ambulatory data, Medicare Benefits Schedule and Pharmaceutical Benefits Scheme.

Figure 1-1 shows the diversity of the POCLS data set and how the different components link together.

Figure 1-1: The POCLS data set



1.2 POCLS data collection timeframes

To date, the POCLS has collected ten years of in-depth data on children's OOHC experiences from five waves of data collection with children and their current caregiver undertaken at 18–24-month intervals:

- Wave 1 interviewing was conducted between June 2011 and August 2013 with interviews completed for 1,285 children.
- Wave 2 was conducted between April 2013 and March 2015 with interviews completed for 1,200 children.
- Wave 3 was conducted between October 2014 and July 2016 with interviews completed for 1,033 children.
- Wave 4 was conducted between May 2017 and November 2018 with interviews completed for 961 children.
- Wave 5 was conducted between April 2019 and December 2020 with interviews completed for 862 children.
- Interviews were completed for 734 children across all waves and for 1,507 children in at least one wave.⁴

1.3 POCLS definition of child cultural background

The cultural background of the POCLS children can be determined through several data sources, and the status reported has changed over time for some children. The POCLS developed a counting rule to provide consistency in reporting the Aboriginality and CALD background of children over time. The rule is based on an investigation into changes in the data and the likely accuracy of the data sources. The child is counted as being of Aboriginal and/or CALD status if they were identified as such in the administrative data at Wave 1 or Wave 2 or by the carer at Wave 3. Children can be identified as CALD, Aboriginal, Aboriginal and CALD, or Other Australian (see NSW Department of Communities and Justice (2020). Technical Report Number 12).

Chapter 3 uses child cultural background information from the DCJ administrative data set only. Children who were identified as 'Aboriginal-CALD' (n=20) were not included in the analyses due to small numbers.

Chapter 4 includes child cultural background information from the DCJ administrative set and caregiver survey data set. The analysis excludes children who were identified as 'Aboriginal-CALD' (n=56).

Chapter 5 includes child cultural background information from the DCJ administrative set and caregiver survey data set. The analysis includes a binary variable CALD and non-CALD children where non-CALD children includes all three categories, i.e. Aboriginal, Aboriginal-CALD and Other Australian children. However, some analyses also excluded Aboriginal-CALD children (n=56).

⁴ Includes only Waves 1 to 4, Wave 5 forthcoming.

Culturally diverse children in out-of-home care: literature review

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2

Introduction

Australia is typically regarded as a ‘new’ country despite Indigenous communities having had continuous custodianship of Australia for more than 50,000 years. Similarly, cultural diversity is usually seen as a recent phenomenon even though the people of Australia spoke over 250 languages prior to European colonisation. Today, people from migrant backgrounds and Indigenous communities are an integral part of the diverse social, cultural and economic fabric of contemporary Australia, with similarities and differences between their experiences of belonging and cultural traditions. There are many other ways to frame diversity in Australia, including categories of gender, religion, sexuality, ability and class (Ravulo, 2019)

Australia remains a culturally diverse society, and through migration, is becoming even more culturally diverse with nearly half (49 per cent) of Australians either born overseas themselves or having one or both parents born overseas (Australian Bureau of Statistics). Culturally and linguistically diverse (CALD) is an administrative term used in public policy that has largely replaced the term ‘non-English speaking background’, which was in common use until about 20 years ago. While there is no single definition of CALD, it is generally used to refer to that part of Australia’s population who are from an ethnic minority or migrant background and/or who speak a language other than English in the home. Consequently, the most common indicators of being from a CALD background are having been born in a non-English speaking country and/or speaking a language other than English in the home. Aboriginal and Torres Strait Islander people are a separate category with a great degree of diversity in terms of nations and languages. While the focus of this literature review is on OOHC among people from CALD backgrounds and ethnic minority communities, some references are made to Indigenous Australians to provide additional context where relevant.

The numbers of children and young people (hereafter children) in statutory out-of-home care (OOHC) in Australia continues to increase (Australian Institute of Health and Welfare, 2021). Indigenous children are overrepresented in the statutory care system and children from CALD backgrounds also form part of the picture of OOHC in Australia, mirroring the diversity of the general population. In this paper, we examine the literature to provide the context for a series of analyses that reflect how CALD children are faring in the OOHC system in NSW, drawing on data from the Pathways of Care Longitudinal Study (POCLS).

This literature review was developed after searches were conducted for evidence on OOHC pertaining to children from culturally diverse backgrounds. These searches were carried out on several major databases across the disciplines of medicine, psychology and social sciences, including Medline, PsycInfo, SocIndex, Science Direct and Libraries Australia. The searches used keywords such as ‘foster care’, ‘kinship care’ and ‘out of home care’ combined with terms including ‘cultural diversity’, ‘ethnic minorities’, ‘refugee’ and ‘migrant’, and were limited to the years 2008–18. These searches were supplemented by searches in Google Scholar. Abstracts of the search results generated were reviewed and the full text of articles deemed relevant was sourced and reviewed. In addition, the authors had access to several articles and some ‘grey’ literature that were relevant to the topic of cultural diversity and OOHC which were also

included. Finally, the reference lists of all relevant articles and reports were checked to generate additional references to be reviewed and included, if relevant, in the literature review. This generated some relevant studies prior to 2008 for inclusion. It appears, however, that the issues of cultural diversity in OOHC were even more sparsely researched in the past. All study types, qualitative, quantitative and mixed methods, were included in the literature review and one relevant systematic review was found in the searches.

2.1 Diversity and out-of-home care in the international and Australian context

In the international context, there is well-documented evidence that children from some racial and ethnic minorities are overrepresented in OOHC. In the USA, children from African American, Native American and Hispanic backgrounds are overrepresented in the statutory care system (Dworsky et al., 2010; Washington et al., 2018). Similar patterns of overrepresentation of minorities have also been reported in countries such as Canada, New Zealand (Baidawi, Mendes & Saunders, 2017) and England (Bywaters et al., 2017). This has been attributed to reasons including inadequate policies and practices of child welfare systems to wider social and economic inequality, poverty and disadvantage that create environments that increase the risks of harm and neglect for children and increase the likelihood of statutory care interventions (Bywaters et al., 2017; Osterling, Lee & Hines, 2012; Sawrikar & Katz, 2014a). Indeed, in an analysis of the ethnic and racial makeup of OOHC administrative data in England, Bywaters and colleagues (2017) argue that factoring in poverty and disadvantage helps to explain much of the gap and overrepresentation of ethnic minority communities in the OOHC system compared with the wider 'White' community.

In Australia, available data on children living in OOHC include demographic information such as age, gender, Indigenous status, along with placement information (type and length of care) and geographic location (Australian Institute of Family Studies, 2018). There is widespread evidence that Indigenous Australians experience a range of social and economic challenges and, today, Indigenous children make up a disproportionate number of those in statutory care in every State and Territory (Australian Institute of Health and Welfare, 2021; Baidawi, Mendes & Saunders, 2017). This has been linked to the widespread, longstanding legislation across jurisdictions that encouraged the forced removal of Indigenous children, and policies which sought to assimilate Indigenous children and prohibit contact with family, community and culture, and language (Baidawi, Mendes & Saunders, 2017; Fernandez & Atwool, 2013). The intergenerational effects of these laws, policies and practices are still being felt in families and communities throughout Australia today.

Relatively little is known about the extent of the involvement of CALD children in the OOHC system in Australia. Existing State and Territory administrative data sets in OOHC do not accurately capture indicators of the cultural and linguistic diversity of children in care. This is, in part, due to methodological issues in defining how to measure (or count) ethnic and linguistic diversity, coupled with a broader dearth of Australian research examining the welfare of

families and children from culturally diverse backgrounds (Katz & Redmond, 2010; Kaur, 2019; McDonald et al., 2011; Sawrikar & Katz, 2014a) and virtually no attention to issues of cultural diversity in Australian OOHC research (Bromfield & Osborn, 2007). We therefore cannot say whether CALD communities are overrepresented or underrepresented in OOHC in Australia (Katz & Redmond, 2010). However, it is reasonable to assume that there are similar drivers placing CALD children at risk of harm and entering statutory care, including: poverty and disadvantage, parental and family mental health, trauma, poor social capital, low educational attainment and unemployment. These factors are potentially exacerbated in CALD communities by post-migration stressors such as racial and ethnic discrimination, loss of family supports and disrupted social networks, and the cultural dislocation of parenting in a new context (Kaur, 2019; NSW Department of Family and Community Services, 2010; Pe-Pua et al., 2010; Sawrikar & Katz, 2014a). Despite the lack of data on the representation of CALD children in care, there are indications that cultural diversity is on an upward trajectory in the OOHC system in Australia overall and in NSW (Fostering NSW, 2013; Vicary, 2015).

2.2 Responding to cultural diversity in child protection and out-of-home care in Australia

While the general process across Australia is similar, the legislation governing child protection differs in each State and Territory with the overarching national policy framed by the National Framework for Protecting Australia's Children (Fernandez & Atwool, 2013). The most common substantiated child protection cases are attributed to neglect and emotional, physical and sexual abuse (Fernandez & Atwool, 2013). As Australia becomes more culturally diverse, this has raised some challenges for child protection practice, in part, as Sawrikar observes, because the impact of culture, which is dynamic and fluid, is difficult to define and much easier to describe (Sawrikar & Katz, 2014b, p. 396). These challenges can impact on child protection assessments and result in: 'false positives' where practices are seen as abusive arising from an ethnocentric view of parenting; or 'false negatives' where there is a failure to identify abusive behaviours and using 'culture practices' as a justification (Fontes (2005) cited in Kaur, 2019, p. 392). Sawrikar and Katz (Sawrikar & Katz, 2014a), in their study of how culture is addressed in child protection, examined case files from Aboriginal, ethnic minority and Anglo backgrounds in NSW. The study found some examples of culturally competent practice and argued that it is "important that culture is neither overlooked nor used to essentialise [or stereotype] the needs of ethnic minority families" (Sawrikar & Katz, 2014a, p.39). While the study recognised that tools used in child protection can introduce bias, it found that there was cross-cultural parity in terms of interventions and outcomes across Aboriginal, ethnic minority and Anglo background families in NSW (Sawrikar & Katz, 2014a). Another study investigated the impacts of ethnically matching child protection workers with CALD families through interviews with CALD families and child protection caseworkers (Sawrikar, 2013). The study found that ethnic matching of child protection caseworkers could be beneficial in terms of cultural sensitivity and assist with language barriers but also carried some potential risks in terms of over-identification by caseworkers with families (Sawrikar, 2013). Generally, the priority of developing a more culturally responsive child protection system at all levels – systems, organisations and workers

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– is highlighted across several studies (Sawrikar, 2013; Sawrikar & Katz, 2014a, 2014b) with implications for practice in NSW (NSW Department of Family and Community Services, 2010).

As with child protection, State and Territory governments have primary responsibility for the OOHC system and each have their own legislative and policy settings. These policy settings generally include an emphasis on permanency planning and a suite of responses to child neglect and abuse, including family preservation and family restoration, and where needed, guardianship, adoption and long-term foster or kinship care (Fernandez & Atwool, 2013). National standards for OOHC are in place to facilitate consistency and quality in OOHC across jurisdictions and the Australian Institute of Health and Welfare (AIHW) is tasked with monitoring these standards (Australian Institute of Family Studies, 2018). The 13 national standards speak to a range of domains, including safety and stability in placements, and promoting belonging and identity. They also include a requirement for all children in care to be able maintain ‘connection to family, culture and community’ (Australian Institute of Family Studies, 2018). This standard is particularly significant for Aboriginal and Torres Strait Islander children given the history of forced disconnection from culture and community in the past, which was enshrined in the legislation, policies and practices of successive Australian governments, social services and the charities sector (Australian Institute of Family Studies, 2018).

The national OOHC standard to maintain ‘connection to family, culture and community’ also applies to children from CALD backgrounds (Australian Institute of Family Studies, 2018). In the CALD context, this could involve maintaining connections to religious practices and spiritual traditions, connection to community and significant cultural events, appropriate diet and practices around dress, hair care and grooming customs, promoting awareness of heritage, the capacity to speak a birth language, and maintaining a positive cultural and personal identity for children in care. This requirement aligns strongly with prevailing positive attitudes towards multiculturalism and pluralism in Australian society and the understanding that people can be ‘Australian’ with a strong sense of belonging while also maintaining customs and traditions linked to other cultural traditions (Markus, 2020). The two main types of care provided to children in the OOHC system are kinship care, provided by a relative, and foster care, provided by a non-relative carer (Australian Institute of Family Studies, 2018). In kinship care, the requirement for cultural maintenance for children from CALD backgrounds is seen to be ‘built-in’ as children are in the care of a family member or relative who can preserve ties with family, culture and community (Brown, et al., 2009; Burke & Paxman, 2008; Denby, et al., 2015; Vicary, 2015). Maintaining connection to family, culture and community for children from CALD backgrounds is, however, arguably trickier when they are placed in foster care. In NSW, ethnic or cultural matching between the child and carer(s) – which usually centres on religious, cultural and linguistic background – is often considered alongside cultural care planning (Fostering NSW, 2013; Waniganayake et al., 2017). In NSW, as of January 2017, multicultural care plans are part of the routine requirements in OOHC practice (NSW Department of Family and Community Services, 2018).

2.3 Critical debates on cultural diversity, child protection and out-of-home care

The research evidence base in the area of cultural diversity and OOHC encompasses a number of critical debates, recurring themes and some contested areas. Many of these are shared with what is often described in the literature as ‘transracial’ adoption, and more usually referred to as overseas adoption in Australia. In addition, many themes cross over with studies examining the alternative care needed for unaccompanied minors who are refugees or who have sought asylum outside of their country of birth (e.g. see Ni Raghallaigh & Sirriyeh, 2015). Each of these overlapping thematic areas are canvassed briefly below. Almost all of this research evidence is from overseas studies, predominantly in the USA, and may not be directly comparable to the Australian context. In addition, the populations studied vary considerably and usually include minorities who are not usually migrants (e.g. African Americans, and ‘Caribbeans’ in the UK), ethnic minorities who typically are migrants (e.g. ‘Hispanics’) and sometimes include First Peoples (e.g. Native Americans). For this reason, in the next section, we use the generic term ‘ethnic minority background’ unless referring to a specific ethnic or cultural group as it corresponds better to the focus of this research report on children from CALD backgrounds.

Categorisation of ethnic minority communities

Research and practice in different contexts use different terminologies and categories to describe ethnic minority communities. In the USA ethnic minority communities are typically categorised as African American, ‘Hispanic’, ‘Asian and Pacific Islander’ and ‘White’. In the UK, ‘Black’, ‘White’, ‘Asian’ and ‘Caribbean’ are the more common categories used (Bywaters et al., 2017). In Australia, Aboriginal and/or Torres Strait Islander is widely used to identify Indigenous Australians. Other aspects of Australia’s diversity are more loosely defined and the term CALD has now largely replaced ‘non-English speaking background’ (NESB) (Katz & Redmond, 2010). Both CALD and NESB pose difficulties, blending genuine differences, and neither captures the complexity of cultural diversity and identity in child protection and OOHC (Katz & Redmond, 2010). These categories are embedded and bound by historical contexts: a person who describes themselves as ‘Black’ in the UK is most likely not choosing the same identity as a person who describes themselves as ‘Black’ in the USA. Some have argued that we should draw a distinction between ethnic minority ‘categories’ and ethnic minority ‘groups’ as the categories have usually been applied externally for administrative reasons rather than being a chosen identity of a group based on community ties, heritage and traditions (Bywaters et al., 2017), which certainly could be said for the category of CALD in Australia. A related issue is that in many multicultural societies today, hybrid identities (e.g. Chinese-French, Lebanese-Turkish) have become commonplace arising from increasing intercultural marriages and unions that, in the past, were prohibited or socially unacceptable (Bywaters et al., 2017; Caballero et al., 2012; Johnson, Mickelson & Lopez Davila, 2013; Quinton & Selwyn, 2009; Wainwright & Ridley, 2012). In the Australian context these hybrid identities can include Aboriginal and/or Torres Strait Islander ethnic minority identities (e.g. Aboriginal-Vietnamese).

Entry into care

Children from ethnic minority backgrounds may enter care in different ways to ‘majority’ background children as a result of potential biases in decision-making at every stage of child protection processes (Bywaters et al., 2017; Dworsky et al., 2010). For example, some have argued that there are different rates of intervention and that ethnicity plays a role in these differences (Bywaters et al., 2017), even after controlling for disadvantage, though this is inherently difficult to substantiate. Similarly, child protection systems may not be as culturally responsive in family preservation and family restoration, which may also precipitate entry into, or lead to longer periods in, statutory care (Dworsky et al., 2010; Osterling, Lee & Hines, 2012; Pe-Pua et al., 2010; Sawrikar, 2013). In Australian studies of child maltreatment among children from ethnic minority backgrounds, the most common type of abuse found was physical abuse (Kaur, 2019). Sawrikar and Katz’s review of child protection case files in NSW found that ethnic minority children often come to the attention of the child protection system due to institutional biases, migration-related stressors, and entrenched poverty (Sawrikar & Katz, 2014a). For example, risk of harm assessments are developed against mainstream cultural norms and thus are neither neutral nor universal, which can introduce institutional biases that mislabel some behaviours as neglectful or abusive (Sawrikar & Katz, 2014a).

There is evidence of ethnic and racial disparities among children from ethnic minority backgrounds in terms of outcomes in areas like health, education and employment, and of poorer access by these minority children to formal supports and services (NSW Department of Family and Community Services, 2010; Painter & Scannapieco, 2009; Pe-Pua et al., 2010). However, studies from the UK and the USA which examined large cohorts of children in care concluded that, on balance, it is primarily the social and economic circumstances of children, their families and the communities in which they live that are strongest predictors of entry into care, rather than ethnicity or race (Dworsky et al., 2010; Moffatt & Thoburn, 2001; Osterling, Lee & Hines, 2012). However, we acknowledge that this cannot be said for the historical removal of Indigenous children in Australia where racial assimilation was one of the prime motivations for the policy of the forced removal of children and which has exacerbated social and economic disadvantage among Indigenous Australians (Baidawi, Mendes & Saunders, 2017).

Placement decisions and cultural maintenance

A dominant principle guiding placement in OOHC across countries is for the safety and nurturing of children to be at the forefront of decision-making and, to the extent possible, to ensure permanency in these care arrangements (Burke & Paxman, 2008; Fernandez & Atwool, 2013; Osborn & Bromfield, 2007; Wainwright & Ridley, 2012; Washington et al., 2018). The relationship between the child or young person and their alternative carers and those carers’ capacities and skills, are paramount in this (Vicary, 2015; Villegas, et al., 2014; Washington et al., 2018).

The principle and legislated requirement to maintain continuity and connection for a child in alternative care to their ethnic, religious, cultural and linguistic heritage is enshrined explicitly in Article 20 of the UN Convention on the Rights of the Child (UNICEF, 2019). ‘Placement in OOHC

alters children's relationships with kin, culture and community and, at a minimum, complicates a young person's identity formation and sense of self' (Villegas et al., 2014, p.48).

Consequently, the need for effective strategies that help children to maintain ties to their family, culture and community is universally accepted as a 'given' (Anderson & Linares, 2012; Coakley & Gruber, 2015; Johnson, Mickelson & Lopez Davila, 2013; Painter & Scannapieco, 2009; Vicary, 2015), even where there is debate on how best to maintain these cultural ties in statutory care practice (Anderson & Linares, 2012; Daniel, 2011; Johnson, Mickelson & Lopez Davila, 2013; Painter & Scannapieco, 2009; Vicary, 2015). In kinship care, cultural maintenance is perceived as less problematic as there is some continuity of ties with family, community and culture (Brown et al., 2009; Denby et al., 2015; Dworsky et al., 2010).

Foster care placement and cultural matching

There have been vigorous debates over the past few decades on the practice of cultural matching in foster care placements (and adoption) and the perceived benefits in terms of outcomes for children.

These debates often have historical and cultural roots that are specific to the context in which they occur but share themes of racism, of emancipation that followed civil rights movements, of the intergenerational effects of colonialism and, in some contexts, of slavery (Jewell et al., 2010; Katz & Redmond, 2010; Moffatt & Thoburn, 2001; Wainwright & Ridley, 2012). The most commonly cited example is the desirability for African American children to have caregivers who are also African American to help them build a positive cultural identity anchored in historical understandings of slavery and successfully navigate racial and ethnic relations and hostilities (Brown et al., 2009; Jewell et al., 2010; Johnson, Mickelson & Lopez Davila, 2013; Moffatt & Thoburn, 2001; Wainwright & Ridley, 2012). While the desirability of these objectives is generally not disputed, a counterpoint is that cultural matching is regarded by some as oversimplifying the issues involved (Caballero et al., 2012; Johnson, Mickelson & Lopez Davila, 2013). For some, cultural matching 'strengthens the baleful notion that race is destiny . . . [and] that people of different racial backgrounds really are different in some moral, unbridgeable and permanent sense' (Johnson, Mickelson & Lopez Davila, 2013, p.12).

Another aspect of these debates focuses on the quality of the foster care placement and the capacity and skills of alternative caregivers, irrespective of their cultural backgrounds, to help children navigate and maintain ties to family, culture and community (Caballero et al., 2012; Coakley & Gruber, 2015; Daniel, 2011; Johnson, Mickelson & Lopez Davila, 2013; Selwyn et al., 2008; Villegas et al., 2014; Wainwright & Ridley, 2012; Washington et al., 2018). Central to this argument is a recognition that the development of a positive cultural identity and ways to navigate cultural difference is shaped by wider social relationships and contexts rather than 'nuclear', foster family life (Caballero et al., 2012). In situations where there is a cultural dissimilarity between caregivers and children in their care, cultural maintenance has been postulated as an added, but achievable, responsibility of foster carers (Jewell et al., 2010; Waniganayake et al., 2017).

In terms of policy and practice, there is great variability in terms of cultural matching in foster care. In the UK, foster care agencies have generally been required to give 'due consideration to the child's religious persuasion, racial origin and cultural and linguistic background', which has resulted in culturally matched foster care placements being the norm (Moffatt & Thoburn, 2001; Quinton & Selwyn, 2009; Wainwright & Ridley, 2012). Paradoxically, since 1996 it became prohibited in the USA to routinely consider a child's race, colour or national origin – partly as a way to improve adoption rates of ethnic minority children (Anderson & Linares, 2012; Quinton & Selwyn, 2009). Indeed, in the UK, the focus on cultural matching has been reported as exacerbating difficulties in finding suitable placements for children from ethnic minority backgrounds (Selwyn et al., 2008).

Another issue in practice is how to determine what aspect (or aspects) of culture is the most relevant in terms of cultural matching (Bywaters et al., 2017; Wainwright & Ridley, 2012). Is it ethnicity? Or religious background? Or linguistic background? Or all of these? In addition, what is the practice in terms of cultural matching with hybrid identities? For example, what would be the most appropriate cultural match for a child with Jamaican and Vietnamese birth parents? Lastly, the feasibility of cultural matching relies on having a culturally diverse pool of foster carers that reflects the cultural profiles of the children needing care. This potentially exacerbates existing difficulties in recruiting foster carers with the skills and capacities to provide alternative care (Daniel, 2011; Johnson, Mickelson & Lopez Davila, 2013; Selwyn et al., 2008).

Turning now to the potential benefits of cultural matching, this has been examined in a small number of studies in foster care. In the USA a study of young people in family-style residential care found that African American children in 'transracial' placements had more behavioural problems than Caucasians in 'transracial' placements and African American with caregivers from the same race (Jewell et al., 2010). Another study investigated the role of cultural dissimilarity on child adjustment following placement in foster care and concluded that cultural mismatches in terms of ethnicity, language and country of birth had measurable negative effects on children (Anderson & Linares, 2012). A notable gap in the research literature is a consideration of the impacts of cultural matching on children's capacity to maintain meaningful ties and contact with their birth families. Maintaining these ties, where safe and feasible, is critical to a child's evolving identity and central to Australian standards governing OOHC legislation and practice.

Overall, there is limited empirical evidence of the benefits of cultural matching in foster care and how it might impact on cultural maintenance. Instead, the literature points to the skills and capacities of alternative caregivers, irrespective of their cultural backgrounds, and the safety and stability of the placement as critical to helping children navigate and maintain ties to their family, culture and community (Coakley & Gruber, 2015; Daniel, 2011; Johnson, Mickelson & Lopez Davila, 2013; Villegas et al., 2014; Wainwright & Ridley, 2012; Washington et al., 2018). A systematic review examining psychosocial factors and behavioural outcomes in foster and kinship care which included 40 studies (almost three-quarters of which had samples with a majority of ethnic minorities) reached a similar conclusion: that the quality of the parenting, across foster and kinship placements, was a critical predictor of behavioural and psychosocial outcomes (Washington et al., 2018). That said, the systematic review was not specifically testing the hypothesis of the benefits of cultural matching in statutory care.

Ethnicity and outcomes in out-of-home care

It has been theorised that ethnicity might have a role in influencing outcomes for children in care. The limited number of relevant studies indicate that ethnicity is not influencing developmental outcomes for ethnic minority children in care. For example, a set of detailed studies, and another similar study, looking at large cohorts of adults who had previously been in foster care in the USA found that ethnicity was not a significant predictor of educational outcomes or mental health or physical health outcomes (Harris et al., 2010; Villegas & Pecora, 2012; Villegas et al., 2011; Villegas et al., 2014). These studies indicate that the primary influences on these outcomes are the skills and capacities of the caregivers and the stability of the placement, which generate a vital sense of security that supports the achievement of health and educational outcomes (Villegas et al., 2014).

2.4 CALD children and young people in out-of-home care in NSW

In NSW, as with other jurisdictions, the extent of the involvement of children from CALD backgrounds in OOHC is unclear. While there have been long-standing requirements to collect data in child protection and OOHC administrative data sets in NSW, there continue to be limitations in terms of the quality of the data collected. There were just over 16,000 children in OOHC in NSW as at June 2020 (Australian Institute of Health and Welfare, 2021). As noted earlier in this chapter, there are methodological issues in collecting indicators that would accurately capture the cultural diversity of children in care in NSW (Katz & Redmond, 2010). We therefore cannot say whether CALD communities are overrepresented or underrepresented in OOHC in NSW. The most recent Census data indicate that almost 33% of the NSW population were born overseas and 26% reported speaking a language other than English in the home (Australian Bureau of Statistics), which suggests that the proportion of children from CALD backgrounds in OOHC in NSW may be substantial.

The principal legislation supporting child protection and OOHC in NSW is the *Children and Young Persons (Care and Protection) Act 1998*. There have been significant changes to child protection and OOHC policy and practice in NSW since the Report of the Special Commission of Inquiry into Child Protection Services in NSW (more commonly known as the Wood Royal Commission) handed down its report in 2008. The NSW Government's *Keep Them Safe* response in 2009 to the Wood report included some major initiatives, including enhanced mandatory reporting and mandatory reporters of children being at risk of harm, an increase in the reporting threshold to Risk of Significant Harm (ROSH), greater roles for agencies other than the then Family and Community Services (FACS) in keeping children safe, and increased early intervention and intensive family support services.

As part of these reforms in NSW, over the past ten years, the delivery of OOHC and related services has gradually been transitioned to non-government providers with the overarching policy development continuing to be led by DCJ. DCJ has developed care and practice standards as part of a suite of policies that emphasise cultural responsiveness in the child protection

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system (NSW Department of Community Services, 201; NSW Department of Family and Community Services, 2019a), and the Office of the Children's Guardian has established minimum standards for OOHC in NSW (Office of the Children's Guardian, 2015) which reflect the key domains of the national OOHC standards (Australian Institute of Family Studies, 2018). The NSW standards for OOHC articulate a range of considerations in relation to supporting children to develop a positive identity (Office of the Children's Guardian, 2015). This includes ensuring that children from CALD backgrounds 'are supported to maintain meaningful connections with communities, culture, language and spirituality' (Office of the Children's Guardian, 2015, p.9).

DCJ has implemented a range of policy initiatives to enact this standard on cultural maintenance in the OOHC system in NSW. Many of these initiatives have been led by, or had the involvement of, the Multicultural Services Unit, which was established in 2003 to provide service development and specialist advice to government and to the sector in relation to child protection and OOHC in NSW. Strategies implemented by DCJ to support child protection and OOHC casework with CALD children have included development of relevant practice standards, training, practice resources, and multicultural caseworker positions and multicultural sessional workers to support casework with CALD children. Recent initiatives to strengthen the delivery of OOHC to children from CALD backgrounds include a redesign of cultural care plans (NSW Department of Family and Community Services, 2018, 2019b) and trialling the use of tools to assess ethnic identity in children as part of ongoing quality assurance initiatives (NSW Department of Family and Community Services, 2019c). While collection of data on cultural identity of children entering care has been made mandatory in DCJ data entry at the stage of Final Court Orders, it only records the Aboriginal or non-Aboriginal status of the child with no record of other aspects of the child's or their parents' cultural background..

At the provider level, cultural matching is one of the ways to meet the requirement of maintaining cultural connections. While most, if not all, OOHC providers are likely to have some children from CALD backgrounds in their program, Settlement Services International (SSI) is a provider that primarily works with children from CALD backgrounds. At SSI, cultural matching in OOHC is achieved, where possible, by matching foster carers and caseworkers to the child or young people in care. SSI and researchers from Macquarie University conducted a small qualitative study to identify factors that support maintaining cultural, language and religious identity in culturally matched and unmatched placements (Waniganayake et al., 2017; Waniganayake et al., 2019). The exploratory study gathered data from foster carers and caseworkers and outlined a range of practices that supported cultural maintenance including providing access to texts and activities, speaking the child's birth language, and being responsive regarding dress and grooming and other social customs (Waniganayake et al., 2017). The attributes of foster carers that supported cultural maintenance included a commitment to undertake activities required to maintain strong ties with culture and respect for the evolving cultural identity of the child (Waniganayake et al., 2017). The study indicated that cultural matching between the child and foster carer can be the optimal placement, provided that a matched carer has the capacity and skills to care for the child (Waniganayake et al., 2017; Waniganayake et al., 2019). The study also highlighted that a child's identity may include a need

for connection to one or more cultural backgrounds (Waniganayake et al., 2017), reflecting the mixed and hybrid identities of children today reported in the wider literature (Johnson, Mickelson & Lopez Davila, 2013).

Ultimately, decisions on the placement of a child should consider a range of factors to determine what is in the best interests of the child, and Cultural Care Plans should be developed, implemented and monitored for all children, irrespective of whether they are in culturally matched or unmatched placements (Waniganayake et al., 2017). Cultural maintenance is a critical part of the jigsaw of providing quality statutory care to children in NSW and can be achieved through strategies including cultural matching, cultural care planning and building the cultural competence of carers (Jewell et al., 2010). In addition, it is important that the alternative care system is culturally responsive and that cultural competence is built at all levels including at the organisational level and at the level of individual workers (Sawrikar, 2013; Sawrikar & Katz, 2014a, 2014b).

