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Restoration from out-of-home care for Aboriginal children: Evidence from the pathways of care longitudinal study and experiences of parents and children

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ABSTRACT

Background: Restoration of Aboriginal children (also called reunification) is an under-researched area despite being the preferred permanency outcome for children.

Objective: To investigate the rate of restoration for Aboriginal children, the factors that influence restoration, and to explore the experiences of parents whose Aboriginal children have been restored, and their children.

Participants and setting: Analyses were conducted using data from the NSW Department of Communities and Justice Pathways of Care Longitudinal Study (POCLS).

Methods: The quantitative sample includes all Aboriginal children in NSW who were on final Children's Court care and protection orders by 30 April 2013. Qualitative data were extracted from the POCLS survey instruments.

Results: Of the 1018 Aboriginal children in the study, 15.2% were restored. Around 40 % of children entered care following just one (or no) substantiated Risk of Significant Harm reports. Children entering care under the age of 2 years were the least likely to be restored. Parents expressed dissatisfaction with child protection agencies and family support services both at the time their child was removed and in the restoration period. Parents and children expressed the importance of being supported to maintain family relationships while children are in care.

Conclusions: Despite policy priorities to the contrary, few Aboriginal children are considered for restoration. More support is needed for Aboriginal parents interfacing with all stages of the care system and following restoration. Additional research is needed to understand the factors underlying decisions to remove Aboriginal children from their families and whether restoration to their family is considered or achieved.

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1. Introduction

This paper analyses qualitative and quantitative data from the *NSW Pathways of Care Longitudinal Study* (POCLS) data to explore the ongoing experiences of systemic racism for Aboriginal families and communities interfacing the child protection system. It highlights the broader socio-political issues of Indigenous people being over surveilled and disempowered by systems that were built on the intent of separating families, controlling parents, and assimilating children into white society (HREOC, 1997). We focus on restoration (also called reunification in many jurisdictions), as our focus is to illustrate how this legacy of colonial practices continues to impact Aboriginal families today.

1.1. Socio-political context

Restoration refers to the process and outcome returning a child to the same parent/carer and home environment from which they were initially removed and placed in statutory Out-of-Home Care (OOHC) (AIHW, 2020a, p. 66). This is the definition used by child protection jurisdictions in Australia and overseas and may not reflect the definition/s used by Aboriginal and Torres Strait Islander communities.

There are approximately 18,900 Aboriginal and Torres Strait Islander children living in OOHC in Australia, at a rate nearly 11 times higher than non-Indigenous¹ children and representing >40 % of all children in OOHC (AIHW, 2021, p. 54). New South Wales (NSW) has 6688 children in OOHC or on third-party parental responsibility orders, which is the highest nationally (AIHW, 2021 Table T3). In recent years Australia's jurisdictions have implemented varying policy and legislative changes that prioritise permanency orders for children and young people in OOHC, with restoration being the preferred outcome for children in OOHC in all Australian jurisdictions (DCJ, 2019). NSW child protection legislation states that 'the first preference for permanent placement of the child or young person is for the child or young person to be restored to the care of his or her parent' (*Children and Young Persons (Care and Protection) Act 1998, s10A*),

On 4 February 2019, amendments to the Children and Young Persons (Care and Protection) Act 1998 (NSW), and the Adoption Act 2000 (NSW) were enacted. Section 83 of the amended Act requires child protection authorities to consider whether there is a 'realistic possibility of restoration' within a period not exceeding 24 months, and if not, to make arrangements for another long-term legal order such as guardianship or adoption.² Aboriginal advocates are deeply opposed to adoption and the placement of Aboriginal children with non-Aboriginal carers because it removes them from their family, community, and cultural relationships, despite the importance of these connections to their social and emotional wellbeing (Gee, Dudgeon, Schulz, Hart, & Kelly, 2014). These decisions to permanently place children in non-Aboriginal care are often made without regard for the Aboriginal Child Placement Principle which provides the protocols and processes that need to be implemented to ensure Aboriginal children's care arrangements align with Aboriginal community standards (SNAICC, 2013).