In 2018, further reforms in NSW were enabled by amendments to child protection and adoption legislation, and included the introduction of the policy of permanency planning for children in OOHC. Under this policy, children in long-term care must have a plan for a permanent placement, either through restoration with their birth family, placement with a permanent guardian, or adoption. Adoption is not usually considered for Aboriginal children, but an adoption order can be made under the legislation with additional requirements and safeguards. Under this new policy setting, relative/kinship care and foster care are the last options for long-term permanency planning.

2.5 Conclusion

There are several interlocking threads on cultural diversity in OOHC in the literature and, while there is limited Australian research, the evidence from other countries helps to shed light on issues and debates that are relevant to the Australian and NSW context. As such, this emerging evidence base provides a useful backdrop for the examination in this report of the experiences and outcomes of culturally diverse children in care who are part of the POCLS. It also helps to contribute to our understanding of what works to ensure that children from CALD backgrounds who are in, or have been, in statutory care have every opportunity to reach their potential.

Culturally diverse children in out-of-home care: child protection background and placements

Nafisa Asif, DCJ

3

Introduction

This chapter analyses the characteristics of the culturally and linguistically diverse (CALD) children in the Pathways of Care Longitudinal Study (POCLS) (e.g. age at entry, gender) and how they interact with the child protection system (e.g. child protection issues, out-of-home care (OOHC) placement type and stability, length of OOHC stay, exits and re-entries). It aims to provide an understanding of the characteristics of the POCLS population, final orders and no final orders cohorts, based on their cultural background.

3.1 Methodology

This chapter uses information on cultural background from the NSW Department of Communities and Justice (DCJ) administrative data set only and, as such, the definition of CALD and Aboriginality is somewhat different compared to the other chapters in this report which include information from both the DCJ administrative and survey data sets. For the purpose of analysis in this chapter, the POCLS children were categorised in four different categories; namely CALD, Aboriginal, CALD and Aboriginal, and Other Australian children.

Of the POCLS population cohort (n=4,126), 429 (10.4%) children were identified as being from a CALD background, 1,303 (31.6%) as being Aboriginal, 20 (0.5%) as being both Aboriginal and CALD, and 2,374 (57.5%) as being Other Australian. The no final orders cohort (n=1,298) has 305 children (23.6%) from a CALD background, while the final orders cohort (n=2,828) includes 124 children (4.3%) from a CALD background.

Children who were both *Aboriginal and CALD* (n=20, 15 and 5 in the POCLS population, final orders and no-final orders cohorts respectively) were not included in the analyses due to small numbers. Therefore throughout this chapter, the sample sizes for the population cohort, final orders cohort and no final orders cohort are 4,106, 2,813 and 1,293 children respectively and include children from CALD, Aboriginal and Other Australian backgrounds only.

The analyses presented here are descriptive only. Bivariate analyses were conducted to examine overall differences among the three groups of children (Aboriginal, CALD and Other Australian children) in the POCLS population, final orders and no final orders cohorts. Note that the bivariate analyses provide evidence of associations/differences only and do not indicate causality. Tests of statistical significance have been undertaken where possible (using Chi-squared tests) with both significant and nonsignificant results being reported.

3.2 Characteristics of CALD children in the population cohort

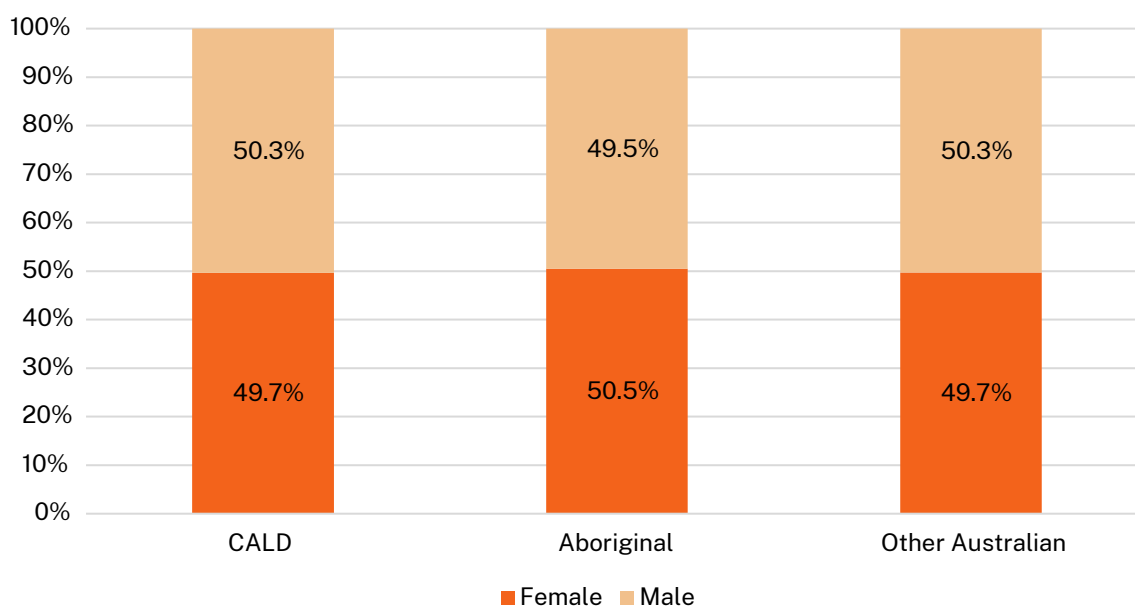
The section examines the POCLS population cohort (n=4,106)⁵ made up of children who entered OOHC care for the first time between May 2010 and October 2011. There are 429 children from a CALD background, making up 10.4% of the POCLS population cohort (both final orders and no final orders sub-cohorts).

Demographic characteristics

Gender

In the population cohort (n=4,106), there were 2,064 females and 2,062 males who entered OOHC for the first time. With regards to those children from a CALD background, 213 were female (49.7%) and 216 (50.3%) were male (Figure 3-1). There were similar proportions of males and females in the groups of Aboriginal and Other Australian children. There was no statistically significant difference in gender among CALD, Aboriginal and Other Australian children in the population cohort ($\chi^2=0.22$, p=0.89).

Figure 3-1: Child's gender by cultural background (population cohort n=4,106)



Age at first entry to out-of-home care

There was a significant difference in age of entry to OOHC by children's cultural background ($\chi^2=44.47$, p=0.00). The most common age at entry into OOHC was 0–35 months with 39.2% of CALD, 44.0% of Aboriginal and 37.4% of Other Australian children entering at this age (Table 3-1).

⁵ A total of 20 children who were both 'Aboriginal and CALD' were excluded from the analysis due to small numbers.

Table 3-1: Child’s age at entry to OOHC by cultural background (population cohort n=4,106)

Age at entry to OOHC	CALD		Aboriginal		Other Australian	
	n	%	n	%	n	%
0–35 months*	168	39.2	573	44.0	887	37.4
3–5 years	72	16.8	245	18.8	419	17.6
6–11 years	110	25.6	332	25.5	592	24.9
12–17 years*	79	18.4	153	11.7	476	20.1
Total	429	100.0	1,303	100.0	2,374	100.0

*Significant at p<0.05

DCJ districts

Table 3-2 shows the DCJ districts where CALD, Aboriginal and Other Australian children were placed in OOHC. The area with the greatest proportion of children from a CALD background is South Western Sydney District (28.1%) followed closely by Western Sydney and Nepean Blue Mountains (25.7%) and South Eastern, Northern and Sydney (24.8%). Similar proportions of Aboriginal children were from the Hunter New England and Central Coast (24.2%) and Murrumbidgee, Far West and Western NSW districts (23.9%). The Hunter New England and Central Coast district also had the largest proportion of Other Australian children (26.0%). The differences in the proportions of children from different DCJ districts were significant among the groups ($\chi^2=392.97$, p=0.00).

Table 3-2: Proportion of children in DCJ districts by cultural background (population cohort n=4,106)

Age at entry to OOHC	CALD		Aboriginal		Other Australian	
	n	%	n	%	n	%
South Western Sydney*	119	28.1	121	9.3	284	12.1
Western Sydney & Nepean Blue Mountains*	109	25.7	161	12.4	379	16.1
South Eastern, Northern & Sydney*	105	24.8	88	6.8	249	10.6
Hunter New England & Central Coast*	44	10.4	314	24.2	613	26.0
Illawarra Shoalhaven & Southern NSW*	20	4.7	129	10.0	220	9.3
Murrumbidgee, Far West & Western NSW*	14	3.3	310	23.9	342	14.5

Age at entry to OOHC	CALD		Aboriginal		Other Australian	
	n	%	n	%	n	%
Mid North Coast & Northern NSW*	13	3.1	172	13.3	269	11.4
Statewide Services	5	1.2	8	0.6	17	0.7
Total	429	100.0%	1,303	100.0%	2,373	100.0%

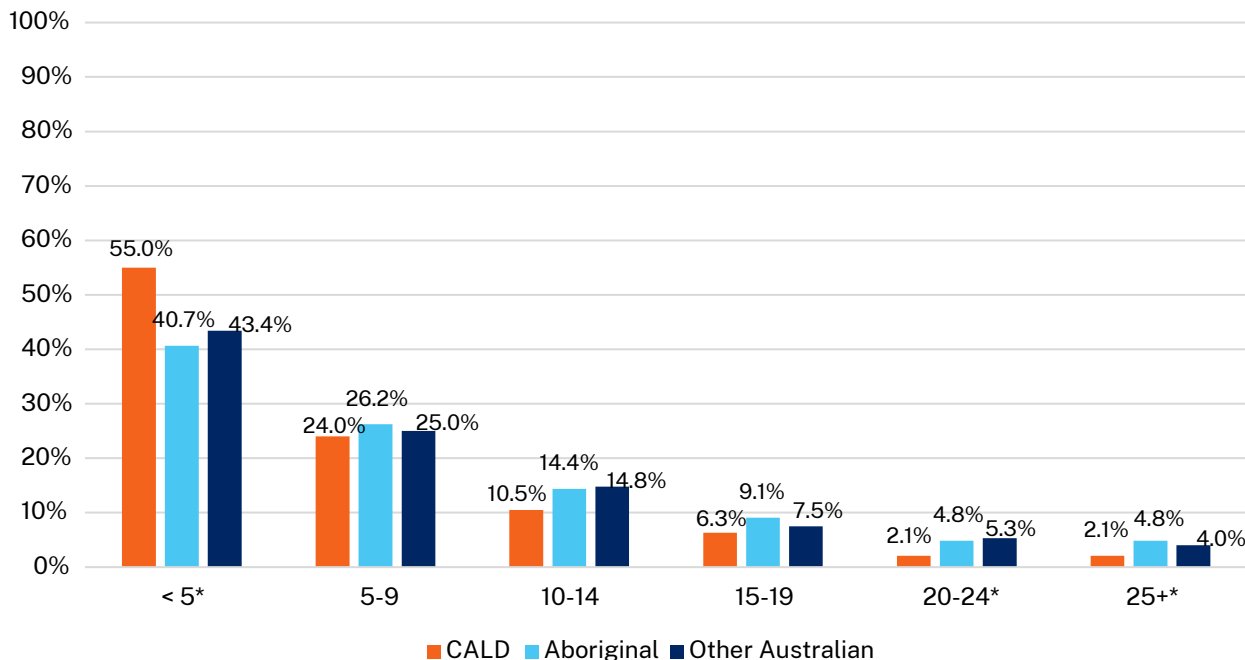
*Significant at p<0.05

Child protection background

Risk of Significant Harm reports prior to entering out-of-home care

There was a significant difference in the number of Risk of Significant Harm (ROSH) reports received prior to entering OOHC by cultural background ($\chi^2=38.76$, $p=0.00$). Children from a CALD background had fewer ROSH reports compared to children from the other two groups. More than half (55.0%, $n=236$) of CALD children had less than five ROSH reports compared to 40.7% for ($n=530$) Aboriginal and 43.4% for ($n=1,030$) Other Australian children (Figure 3-2).

Figure 3-2: ROSH reports prior to entry to OOHC by cultural background (population cohort n=4,106)

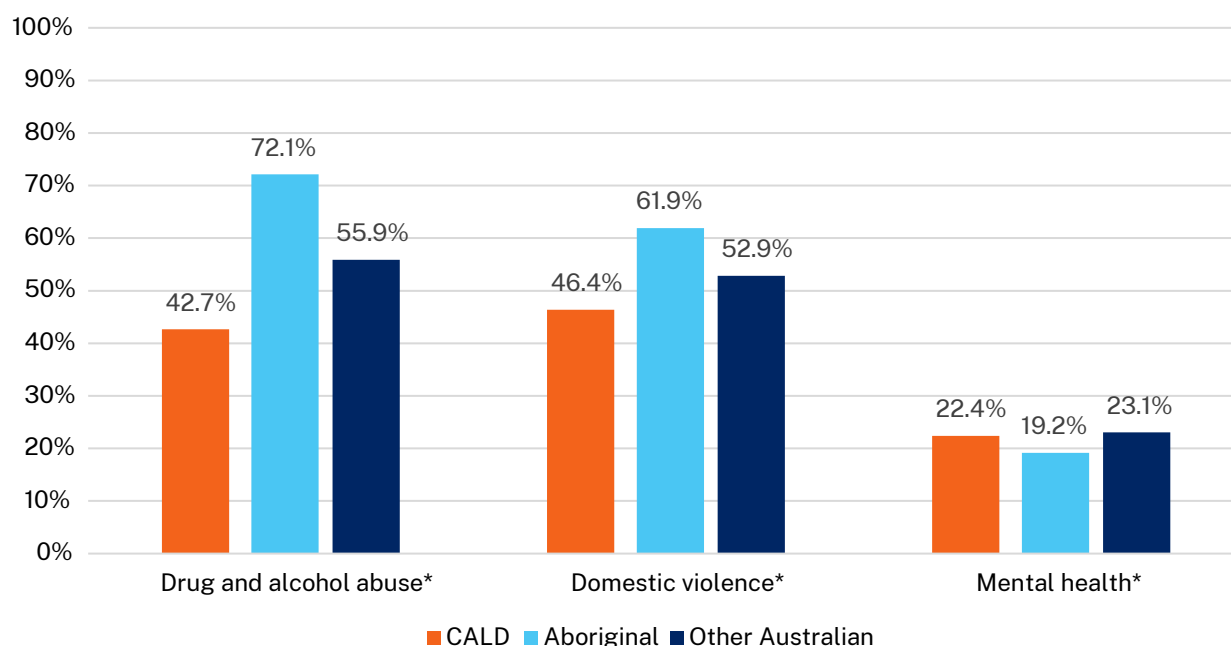


*Significant at p<0.05

Risk of Significant Harm reports involving parental issues

The differences in the proportion of children reported with drug/alcohol abuse, domestic violence issues and parental mental health issues were statistically significant ($\chi^2=1479.84$, $p=0.00$; $\chi^2=42.55$, $p=0.00$; $\chi^2=7.60$, $p=.02$) by cultural background. Figure 3-3 shows that children from a CALD background were less likely to have a history of ROSH reports with parental issues. Less than half (42.7%, $n=183$) of children from a CALD background were reported for a parental drug/alcohol issue compared to 72.1% for ($n=940$) Aboriginal and 55.9% ($n=1,327$) Other Australian children. Children from a CALD background were also less likely to have ROSH reports with domestic violence issues (46.4%, $n=199$) compared with Aboriginal (61.9%, $n=807$) and Other Australian children (52.9%, $n=1,255$). The proportion of children from a CALD background with a history of parental mental health issues (22.4%) falls between those for Aboriginal and Other Australian children.

Figure 3-3: ROSH reports for parental issues by cultural background (population cohort $n=4,106$)

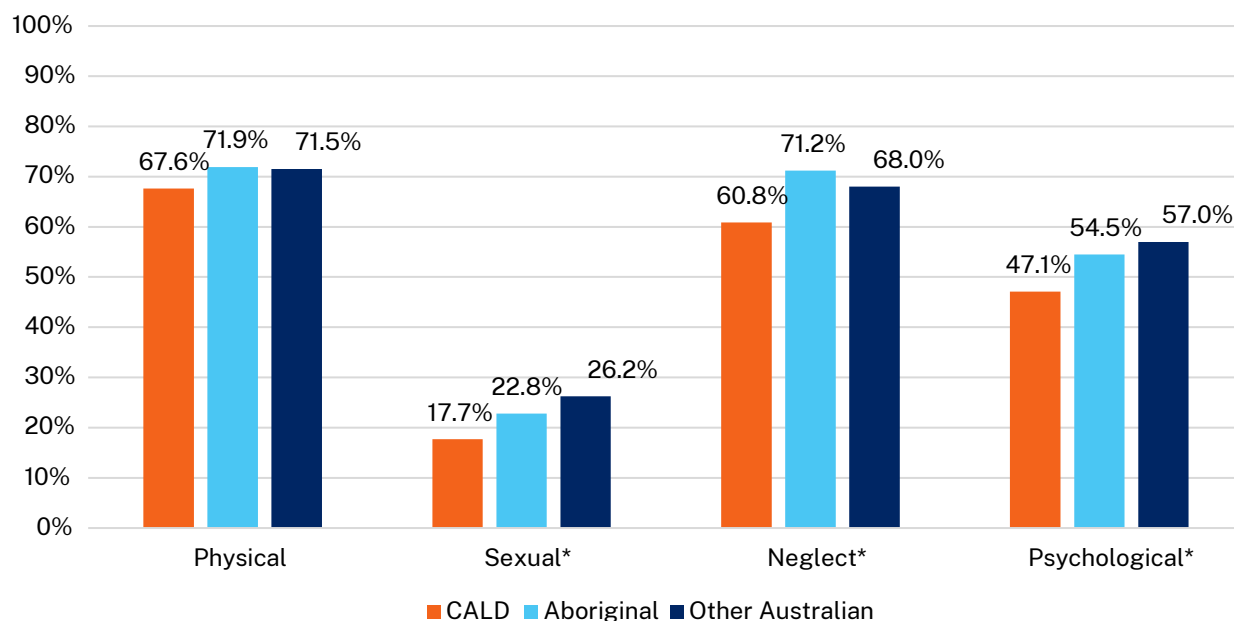


*Significant at <0.05

Risk of Significant Harm reports involving maltreatment issues

Children from CALD, Aboriginal and Other Australian backgrounds exhibited some differences in their history of reported maltreatment (Figure 3-4). There were significant differences in the proportion of children with ROSH reports involving sexual abuse, neglect and psychological abuse by cultural background ($\chi^2=16.60$, $p=0.00$; $\chi^2=16.24$, $p=0.00$; $\chi^2=14.76$, $p=0.00$). Children with a CALD background were less likely to have a history of reported sexual abuse (17.7%, $n=76$), neglect (60.8%, $n=261$) and psychological risk (47.1%, $n=202$) compared to children from the other two groups. There were no significant differences in their history of physical abuse ($\chi^2=3.56$, $p=0.20$).

Figure 3-4: ROSH reports for maltreatment issues by cultural background (population cohort n=4,120)



*Significant at <0.05

3.3 Characteristics of CALD children in the final orders cohort

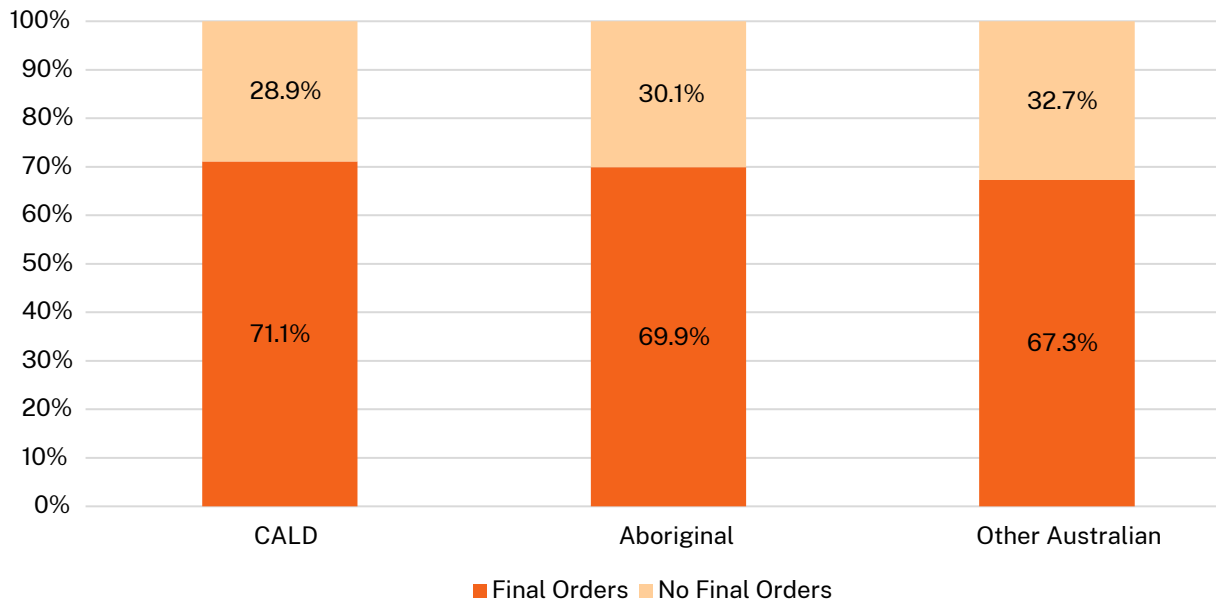
The POCLS final orders cohort (n=2,828) is a subset of children from the population cohort (n=4,126) who went on to receive final care and protection orders from the Children’s Court by 30 April 2013. This section examines children in the final orders cohort by their cultural background. Note that 15 children who were both Aboriginal and CALD were excluded from the analysis due to small numbers. The final orders cohort, therefore, includes a total of 2,813 children.

Child protection background

Final care and protection orders status

There was no significant difference in final orders cohort status (as at 30 April 2013) by cultural background ($\chi^2=4.21, p=0.12$). There were 305 (71.1%) CALD, 911 (69.9%) Aboriginal and 1,597 (67.3%) Other Australian children in the final orders cohort (Figure 3-5).

Figure 3-5: Proportion of children by order status* and cultural background

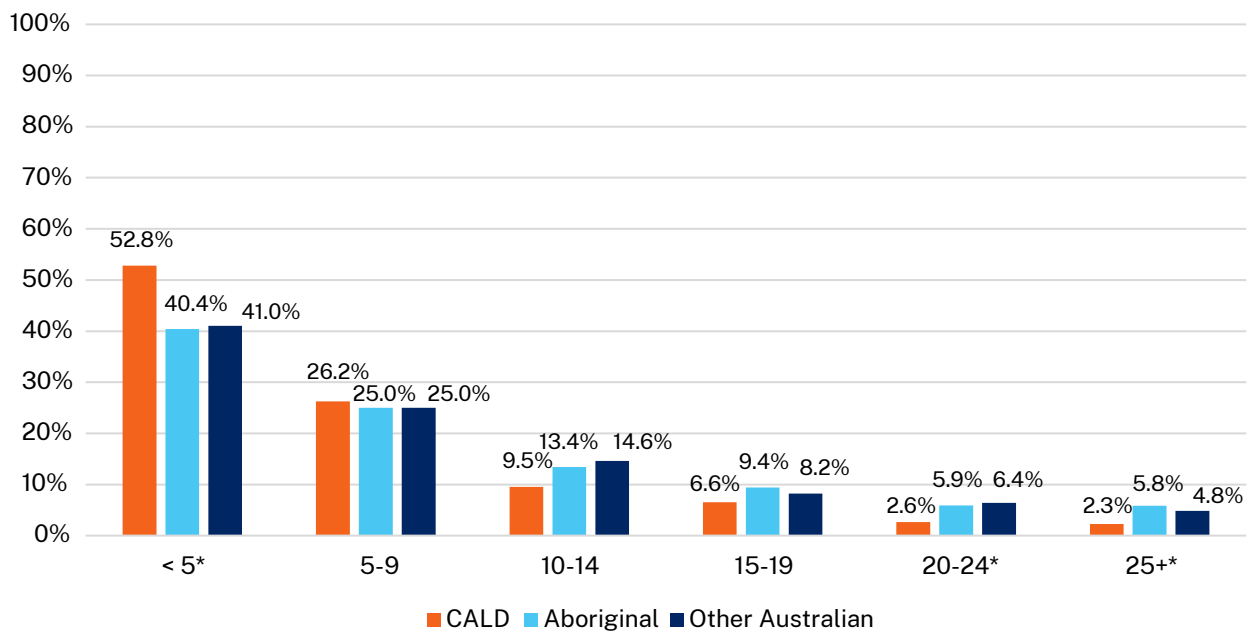


*Orders status as at 30 April 2013

Risk of Significant Harm reports prior to entering out-of-home care

There were significant differences in the proportions of children for the number of ROSH reports prior to entry to OOHC by cultural background ($\chi^2=28.98, p=0.00$). A greater proportion of CALD children (52.8%, n=161) had fewer than five ROSH reports compared to 40.4% (n=368) of Aboriginal children and 41.0% (n=655) of Other Australian children (Figure 3-6).

Figure 3-6: ROSH reports prior to entry to OOHC by cultural background (final orders cohort n=2,813)

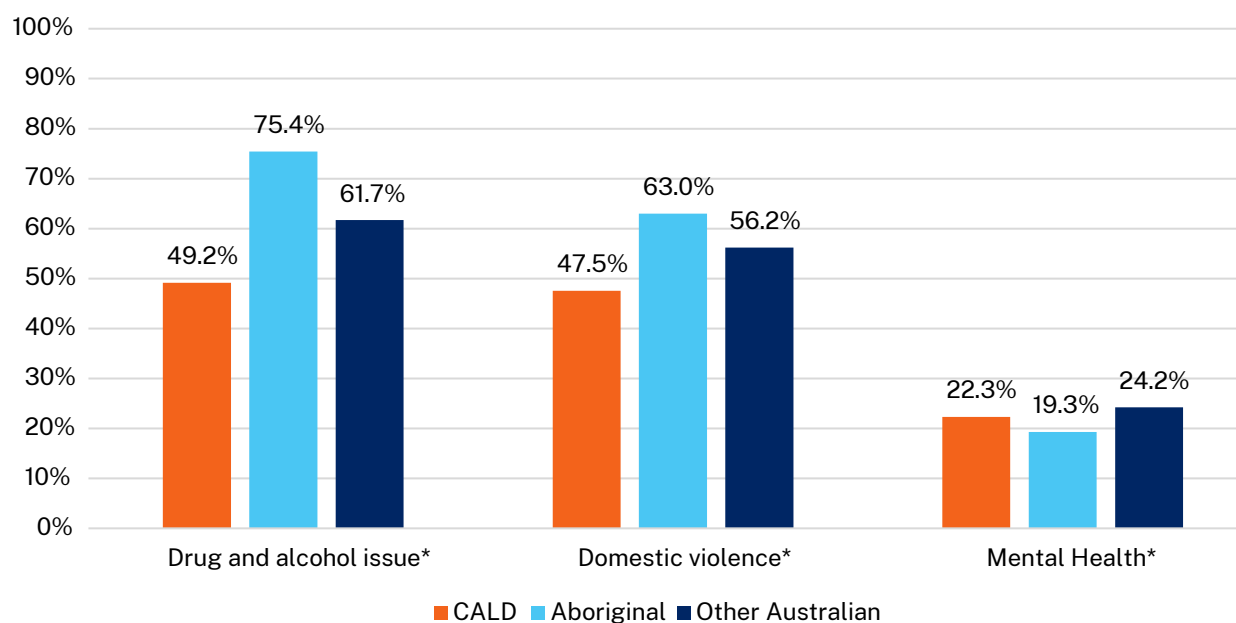


*Significant at <0.05

Risk of Significant Harm reports involving parental issues

There were significant differences in the proportions of children with ROSH reports involving parental drug/alcohol issues by cultural background ($\chi^2=84.38$, $p=0.00$). Figure 3-7 shows that a smaller proportion of children from a CALD background had ROSH reports with parental drug/alcohol issues (49.2%, $n=150$) compared to Aboriginal children (75.4%, $n=687$) and Other Australian children (61.7%, $n=985$). There was also a significant difference in the proportions of children with ROSH reports involving domestic violence issues by cultural background ($\chi^2=24.83$, $p=0.00$). Children from a CALD background were less likely to have ROSH reports with domestic violence issues (47.5%, $n=145$) compared with Aboriginal children (63.0%, $n=574$) and Other Australian children (56.2%, $n=897$). A similar proportion of children from a CALD background and Other Australian children had ROSH reports involving parental mental health issues (around 23%) with a smaller proportion for Aboriginal children (19.3%, $n=176$). The differences in ROSH reported issues for parental mental health were significant among the three groups ($\chi^2=8.05$, $p=0.01$).

Figure 3-7: ROSH reports for parental issues by cultural background (final orders cohort $n=2,813$)

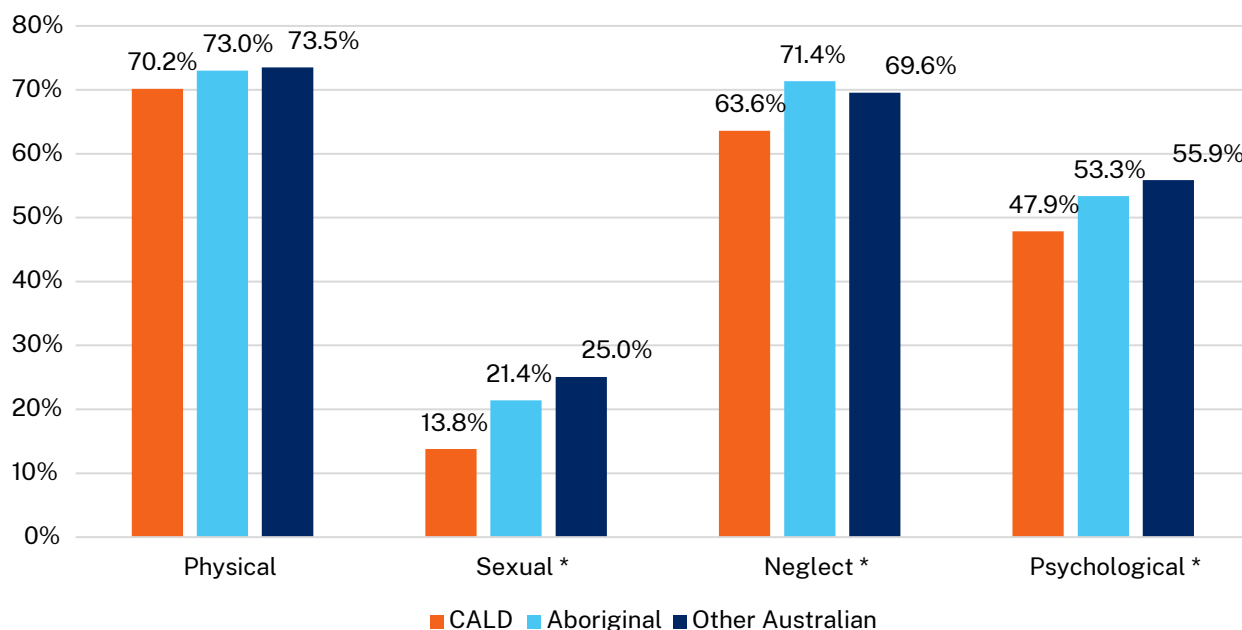


*Significant at <0.05

Risk of Significant Harm reports involving maltreatment issues

Children from CALD, Aboriginal and Other Australian backgrounds exhibited some differences in their history of reported maltreatment (Figure 3-8). There were significant differences in the proportions of children with ROSH reports involving sexual abuse, neglect and psychological abuse by cultural background ($\chi^2=19.77$, $p=0.00$; $\chi^2=6.47$, $p=0.03$; $\chi^2=6.95$, $p=0.03$). Children with a CALD background were less likely to have a history of reported sexual abuse (13.8%, $n=42$), neglect (63.6%, $n=194$) and psychological risk (47.9%, $n=146$) compared to children from the other two groups. There were no significant differences in their history of ROSH reports involving physical abuse ($\chi^2=1.47$, $p=0.48$).

Figure 3-8: ROSH reports for maltreatment issues by cultural background (final orders cohort n=2,813)



*Significant at p<0.05

Placements in out-of-home care

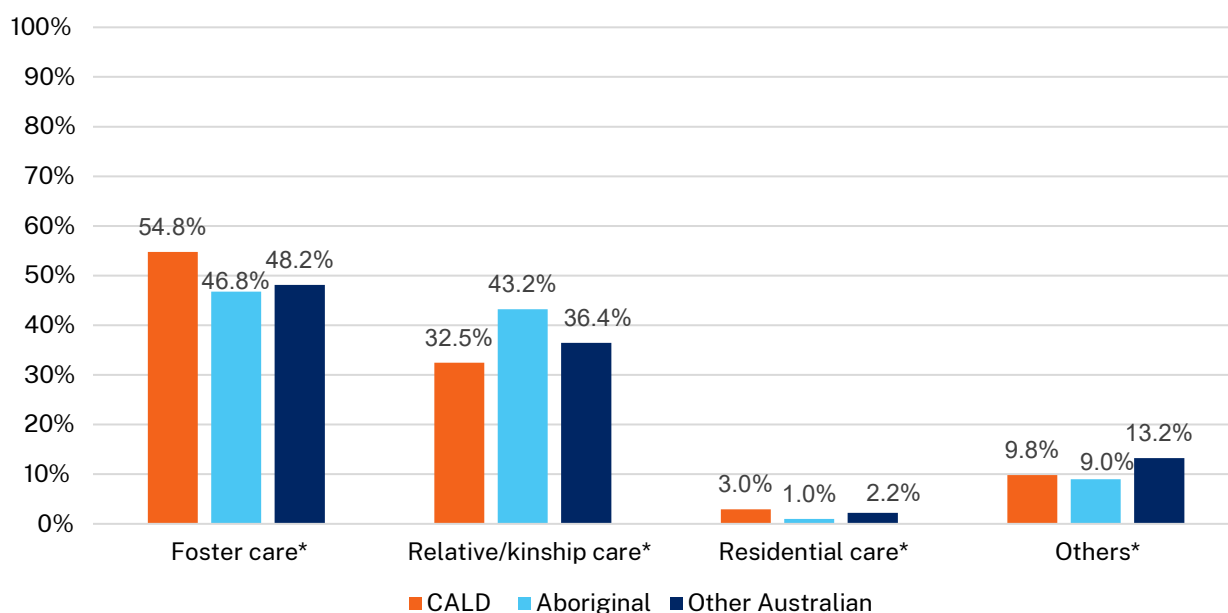
Predominant placement

There were significant differences in a child’s predominant placement type⁶ during the first care period⁷ by cultural background ($\chi^2=29.35$, $p=0.00$). Foster care was the first predominant placement for a larger proportion of children from a CALD background (54.8%, $n=167$) compared to Aboriginal (46.8%, $n=426$) children and Other Australian (48.2%, $n=769$) children (Figure 3-9). Additionally, a smaller proportion of children (32.5%, $n=99$) from a CALD background experienced relative/kinship care as their first predominant placement compared to the other two groups (43.2%, $n=394$ for Aboriginal children; 36.4%, $n=582$ for Other Australian children). Residential care as the first predominant placement was more likely for children from a CALD background (3.0%, $n=9$) compared to Aboriginal (1.0%, $n=9$) and Other Australian (2.2%, $n=35$) children, although the numbers are very small.

⁶ Predominant placement type refers to the type of placement with the longest duration within a care period.

⁷ A child may enter and exit placements multiple times over a period of time. When the placements overlap or have a gap of fewer than 30 days between the end of one placement and the start of another, these placements are joined to form a care period. Therefore, a care period is a continuous time period in OOH and may consist of multiple placements.

Figure 3-9: First predominant placement by cultural background (final orders cohort n=2,813)

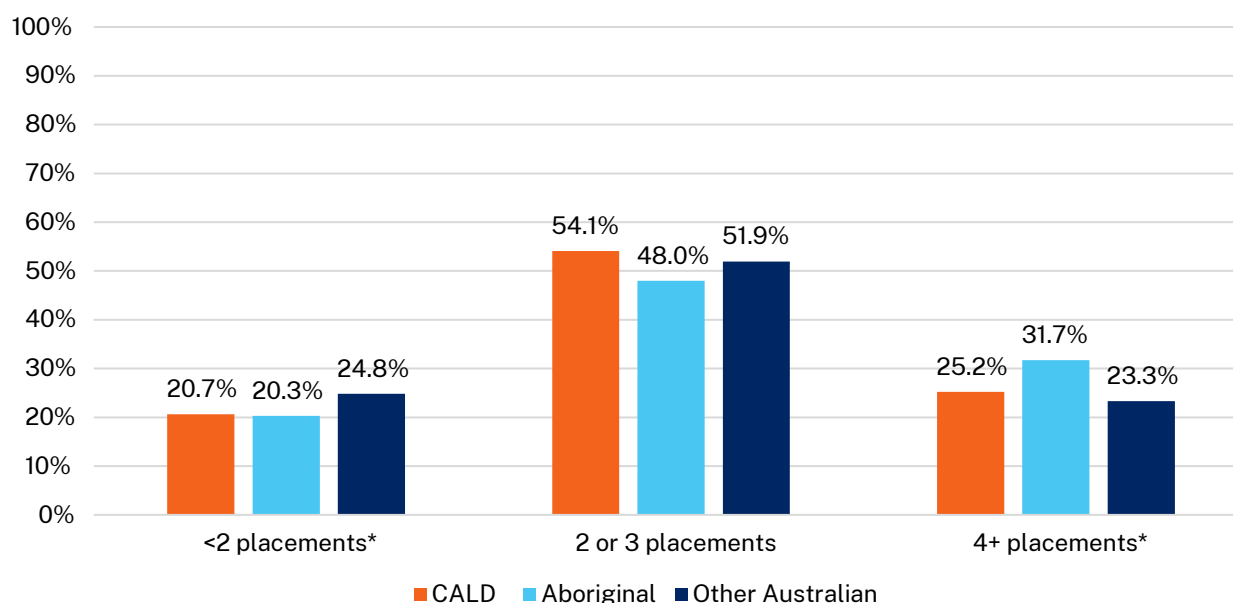


*Significant at <0.05; 'Others' includes placement with parents, supported accommodation and Independent living.

Number of distinct placements

There is statistically significant difference in the number of distinct placements⁸ by cultural background ($\chi^2=24.16, p=0.00$). Figure 3-10 shows that a greater proportion of CALD children 54.1%, n=165) had up to three placements compared to Aboriginal children (48%, n=437) and Other Australian children (51.9%, n=829).

Figure 3-10: Number of distinct placements by cultural background (final orders cohort n=2,813)



*Significant at <0.05

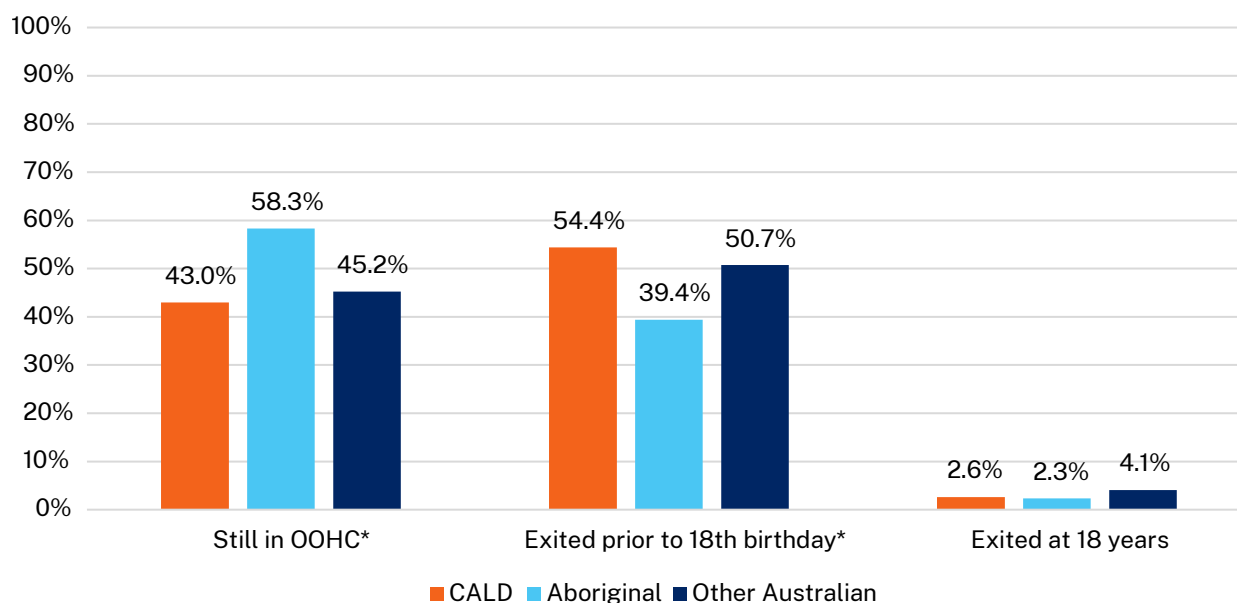
⁸ Distinct placements exclude non-permanent placements (such as respite and emergency) of less than seven days, as well as a return to a previous carer.

Exit and re-entry to out-of-home care

Out-of-home care exit status

Children in the final orders cohort differed significantly in their OOHC exit status by cultural background ($\chi^2=47.96$, $p=0.00$). As at 30 June 2016, 47.4% ($n=1,335$) children had exited OOHC before their 18th birthday and 3.3% ($n=94$) exited due to turning 18 years old. Figure 3-11 shows over half (54.4%, $n=166$) of children from a CALD background exited OOHC prior to their 18th birthday compared to those from Aboriginal (39.4%, $n=359$) and Other Australian (50.7%, $n=810$) backgrounds. For those still in care at 30 June 2016, higher rates were observed for Aboriginal children (58.3%, $n=531$) compared to CALD children (43%, $n=131$) and Other Australian children (45.2%, $n=722$).

Figure 3-11: OOHC exit status by cultural background (final orders cohort $n=2,813$)

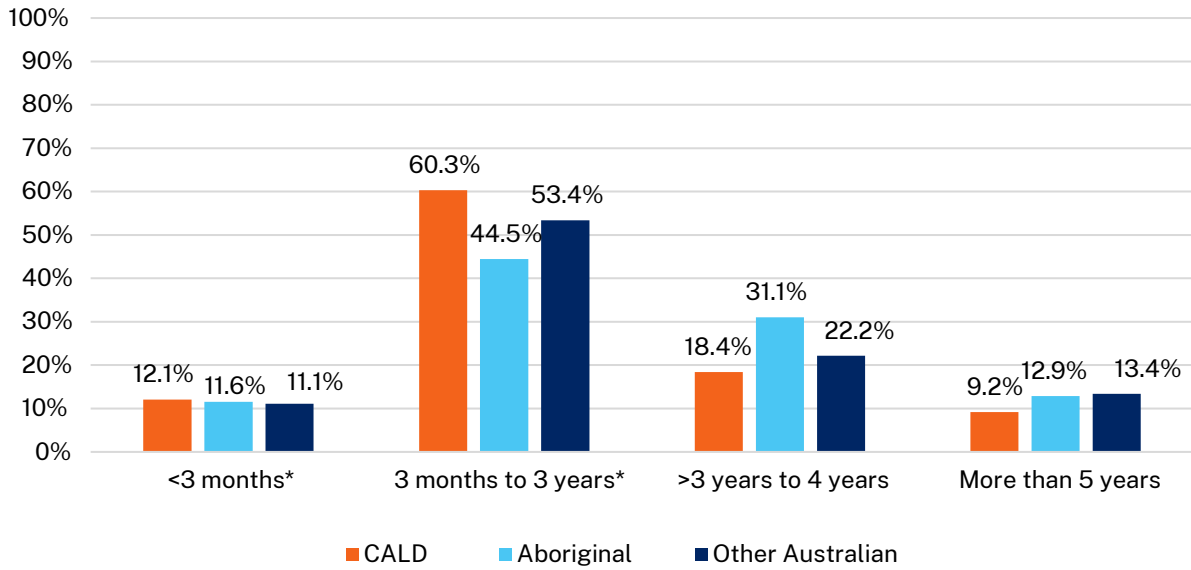


*Significant at <0.05

Duration of first out-of-home care period

Of the children who exited OOHC by 30 June 2016 ($n=1,429$, 50.8%), there was a statistical significant difference in the duration of their care period by cultural background ($\chi^2=20.28$, $p=0.00$). Figure 3-12 shows that a greater proportion of children in all the three groups, 60.3% ($n=105$) of CALD children, 44.5% ($n=169$) of Aboriginal children and 53.4% ($n=467$) of Other Australian children, had a care duration of between three months and three years. Aboriginal children were more likely to have had a care duration of between three and four years (31.1%) compared with CALD children (18.4%) and Other Australian children (22.2%).

Figure 3-12: Duration of first care period by cultural background (final orders cohort n=2,813)

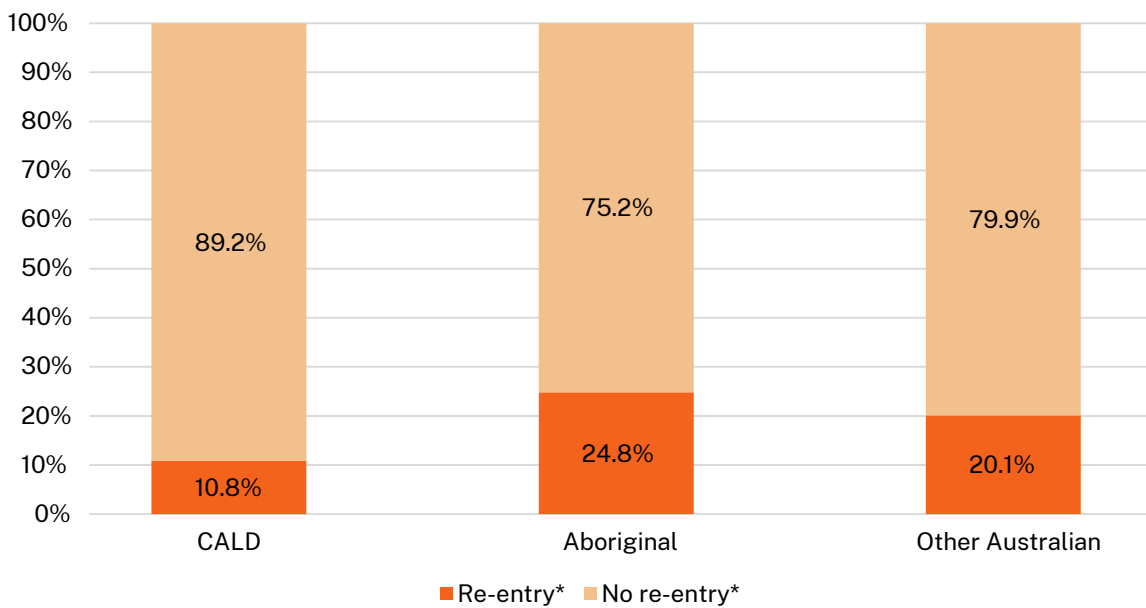


*Significant at <0.05

Re-entry to out-of-home care

There was a significant difference in the rate of re-entry ($\chi^2=13.70$, $p=0.00$) for children who exited OOHC before their 18th birthday ($n=1,335$). Figure 3-13 shows that as at 30 June 2016 children from a CALD background had a lower rate of re-entry into OOHC (10.8%, $n=18$) compared to Aboriginal children (24.8%, $n=89$) and Other Australian children (20.1%, $n=163$).

Figure 3-13: Re-entry into OOHC by cultural background (final orders cohort n=2,813)

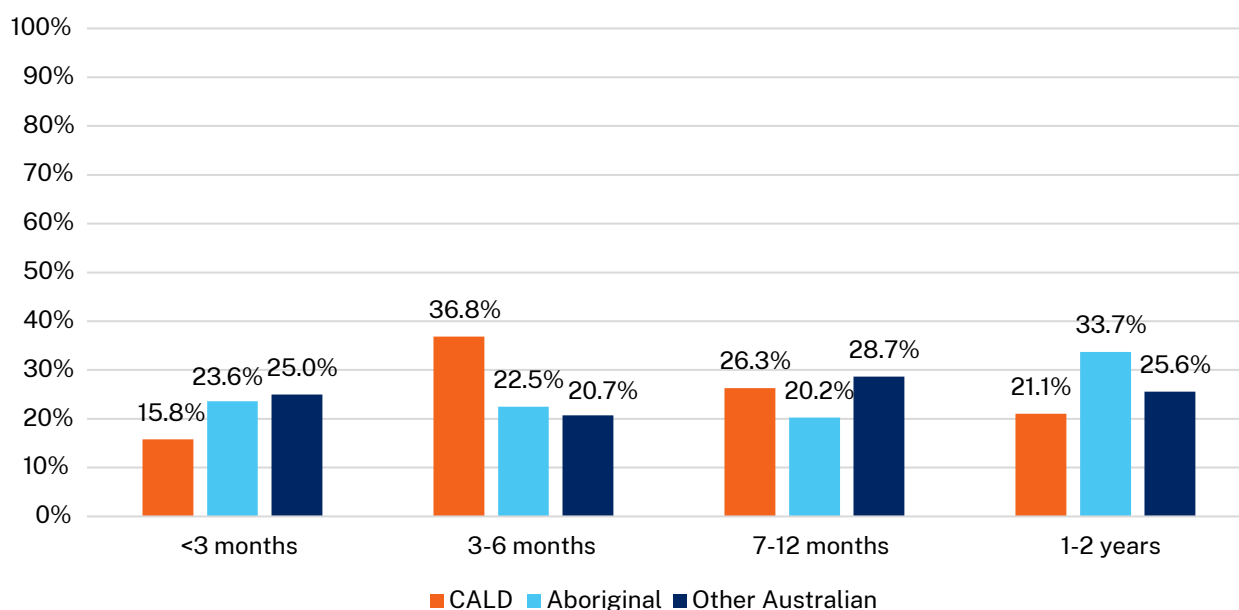


*Significant at <0.05

Time to re-entry into out-of-home care

Of those children who re-entered OOHC (n=270), the typical time to re-entry did not differ significantly by their cultural background ($\chi^2=5.87$, $p=0.43$). More than two thirds (36.8%, n=7) of children from a CALD background re-entered OOHC within 3–6 months compared to 22.5% (n=20) of Aboriginal children and 20.7% (n=34) of Other Australian children (Figure 3-14).

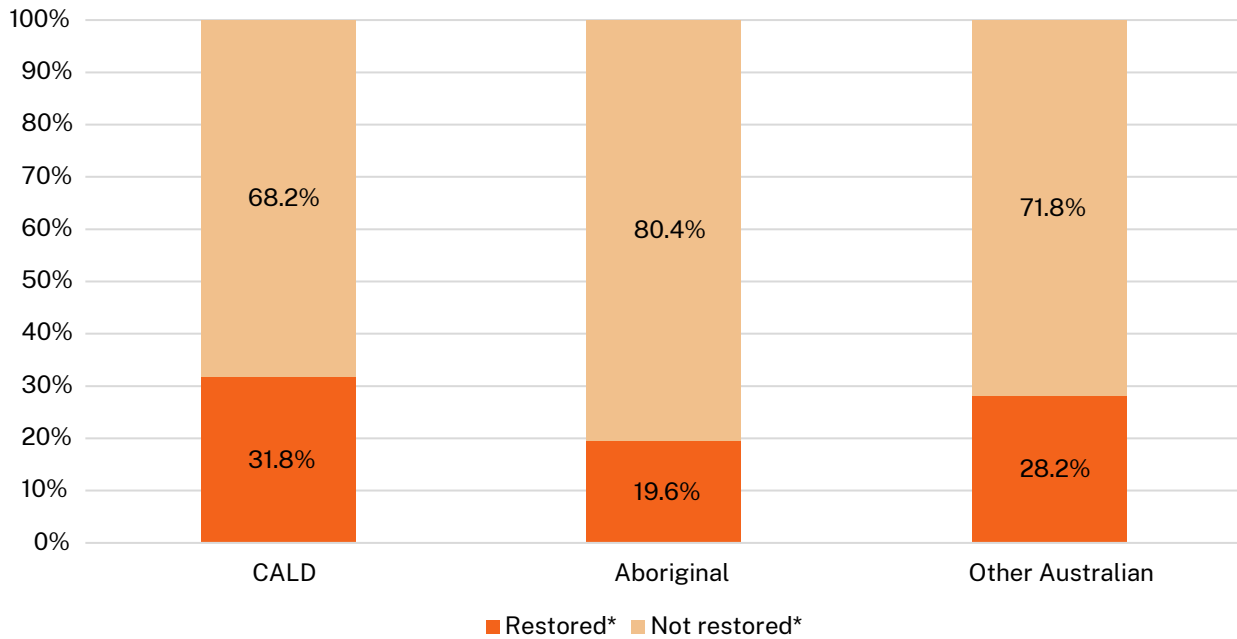
Figure 3-14: Time to re-entry to OOHC by cultural background (final orders cohort n=2,813)



Restoration

There was no significant difference in the restoration status by cultural background ($\chi^2=28.45$, $p=0.00$). In the final orders cohort, 31.8% (n=97) of children with a CALD background had been restored at 30 June 2016 compared to 19.6% (n=179) of Aboriginal children and 28.2% (n=450) of Other Australian children (Figure 3-15).

Figure 3-15: Proportion of children restored by cultural background (final orders cohort n=2,813)

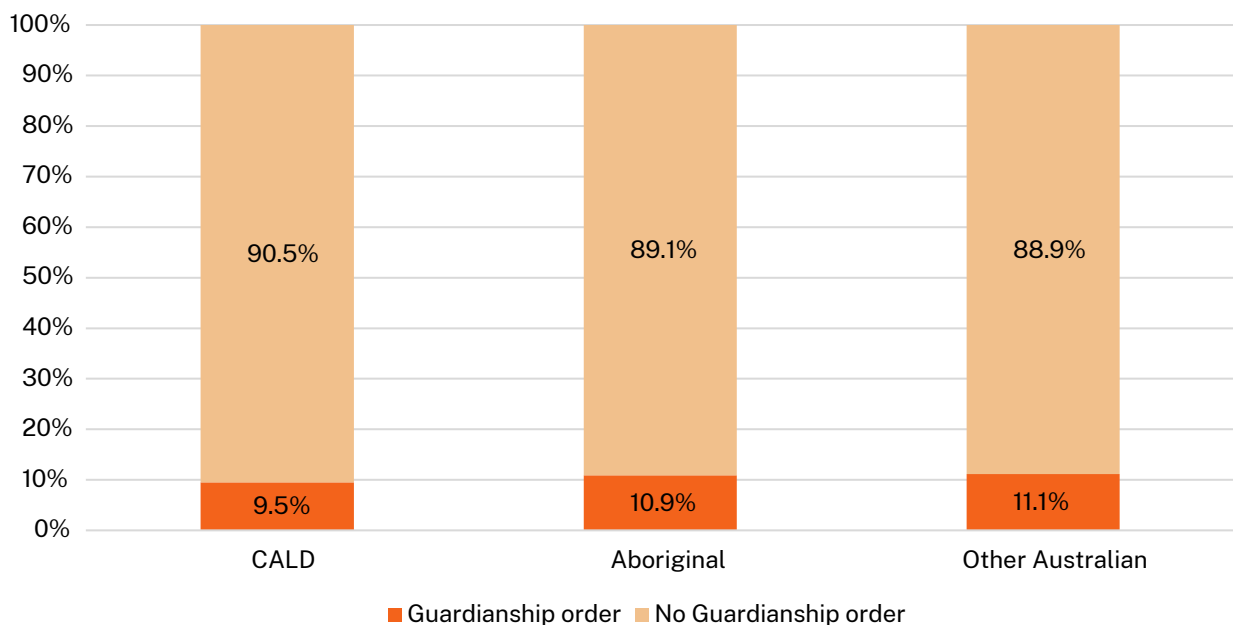


*Significant at <0.05

Guardianship

There was no significant difference in children’s guardianship status by cultural background ($\chi^2=0.70$, $p=0.70$). There were a similar proportion of children with guardianship orders as at 30 June 2016 among CALD (9.5%, $n=29$), Aboriginal (10.9%, $n=99$) and Other Australian (11.1%, $n=178$) children (Figure 3-16).

Figure 3-16: Proportion of children on guardianship orders by cultural background (final orders cohort n=2,813)



3.4 Characteristics of CALD children in the no final orders cohort

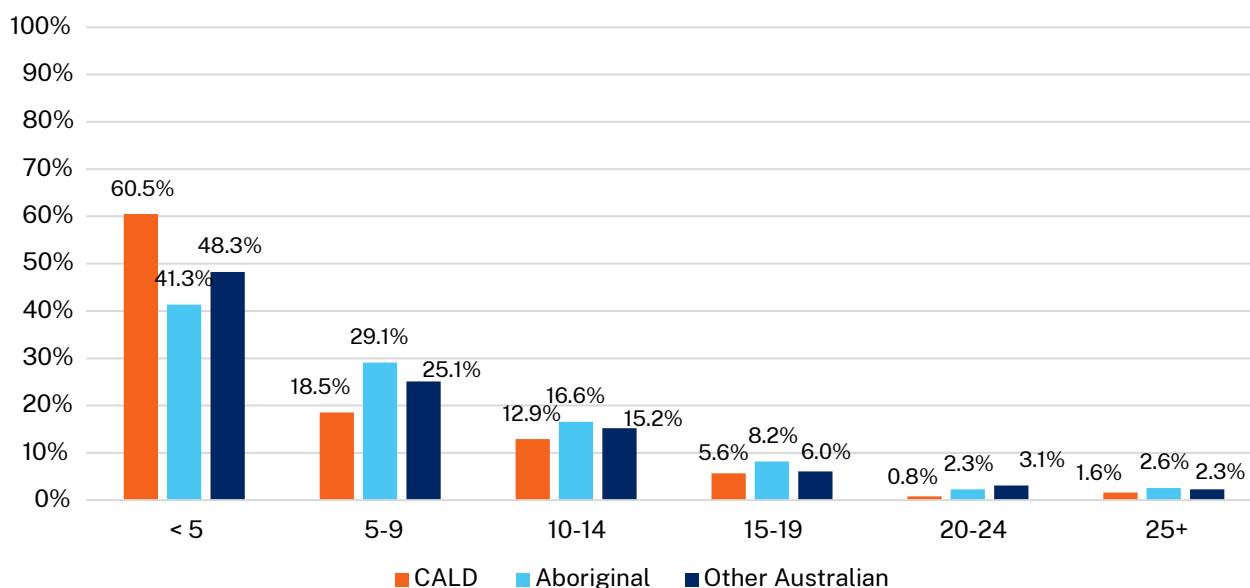
The section examines the POCLS no final orders cohort (n=1,298), which is a subset of children from the population cohort (n=4,126) who received an interim care and protection order but did not receive a final care and protection order from the Children’s Court by 30 April 2013. Note that five children who were both Aboriginal and CALD were excluded from the analysis due to small numbers. The no final orders cohort, therefore, consists of 1,293 children.

Child protection backgrounds

Risk of Significant Harm reports prior to entering out-of-home care

There was no significant difference in the number of ROSH reports by cultural background ($\chi^2=17.541, p=0.06$). Figure 3-17 shows more than half (60.5%, n=75) of CALD children had fewer than five ROSH reports compared to 41.3% (n=162) of Aboriginal children and 48.3% (n=375) of Other Australian children.

Figure 3-17: ROSH reports prior to entering OOHc by cultural background (no final orders cohort n=1,293)

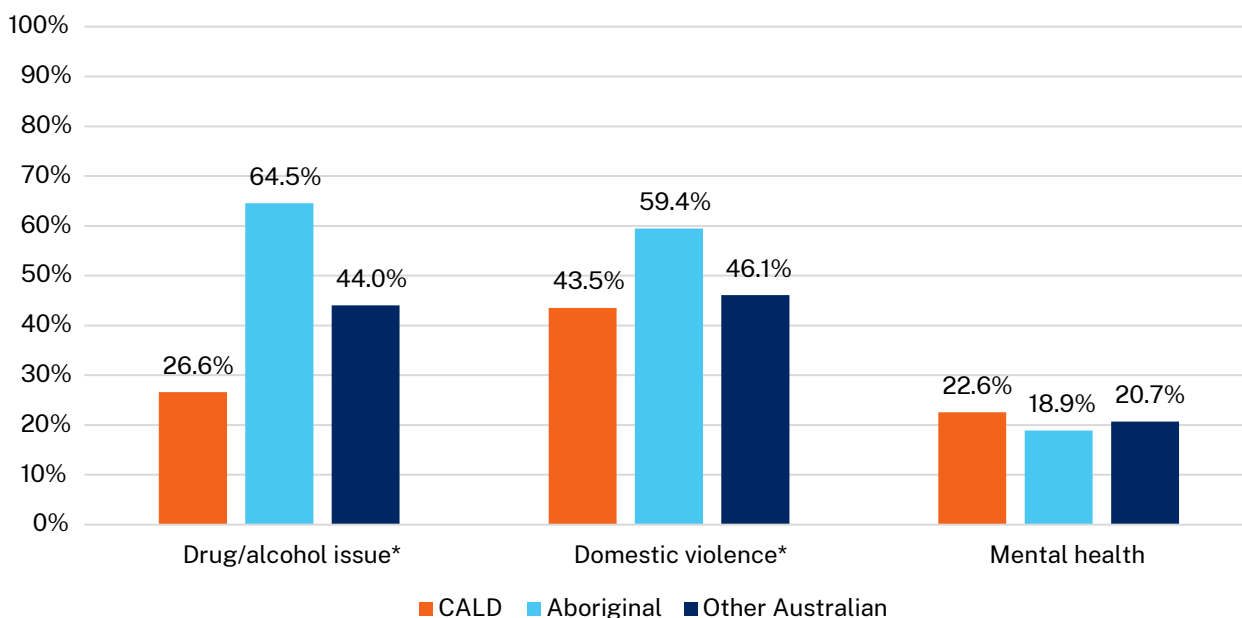


Risk of Significant Harm reports involving parental issues

The proportion of children with ROSH reports involving parental drug/alcohol issues differed significantly by cultural background ($\chi^2=70.41, p=0.00$). Figure 3-18 shows that children from a CALD background were less likely to have a history of ROSH reports involving drug/alcohol issues (26.6%, n=33) compared to Aboriginal children (64.5%, n=253) and Other Australian children (44%, n=342). Statistically significant differences were also found in the proportions of children with ROSH reports involving domestic violence issues by cultural background ($\chi^2=20.81, p=0.00$). Children from a CALD background were less likely to have ROSH reports

involving domestic violence issues (43.5%, n=54) compared with Aboriginal children (59.4%, n=233) and Other Australian children (46.1%, n=358). However, the differences in ROSH reports with parental mental health issues were not statistically significant by cultural background ($\chi^2=0.97$, $p=0.61$).

Figure 3-18: ROSH reports for parental issues by cultural background (no final orders cohort n=1,293)

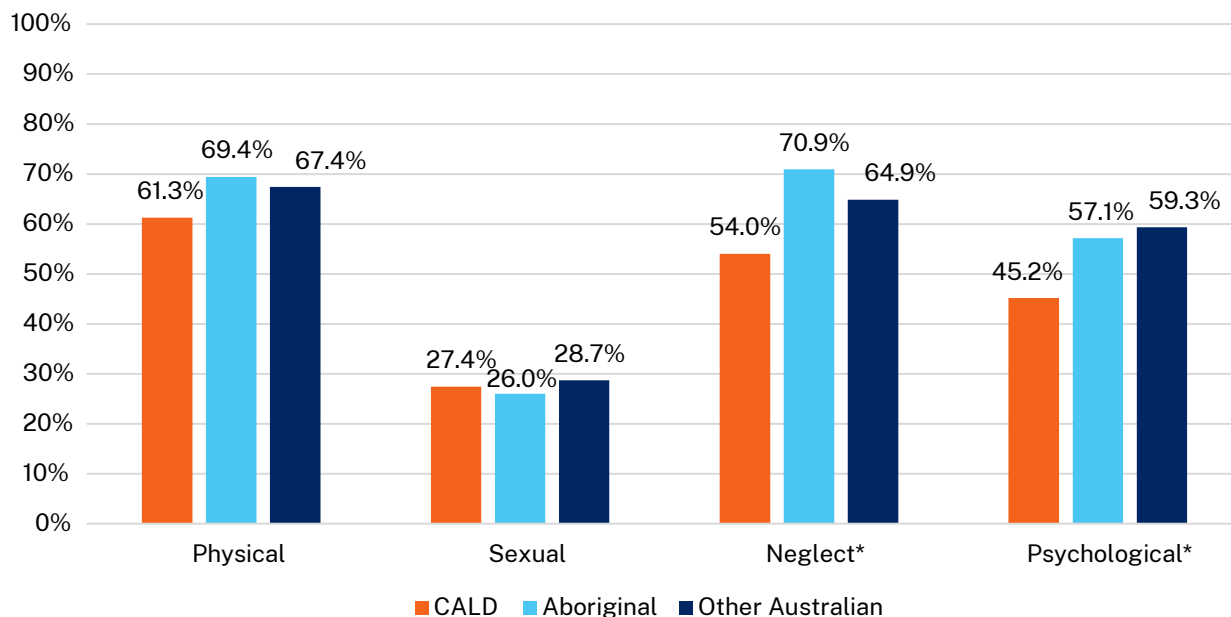


*Significant at $p < .05$

Risk of Significant Harm reports involving maltreatment issues

Figure 3-19 shows children from CALD, Aboriginal and Other Australian backgrounds exhibited some differences in their history of reported maltreatment. There were no statistically significant differences in the proportions of children with ROSH reports involving physical and sexual abuse by cultural background ($\chi^2=2.81$, $p=0.24$; $\chi^2=0.94$, $p=0.62$). There was a statistically significant difference in the proportions of children with ROSH reports involving neglect among the three groups ($\chi^2=12.46$, $p=0.00$). Aboriginal children were more likely to have ROSH reports involving neglect (70.9%, n=278) compared to children from a CALD background (54.0%, n=67) and Other Australian children (64.9%, n=504). The lowest proportion of children with ROSH reports of psychological abuse were those with a CALD background (45.2%, n=124) and the differences among the three groups of children were significant ($\chi^2=8.78$, $p=0.01$).

Figure 3-19: ROSH reports for maltreatment issues by cultural background (no final orders cohort n=1,293)



*Significant at p<.05

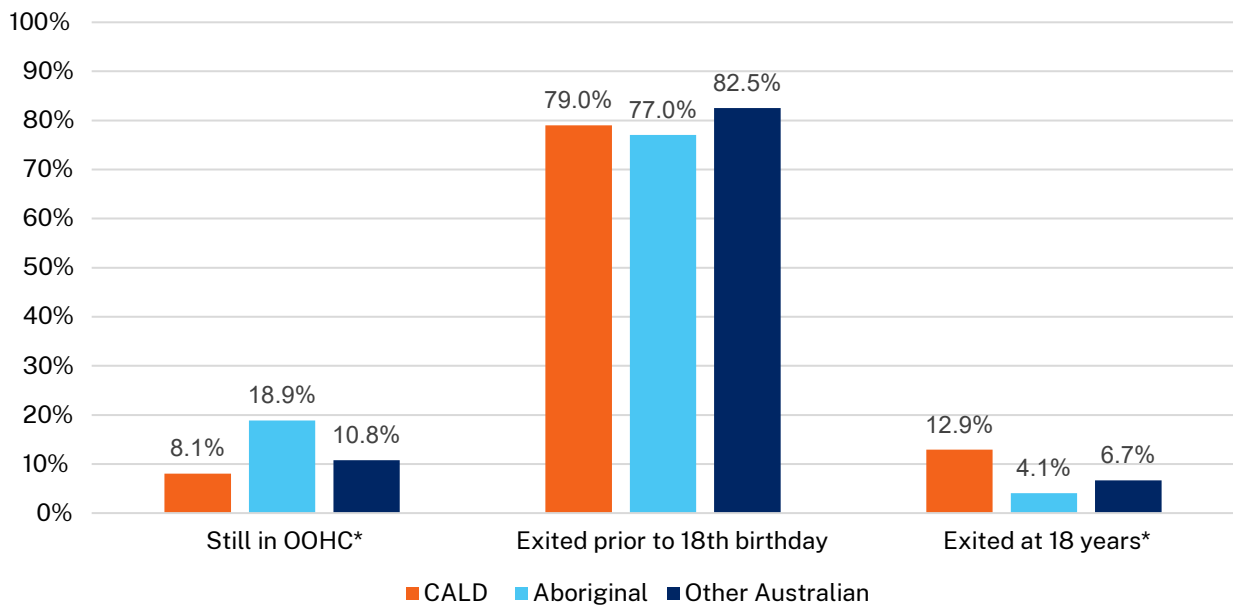
Exit and re-entry to out-of-home care

Out-of-home care exit status

Children in the no final orders cohort differed significantly in their OOHC exit status by cultural background ($\chi^2=28.01$, $p=0.00$). As at 30 June 2016, a total of 1125 children (87%) had exited OOHC from the no final orders cohort; 80.5% (n=1,041) children exited before their 18th birthday; and 6.4% (n=84) exited due to turning 18 years old. Figure 3-20 shows children from a CALD background were most likely to exit OOHC at their 18th birthday (12.9%, n=16) compared to those from Aboriginal (4.1%, n=16) and Other Australian (6.7%, n=52) backgrounds. Aboriginal children were more likely to still be in care⁹ at 30 June 2016 (18.9%, n=74), as opposed to CALD children (8.1%, n=10) and Other Australian children (10.8%, n=84).

⁹ Some of these children who are 'still in care' may have exited earlier and re-entered OOHC by 30 June 2016.

Figure 3-20: OOHC exit status by cultural background (no final orders cohort n=1,293)

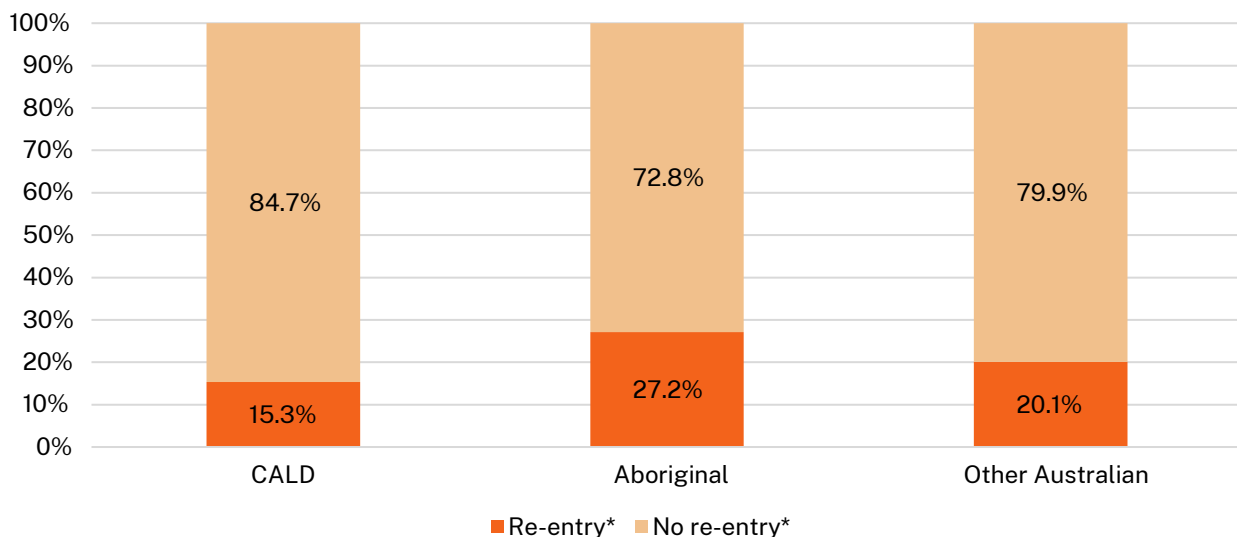


*Significant at p<.05

Re-entry to out-of-home care

As at 30 June 2016, of the children who exited OOHC before turning 18 years (n=1,041), 21.7% (n=226) re-entered OOHC.¹⁰ There were significant differences in the rate of re-entry into OOHC by cultural background ($\chi^2=8.57$, p=0.01). Figure 3-21 shows that at 30 June 2016, the lowest proportion of children from a CALD background had re-entered OOHC (15.3%, n=15) compared to Aboriginal children (27.2%, n=82) and Other Australian children (20.1%, n=129).

Figure 3-21: Re-entry into OOHC by cultural background (no final orders cohort n=1,293)



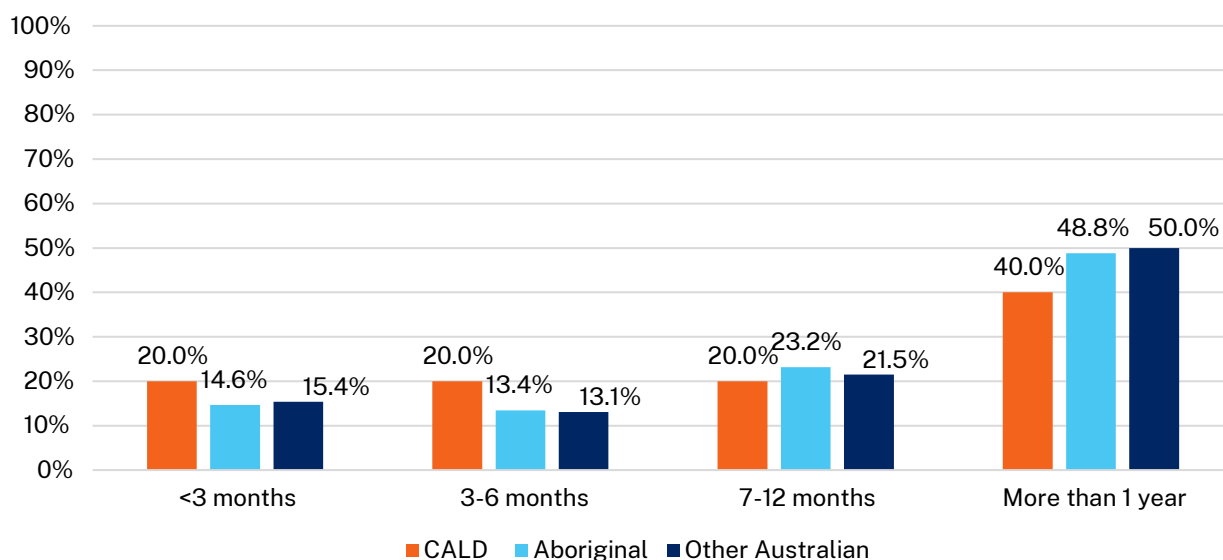
*Significant at p<.05

¹⁰ This analysis did not look into how many of these children who re-entered from the no final orders cohort went on to receive final care and protection orders.

Time to re-entry into out-of-home care

There was no significant difference in the time to re-entry to OOHC by cultural background ($\chi^2=1.08$, $p=0.98$). The highest proportion of children re-entered into OOHC within more than a year of exit: 40.0% from CALD, 48.8% Aboriginal and 50.0% from Other Australian background.

Figure 3-22: Time to re-entry into OOHC by cultural background (no final orders cohort n=1,293)

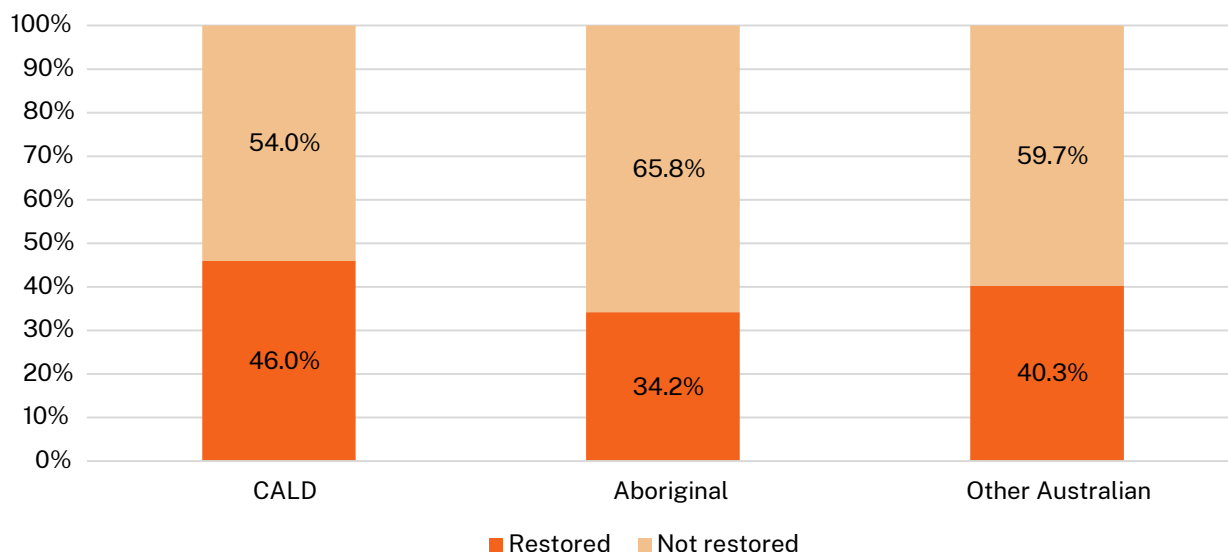


Restoration

There was a significant difference in restoration status by cultural background in the no final orders cohort ($\chi^2=6.89$, $p=0.03$). Almost half (46.0%, $n=57$) of children with a CALD background were restored by 30 June 2016¹¹ compared to 34.2% ($n=134$) of Aboriginal children and 40.3% ($n=313$) of Other Australian children (Figure 3-23).

¹¹ It is expected that the majority of children from the no final orders cohort would have exited OOHC to restoration. However, the children who were not restored by 30 June 2016 may have aged out, exited through other pathways or remained in care as they re-entered OOHC.

Figure 3-23: Proportion of children restored by cultural backgrounds (no final orders cohort n=1,293)



3.5 Summary of key findings

- There were significant differences in the age at entry to OOHC by cultural background. Almost 40% of children from a CALD background entered OOHC within 0–35 months.
- Significant differences were found in the proportions of children from different DCJ districts by their cultural background. Almost one in three (28%) children from the South Western Sydney district were from a CALD background.
- In the population cohort, a greater proportion of children from a CALD background had fewer ROSH reports prior to entry into OOHC compared to Aboriginal and Other Australian children. This result is also true for both the final orders and no final orders cohort.
- A smaller proportion of CALD children had ROSH reports involving parental drug/alcohol abuse, mental health and domestic violence issues compared to Aboriginal and Other Australian children for both final and no final orders cohort. A slightly higher proportion of CALD children had ROSH reports for parental mental health compared to Aboriginal children.
- A smaller proportion of CALD children had ROSH reports involving sexual abuse compared to the other two groups of children in the population and final orders cohorts. However, children in the no final orders cohort did not differ significantly in their history of sexual abuse by cultural background. CALD children were also the least likely group to have been reported for neglect in both the final and no final orders cohorts. For CALD children the predominant reason for ROSH reports was physical abuse, but this was not statistically significantly different to Aboriginal and Other Australian children.
- A greater proportion of CALD children in the final orders cohort experienced foster care as their predominant type of placement during their first care period compared to Aboriginal and Other Australian children.

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- A larger proportion of CALD children in the final orders cohort had up to three distinct placements compared to the other two groups of children.
- As at 30 June 2016, almost half (50.8%) from the final orders cohort and a vast majority (80.5%) of children from the no final orders cohort exited OOHC before their 18th birthday. CALD children were more likely to exit before their 18th birthday compared to Aboriginal and other Australian children. This was true for both final and no final orders cohorts.
- Of the children who had exited OOHC before their 18th birthday, a smaller proportion of children from a CALD background re-entered OOHC by 30 June 2016 compared to the other groups of children. The rates of re-entry for CALD children were 11% and 15% in the final and no final orders cohorts respectively.
- As at 30 June 2016, CALD children were more likely to be restored than Aboriginal and Other Australian children. The rates of restoration for CALD children were 32% and 46% in the final and no final orders cohorts respectively as at 30 June 2016.

Culturally diverse children in out-of-home care: developmental outcomes

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University of Adelaide

4

Introduction

This chapter presents analyses of the developmental outcomes of children in OOHC from diverse cultural background and factors that may influence their outcomes.

4.1 Data sources and measures

The analyses described in this report were derived from the Pathways of Care Longitudinal Study (POCLS) interviews conducted with respondent carers, a subset of young people, caseworkers, and teachers as well as from secondary data linkages. Secondary data linkages enabled the inclusion of Department of Communities and Justice (DCJ) child protection data, which specified the total number of child protection Risk of Significant Harm (ROSH) reports of various types prior to the child coming into out-of-home care (OOHC). Survey data collected from the carers, children and young people was available (activities/measures were completed with children aged three years and older; an interview was completed with children seven years and older) at three time points: the baseline interview and at two subsequent waves of data collection spaced approximately 18 months apart. A caseworker and teacher interview had also been completed for some children by the time that the Wave 3 carer survey data had been compiled.

4.2 Child sample

The POCLS study initially involved a total of 1,285 children and their carers (895 households) who were interviewed for the baseline survey. These children were drawn from a larger sample of 2,828 children who were in OOHC and on final orders at 30 April 2013. The analysis presented here is based on 882 children for whom data are available for all three waves of interviews. The sample comprised 450 boys and 432 girls. The total sample can be divided into 442 Other Australian children, 300 Aboriginal children, 84 children from culturally and linguistically diverse (CALD) backgrounds and 56 children who identified as both Aboriginal and CALD. These 56 children are not included in these analyses because of the focus on children who fell into the three distinct categories and the small sample size for the combined category. Child gender was not significantly associated with group membership: 56% of the Other Australian children were boys compared with 46% of the Aboriginal children and 55% of the CALD children. There was no significant difference in age between the three groups.

4.3 Measures and variables

Child protection history of children in out-of-home care

The linked DCJ administrative data indicate the principal reasons for child protection notifications prior to children coming into care. These data took the form of ROSH reports recorded by the child protection system (both the number of reports as well as the type of

concern). The types of concern include: actual and risk of physical abuse; sexual abuse; neglect; psychological abuse; carer mental health issues; drug and alcohol use; the at-risk behaviour of young people; and domestic violence. It is also possible to determine if there had been any reported pre-natal concerns.

Developmental status of children

A number of developmental and psychosocial wellbeing measures were administered during the course of the carer and/or child interviews, the caseworker survey and the teacher survey. Some of these measures were based on carer, teacher and caseworker report (third-party observations), while others required children three years and older to answer questions or complete tasks.

Physical Health

The physical health of the child was rated on a 6-point scale from 1 = Excellent to 6 = Very poor. Carers were also asked whether the child had an illness or medical condition diagnosed by a medical practitioner and expected to last six months or longer.

Child and Behaviour Checklist (CBCL)

The CBCL was completed by carers and teachers of children aged 3–17 years. Versions validated and normed for use for 18 months to five years of age and 6–18 years of age were used (Achenbach & Edelbrock, 1981). The CBCL yields subscale scores for a range of conditions and competencies, but the principal focus for the current study was the two composite syndrome profiles: Internalising and Externalising. Internalising includes the anxious-depressed, withdrawn-depressed and somatic complaints syndrome scales. Externalising captures problems relating to external behaviours including rule breaking and aggressive behaviours. The CBCL Total Problems score is the sum of the 1 and 2 responses on specific items of the CBCL. The CBCL scores can be presented in a raw score format; as standardised T-scores; and children can be classified as falling into clinical, borderline and non-clinical ranges.

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

Children aged 6–16 years completed 35 matrix reasoning items from the WISC-V as a measure of logical reasoning or fluid intelligence.

Peabody Picture Vocabulary Test (PPVT-IV)

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

Brief Infant Toddler Social Emotional Assessment (BITSEA)

This measure had 36 items. Each item is scored: 0 = Not true/Rarely, 1 = Somewhat true/Sometimes and 2 = Very True/Often. Specific items are selected to yield total scores relating to Total Problems and social competence. BITSEA was administered to children aged 12–36 months in Wave 1 only.

School Aged Temperament Inventory (SATI)

This measure (developed by McClowry, 1995) measures how children generally react to their environment. Carers rate the child on a series of items with 5-point scales (1 = Never, 2 = Rarely, 3 = Half of the time, 4 = Frequently, 5 = Always). Scores can be obtained on three principal subscales: Negative reactivity (which refers to the child's level of emotional regulation); Persistence (Does the child persist or give up on tasks?); and Approach (How does the child react to other people?). Scores for Approach can be differentiated based on the child's age (less than 14 years or 14 years and above).

4.4 Factors that may influence children's developmental outcomes

Emotional responsiveness

The Emotional Responsiveness Scale from the Parenting Style Inventory (PSI-II) (Darling & Toyokama, 1997) was completed by children aged 7–17 years. Children rate a series of statements on a 5-point scale from 1 = Always to 5 = Never. Items include: 'Helping you out if you have a problem'; 'Listen to you'; 'Praise you for doing well'; 'Do things with you just for fun'; and 'Spend time just talking with you'. These items are summed to yield a total score.

Parental Warmth

Four items from Paterson and Sanson's (1999) Parental Warmth measure were included. Carers were asked whether they engaged in four behaviours rated on a 5-point scale from 1= Never to 5 = Always/Almost always.

Parent support and monitoring

Parents were asked (Yes/No) if they gave the child access to a computer; a quiet study space; or know where the child goes in free-time or when he or she goes out.

Caseworker general concerns

Caseworkers were asked if they had any concerns (Yes/No) about a range of issues in the child's life including their physical health and social, emotional and behavioural wellbeing.

Caseworker appraisal of placement

Caseworkers were asked to rate to what extent the placement was meeting the needs of the child in a range of areas. A rating scale ranging from 0 = Not at all to 5 = Very well was used. Ratings were converted into binary items: 0 = Not at all/Not very and 1 = Very well/Fairly well.

Teacher ratings

Teachers were also asked to rate how the child compared with same age peers on several items: how hard they were working; the appropriateness of behaviour; how much they were learning; and how happy they were (less than average, average or more than average). They also rated how well they got along with the child (from Very well to Not very well); what percentage of peers liked the child (less than 50%, 50% or more than 50%); to what extent they were engaged in extracurricular activities (Very involved/Somewhat vs. A little or Not at all); whether they completed homework (Always/Often, Sometimes/Rarely or Never); and whether the education met the child's cultural needs (Very well through to Not very well). The teachers also completed the CBCL as described above.

Cultural connections

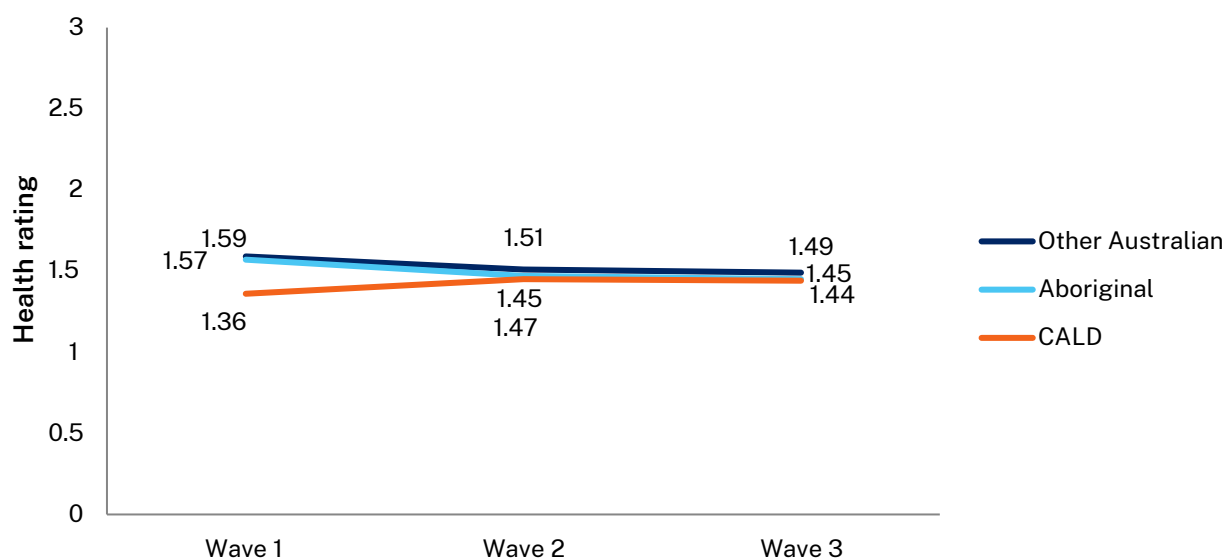
Carers were asked a series of binary questions about whether the placement was maintaining specific aspects of the child's identity: their birth language; their cultural identity; if the child socialised with those in his/her cultural community; learnt about their cultural history; engaged in religious practices; was engaged in cultural practices; and if they had access to culturally relevant food. Carers were also asked, in general, if the child was maintaining a connection with his or her cultural background (Yes/No); about the carer's ability to support the child to maintain connections with his or her culture (Not at all to Very well); and the extent to which the child identifies with their culture (Not at all to Very well).

4.5 Child developmental outcomes

Physical health

When carers were asked to rate the physical health of children (where 1 = Excellent and 6 = Very poor), the mean rating was 1.49 in Wave 3 (SD = 0.71). A 3 Group x Wave ANOVA indicated no significant main effects of Group, Wave or Group x Wave interaction. The child's CALD status did not appear to be related to physical health ratings. The mean ratings in all three waves indicated very good to excellent health, with 98% of children identified as having good to excellent health.

Figure 4-1: Physical health rating of children across Waves 1 to 3 by cultural background



Valid Ns: Other Australian (n=442); Aboriginal (n=300); CALD (n=84)

Carers were also asked to indicate whether children suffered from any medical or physical conditions likely to last six months or longer. These conditions fell into several categories (as indicated in Table 4-1). Comparisons showed that carers reported a higher prevalence of emotional problems in the Aboriginal and Other Australian children than in CALD children. Chi-square tests were done to examine the differences in these conditions among the three groups.

Table 4-1: Carer report of child had an illness or medical conditions expected to last six months or longer by cultural background

	Other Australian (n=442)	Aboriginal (n=300)	CALD (n=84)	χ^2
Physical	9 (2.0)	5 (1.7)	np (1.2)	ns
Emotional	90 (20.4)	59 (19.7)	5 (6.0)	$p < .01$
Language/Cognitive	15 (3.4)	12 (4.0)	np (0.0)	ns
Psychological	56 (12.7)	38 (12.7)	5 (6.0)	$p < .05$

Note: ns = not significant, np = not publishable; n’s vary slightly due to rounding.

Child Behaviour Checklist (CBCL)

T-scores for CBCL Internalising, Externalising and total scores were compared across CALD children, Aboriginal children and Other Australian children across the three waves (Table 4-2). All analyses were conducted using 2 Group (CALD vs. non-CALD) x 3 Wave mixed ANOVA with repeated measures on Wave. For Internalising, there was a significant main effect of Wave ($F(2, 828) = 9.76, p < .01 (\eta^2 = .023)$) which indicates that mean scores generally decreased over time. For Externalising, there was a significant Group effect ($F(2, 417) = 5.97, p < .01 (\eta^2 = .028)$) with children

from CALD backgrounds having consistently lower scores across all three waves. For Total problem scores, there was a main effect of Group ($F(2, 417)=4.58, p<.01 (\eta^2=.022)$), which indicates that CALD children had overall lower scores. No other significant effects were evident.

Table 4-2: Carer report CBCL T-scores for children across waves by cultural background¹²

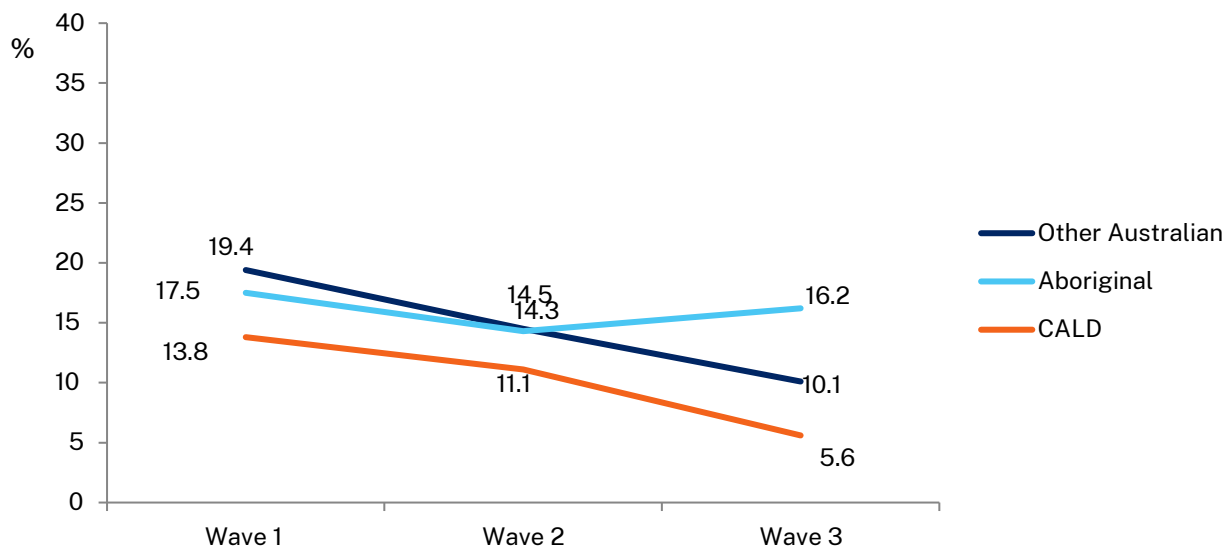
	Other Australian M (SD) (n=227)	Aboriginal M (SD) (n=157)	CALD M (SD) (n=36)
Internalising			
Wave 1	51.7 (11.8)	50.9 (13.1)	49.8 (10.8)
Wave 2	49.3 (12.3)	49.0 (12.3)	46.6 (11.9)
Wave 3	47.6 (11.6)	48.7 (12.8)	47.0 (11.0)
Externalising			
Wave 1	55.4 (13.4)	55.0 (14.9)	48.1 (12.6)
Wave 2	54.5 (14.0)	54.8 (13.9)	47.9 (11.6)
Wave 3	55.0 (13.1)	56.2 (13.6)	47.6 (11.7)
Total scores			
Wave 1	55.4 (13.3)	53.9 (14.8)	47.9 (13.3)
Wave 2	53.3 (14.3)	52.6 (14.3)	47.1 (13.4)
Wave 3	53.2 (13.8)	53.7 (14.3)	46.4 (14.3)

Note: The ‘n’ for the CALD group was small and this increased the probability of more extreme scores (in this case, lower mean scores) due to the potentially greater influence of a small number of cases.

Another series of analyses examined the changing status of children over time; in particular, what proportion of children across the three groups fell into the clinical range in each of the three waves. Figures 4-2, 4-3 and 4-4 show the percentages for Internalising, Externalising and Total Problems. The mean scores for Internalising, Externalising and Total Problems all fell in the normal range (<60) across all group comparisons and across time. No significant differences were observed across time within groups or between groups at any of the waves for Internalising scores. Figure 4-3 shows that there were no significant changes for Externalising scores within the groups over time, but the prevalence of clinical level Externalising problems was significantly lower for CALD children than for the children in the other two groups at both Waves 2 and 3 (once again the sample for CALD children was small, and results need to be treated with caution).

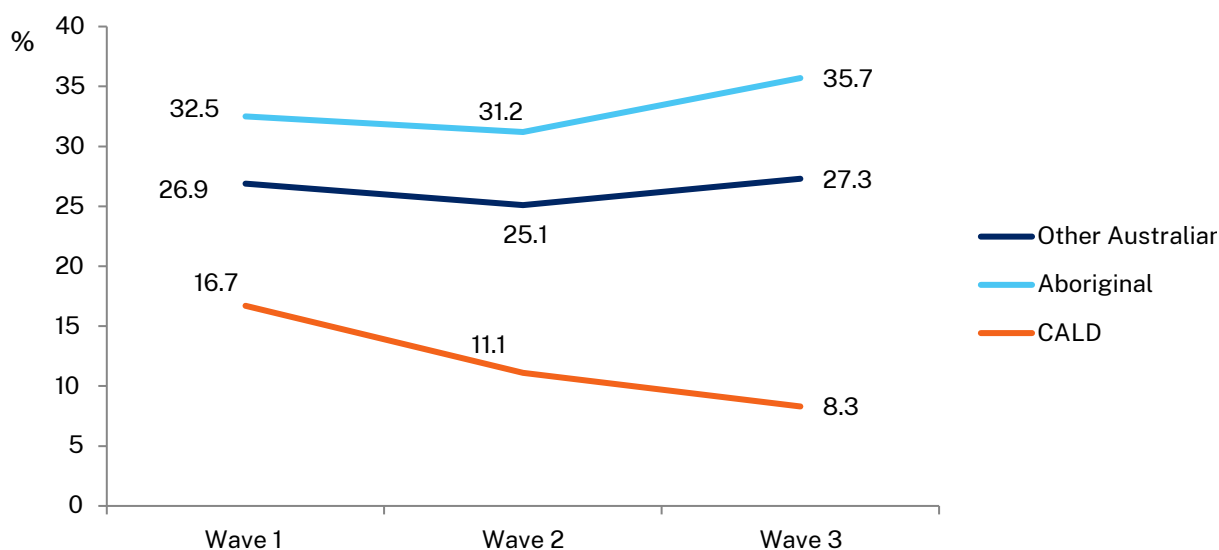
¹² Supplementary analysis on socio-emotional wellbeing (CBCL scores) of CALD children and their cultural connections (birth language practised, socialise with birth community and attend key cultural festivals and celebration) is reported in the Appendix Table 6-1.

Figure 4-2: Proportion of children in the clinical range for Internalising scores (CBCL) across waves by cultural background as reported by the carer



Valid n's: Other Australian (n=227); Aboriginal (n=154); CALD (n=36)

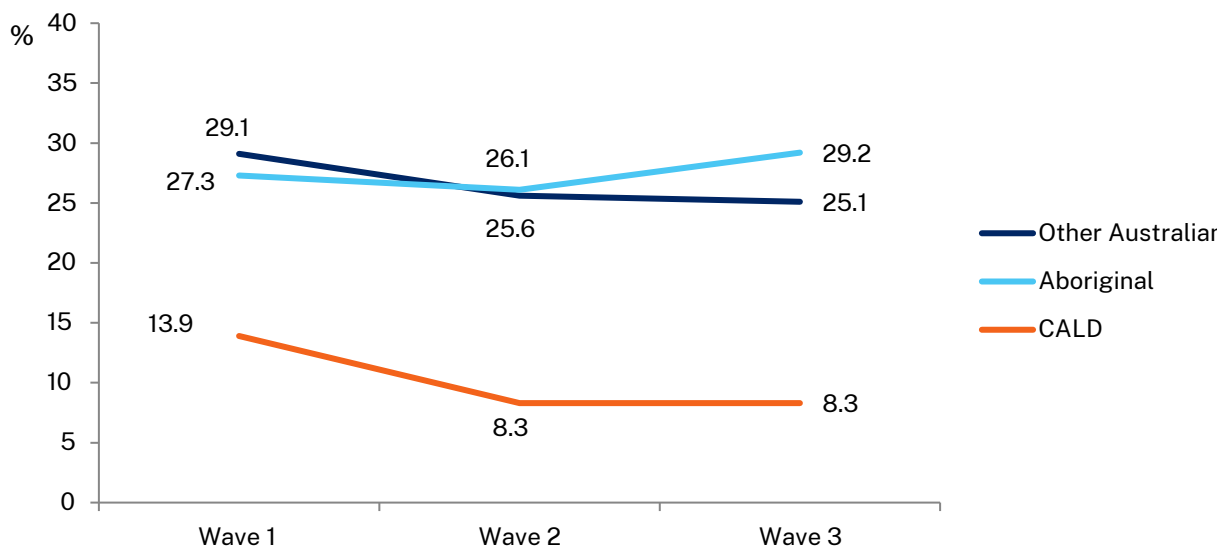
Figure 4-3: Proportion of children in the clinical range for Externalising scores (CBCL) across waves by cultural background



Valid n's: Other Australian (n=227); Aboriginal (n=157); CALD (n=36)

Figure 4-4 shows that there were no significant changes for Total Problems scores over time for any of the groups. However, the prevalence of CALD children falling in the clinical range was significantly lower than for children in the other two groups at Waves 2 and 3.

Figure 4-4: Proportion of children in clinical range for Total Problems scores (CBCL) across waves by cultural background as reported by the carer

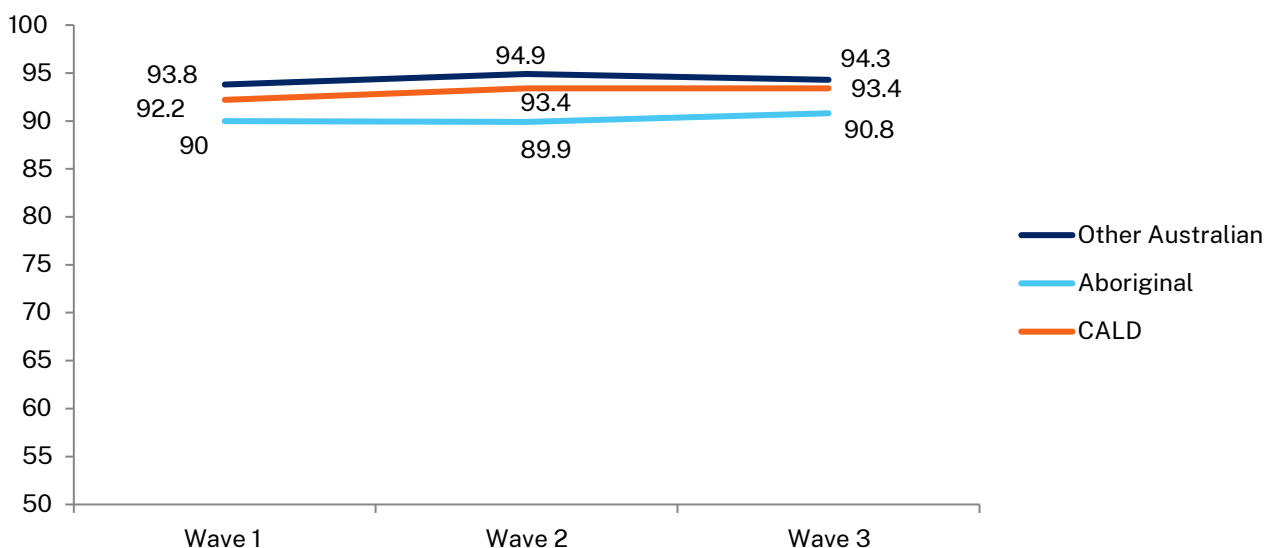


Valid n's: Other Australian (n=227); Aboriginal (n=157); CALD (n=36)

Verbal and non-verbal reasoning/cognitive ability

Analysis of standardised scores on the PPVT (Figure 4-5) indicated a significant Group effect ($F(2, 347)=4.33, p<.05 (\eta^2=.024)$), with Other Australian children scoring higher in the vocabulary test than the other two groups across all waves. All mean scores were in the normal (85–115) range. The sample for the CALD group was again small, and results need to be treated with caution.

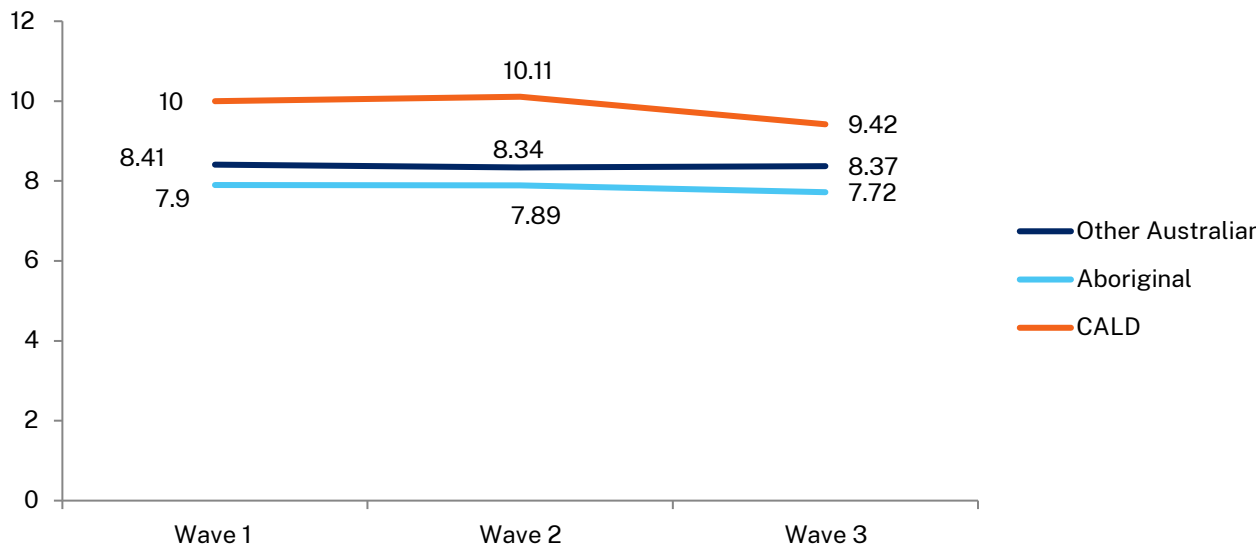
Figure 4-5: Child-completed PPVT standard scores across waves by cultural background



Valid n's: Other Australian (n=189); Aboriginal (n=134); CALD (n=27)

Similar analyses were conducted using the Matrix Reasoning Test scores from the WISC-IV (Figure 4-6). The only significant effect was a main effect of Group ($F(2, 186)=4.93, p<.01 (\eta^2=.05)$). CALD children scored significantly higher on non-verbal reasoning than the other groups across the three waves. Mean scores for the WISC were in the normal range (7–13). Once again, the sample for the CALD group was small, and results need to be treated with caution.

Figure 4-6: Child-completed Matrix Reasoning Test (WISC-IV) scores across waves by cultural background

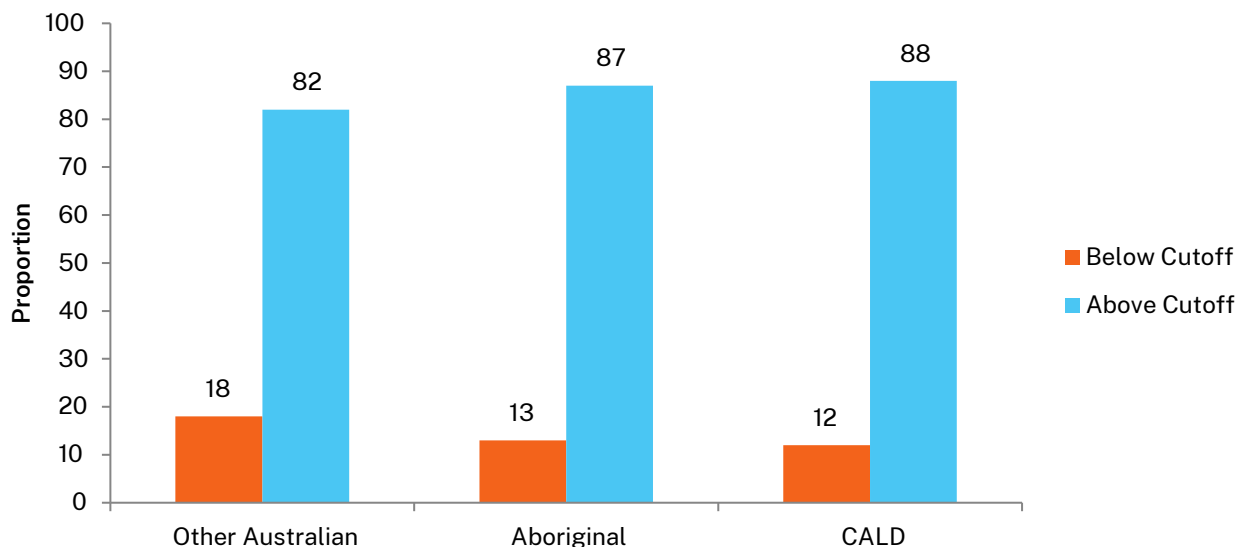


Valid n's: Other Australian (n=99); Aboriginal (n=71); CALD (n=19)

Brief Infant Toddler Socio-emotional Assessment (BITSEA)

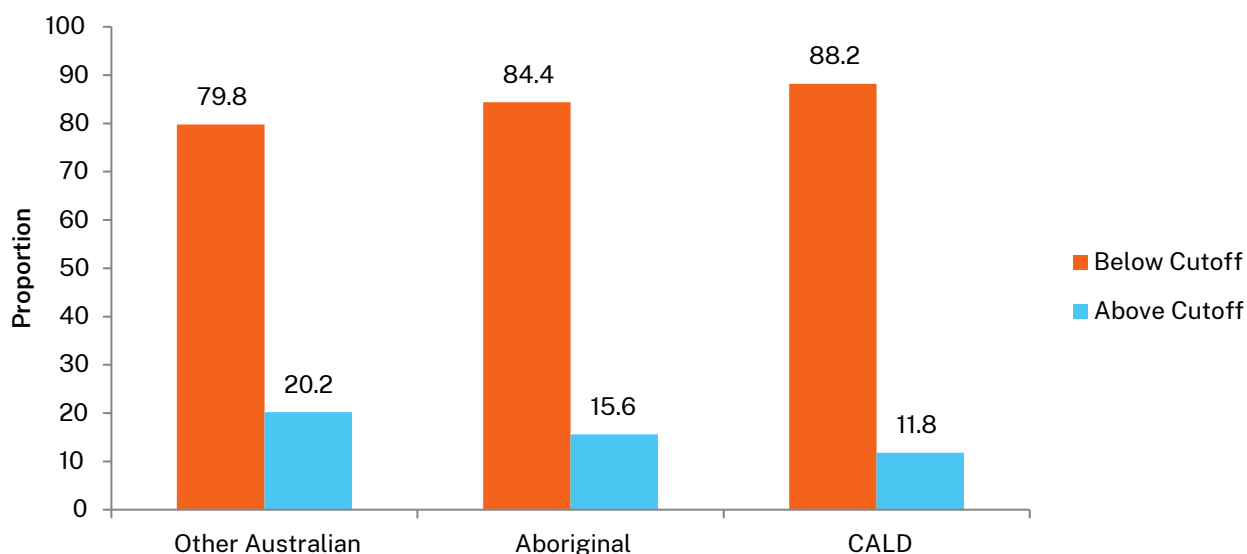
The percentage of infants in the three groups who scored as having evidence of developmental delay or lower competence as reported by their carers is summarised in Figures 4-7 and 4-8.¹³ No significant differences were observed between the three groups. Less than one in five children in any group were reported as having developmental delays.

Figure 4-7: Proportion of children below or above the cut-off range for competence scores (BITSEA) by cultural background as reported by carers



¹³ The cut-off between BITSEA competence score and Total Problems score differs. For competence score, 'below cut-off' indicates being in the possible deficit/delay range; and for Total Problems score, the opposite is true, i.e. 'above cut-off' indicates being in possible problem range.

Figure 4-8: Proportion of children below or above the cut-off range Total Problems scores (BITSEA) by cultural background as reported by carers



No significant difference in total scores on the problem and competence scales was observed.

Short Abbreviated Temperament Inventory (SATI)

A summary of mean scores on negative reactivity, persistence and approach scores (older and younger children) is provided in Table 4-3. For negative reactivity, there were no significant effects across groups or waves. For persistence, there was a main effect of Wave ($F(2, 272)=5.73, p<.05 (\eta^2=.04)$), with scores generally being lowest at Wave 1. There was also a significant Group x Wave interaction ($F(4, 272)=3.68, p<.05 (\eta^2=.051)$), which was due to an increase in scores from Wave 2 to Wave 3 for the CALD children. The CALD children also had significantly higher scores on approach than the other two groups ($F(2, 136)=3.80, p<.05 (\eta^2=.053)$). Approach scores were measured separately for children aged under 14, 14 years, and over 14 years. For the younger children, there was a main effect of Wave ($F(2, 188)=3.68, p<.05 (\eta^2=.038)$), with scores generally found to decrease over time. No other significant effects were observed. Numbers were too small to conduct any analyses with the measure for older children.

Table 4-3: Carer report SATI-scores across waves by cultural background

	Other Australian M (SD)	Aboriginal M (SD)	CALD M (SD)
Negative reactivity	(n=79)	(n=57)	(n=19)
Wave 1	3.04 (1.08)	2.93 (1.21)	2.56 (1.14)
Wave 2	3.01 (1.82)	2.74 (1.17)	2.86 (1.18)
Wave 3	2.97 (1.13)	2.79 (1.05)	2.25 (0.91)

	Other Australian M (SD)	Aboriginal M (SD)	CALD M (SD)
Persistence	(n=70)	(n=52)	(n=17)
Wave 1	2.79 (1.11)	2.96 (1.38)	3.24 (1.38)
Wave 2	2.84 (0.97)	3.33 (1.14)	3.46 (1.11)
Wave 3	3.06 (1.21)	2.99 (1.29)	4.07 (0.78)
Approach (< 14 years)	(n=46)	(n=40)	(n=11)
Wave 1	3.68 (0.74)	3.62 (0.94)	3.23 (0.75)
Wave 2	3.57 (0.82)	3.64 (0.78)	3.18 (0.95)
Wave 3	3.40 (0.91)	3.22 (0.99)	3.16 (0.78)

Note: The n for the CALD group was small and this increases the probability of more extreme (in this case, lower mean scores) due to the potentially greater influence of a small number of cases.

4.6 Parenting style

Emotional responsiveness

Emotional responsive scores are summarised in Table 4-4 and show a statistically significant main effect of Group ($F(1, 411)=5.97, p<.05 (\eta^2=.014)$), with carers of CALD children found to score higher on emotional responsiveness in the first two waves than carers of Aboriginal children and Other Australian children.

Table 4-4: Carer report emotional responsiveness scores across waves by cultural background

Wave	Other Australian M (SD) (n=62)	Aboriginal M (SD) (n=47)	CALD M (SD) (n=9)
Wave 1	21.2 (3.80)	20.8 (3.21)	21.9 (3.14)
Wave 2	21.5 (2.86)	21.7 (3.86)	22.6 (2.45)
Wave 3	21.9 (3.86)	22.3 (3.46)	20.2 (3.87)

Note: Findings needs to be treated with caution because of low sample size in the CALD group.

Parenting warmth

Carer ratings of parental warmth for the three groups are summarised in Table 4-5. No significant differences were observed for any of the ratings. Parents from all groups generally ‘Always’ or ‘Often’ displayed a warm style of parenting towards the children. There was a trend towards CALD children receiving more positive experiences (as perceived by caseworkers).

Table 4-5: Parenting warmth rating by carer for children by cultural background: number and percentage of Always/Often responses

	Other Australian n (%)	Aboriginal n (%)	CALD n (%)	χ^2 test
Positive relationship	276/284 = 97.1	158/167 = 94.6	41/41 = 100	ns
Praise child	256/271 = 94.5	151/163 = 92.6	40/41 = 97.6	ns
Express affection	268/283 = 94.7	151/164 = 92.1	41/41 = 100	ns
Criticise child	10/228 = 4.4	6/145 = 4.1	np	ns
Angry at child	9/220 = 4.1	np	np	ns

Note: ns = not significant, np= not publishable; n's vary slightly due to rounding. Findings needs to be treated with caution because of low sample sizes in the CALD group.

Parenting monitoring and study support

Carers were asked if they provided a computer and a quiet study space for the children and if they knew where the children were in their free time or when they went out. Table 4-6 displays the percentage of respondents who gave an 'Always' or 'Sometimes' response as opposed to 'Rarely' or 'Never'. Valid analyses could not be produced for the final two variables because of limited sample sizes. CALD children were most likely to be given access to a computer (94.1% at Wave 3) followed by the Other Australian children (80.7% at Wave 3). Aboriginal children were least likely to have access to a computer (66.0% at Wave 3). No significant differences were observed for having a quiet study place.

Table 4-6: Carer report of parental monitoring and study support rating for children by cultural background

	Other Australian n (%)	Aboriginal n (%)	CALD n (%)
Access to a computer			
Wave 1	59/84 = 70.2	47/66 = 71.2	11/17 = 64.7
Wave 2*	89/114 = 78.1	55/83 = 66.3	20/ 22 = 90.1
Wave 3*	117/145 = 80.7	70/106 = 66.0	16/17 = 94.1
Access to quiet place to study			
Wave 1	71/83 = 85.5	60/66 = 90.1	17/17 = 100
Wave 2	96/114 = 84.2	71/84 = 84.5	21/22 = 95.4
Wave 3	124/143 = 86.7	93/108 = 86.1	15/17 = 88.2

*p<.05. Findings needs to be treated with caution because of low sample size in the CALD group.

4.7 Placements

Caseworker assessment of whether the placement meets the needs of the child

Table 4-7 displays the percentage of placements rated by the caseworker as meeting the child's needs 'Very well' or 'Fairly well'. There were no significant differences between the ratings assigned to the three groups for any variables.

Table 4-7: Caseworker ratings of placement suitability for children by cultural background

	Other Australian n (%)	Aboriginal n (%)	CALD n (%)
Routine and supervision	275 (96.5)	158 (94.6)	41 (97.6)
Belonging	274 (96.5)	158 (95.2)	41 (97.6)
Self-esteem and resilience	273 (96.1)	153 (92.7)	39 (92.9)
Learning and education	269 (94.7)	162 (97.6)	40 (95.2)
Health and medical	278 (98.6)	160 (95.8)	40 (95.2)
Emotional wellbeing	265 (94.0)	148 (89.7)	41 (97.6)
Behaviour and management	253 (89.7)	146 (89.0)	41 (97.6)
Social relationships	266 (93.7)	149 (90.3)	40 (95.2)
Identity and culture	264 (94.6)	142 (85.0)	39 (92.9)
Maintaining relationships	268 (94.7)	150 (89.8)	39 (92.9)

Note: N's vary, but Other Australian was around 285, Aboriginal around 167 and CALD was 42. Findings needs to be treated with caution because of low sample sizes in the CALD group.

Caseworkers were also asked if children had changed school due to their behaviour. For those cases where this information was available, the results showed that 6 out of 315 (1.9%) Other Australian children had changed school for this reason as compared with 7 out of 192 (3.6%) of Aboriginal children and none of the CALD children.

4.8 School

Teacher ratings of educational progress

Teachers were asked to rate how the child compared with same age peers on several items (Table 4-8). On the whole, the ratings for effort, behaviour and learning were similar for the three groups. There was a trend towards CALD children being less likely to be rated as working 'more' than their peers and to be rated less happy compared with their peers ($p < .05$).

Table 4-8: Teacher rating on child progress relative to class peers by cultural background

	Other Australian n (%)	Aboriginal n (%)	CALD n (%)
How hard they are working	(n=130)	(n=107)	(n=28)
Less	55 (42)	45 (42)	13 (46)
Average	40 (31)	33 (31)	13 (46)
More	35 (27)	29 (27)	np
How they are behaving	(n=130)	(n=107)	(n=28)
Less	55 (42)	48 (45)	10 (36)
Average	52 (40)	41 (38)	11 (37)
More	23 (18)	18 (17)	7 (25)
How they are learning	(n=129)	(n=107)	(n=28)
Less	62 (48)	55 (51)	15 (54)
Average	39 (30)	34 (32)	8 (29)
More	28 (22)	18 (17)	5 (18)
How happy they are	(n=129)	(n=107)	(n=27)
Less	33 (26)	26 (24)	6 (22)
Average	71 (55)	59 (55)	19 (70)
More	25 (19)	22 (21)	np

Note: np=not publishable. Findings needs to be treated with caution because of low sample sizes in the CALD group.

Another question asked teachers to rate how well they got along with the study child. All teachers got on reasonably well with the children ('fairly well' or 'very well'), so that there were no group differences. Table 4-9 shows that around 10% of CALD children were seen as less popular in class, but this did not differ significantly from the other two groups.

Table 4-9: Teacher rating on how well peers like the child by cultural background

	Other Australian n (%)	Aboriginal n (%)	CALD n (%)
	(n=128)	(n=105)	(n=28)
Less than 50%	19 (14.8)	13 (12.4)	np
50%	14 (10.9)	6 (5.7)	np
More than 50%	95 (74.2)	86 (81.9)	21 (75.0)

Note: np=not publishable. Findings needs to be treated with caution because of low sample sizes in the CALD group.

Table 4-10 shows that all three groups were very similar in terms of extra-curricular activities. The majority of children were not engaged in extra-curricular activities, but almost half of the CALD children (47.8%) were described as having no or little involvement in activities.

Table 4-10: Teacher rating on child engagement in extra-curricular activities by cultural background

	Other Australian n (%)	Aboriginal n (%)	CALD n (%)
Number of responses	(n=119)	(n=94)	(n=23)
None / a little	62 (52.1)	54 (57.4)	11 (47.8)
Somewhat involved	39 (32.8)	24 (25.5)	9 (39.0)
Very involved	18 (15.1)	16 (17.0)	np

Note: np=not publishable. Findings needs to be treated with caution because of low sample sizes in the CALD group.

Teachers were also asked to rate to what extent the child completed homework and, in general, the three groups were similar with around half always or often completing homework. There was a trend towards CALD children being more involved with their homework, but this was not statistically significant. This question has to be treated with some caution because homework requirements will vary depending upon the age of the child and the school.

Table 4-11: Teacher rating on child homework completion by cultural background

	Other Australian (%)	Aboriginal n (%)	CALD n (%)
Number of responses	(n=112)	(n=90)	(n=23)
None / a little	65 (58.0)	56 (62.2)	12 (52.2)
Somewhat involved	29 (25.9)	24 (26.7)	5 (21.7)
Very involved	18 (16.1)	10 (11.1)	6 (26.1)

Note: Findings needs to be treated with caution because of the low sample size in the CALD group.

Teachers were also asked to what extent the education was meeting the child’s cultural needs. This question is principally relevant for the CALD children. Unfortunately, the relatively small sample size for this question was too low to allow meaningful analyses.

4.9 Child protection backgrounds

Table 4-12 shows the mean number of ROSH reports prior to children coming into OOHC by reported issue for the three groups. CALD children had a significantly lower total number of ROSH reports compared to the other two groups. Aboriginal children, on the other hand, had the highest numbers of ROSH reports prior to entering care. CALD children were less likely to have ROSH reports involving physical abuse and carer drug and alcohol issues.

Table 4-12: Total number of ROSH reports for children by reported issue prior to entering care by cultural background

Risk factor	Other Australian M (SD)	Aboriginal M (SD)	CALD M (SD)	F-value
Total reports	7.95 (7.73)	9.45 (9.27)	5.94 (5.47)	6.95*
Physical abuse	2.98 (2.55)	3.50 (2.99)	2.47 (2.34)	3.97*
Sexual abuse	1.85 (1.51)	2.18 (1.77)	1.45 (1.04)	<1
Neglect	4.22 (3.85)	5.07 (5.30)	3.93 (3.84)	2.61
Psychological abuse	1.54 (1.01)	1.78 (0.79)	1.47 (0.88)	<1
Domestic violence	3.61 (3.95)	4.01 (4.27)	2.60 (2.16)	2.20
Carer mental health	1.65 (1.37)	1.81 (1.49)	1.89 (1.84)	<1
Carer emotional state	2.18 (1.89)	2.40 (1.88)	2.37 (1.66)	<1
Carer drugs/alcohol abuse	4.80 (4.77)	4.85 (4.84)	2.49 (1.66)	5.25*
Young person at risk	1.51 (1.10)	1.82 (1.90)	1.10 (0.32)	1.20
Pre-natal reports	1.82 (1.10)	1.60 (0.86)	1.80 (0.96)	<1

Note: *p<.01. Findings needs to be treated with caution because of the low sample size in the CALD group.

Source: DCJ administrative data

4.10 Cultural connections

Carers were asked a number of questions about whether various culturally relevant information and practices were being maintained for the CALD children (Table 4-13). As indicated, birth names were generally maintained for almost all children, cultural identity was being maintained for most, and culturally relevant food was generally being provided, but many CALD children

were no longer exposed to their original language, cultural or religious practices and a third were also not having much contact with their birth communities.

Table 4-13: Carer report of cultural connections for CALD children (n=42) across waves

	Wave 1 %	Wave 2 %	Wave 3 %	Cochran's Q
Birth name maintained	95.2	95.2	95.2	ns
Birth language maintained	64.2	54.8	47.6	5.29*
Cultural identity	78.6	78.6	78.6	ns
Socialise with community	66.7	66.7	64.3	ns
Cultural history	66.7	64.3	47.6	8.14
Religious practices	73.8	71.4	61.9	ns
Cultural practices	61.9	66.7	64.3	ns
Cultural food	86.7	83.3	81.0	ns

Note: ns = not significant, np = not publishable. Findings needs to be treated with caution because of the low sample size in the CALD group.

Table 4-14 shows that over 90% of children were reported by carers as maintaining a connection with their family's culture.

Table 4-14: Carer responses for – Does the CALD child maintain connection with family culture? (n=60)

	Yes %	No %
Wave 1	95.0	5.0
Wave 2	92.0	8.0
Wave 3	97.0	3.0

Carers were also asked about their ability to support cultural connections (Table 4-15). Almost 95% of carers indicated that they were able to do this very well or fairly well by the Wave 3 interview.

Table 4-15: Carer report of their ability to maintain cultural connections across waves

	Wave 1 n (%)	Wave 2 n (%)	Wave 3 n (%)
Very well	48 (76.1)	48 (69.6)	42 (68.9)
Fairly well	14 (22.2)	18 (26.1)	15 (24.6)

	Wave 1 n (%)	Wave 2 n (%)	Wave 3 n (%)
Not very well	np	np	np

Note: np = not publishable.

For children in late childhood or older, carers were asked whether the child identified with his or her cultural background. As shown in Table 4-16, around quarter to one third did not really identify with their cultural background, whereas the remainder were reported to have some degree of identification. This remained reasonably stable over the three waves.

Table 4-16: Carer report of the extent to which their child identifies with family cultural background across waves

	Wave 1 n (%)	Wave 2 n (%)	Wave 3 n (%)
Very much	15 (55.6)	15 (46.9)	17 (45.9)
Fair amount	5 (18.5)	7 (21.9)	9 (24.3)
Not very much	7 (25.9)	10 (31.3)	11 (29.7)

4.11 Summary of key findings

- Developmental outcomes for CALD children were generally similar to Aboriginal and Other Australian children on a range of outcomes including physical health.
- There was some evidence that CALD children had slightly better psychological functioning. For example, fewer emotional and psychological conditions expected to last six months or longer were observed in CALD children compared to Other Australian and Aboriginal children.
- Externalising and Total Problems scores for Child Behaviour Check List (CBCL) were lower for CALD, but the differences were very small and scores for all groups were generally within the normal range.
- There were small differences in favour of CALD children for the Matrix Reasoning Wechsler Intelligence Scale for Children (WISC IV) and the Peabody Picture Vocabulary Test (PPVT), but these differences were small and within the normal range. CALD children scored significantly higher on non-verbal reasoning than the other groups across the three waves.
- CALD children’s carers had greater emotional responsiveness and were more likely to provide children with access to a computer.
- The majority of children were not engaged in extra-curricular activities as reported by their teacher, but almost half of the CALD children (47.8%) were described as having no or little involvement in activities.

- CALD children generally came into OOHC with fewer ROSH reports involving physical abuse and carer drug and alcohol abuse compared with the other groups.
- In relation to cultural identity, it was found that cultural identity was being maintained for most CALD children, and culturally relevant food was being provided, but many children were living in care arrangements with little exposure to their birth language and had little access to cultural activities or connections to their cultural communities.
- Carers reported being confident about their ability to maintain cultural connections. When carers were asked if a child in late childhood or older identified with his or her cultural background, around quarter to one third did not really identify with their cultural background, whereas the remainder were reported to have some degree of identification. This remained reasonably stable over the three waves (see Table 4-16).

4.12 Methodological comments

It is important to acknowledge that this represents only one analytical approach to these data. The same analyses will also need to be examined using approaches that take the nested structure of the data into account, that is, the fact that young people are nested within households and households within regions. It is also important to note that any changes in the scores over time (the observed slope observed for changes over time) is occurring in relation to two groups that sometimes differ in their scores at Wave 1. Thus, it is not clear whether any observed trajectory differences for CALD, Aboriginal and Other Australian children are due to their background status per se or the fact that their scores differed at Wave 1. In the near future, the POCLS may aim to examine how scores change over time for these groups using techniques that match the children and young people on their baseline scores (e.g. propensity score-based approaches). Analyses of this nature will also be replicated using linear mixed models to take the hierarchical structure of the data into account. The results may not necessarily differ from these, but will indicate how much variance in models is accounted for by the households or regions from which the children have come.

The sample size for the CALD group was also quite small for a number of the measures and this can lead to less valid results because the findings can be more easily influenced by a small number of individual scores within the sample.

Culturally diverse children in out-of-home care: family relationships

Professor Judy Cashmore and Dr Alan Taylor
University of Sydney

5

Introduction

Children's relationships are the building blocks for their socio-emotional development and wellbeing (Cashmore & Paxman, 2006; Cashmore & Taylor, 2020). When children and young people¹⁴ are removed from the care of their parents and placed in out-of-home care (OOHC), they face very substantial changes in their lives and in their relationships: a new home, the loss of daily interactions with their parents, siblings and other family or kin, and often a change in school, community and neighbourhood (Selwyn, Saunders & Farmer, 2010). If they are from a CALD background and are placed with foster carers of a different cultural background, they are likely to encounter different foods, household rules and expectations, and possibly a different language spoken at home and different religious traditions. This potentially disrupts or removes them from their cultural community, as well as their family, and challenges or changes their cultural identity and their sense of belonging and of who they are (Sawrikar, 2017; Villegas et al., 2014). It can, however, be quite difficult to culturally match children with carers because of the stigma associated with the removal of children from their family and community in ethnic communities (Sawrikar, 2017). It is more complex for some children who come from a mixed cultural background (Caballero et al., 2012; Wood, 2009). As Phoenix (2016) points out, 'belonging is a central concern for fostered [and adopted] children and particularly those who are visibly ethnically different, or come from different countries, from their foster parents' (p. 5). It is therefore important to explore in this longitudinal study in NSW the possible differences in experience and outcomes for children of diverse cultural backgrounds, particularly given the dearth of relevant research in Australia.

5.1 Measures and data from the interview cohort

This chapter focuses on the relationships that children from culturally and linguistically diverse (CALD) backgrounds have with their family, kinship group and the people they are living with in OOHC, and how this differs depending on whether they are in relative/kinship care or foster care. Some analyses are concerned with differences between CALD, Aboriginal, Aboriginal-CALD children and Other Australian children (those who are neither Aboriginal nor CALD). There were very few children of CALD background in residential care at any wave of data collection for this study, and these children were not included in the following analyses.¹⁵

¹⁴ The term 'children and young people' is used interchangeably with 'children' unless otherwise specified.

¹⁵ Some of the analyses are similar to or based on those reported in Cashmore and Taylor (2020); for this chapter, additional analyses were also conducted that focused on CALD and non-CALD children with and without carers of CALD cultural background and those who indicated that they engaged in culturally appropriate religious and other practices with the children in their care.

The analyses in this chapter are based on the unweighted data from interviews with the child's primary carer and with children and young people (aged seven years and older) over three waves of interviews (conducted at baseline (Wave 1), and then Waves 2 and 3, at intervals about 18 months apart).¹⁶

The POCLS interview cohort involved 1,285 children and their carers (895 households) who were interviewed for the baseline survey in Wave 1. The interview cohort has been extended to include a total of 1,479 children and their carers who were interviewed at least once across the three waves of data collection.¹⁷ The sample of 1,479 comprised 734 boys (49.6%) and 745 (50.4%) girls, with an average age of five years at the time of the Wave 1 interview and therefore eight years old at the time of the Wave 3 interview.

Table 5-1 shows that most children were under six years of age at Waves 1 and 2, and all had 'aged out' of the youngest age group by Wave 3, about three years on average after the first interviews were conducted. There were approximately equal numbers of male and female children across waves.

Table 5-1: Number and percentage of children by interview wave and age group wave

Child's age group	Wave 1		Wave 2		Wave 3	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Under 3 years	567	44.1	226	18.8	0	0
3–5 years	265	20.6	440	36.7	464	44.9
6–8 years	193	15.0	208	17.3	227	22.0
9–11 years	136	10.6	165	13.8	167	16.2
12–17 years	124	9.6	161	13.4	175	16.9
Total	1,285	100.0%	1,200	100.0%	1,033	100.0%

Children of CALD or Aboriginal-CALD background comprised about 14% to 16% of the children in the interview cohort across the first three waves of POCLS. There were more children in foster care than in relative/kinship placements at each wave, and this was also the case for children of CALD background (Table 5-2).

¹⁶ To be included in the POCLS sample, children had to be on final orders from the NSW Children's Court by 30 April 2013. Full details of the sample methodology are provided in the Wave 1 Baseline Statistical Report (AIFS, Chapin Hall & FACS, 2015). The study-eligible cohort included 2,828 children who entered care for the first time between May 2010 and October 2011.

¹⁷ If carers of children in the study-eligible cohort had not consented to participate in the study and the children in their care then changed placements, the children's new carers were asked if they were willing to participate in the study with the children.

The analyses in this chapter are based on children in relative/kinship care and foster care at any of the three waves, whether or not they remained in the same placement/household. The overall number of children who were in relative/kinship care or foster care at any of the three waves is 1,340; within this subsample, 703 children have data for all three waves and 611 were in the same household for all three waves. The analyses used the four-category cultural background variable (CALD, Aboriginal-CALD, Aboriginal and Other Australian children) where the numbers/cell sizes were sufficiently large but the CALD/non-CALD comparison when the numbers/cell sizes were small, particularly for children’s responses and with the smaller group of Aboriginal-CALD children.

Table 5-2: Number and percentage of children by cultural background (CALD and other groups) and placement type at each wave

	CALD		Aboriginal-CALD		Aboriginal		Other Australian		Total (100%)
Wave 1	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>
Foster care	69	52.7	34	59.6	235	53.6	323	49.0	661
Relative/kinship care	61	46.6	22	38.6	198	45.2	317	48.1	598
Total*	130	10.3	56	4.4	433	34.4	640	50.8	1,259
Wave 2									
Foster care	56	50.9	29	48.3	209	49.8	261	42.8	555
Relative/kinship care	47	42.7	24	40.0	170	40.5	260	42.6	501
Restoration	5	4.5	ns	ns	28	6.7	72	11.8	109
Total*	108	9.3	57	4.9	407	34.9	593	50.9	1,165
Wave 3									
Foster care	50	50.0	30	48.4	170	47.6	233	45.3	483
Relative/kinship care	20	20.0	21	33.9	106	29.7	145	28.2	292
Restoration	5	5.0	ns	ns	14	3.9	45	8.8	68
Guardianship	17	17.0	ns	ns	62	17.4	78	15.2	161
Total*	92	9.2	59	5.9	352	35.1	501	49.9	1,004

*The total does not equal the total number of children participating at each wave because children in residential care and adoption were not included due to small sample sizes and the restriction on reporting small cell sizes (<5).

While it is generally assumed that children’s cultural and family connections are accommodated by children being placed with relative/kinship carers, those carers are not necessarily of the same cultural background (Denby et al., 2015; Vicary, 2015). The children of CALD backgrounds in POCLS come from a diverse range of cultures and languages, and some are from a mixed ethnicity or cultural background, including a mixed Aboriginal-CALD background.

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In the study, carers of CALD (and Aboriginal) children were asked about the child's experiences and activities which would help them maintain a connection with their cultural background. These included whether the child:

- maintained his or her birth name
- practised his or her birth language
- discussed his or her cultural identity and heritage with the carer
- socialised with the cultural community
- maintained an understanding of his or her religion
- observed religious practices
- attended key cultural and religious festivals and celebrations
- ate food that is appropriate for the culture and religion.

Figure 5-1 shows the percentage of carers of children of Aboriginal and CALD background who indicated some adherence/endorsement of each of the above cultural practices or activities according to whether they (the carers) were in the CALD group or were Other Australian.¹⁸ Each of these differences was significant at $p < .01$; the corresponding odds ratios varied from 3 (*Religious practice is observed*) to 6 (*Food is appropriate to culture and religion*).¹⁹ The correlations (ϕ coefficients) between whether the carer was in the CALD group and the responses to each of the items ranged from .29 to .48 (moderate association). CALD children placed with CALD carers did not necessarily have the same cultural background²⁰ but these findings suggest that there was more reference to and adhering to cultural practices appropriate for CALD children's cultural background when they were placed with CALD carers than with 'other Australian' carers.

¹⁸ While these questions were asked only of carers of CALD and/or Aboriginal children, the carers themselves could be CALD, Aboriginal or 'Other Australian'. An important source of variation in the responses to these items was whether the carers of the CALD children were in the CALD category of the variable 'CD_CRR_CARER_CULT'. For clarity of interpretation, the responses of carers in the CALD category were compared with those in the 'Other Australian' category. These percentages were derived from mixed model logistic regression analyses in which the other variables were wave, placement type, and the age and gender of the child. The results are adjusted for these *standard covariates*.

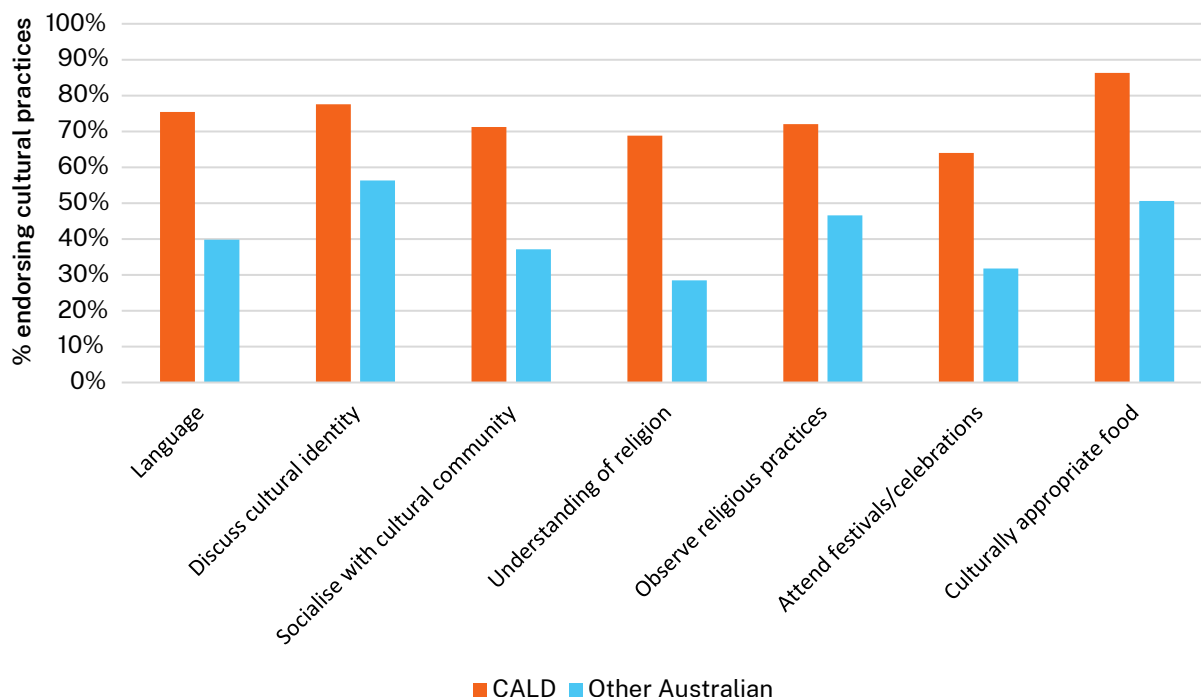
The association between the responses to these items (excluding the first, relating to the child's name) and other measures were examined for the 131 children in the 'CALD' category of the variable KD_ADMIN_CHILD_CULT (categories 'other Australian', 'Aboriginal', 'CALD' and 'Aboriginal-CALD' groups). Only data for children in relative/kinship care or foster care in Waves 1 to 3 for whom there were no missing data on these questions were included. Children in the 'Aboriginal and CALD' group were not included, as the results could be difficult to interpret. There were 251 observations over Waves 1 to 3 for the 131 CALD children, an average of 1.9 waves per child; 150 observations were for CALD children whose carers (carer 1) were in the CALD category and 101 were for CALD children who had 'other Australian' carers. The numbers are expressed in terms of observations rather than children because some children had a mix of CALD and 'other Australian' carers over waves.

There was no association between whether or not CALD children had access to these cultural practices or activities and the likelihood of them changing households over the three waves.

¹⁹ The odds ratio is a measure of the strength of association between an independent variable and a dependent variable which has the value of '1' for the outcome of interest and zero otherwise. An OR = 1 means there is no association between the two variables. An OR > 1 means that the likelihood of the outcome of interest increases with an increase in the value of the independent variable, while an OR < 1 means the likelihood of the outcome of interest *decreases* with an increase in the independent variable (see Cashmore & Taylor, 2020, Appendix C).

²⁰ The data do not reliably indicate the cultural background of the carers so that it is not possible to use a specific measure of 'cultural matching'.

Figure 5-1: The percentage of carers indicating that the CALD child in their care had access to cultural practices or activities which would help them maintain connection with their cultural background, by the carer’s cultural background



Note: N observations = 186 for CALD and 120 for Other Australian cultural background.

Interviews with children

Children aged 7–11 years who agreed to participate in the study answered a computer-assisted person questionnaire (CAPI) on an iPad, assisted where needed by a trained interviewer. Older children and young people aged 12–17 years generally completed the audio assisted self-interview (ACASI) without assistance on an iPad. The qualitative and quantitative questions asked about school, work, their friends, health and wellbeing, behaviour, casework, support, where they were living, their experiences of being in care and, for those who were older, about leaving care and living skills. The ACASI allows for privacy and standardisation of the interview, with some flexibility and choice in the order in which the various modules of questions are responded to. The audio-assisted delivery also helps children and young people who have difficulty reading, with a ‘play’ button that allows the questions to be repeated and a text box for recording responses and other thoughts. At the end of the questions, the interviewer asks if there is anything else they would like to say, and games are available to play at the completion of the process.

Child closeness activity (adapted Kvebæk) (7–17 years)

Children and young people aged 7–17 years were asked to indicate who was special and important to them, and to what extent, using an activity adapted from the Kvebæk Family Sculpture Technique (Cromwell, Fournier & Kvebæk, 1980; Gardner, 1996).²¹ The child is asked first to place a figure to represent him/herself on a board, and then to select figures to represent other people and place them according to how special and important they feel to them. The first set relates to the people the child is living with in their current placement; the second set concerns the people children are not living with but whom they consider to be ‘important and special people’ in their lives. The placement of the figures on the board provides a visual representation of children’s perceived emotional closeness to the people they are living with and to people otherwise important to them but with whom they are not living.

Children’s reports of their carer’s emotional responsiveness

Children aged 7–17 years were asked to respond to questions about their carers, using a rating scale to indicate how often the adults looking after them: helped if they have a problem, listen to them, praise them for doing well, do things with them that are just for fun, and spend time just talking with them.²²

The combined score for emotional responsiveness was very consistent and high, being close to the maximum score of 25, across waves²³ and by placement type,²⁴ Aboriginality and CALD background.

5.2 Children’s views of their relationships

In total, 310 children completed the adapted Kvebæk activity for the people they were living with in their current placement in Wave 1, 326 in Wave 2, and 260 in Wave 3; the figures for their families of origin and other people who are special to them were 285 in Wave 1, 302 in Wave 2 and 242 in Wave 3. Overall, 60 children provided Kvebæk data for the family they were living with on all three waves, and of these, 53 were living in the same household and 48 with the same carer across these three waves. There were no systematic differences associated with their type of placement or Aboriginality, but children of CALD background were somewhat less likely to complete the task at Wave 3 than non-CALD children. Only about a quarter of CALD children who were eligible by age completed the task compared with about half of the non-CALD children at Wave 3 ($p=.012$), a substantial reduction from two in three CALD children at Wave 2. This difference was largely confined to children in foster care rather than relative/kinship care.

²¹ Children and young people who chose not to do the activity matching interview questions were asked to ensure the data on this important measure was collected for all children seven years and older.

²² See [POCLS Measures Manual Technical Report Number 8](#)

The response options were: ‘always’, ‘often’, ‘sometimes’, ‘hardly ever’, ‘never’, ‘pass’.

²³ The means ranged from 21.05 (SD = 3.6) at Wave 1 to 21.44 (SD = 3.71) at Wave 2 and 21.00 (SD = 4.3) at Wave 3.

²⁴ The means ranged from 21.72 (SD = 3.42) for children in foster care to 20.81 (SD = 4.09) for children in relative/kinship placements and 20.6 (SD = 3.86) for young people in residential care.

Who did children place on the adapted Kvebæk boards?

Children and young people were asked to select figures for all the people they were currently living with (board 1), so the number and 'type' of people is influenced by the configuration of those households. As reported in Cashmore and Taylor (2020) (see Table 2.10), children in relative/kinship care were more likely than children in foster care to be living with at least one sibling at each wave, and consistent with this, birth siblings were more commonly selected in relative/kinship care. The most commonly placed figures the children were living with were their female carers: grandmothers more frequently than aunts for children in relative/kinship care, and foster mothers for children in foster care. There were no significant differences between CALD and non-CALD children in the number of people they placed on the board in relation to the people they were living with or the special and important people they were not living with (noting, children were asked to limit it to less than ten for people they were not living with).

Separate mixed model analyses were conducted to examine the distances that children placed themselves from those they were living with at each wave (members of their carer family household, including co-resident siblings: board 1); and the people children were not living with that they selected as 'important and special' people in their lives (mostly members of their birth family: board 2).²⁵

For children's 'closeness' to the people they were living with, and also for the people who they included as 'important and special' to them,²⁶ there were no significant differences associated with:

- placement type
- the child's gender or cultural background
- time (interview wave) or time in their current placement and
- whether they had changed placement (at least once).²⁷

Nor was there any significant effect associated with children's ratings of their carers' emotional responsiveness or their carer's self-reported ratings of the warmth or hostility of their parenting.

²⁵ The first set of analyses were basic main effects models which included the child's age, gender and cultural background (Aboriginality and CALD), the type of placement (foster and relative/kinship), whether they had changed placements (at least once), and time (in relation to interview wave and time in current placement) for both those they were living with and special and important people they were not living with. The child's age and their relationships with particular people were both highly significant factors in these models. The second set of analyses added children's ratings of how happy they were living there and the extent to which their carer helped them to feel part of the family (asked from Wave 2 onwards), children's ratings of their carer's emotional responsiveness, and their carer's self-reported ratings of the warmth or hostility of their parenting as predictor variables. An interaction model was also tested but provided very similar results and none of the interactions was significant. See Cashmore and Taylor (2020) for more details on the analyses that were conducted on these data.

²⁶ The question asked about 'important and special people' rather than 'closeness' to avoid confusion with physical distance, with the following wording: 'And now you can place yourself and the other people on the board to show how important or special they feel to you. If they are really important or special to you, put them near you, and if they are not so important or special, put them further away. You can move them around the board as much as you like – when you've finished, let me know'.

²⁷ Similar mixed model analyses for the people selected on board 2 with placement type, wave, CALD and Aboriginal cultural background, indicated that children in relative/kinship care selected more people as special and important to them (5.2) than children in foster care (mean = 4.6) ($\chi^2 = 7.33, 1 df, p=.0068$); there was also a trend for Aboriginal children to select significantly more people (5.16) than non-Aboriginal children (4.76) ($\chi^2 = 3.63, 1 df, p=.057$).

Children in Waves 2 and 3 were also asked whether there was anyone they would like to see or people they didn't see enough. A substantial number of children – more than 200 at Waves 2 and 3, and fairly equally divided between foster care and relative/kinship care, said there were people they would like to see more. The most common person/s were birth parents, followed by friends and then siblings and other relatives such as grandparents and aunts and uncles. Just under half of those who indicated there were people they would like to see more mentioned birth parents and siblings on Wave 2, but this dropped to around one in three at Wave 3. There were no systematic or significant differences between CALD, Aboriginal and Other Australian (children who are neither CALD nor Aboriginal). Nor were there significant differences by age or gender, apart from girls more than boys in Wave 2 wanting to see their extended family, and 9–11-year-olds being keen to see their birth parents more than older or younger children.

Children's reports of their carer's emotional responsiveness

Children aged 7–17 years were asked to respond to a series of questions that measured their carer's emotional responsiveness, as outlined earlier and in Chapter 4. The overall average score for the emotional responsiveness of their carers was very consistent and high, close to the maximum score of 25, across waves and by placement type, and cultural background (CALD, non-CALD and Aboriginal background). There were no significant differences between CALD and non-CALD children or Aboriginal-CALD and Other Australian children.

Children and young people aged 7–17 years were also asked at Waves 2 and 3 about the extent to which their carer helped them to feel part of the family (on a 5-point rating scale). There were no significant differences associated with cultural background, between CALD and non-CALD children (on either the binary CALD/non-CALD or four-category cultural background classification), with over 80% of children at each wave and in both relative/kinship and foster care saying their carers helped them to feel part of the family.

The children and young people were also asked at Waves 2 and 3 whether they were happy living in their current home (on a 4-point rating scale: 1 = 'very happy' and 4 = 'very unhappy'). Most children said they were 'very happy' at Waves 2 (78.7%) and 3 (72.9%); a further 17.4% at Wave 2 and 23.9% at Wave 3 said they were 'happy'. Again, there were no significant differences associated with cultural background, between CALD and non-CALD children.

Both CALD and non-CALD children who said they were happy or very happy living in their current placement were significantly more likely to say their carers helped them to feel part of the family.²⁸ CALD and non-CALD children who rated their carers as being more emotionally responsive were significantly more likely to say that their carers helped them to feel part of the family and also, for non-CALD children, that they were happy living in their current home (significant only for non-CALD children for whom the group size was larger: see Table 5-3).

²⁸ Spearman rho correlations were .63, $p < .001$ ($n=34$) at Wave 2 and .47, $p = .009$ ($n=30$) at Wave 3 for CALD children, and .35, $p < .001$ ($n=242$) at Wave 2 and .38, $p < .001$ ($n=268$) at Wave 3 for non-CALD children. The numbers of children who responded to these questions at Waves 2 and 3 were not sufficiently large to accommodate the breakdown by the four-category cultural background factor.

Table 5-3: Correlations between children’s ratings of carers’ emotional responsiveness and being helped to feel part of the family and child’s happiness living there

	CALD children		Non-CALD children	
	Happy living there	Helped to feel part of family	Happy living there	Helped to feel part of family
Wave 2	-.308	-.543**	-.359**	-.416**
Wave 3	-.297	-.352*	-.374**	-.468**

* $p < .05$, ** $p < .001$

Note: The child’s scale for being happy living in their current placement was rated on a 4-point rating scale where 1 = ‘very happy’ and 4 = ‘very unhappy’, so negative correlations with warmth indicate that children were happier when the carer’s self-reported warmth score was higher.

5.3 Carers’ reports of their own emotional responsiveness

Carers’ parenting style was based on three measures – parental warmth, hostility and monitoring. As with the children’s reports, there was a high degree of consistency across waves and little difference associated with placement type, the child’s age or cultural background. The mean score was 21.05 (SD = 3.6) in Wave 1; in Waves 2 and 3, the scale scores were not significantly different (21.4 at Wave 2 and 21.0 in Wave 3). There was little or no difference by cultural (either CALD or Aboriginal) background of the children or of the carers.²⁹

Children’s views about the parenting style of their carers were poorly correlated with the self-reported ratings given by the adults who were looking after them. This was the case for both CALD and non-CALD children and suggests that children and carers do not see the emotional responsiveness of the carers in the same way. This is somewhat surprising but may indicate a response bias by carers or that children in these circumstances are not sensitive or well attuned to their carers’ responsiveness.

Carers’ perceptions of their relationship with the child

The vast majority of carers reported having either a ‘very close’ or ‘quite close’ relationship with the children in their care on all three waves.³⁰ As Table 5-4a shows, there were no significant differences ($p < .01$) over time or associated with the type of placement (foster or relative/kinship care) or with the cultural background of the child (Aboriginal, CALD or non-CALD). There was, however, a consistent trend, significant at Wave 2, for a higher proportion of the carers of CALD children to say that they were ‘very close’ to the child in their care compared with the carers of children of other cultural backgrounds (see Table 5-4a).

²⁹ CALD and other carers did not differ significantly in parenting warmth or hostility for CALD children, adjusting for the standard covariates (wave, placement type, child’s age and gender).

³⁰ The question carers were asked was: How would you describe your relationship with the child? Response categories were ‘very close’, ‘quite close’, or ‘not very close’.

The carers were also asked to say how close they thought the child’s relationship was with the other carer in the household, generally their male spouse or partner. The pattern was very similar; again there was a non-significant but consistent trend ($p > .01$ and $< .05$) for a higher proportion of carers of CALD children to indicate that the other carer was ‘very close’ to the child on Waves 2 and 3 than carers of children of other cultural background (Table 5-4b). The pattern was similar for the proportion of children reportedly ‘very close’ to both carers (Table 5-4c). In each case, the proportion of carers of CALD children was consistently higher than the overall percentage. A small percentage of children were reportedly close to neither carer (Table 5-4).

Table 5-4: Carers’ reports of child’s relationships in carer household by wave

	Overall	CALD	Aboriginal/ CALD	Aboriginal	Other Australian	Significance χ^2 (3 df) p
(a) Carer’s relationship with the child: % very close						
Wave 1 (n=1,281)	78.4	84.7	75.4	80.5	76.0	ns
Wave 2* (n=1,200)	83.8	93.6	83.3	84.3	81.6	11.89 p=.008
Wave 3 (n=1,031)	82.5	88.0	82.0	83.7	80.7	ns
(b) Other carer’s relationship with the child: % very close						
Wave 1 (n=811)	73.9	80.0	71.9	75.6	71.7	ns
Wave 2*(n=837)	80.6	91.6	82.9	82.5	77.1	11.72 p=.008
Wave 3*(n=698)	80.7	90.3	91.7	79.3	78.5	9.73 p=.021
(c) Both carers ‘very close’ to child: %						
Wave 1* (n=808)	70.0	80.0	62.5	69.3	69.2	19.62 p=.02
Wave 2* (n=837)	76.5	90.4	80.0	75.9	73.8	19.11 p=.024
Wave 3 (n=698)	76.5	86.1	86.1	75.1	74.5	ns
(d) Neither carer very close’ to child: %						
Wave 1* (n=808)	16.6	12.5	18.8	13.7	19.0	19.62 p=.02
Wave 2* (n=837)	10.2	4.8	8.6	8.9	12.1	21.89 p=.009
Wave 3 (n=698)	11.3	6.9	5.6	11.8	12.5	ns
(e) Child’s relationship with other children in household: % very close						
Wave 1 (n=1,102) (n=808)	72.4	81.8	72.2	72.1	70.7	13.05 p=.042
Wave 2** (n=1,017)	78.0	87.5	79.6	82.4	72.9	21.93 p=.001
Wave 3** (n=874) (n=1,102)	75.6	89.0	82.1	74.0	73.3	20.68 p=.002

*p<.05, **p<.01; ns = not significant.

Most children were perceived by carers to be ‘very close’ or ‘quite close’ to other children in the household; the highest proportion at each wave was for children of CALD background. The differences by cultural background were statistically significant at Waves 2 and 3 (Table 5-4e).

Carers’ reports of children’s relationships with birth family members

Primary carers were asked a series of questions about children’s relationships and contact with members of their birth family. As outlined in Cashmore and Taylor (2020), carers reported that children were significantly more likely to have a good relationship with their father, and also with members of their extended family, if the children were in relative/kinship care than in foster care; the pattern was similar for mothers, but the differences were not significant.

Children were also reportedly more likely to have a good relationship across waves with their siblings in both types of care and with their cousins in relative/kinship care than with their parents or other adult family members. Children in relative/kinship care were also more likely to have a good relationship with their maternal relatives than with their paternal relatives (see Table 5-5).

Table 5-5: Carer reports of birth family members with whom child has a good relationship for children (all cultural backgrounds) in foster and relative/kinship care by wave

Child has a good relationship with:	Relative/kinship care			Foster care		
	Wave 1	Wave 2	Wave 3	Wave 1	Wave 2	Wave 3
Mother	44.8%	38.2%	32.8%	32.3%	30.4%	29.8%
Father*	31.6%	33.8%	30.2%	19.4%	18.8%	17.2%
Siblings	53.9%	56.1%	53.3%	52.7%	56.5%	57.6%
Maternal grandparents**	47.5%	40.4%	36.0%	16.4%	14.5%	14.8%
Maternal aunts/uncles**	48.5%	45.7%	36.5%	10.2%	9.2%	9.5%
Cousins**	57.8%	55.7%	47.0%	10.1%	10.3%	11.8%
Paternal grandparents**	28.1%	28.4%	28.4%	9.3%	10.2%	11.7%
Paternal aunts/uncles**	29.2%	29.6%	27.9%	4.9%	4.7%	6.2%
Any other relations	0.0%	0.3%	0.8%	0.0%	0.6%	0.7%
None of these**	4.3%	3.2%	2.8%	19.8%	17.8%	15.7%
Total	583	503	430	567	510	453

Note: Percentages and totals are based on all children, whereas Table 5.1 in Cashmore and Taylor (2020) was based on all children in the same household on all three waves. Coloured rows indicate significant differences between children in relative/kinship and foster care (*p<.01, **p<.001).

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There were few significant differences associated with children’s cultural background based on the simple CALD/non-CALD categorisation, but the four-category comparison (Aboriginal; CALD; Aboriginal-CALD; Other Australian) indicated some significant differences and trends, with CALD and Aboriginal-CALD children having more contact with a number of family members than children of the other cultural backgrounds. Table 5-7 shows the significant results and trends ($p < .05$) and the percentages which were significantly higher (or lower) than those for other groups. These differences were largely for children in relative/kinship care and consistent across waves for children’s contact with their mother, and the maternal aunts, uncles and cousins they were not living with. For example, 55% to 65% of CALD children in relative/kinship care were reported by their carer to have a good relationship with their mother in Waves 1 to 3 (see first row of Table 5-6) compared with an overall average of 44.8% of all children in relative/kinship care in Wave 1 and 32.8% in Wave 3 (see Table 5-5). Only 2.2% of CALD children in foster care had contact with their paternal grandparents in Wave 1 compared with an overall figure of 9.3% for children in foster care in Wave 1 (see Table 5-6). Note that the significance tests were for comparisons with the other group or groups, the percentages for which are not shown; for example, at every wave a greater proportion of CALD children in relative/kinship care reported they had a good relationship with their mother compared with CALD children in foster care.

Table 5-6: Significant differences by cultural background in carer reports of who the child has a good relationship with in their birth family by type of care and wave

Child has a good relationship with:	Relative/kinship care			Foster care		
	Wave 1	Wave 2	Wave 3	Wave 1	Wave 2	Wave 3
Mother: CALD children	55.7% $p=.033$	62.2% $p=.006$	65.0% $p=.003$			
Father: Aboriginal-CALD children				41.4% $p=.000$		
Siblings: CALD children		31.1% low* $p=.005$				
Maternal grandparents: Aboriginal-CALD children	23.8% low* $p=.013$					
Maternal aunts/uncles: CALD children	62.3% $p=.041$	62.2% $p=.013$	70.0% $p=.005$			
Cousins: CALD children	78.7% $p=.005$	80.0% $p=.006$	75.0% $p=.031$			
Paternal grandparents: Aboriginal-CALD (relative/kinship), CALD (foster)	52.4% $p=.004$			2.2% low* $p=.004$		
Paternal aunts/uncles: Aboriginal-CALD children		56.5% $p=.018$				

* ‘Low’ refers to the lowest percentage; the other % and p values refer to the highest percentages for that family member within relative/kinship or foster care, based on X2 tests.

In summary, CALD children in relative/kinship care were generally more likely to have a good relationship with members of their birth family than other children. Further analyses, not reported above, which included the cultural background of the carer, also indicated that CALD carers were significantly more likely to report that CALD children had a good relationship with their birth fathers (but not with other family members) than carers of CALD children whose own background was ‘Other Australian’.³¹

5.4 Children’s contact with family members

Carers were asked to indicate which family members children had contact with (people they were not living with), how frequently, and the type of contact. Overall, children were most commonly in contact with their mother, father and the siblings they were not living with, in that order (Table 5-7). There was a downward trend in the percentage of children having contact with their parents over time (Waves 1 to 3) including those in contact with both or at least one parent. This was not the case for other family members, and especially for the siblings they were not living with.

Table 5-7: Carer reports of which birth family members the child has contact with (not including those they live with) by CALD background (percentage of children with contact)

Child’s contact with:	CALD children			Non-CALD children		
	Wave 1	Wave 2	Wave 3	Wave 1	Wave 2	Wave 3
Mother (*Wave 3) (#Waves 1, 2, 3)	80.3	70.2	66.7	83.6	76.3	74.8
Father (*Wave 1)	44.1	45.3	39.2	53.3	48.7	45.9
At least one parent (#Wave 1)	84.0	75.3	70.4	87.2	73.9	74.3
Both parents (*#Waves 1, 3)	40.4	34.1	29.6	49.9	39.0	38.2
Siblings (*Waves 1, 2) (##Waves 1, 2, 3)	41.0	43.9	51.0	50.2	59.6	59.1
At least one grandparent	45.7	47.1	46.9	53.4	45.6	45.8
Maternal grandparents (#Wave 2)	31.4	31.7	32.7	35.6	34.8	32.9
Paternal grandparents	23.0	27.9	24.2	26.4	26.4	25.1
Maternal great-grandparents	6.9	3.7	5.9	8.2	9.6	7.9
Paternal great grandparents	3.7	3.7	3.3	4.3	4.1	3.8

³¹ The odds ratio for carer 1 being CALD versus ‘Other Australian’ when fitted alone (together with the other standard covariates, i.e. wave, placement type, and the age and gender of the child) was 16.6 ($p < .001$). There were no significant interactions, and the individual cultural practice responses were not significant.

Child's contact with:	CALD children			Non-CALD children		
	%			%		
	Wave 1	Wave 2	Wave 3	Wave 1	Wave 2	Wave 3
At least one aunt/uncle	46.8	52.4	48.8	53.7	49.7	47.2
Maternal aunts/uncles	32.4	39.1	39.2	40.2	37.6	35.6
Paternal aunts/uncles	21.3	26.1	20.9	22.9	24.9	23.3
Cousins	43.6	47.8	44.4	43.8	46.7	42.2
None of these	6.4	10.6	10.5	4.6	13.3	12.1

Note: Based on all children. The responses relate to family members the children are not living with.

CALD/non-CALD difference: * $p < .05$, ** $p < .01$;

Aboriginal-CALD categories: # $p < .05$, ## $p < .001$ based on X2 analyses for each relationship.

There were few statistically significant differences between children of CALD and non-CALD background, but CALD children tended to be less likely ($p < .05$) than children of non-CALD background to have contact with both of their parents (their mother, father, and both) and with the siblings they were not living with. The only significant difference ($p < .01$) between the four cultural background groups was for siblings at all three waves. Children of CALD background were significantly less likely to have contact with their non-coresident siblings at each wave than children from the other three cultural background groups. For example, at Wave 1, 35.9% of CALD children had contact with siblings they were not living with compared with 45.7% of Aboriginal children, 52.6% of Aboriginal-CALD children and 53.3% of other children.

It is important also to take into account the extent to which children were likely to be living with any or all of their siblings and how that might differ by cultural background and by placement type. Aboriginal children *in foster care*, for example, ‘were significantly less likely than non-Aboriginal children in foster care to have contact with siblings they were not living with’, but compared to non-Aboriginal children, nearly twice as many Aboriginal children in foster care were *living with* siblings in Waves 1 and 2’ (Cashmore & Taylor, 2020, p. 58).³²

As Figure 5-2a indicates, children of CALD background in relative/kinship care were significantly more likely to be living with siblings, and to have no siblings outside their home (care household) in Waves 1 and 2 than their counterparts in foster care.³³ This difference was much less evident, and not significant, for non-CALD children (Figure 5-2b). Children of CALD background in relative/kinship care were also significantly more likely to be living with siblings, with no siblings outside their household, in Waves 1 and 2 (55.4% and 59.2% respectively) compared with their non-CALD counterparts in relative/kinship care (38.8% and 36.0%

³² There were, however, ‘no significant differences between Aboriginal and non-Aboriginal children in relative/kinship care both in relation to the proportion who have contact with the siblings they were not living with and in the proportion who were living in the same household as their siblings’ (Cashmore & Taylor, 2020).

³³ In Wave 1, 55.4% of CALD children in relative care compared with 20.4% in foster care: $\chi^2 = 27.02$, 3 df, $p < .001$; in Wave 2, 59.2% and 29.4%: $\chi^2 = 19.59$, 3 df, $p = .0002$; the same pattern was evident in Wave 3 (39% cf 25%) but not significant.

respectively).³⁴ This suggests that relative/kinship carers were more likely to take a sibling group of CALD children than foster carers and non-CALD relatives or kin were.³⁵

Figure 5-2: Percentage of children in foster and kinship care of (a) CALD (b) non-CALD background living with or without siblings in home across waves

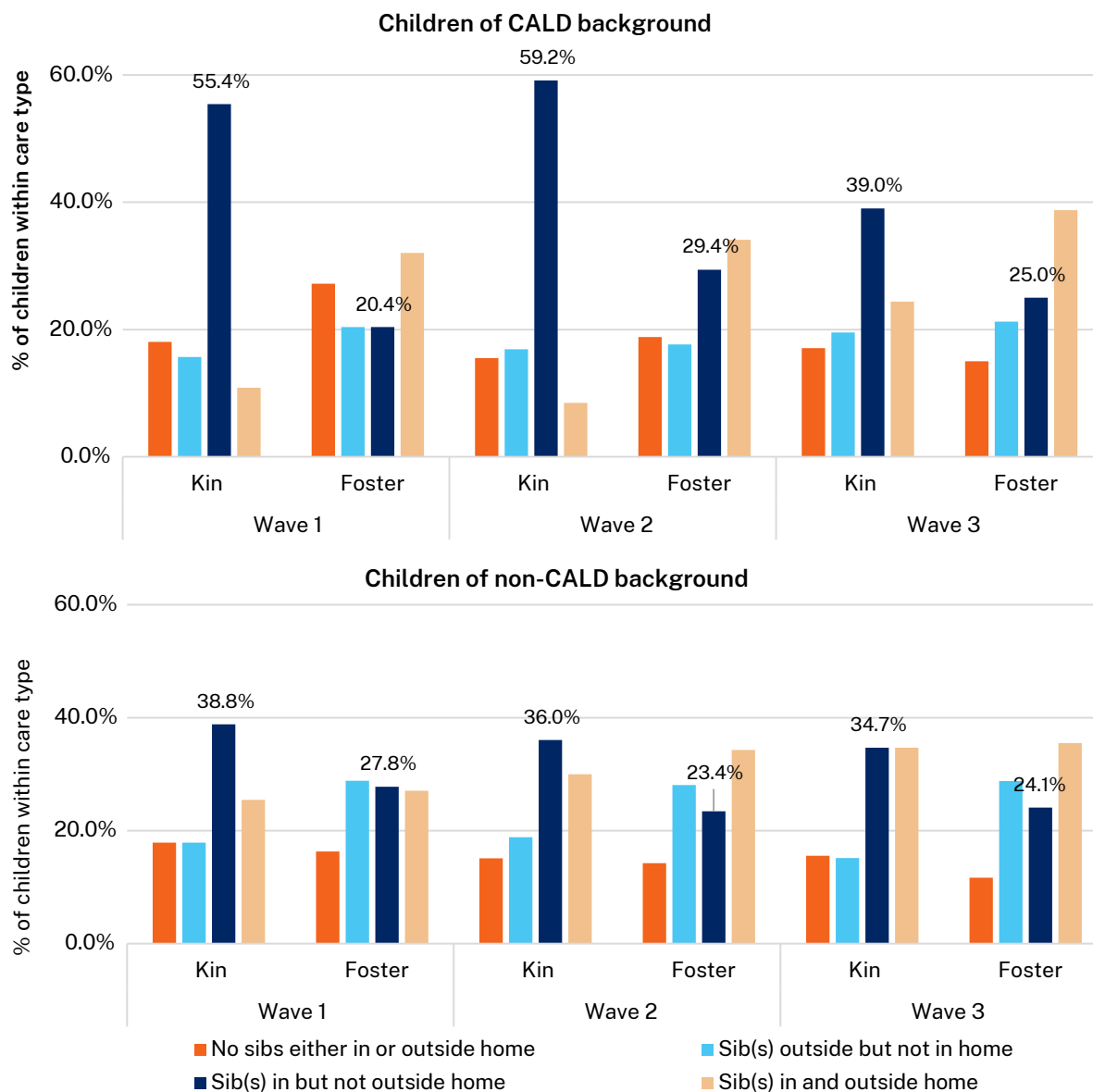


Table 5-8 shows the percentage of children by cultural background who had at least monthly contact with different family members for the four Aboriginal-CALD groupings, with several significant differences for mothers, siblings and maternal aunts/uncles.³⁶

³⁴ Wave 1: $\chi^2 = 11.48$, 3 df, $p = .009$ and Wave 2: $\chi^2 = 18.91$, 3 df, $p < .001$.

³⁵ The pattern was similar for the four-category cultural background in Waves 1 and 2.

³⁶ There were no significant differences between CALD and non-CALD children within waves or within placement type.

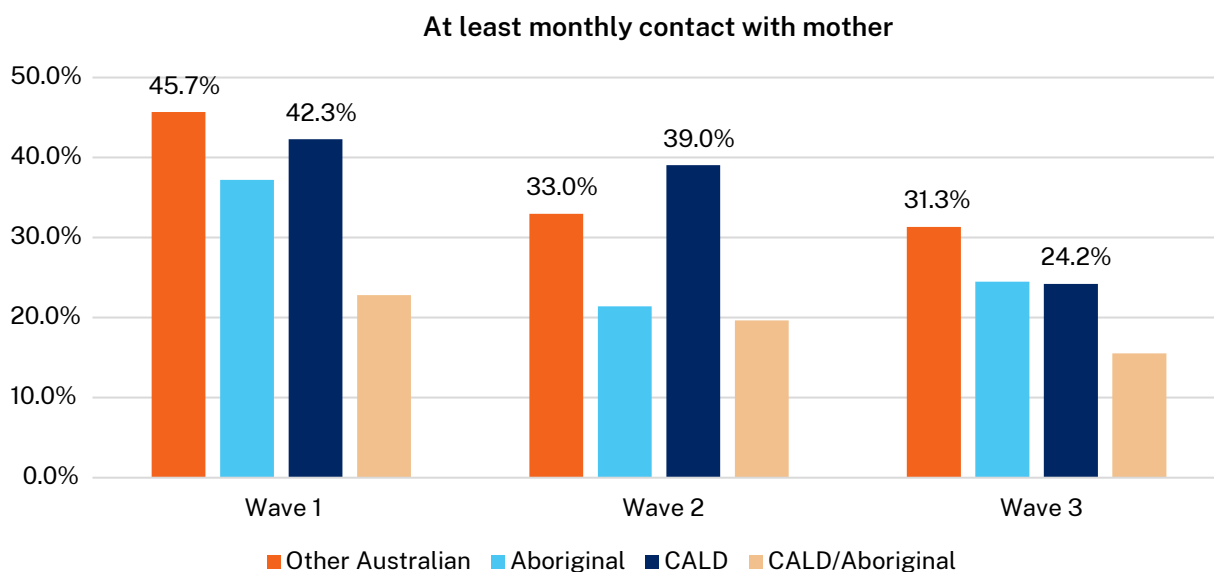
Table 5-8: Carer report of children with at least monthly contact with family members they were not living with, by cultural background across Waves 1 to 3

	SIG DIFFS	Mother # %	Father %	Siblings # %	Maternal Grandparents %	Paternal Grandparents %	Maternal aunts/ uncles # %	Paternal aunts/ uncles %	Cousins %
Wave 1	Aboriginal	37.2	21.1	25.8	15.1	12.3	25.5	13.5	31.6
	CALD	42.3	21.5	24.4	9.9	5.3	26.7	10.7	34.4
	Aboriginal/CALD	22.8	12.3	29.8	14.0	10.5	17.5	14.0	31.6
	Other Australian	45.7	26.8	32.0	16.9	10.6	20.5	13.1	25.8
	Total	41.4	23.7	29.0	15.4	10.6	22.7	13.0	28.9
Wave 2	Aboriginal	21.4	12.2	21.4	11.9	6.9	18.6	12.9	28.6
	CALD	39.0	21.0	16.2	13.6	6.4	30.0	11.8	34.5
	Aboriginal/CALD	19.6	19.6	21.4	8.3	13.3	3.3	16.7	20.0
	Other Australian	33.0	18.8	31.0	14.8	8.5	17.7	12.3	25.4
	Total	28.7	16.7	25.7	13.3	8.0	18.4	12.7	27.1
Wave 3	Aboriginal	24.5	14.6	23.3	7.3	8.1	17.4	12.9	26.6
	CALD	24.2	17.9	20.0	14.0	1.0	16.0	9.0	22.0
	Aboriginal/CALD	15.5	15.5	24.1	9.7	9.7	9.7	12.9	21.0
	Other Australian	31.3	16.2	31.6	11.5	6.2	16.0	11.5	21.6
	Total	27.3	15.8	27.1	10.2	6.6	16.1	11.8	23.3

Note: Significant differences by cultural background: #p<.01: mother, Waves 1 and 2; siblings, Wave 2; maternal aunts/uncles, Wave 2.

Figure 5-3 shows the percentage of children having at least monthly contact with their mother, which reduced over waves (overall from 41.4% in Wave 1 to 27.3% in Wave 3) and varied by cultural background. It was higher for children of other Australian background and for CALD children in Waves 1 and 2; it was also substantially higher for CALD children than for Aboriginal-CALD children who had the lowest likelihood at each wave of at least monthly contact with their mother (Figure 5-3).³⁷ Children in relative/kinship care were significantly more likely than children in foster care to have at least monthly contact with their mother, taking other factors into account.³⁸

Figure 5-3: Carer report of children with at least monthly contact with their mother by cultural background



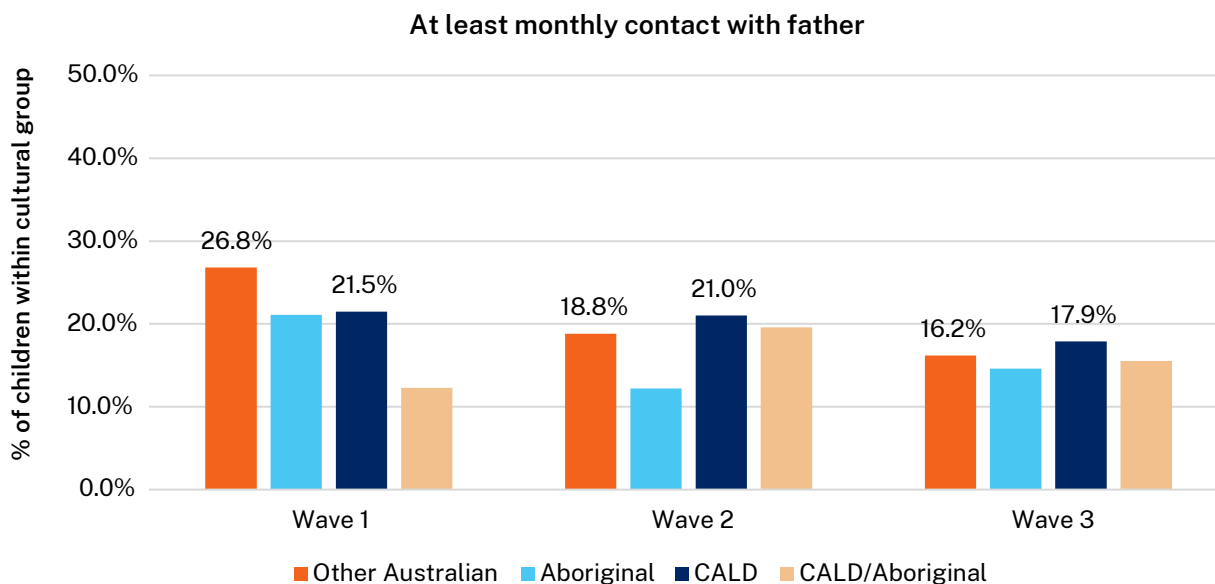
Children’s contact with their father was substantially less common than with their mother and there was less drop-off over waves though from a lower base (around 50% compared with around 80% for mothers). Unlike children’s contact with their mother, there were no significant differences associated with cultural background, though there was a trend ($p=.022$) for Other Australian children (those who were neither Aboriginal nor CALD) to be more likely than other children to have at least monthly contact with their father in Wave 1 (see Figure 5-4).³⁹

³⁷ Wave 1: $\chi^2 = 16.29$, 3 *df*, $p=.001$; Wave 2: $\chi^2 = 22.63$, 1 *df*, $p<.0001$; Wave 3, $p=.021$.

³⁸ A mixed-effects ordered logistic model was used to assess the association between children’s contact with their mother (at least monthly) with the type of placement, time (wave), the child’s age, gender, cultural background (CALD and Aboriginal), the Aboriginal status of the care household, whether there were siblings in or outside the care household and how positive carers were about contact. Placement type, Indigenous household, and wave were all significant ($p<.01$) and there were near significant trends ($p<.05$) for children of CALD and Aboriginal background.

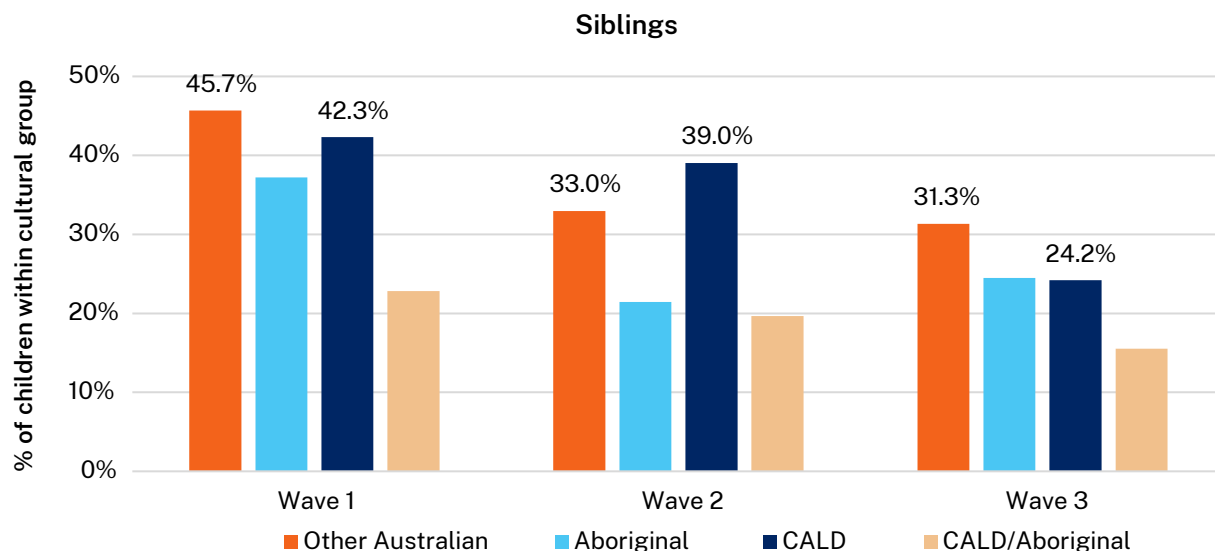
³⁹ The type of placement, time (wave), and how positive the carers were about contact were all significant ($p<.005$) in the multilevel mixed-effects ordered logistic model analysis.

Figure 5-4: Percentage of children with at least monthly contact with their father by cultural background



As Figure 5-5 indicates, children of Aboriginal-CALD background had the lowest likelihood of at least monthly contact with siblings they were not living with and those of CALD background the highest.⁴⁰ As outlined earlier, however, children of CALD background, particularly in relative/kinship care, were more likely to be living with all of their siblings (see Figure 5-2).

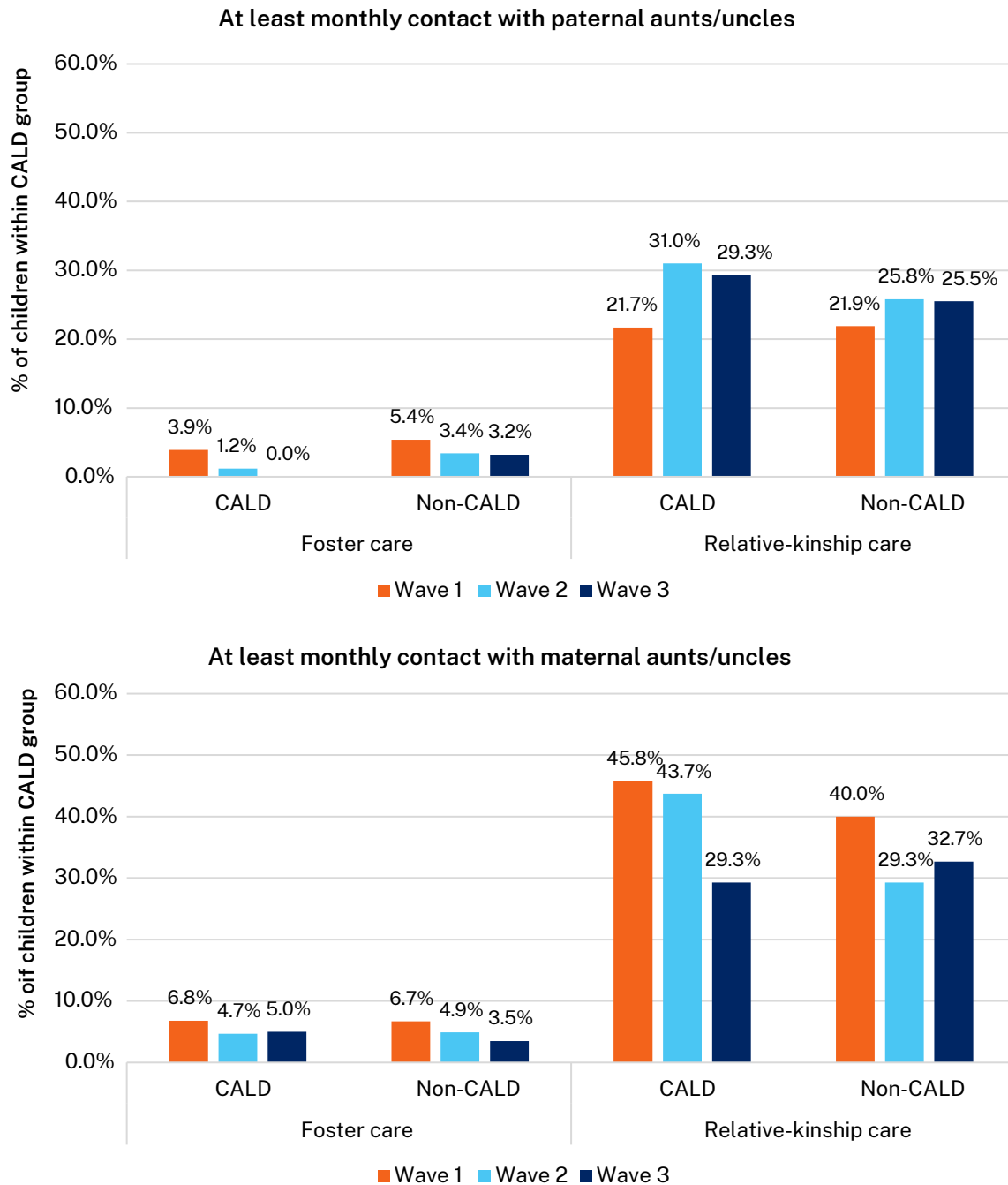
Figure 5-5: Percentage of children with at least monthly contact with siblings they are not living with by cultural background across Waves 1 to 3



⁴⁰ The only significant associations in the mixed-effects ordered logistic model analysis were for CALD background (odds ratio = .45, $p=.004$) and how positive the carers were about the child’s contact with members of their birth family (odds ratio = .88, $p=.006$).

As Figures 5-6a and 5-6b show, there were significant differences by type of care for both maternal and paternal aunts and uncles,⁴¹ but cultural background was not significant.

Figure 5-6: Carer report of children in foster care and kinship care with at least monthly contact with (a) maternal and (b) paternal aunts/uncles by CALD background across waves



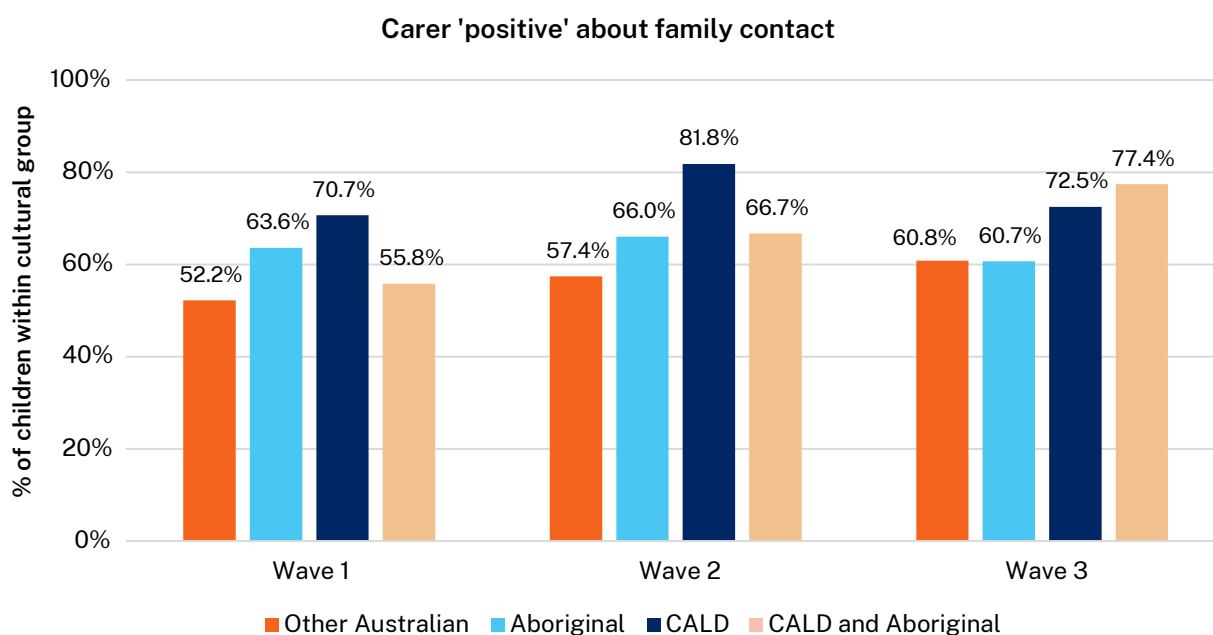
⁴¹ The type of placement was significant for maternal aunts and uncles (odds ratio = 12.91, $p < .0001$) and paternal aunts and uncles (odds ratio = 13.94, $p < .0001$).

In summary, children were most likely to have contact with their mother, then their father and siblings, and then maternal and paternal relatives. This is consistent with the findings of other studies (Biehal et al., 2010; Fernandez, 2009). Aboriginal-CALD children were the least likely to have contact with their mother, and with other family members including siblings they were not living with, but the numbers of children in this group were relatively small.

Carers’ feelings and concerns about contact

Carers were asked at each interview what their overall feeling was about the child’s contact with their birth family on a 5-point scale (where 1 was ‘positive’ and 5 was ‘negative’). Overall, in each wave, most carers were ‘positive’, with a slight increase from Wave 1 (58.0%) to Waves 2 (63.2%) and 3 (62.9%). There were significant differences associated with the child’s cultural background in Waves 1 and 2, with a higher proportion of positive responses among the carers of CALD children than for other children (see Figure 5-7).⁴²

Figure 5-7: Carers’ report of ‘positive’ about child’s contact with birth family by cultural background across waves



Overall, around 80% of carers indicated that the needs of the child in maintaining their family relationships were being met ‘very well’ or ‘fairly well’ at each wave; the percentage saying ‘very well’ increased from 41.5% in Wave 1 to 48.5% in Wave 3. Again, relative/kinship carers were significantly more positive that the child’s needs were being well met than foster carers across all three waves (Cashmore & Taylor, 2020). There were several significant cultural differences in relative/kinship care placements, with the carers of CALD children being significantly more likely to say that contact was meeting the child’s needs for family relationships ‘very well’ than the carers of the other three cultural group of children (see Figure 5-8a).⁴³ The least positive were the foster carers of Aboriginal children.

⁴² Wave 1: $\chi^2 = 22.76$, 3 df, $p < .0001$; Wave 2: $\chi^2 = 25.43$, 3 df, $p < .0001$; Wave 3, $p = .02$.

⁴³ Wave 1: $\chi^2 = 19.04$, 9 df, $p = .019$ and wave 2: $\chi^2 = 24.76$, 9 df, $p = .003$.

As reported in Cashmore and Taylor (2020), a series of logistic regression analyses was conducted to test the association between carers' ratings of how well children's contact with family members was meeting their needs for maintaining these relationships,⁴⁴ and a number of other factors: the frequency of contact with that family member, whether the child had siblings in and outside the care household, the child's age, gender and cultural background (Aboriginality or CALD), the type of placement and their time in the placement, and the wave (time). Table 5.9 summarises the significant results, with the odds ratios for significant effects.

No significant effects were associated with the child's age and gender, the time the child had been in that placement or whether they were living with any siblings. Taking all other factors into account, the main change over time was that carers perceived that contact was meeting the child's needs better on Wave 2 than on Wave 1. The type of placement was not significant per se,⁴⁵ but it was significant in interaction with the child's CALD cultural background, with the odds of relative/kinship carers of CALD children being two to three times more likely to say that the child's needs for the maintenance of their family relationships were being well met (see Table 5-9: odds ratios of between 2.88 and 3.29). On the other hand, the carers of Aboriginal children, and particularly foster carers, were less likely to say that these children's needs were well met by family contact than the carers of non-Aboriginal children (odds ratios of between .46 and .57).

Again, the one consistent effect across all family members was the frequency of contact. The odds that the child's needs were reported by their carers to being met well were significantly greater where contact was more frequent – at least monthly or weekly for all family members (Table 5-9). The odds of the child's needs being met well were four to seven times greater if they were having at least weekly contact or on most days with their mother, father and siblings.

⁴⁴ Separate logistic analyses were conducted using the frequency of contact with each family member with the four ratings/response categories of the dependent variable (*fam12* – how well the child's needs were being met) combined to provide a binary variable with 'very well' + 'fairly well' vs 'not very well' + 'not well at all'.

⁴⁵ These analyses excluded the small number of children and young people in residential care.

Figure 5-8: Carers’ report of contact with child’s birth family meeting child’s needs ‘very well’ by cultural background across waves for children in (a) relative/kinship care and (b) foster care

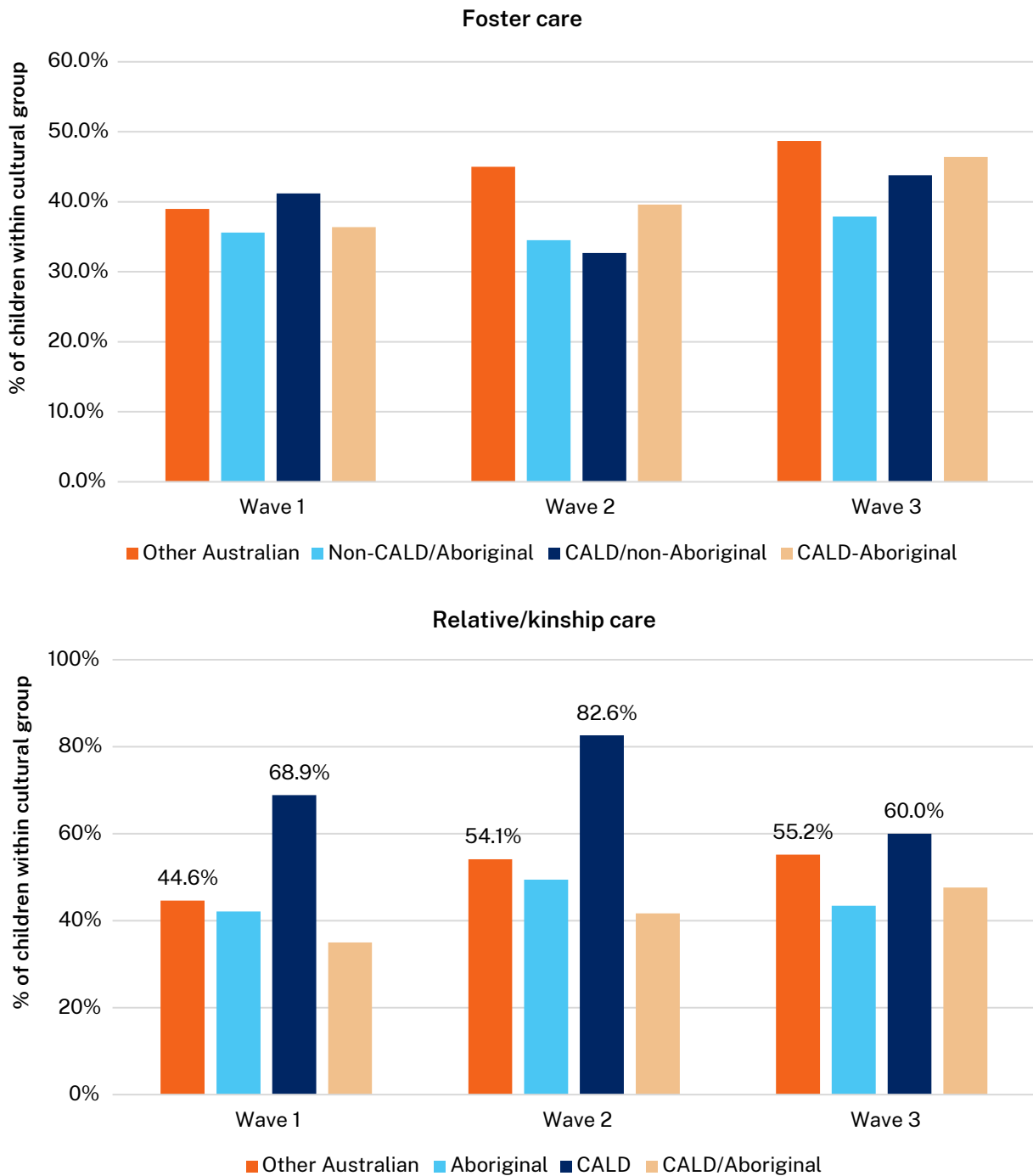


Table 5-9: Summary of logistic regression analyses of carers’ reports of how well contact was meeting the child’s need for family relationships and odds ratios (OR) for significant comparisons, *p<.05 **p<.01 *p<0001**

Contact meeting child’s needs for family relationships	Overall model χ^2 (17 df)	Contact frequency (Sig different from ‘no contact’)	Aboriginal child	Wave	Placement type x Cultural background CALD x relative/kinship
Mother	100.53***	2.88 (at least monthly)*** 5.92 (at least weekly)*** 7.37 (most days)***	0.57*	Wave 2: 2.28** Wave 3: 3.12**	3.29*
Father	66.63***	1.94 (at least monthly)*** 3.04 (at least weekly)*** 4.65 (most days)***	0.48*	Wave 2: 1.85*	3.09*
Siblings	73.37***	1.94 (at least monthly)*** 4.04 (at least weekly)*** 2.55 (most days)**	0.52**	Wave 2: 1.73*	3.27*
Maternal grandparents	47.45***	2.32 (at least monthly)** 2.78 (at least weekly)*	0.50**	Wave 2: 1.71**	2.88*
Paternal grandparents	54.99***	3.92 (at least monthly)** 5.65 (at least weekly)*	0.46**	Wave 2: 1.77**	2.91*
Maternal aunts/uncles	50.14***	2.36 (at least monthly)** 2.66 (at least weekly)**	0.49**	Wave 2: 1.81*	3.20*
Paternal aunts/uncles	47.6***	2.02 (less than monthly)** 2.07 (most days)*	0.49**	Wave 2: 1.77**	3.02*

Problems preventing contact reported by carers

Overall, the most common problems in Wave 1 reported by carers were parents' behaviour (30.2%), parents cancelling or 'not showing up' (29.5%) and the impact of contact on the child (27.5%), and they remained the most common concerns over the three waves. Table 5-10 shows the percentage of carers reporting problems by the CALD or Aboriginal cultural background of the children, as well as the associated significant effects by wave. Overall, there is a fairly consistent pattern for the carers of CALD children to be less likely than the carers of children of other cultural backgrounds to report problems with contact, and particularly with the three most commonly reported problems related to parents' behaviour and not keeping to the contact arrangements.

Typical comments about what carers would like to see change include more consistency in the contact and in parents' behaviour, and concern about the impact of contact on the child. As reported in Cashmore and Taylor (2020), carers' comments were fairly evenly split between calling for more contact, particularly with siblings and fathers, and reduced contact and better supervision. For example:

It would be in the child's interests to have contact with his father. His father does not want contact with him or his sibling. There is no contact between the child and his paternal grandparents either.

[Relative/kinship care of 3–5-year-old male in same household at Wave 2]

He has siblings but doesn't have any contact with them. I wish that he did see his siblings.

[Foster care of 3–5-year-old male at Wave 3]

He misses his father who does not have contact with him. He would be more settled if he had contact with him.

[Relative/kinship care of 15–17-year-old male at Wave 2]

Although the visits are supervised I do not feel it is done correctly as the parents tell the children things that are not child appropriate which upsets them. The supervisor needs to be more in tune with what is being discussed and show a greater presence.

[Foster care of 6–8-year-old girl and sibling at Wave 2]

Table 5-10: Caregiver reports of problems with contact by cultural background of children across waves

Problems with contact (%)	CALD			Aboriginal			Aboriginal-CALD			Other children			*p<.05 **p<.01
	Waves			Waves			Waves			Waves			
	1	2	3	1	2	3	1	2	3	1	2	3	
Parent cancelling or not showing up	26.6	17.0	20.9	28.5	37.4	31.5	30.8	32.7	35.2	30.6	26.2	24.1	W2:* W2:## W3:#
Parent’s behaviour	24.2	19.0	22.0	27.8	32.0	29.3	21.2	28.8	16.7	33.6	33.1	26.1	W1, W2:* W1, W2:#
Impact of contact on the child	14.5	17.0	13.2	23.1	20.7	21.7	23.1	23.1	14.8	33.1	24.1	21.9	W1:** W1:##
Interrupts child’s sleep and routines	16.9	9.0	6.6	20.1	10.2	11.8	28.8	17.3	7.4	25.6	15.1	11.7	
Time/distance	9.7	10.0	11.0	21.1	14.5	11.8	23.1	15.4	16.7	17.0	12.8	14.4	W1:#
Hostility between birth family and carer	5.6	7.0	5.5	7.9	12.1	8.0	5.8	3.8	7.4	12.5	10.7	9.3	W1:#
Child not wanting contact	8.1	7.0	9.9	9.1	7.8	9.9	0.0	7.7	5.6	8.1	8.6	11.5	
Lack of support from the caseworker	3.2	3.0	0.0	7.4	6.7	3.2	5.8	3.8	1.9	8.0	4.2	5.3	

* Statistical significant difference.

##Significant difference of CALD/Aboriginal four-category comparison.

Significant difference between CALD vs non-CALD children.

W1, 2, 3 denote that difference is significant on that wave.

In summary, the carers of CALD children were more positive about children's contact with their birth family and less likely to report problems than the carers of other children. The relative/kinship carers of CALD children were also more likely than other carers to report that contact was meeting the child's needs in maintaining their family relationships 'very well' or 'fairly well' at each wave.

5.5 Children's socio-emotional wellbeing

The focus in this section is on children's socio-emotional development and adjustment and whether there is any difference associated with children's cultural background, taking into account a range of other factors. The widely used standardised CBCL Internalising, Externalising and Total Problems T-scores, as rated by carers, were used as measures of children's socio-emotional wellbeing or adjustment.⁴⁶ Mixed models analyses, as outlined in Cashmore and Taylor (2020), included children's cultural background, age, gender, the type of placement,⁴⁷ whether children had changed household in which they were living over the three waves, and whether the children were living with or had contact with their siblings. A number of measures relating to carers' reports of the child's contact with birth family members were also included. These included: carers' concerns about the impact of family contact; the carers' views on how well the children's needs for contact with their birth family were being met; and the carers' self-reported ratings of the warmth or hostility of their parenting style with the child.

Table 5-11 summarises the main factors and their association with children's CBCL Internalising, Externalising and Total Problems T-scores. After taking all the other factors into account, there was only one significant cultural background effect. Children of CALD background had significantly lower Externalising CBCL T-scores than non-CALD children ($p=.03$). Older children had higher Internalising, Externalising and Total CBCL scores than younger children as did those who changed household over the course of the three waves (see Table 5-10). Children in relative/kinship care had lower Externalising and Total CBCL T-scores than children in foster care.

The simple measure of whether children had contact with their mother and/or father was not significantly associated with children's Internalising, Externalising or total CBCL T-scores. Living with at least one of their siblings was associated with lower Internalising and total CBCL T-scores but not Externalising T-scores.

The measures related to carers' reports of how well contact was working were quite consistently associated with children's socio-emotional adjustment. Children reportedly had fewer Internalising, Externalising and Total Problems if the carers indicated that their own overall view of birth family contact was positive rather than negative, that there was no adverse impact on the child, and that contact was meeting the child's needs for maintaining family relationships 'very well'.

⁴⁶ Higher T-scores on these scales indicate more emotional and behavioural problems.

⁴⁷ The small number of older children and young people in residential care were excluded.

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Carers' self-reported parenting style was also significantly and strongly associated with their reports of the children's socio-emotional problems; warmth was associated with lower socio-emotional problems and hostility with higher levels of problems.

Further analyses explored the association between CALD children's CBCL Total Problems T-score and whether their carer was in the CALD group or was an 'Other Australian'. Their related religious and other practices indicated that CALD children living with a CALD carer had lower CBCL Total Problems scores than CALD children who did not have a CALD carer. The CBCL Total Problems scores for CALD children with CALD carers were on average approximately half a standard deviation lower than for CALD children with a non-CALD carer, after taking into account the standard covariates (wave, placement type, and the child's age and gender) and the cultural practices items. Taking the 'warm' and 'hostile' parenting approaches into account reduced but did not eliminate the association between the carer's cultural background and the child's Total Problems CBCL score. The seven questions related to maintaining cultural practices were not significantly associated with the CBCL Total Problems T-score after adjusting for whether the carer had a CALD cultural background or not.

In summary, the simple measure of whether children had contact with their mother or father was not associated with children's socio-emotional problems. Children who changed households and were in foster care had higher total socio-emotional and behavioural problem T-scores than those who were in relative/kinship care and those who had not changed households. The carer's perceptions of the impact of birth family contact on the child, the relationship between the carer and the birth family, and the extent to which contact was perceived to be meeting the child's needs were also significantly associated with the child's socio-emotional adjustment.

Table 5-11: Summary of mixed model analyses predicting children’s CBCL T-scores including by cultural background: regression coefficients for significant effects

	CBCL Internalising	CBCL Externalising	CBCL Total
Overall model χ^2 (30 df)	479.88***	927.92***	827.68***
Wave	Wave 2: -2.16*** Wave 3: -2.08***	Wave 2: -1.13** Wave 3: -1.02*	Wave 2: -1.76*** Wave 3: -1.85***
Type of placement (cf foster)	ns (p=.076)	Relative/kin: -2.18***	Relative/kin: -2.39***
Child changed household W1-W3	2.40* (SE = .90)	2.44**	3.10***
Child’s cultural background			
• CALD	ns	-1.95*	nsnsnsns
• Aboriginal	nsnsns	nsnsns	nsnsnsns
• CALD/Aboriginal			
• Aboriginal carer			
Age of child (cf youngest)	12-17 years: 3.76***	6-8 years: 6.76*** 9-11 years: 6.99*** 12-17 years: 6.33***	6-8 years: 6.03*** 9-11 years: 6.04*** 12-17 years: 6.52***
Contact with:			
• mother	nsns	nsns	nsns
• father			
Siblings – in and/or outside household	1.68*	NS	-1.88*
Carers’ view that contact meets child’s needs (cf ‘very well’)	Fairly well: 1.50*** Not very well: 2.16*	Not very well: 2.22*** Not at all well: 2.13*	Fairly well: 1.22** Not very well: 1.85**
Carers’ view of contact (cf ‘positive’)	Negative: 2.48*	Negative: 2.46**	Negative: 3.22***
Carers’ view: perceived impact of contact on child	3.04***	2.35***	2.78***
Carers’ view re hostility of birth family	2.2**	NS	1.57*
Carers’ self-reported parenting style:			
• Warmth	-.38*** .69***	-.45*** 1.19***	-.47*** 1.02***
• Hostility			

*p<.05, **p<.01, ***p<.001; ns: not significant.

5.6 Summary of key findings

- There were both similarities and differences between CALD and non-CALD children in their experience in OOHC in relation to children's relationships with their carers and their birth family, and their contact with birth family members. CALD carers were more likely than other carers to indicate that the CALD children they cared for had culturally appropriate religious and other practices.

Children's relationships with their carers

- There were no significant differences between CALD and non-CALD children in how close important and special members of either their carer household or birth family were for them.
- Nor were there any significant differences in how emotionally responsive children rated their carers as being, including whether they helped them if they have a problem, listen to them and do things with them that are just for fun, as well as whether their carers helped them to feel part of the family.
- Over 80% of both CALD and non-CALD children at each wave and in both relative/kinship and foster care indicated that they were happy living there. The carers of CALD and non-CALD children did not differ in their self-reported ratings of their parenting style.
- Overall, carers were very positive about how close they were to the children in their care, but there was a consistent trend for the carers of CALD children to be more likely to say that they were 'very close' to the child compared with children of other cultural backgrounds (Aboriginal or other Australian).
- There was a similar pattern for how close carers said the other children in the household were to the child; CALD children, especially those in relative/kinship care were, however, more likely be living with their siblings than children of non-CALD background.

Children's contact and relationships with birth family

- Children were most likely to have contact with their mother, then their father and siblings, followed by maternal and paternal relatives. CALD children were less likely than children of non-CALD background to have contact with both parents (their mother, father, and both parents).
- CALD children were also less likely to have contact with siblings they were not living with than children from the other three cultural background groups, but those in relative/kinship care were also more likely to be living with their siblings, with no siblings outside their household. This may indicate that relative/kinship carers were more likely to take a sibling group of CALD children than foster carers and non-CALD relatives were.
- The main difference in terms of frequency of contact was that Aboriginal-CALD children were less likely to have at least monthly contact with their mother at each wave than children of other cultural backgrounds. This may reflect some of the complexities for children with mixed ethnic and cultural backgrounds, also reported in some of the international literature.

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- According to their carers, CALD and Aboriginal-CALD children in relative/kinship care were more likely to have a good relationship with their mother, and with the maternal aunts and uncles and cousins they were not living with than children from other cultural backgrounds. There were few differences for children in foster care.
- CALD carers were significantly more likely to report that CALD children had a good relationship with their birth fathers (but not with other family members) than carers of CALD children whose own background was not CALD.
- Overall, the majority of carers were positive about children's contact with their birth family and reported that contact with their birth family was meeting the child's needs in maintaining their family relationships 'very well' or 'fairly well' at each wave. The relative/kinship carers of CALD children were the most positive, with the odds of relative/kinship carers of CALD children being two to three times more likely to say that the child's needs for the maintenance of their family relationships were being well met.
- The carers of CALD children were the most likely to be positive about contact in general when asked to rate how they felt about children's contact with their birth family. How well carers said the child's needs were being met was associated with the frequency of contact, with the odds four to seven times greater if they were having at least weekly contact or on most days with their mother, father and siblings. This is not surprising – children with more frequent contact are more likely to have carers who are positive about contact and see it as important for the children in their care. They may also have experienced fewer problems with birth parents not keeping to the arrangements and difficulties with the way parents' behaved and the impact on the children. The carers of CALD children were, for example, less likely than the carers of children of other cultural backgrounds to report problems with contact, and they were more positive about contact; this may to some extent reflect the lower frequency of family violence, mental health and substance abuse problems among the parents of CALD children (see Chapter 3).

Children's socio-emotional wellbeing

- Children's socio-emotional wellbeing (a lower level of problems) was associated with a number of factors concerning their relationships with the people they live with and their contact with their family members, as well as their age, placement stability, and type of placement (Cashmore and Taylor, 2020). Children who changed placements and those in foster care had higher total socio-emotional and behavioural problem T-scores than children in relative/kinship care and those who remained in the same household across waves.
- CALD background was, however, associated with lower Externalising CBCL T-scores, in the only significant effect. This is consistent with the findings of the small number of studies in this area, with little or no association between ethnicity and developmental outcomes for minority children and young people in OOHC. Most of these studies have been based on large cohorts of adults who had been in foster care in the US, with different ethnic groups (African American, Hispanic/Latino) and concentrations than are present in the Australian population. Nevertheless, after taking account of demographic and other factors, differences in

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educational outcomes, mental health or physical health outcomes associated with ethnicity was 'more the exception than the rule' (Harris et al., 2010; Villegas & Pecora, 2012; Villegas et al., 2011, Villegas et al., 2014). As Dworsky et al. (2010) pointed out, this underscores 'the importance of controlling for factors that may be correlated with both the outcomes of foster care alumni and their race/ethnicity' (p. 909), including children's age at entry to OOHC, and their stability in care (number of placement changes), as well as their closeness to their birth family and also carers while in care.

- Overall, children's socio-emotional adjustment in POCLS was quite consistently associated with how positive carers were about children's contact with their birth parents and how well it was working and their own self-reported parenting warmth and hostility.

In summary, there is a clear pattern that the carers of CALD children in OOHC in the POCLS cohort, and particularly relative/kinship carers, were more positive about the closeness of their relationship to the children in their care, and more positive about how well the child's contact with their birth family was working. Children of CALD background were also reportedly more likely to be close to the other children in the household and more likely to be living with all or most of their siblings than other children. There was little difference in relation to children's socio-emotional wellbeing except that CALD children were less likely to have Externalising or acting-out behaviour problems, as well as lower Total Problems scores if their carers were also of a CALD cultural background.

Appendix

6

6.1 Supplementary table – Chapter 4

CBCL scores and cultural connections of CALD children by wave

Significant differences were found between Internalising and Total Problems scores at Wave 2 between CALD children who socialised with birth community and those who did not ($p<.05$).

Significant differences were also found in Internalising score at Wave 1 between children who attended cultural and religious festivals and those who did not ($p=.00$).

Table 6-1: CBCL scores and cultural connections of CALD children by wave

	Internalising M (SD)	Externalising M (SD)	Total scores M (SD)
Birth language practised: No			
Wave 1: (n=9)	49.2 (13.1)	44.4 (13.7)	46.1 (14.5)
Wave 2: (n=34)	46.9 (11.4)	49.1 (10.5)	47.9 (12.1)
Wave 3: (n=30)	47.0 (12.6)	48.1 (11.1)	46.2 (13.9)
Birth language practised: Yes			
Wave 1: (n=23)	49.0 (10.7)	48.8 (12.6)	47.7 (13.8)
Wave 2: (n=39)	46.5 (12.0)	47.6 (11.5)	46.1 (12.5)
Wave 3: (n=32)	49.0 (10.7)	47.7 (11.8)	47.7 (12.7)
Socialise with birth community – No			
Wave 1: (n=12)	53.3 (12.1)	52.6 (13.5)*	53.8 (13.3)*
Wave 2: (n=34)	49.0 (10.3)	50.1 (10.5)	49.8 (11.2)
Wave 3: (n=27)	49.1 (11.6)	49.7 (8.9)	49.0 (11.9)
Socialise with birth community – Yes			
Wave 1: (n=20)	46.5 (10.1)	44.6 (11.8)*	43.4 (12.9)*
Wave 2: (n=39)	44.6 (12.4)	46.7 (11.3)	44.4 (12.8)
Wave 3: (n=35)	47.2 (11.7)	46.4 (12.9)	45.5 (14.1)
Attend key cultural and religious festivals and celebrations – No			
Wave 1: (n=11)	50.1 (12.5)**	49.1 (14.2)	50.0 (14.4)
Wave 2: (n=39)	48.3 (10.3)	49.3 (9.7)	48.7 (10.4)
Wave 3: (n=26)	49.8 (10.1)	51.0 (8.9)	50.2 (10.5)
Attend key cultural and religious festivals and celebrations – Yes			
Wave 1: (n=21)	48.5 (10.7)**	46.8 (12.4)	45.8 (13.6)
Wave 2: (n=34)	44.8 (12.9)	47.1 (12.4)	44.8 (14.0)
Wave 3: (n=36)	46.8 (12.6)	45.6 (12.4)	6.6 (14.5)

6.2 Supplementary tables – Chapter 5

There were no significant differences between the four cultural background groups in relation to the likelihood of children changing placements (Table 6-2).

Table 6-2: Number and percentage of children who changed placements, Waves 1 to 3

KD_ADMIN_CHILD_CULT ADMIN: Derived Study Child cultural background		HH_change_w1_3			Total
		Same HH W1-3	Changed HH	Not known	
0 Other Australian	Count	393	72	306	771
	% within Child cultural background	51.0%	9.3%	39.7%	100.0%
1 Aboriginal	Count	257	66	201	524
	% within Child cultural background	49.0%	12.6%	38.4%	100.0%
2 CALD	Count	74	13	63	150
	% within Child cultural background	49.3%	8.7%	42.0%	100.0%
3 Aboriginal and CALD	Count	43	14	5	62
	Child cultural background	69.4%	22.6%	8.1%	100.0%
Total	Count	767	165	575	1507
	% within Child cultural background	50.9%	10.9%	38.2%	100.0%

Tested using online chi2 calculator and NS.

Appendix: Table 6-3 shows the numbers of people who children were not living with that they selected as special and important to them. Birth mothers, brothers and sisters, and then birth fathers were the most commonly selected people and placed on board 2 as special and important.

Table 6-3: People who children selected as special and important to them that they are not living with, by type of care

	CALD			non-CALD		
	Wave 1	Wave 2	Wave 3	Wave 1	Wave 2	Wave 3
Birth mother	23	21	8	173	139	77
Birth father	15	15	8	122	114	58
Birth sister	14	4	5	152	106	61
Birth brother	8	8	5	193	123	78
Birth siblings	*	*	7	*	*	104
Birth grandmother/Great grandmother	9	9	5	83	74	48
Birth grandfather/Great grandfather	5	5	7	57	50	25
Birth aunt	12	15	4	68	72	38
Birth uncle	7	4	0	61	46	22
Cousin	25	23	3	70	99	72
Peer friend	31	24	*	161	166	
Adult friend	7	2	*	53	46	*
Other	3	9	11	89	99	173
Number of children/Young people	42	31	16	243	224	159
Total number of people selected	159	139	63	1282	1134	756
Average number of people selected	3.8	4.5	3.9	5.3	5.1	4.8

Note: The number of children providing data at each wave ranged from 175 (Wave 3) to 285 (Wave 1).

* “Other” in Wave 3 included friends (both adult and same age).

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