Many Aboriginal child protection stakeholders argue that the 24-month period for considering permanence, places unrealistic time limits on Aboriginal parents struggling to navigate a range of interpersonal, social and bureaucratic systems in order to meet the requirements to have their children returned (AbSec, 2018; Davis, 2019; SNAICC, 2018). There are few family supports available to assist families, with Aboriginal community-led services particularly under-resourced (Family Matters, 2021). Further, the use of alternative third-party orders forecloses the possibility of later restoration, regardless of the changes achieved by parents and families.

1.2. The rate of child restoration in Australia

The 2019–2020 national data reports that the rate of restoration for Indigenous children (15 %) is lower than for non-Indigenous children (21 %) (AIHW, 2021, p. 67). The 2018–2019 national data reports that of the 4700 Indigenous children where restoration was a possibility, 19 % (n = 911) were restored and 'most reunifications (a term used interchangeably with restoration) (58%) occurred within 6 months of admission to a new episode of out-of-home care' across all age groups (AIHW, 2020a, p. 72). NSW and Queensland were not captured in these figures as the data in these states were 'not available or incomplete' (AIHW, 2020a, p. 72). These data also do not include children on long-term guardianship or custody orders because 'reunification is not generally a priority, or in some cases has been eliminated as a safe option, for children on long-term guardianship or custody orders' (AIHW, 2020b, p. 10). The latest data indicates that 15,900 Indigenous children were on guardian or custody orders in Australia (AIHW, 2021, p. vi).

The Independent Review of Aboriginal Children and Young People in OOHC in NSW, the *Family is Culture Review Report*, examined the casefiles of the 1144 Aboriginal children taken into OOHC in 2015–2016 (Davis, 2019). Analysis of Department of Communities and Justice (DCJ) administrative data relating to 1318 Aboriginal children over the reporting period found a restoration rate of 17.5 % (n = 230) (Davis, 2019, p. 398; 407).

¹ The term Indigenous refers to both First Nations groups of Australia, Aboriginal peoples and Torres Strait Islander peoples. In New South Wales, where this research is situated, the term Aboriginal is used to include all the different Nation groups across the state. Indigenous will only be used when necessary to context.

² While adoption is the last preference for Aboriginal children under s10A, it is still a possibility. Adoption of Aboriginal children is not a culturally accepted practice and is arguably a breach of the rights of Aboriginal peoples to self-determination and against the forced removal of their children given that such decision legally severs Aboriginal children from their family, community and culture on the basis of non-Indigenous laws and decision-making processes imposed on Aboriginal peoples (Turnbull-Roberts, Salter, & Newton, 2022).

1.3. Factors associated with child restoration

Very few studies internationally have investigated the factors which are associated with successful restoration for Indigenous families (Prasad & Connolly, 2013). However, insights about the restoration of Aboriginal and Torres Strait Islander children have emerged from a few recent studies. The *Family is Culture Review Report* found that DCJ did not consider restoration possible in the vast majority of cases examined (84.1 %) and argued that the 17.5 % restoration rate could have been much higher if DCJ had identified the possibility of restoration in more cases and undertook appropriate casework towards that goal with more families (Davis, 2019, p. 346; 427). The report cited unclear restoration processes, unrealistic restoration goals, a lack of appropriate support services, and potential legal barriers to families achieving restoration. These findings demonstrated the importance of casework decisions to successful restoration, and the urgent need to increase knowledge and understanding about decisions regarding care pathways, the extent of parental and Aboriginal community involvement, and the role that caseworkers and other service providers and agencies play in these processes and outcomes.

Wulczyn and Chen (2019) examined the POCLS data over waves 1–2 to determine the rates of OOHC exits for at infants and toddlers. They found that of the 552 children who entered OOHC between the ages of 0–3 years and were subsequently placed on final orders, only 6 % (n = 31) were restored to their parents. The study found that Aboriginal children left OOHC at a slower rate than non-Aboriginal children, though this difference was not statistically significant (Wulczyn & Chen, 2019, p. 15). Delfabbro notes that previous research across Australia has also found Aboriginal children remain longer in OOHC, particularly for children who have experienced more serious forms of maltreatment (Fernandez, 1999; Fernandez & Delfabbro, 2010; Zhou & Chilvers, 2010; cited in Delfabbro, 2018, p. 14).

In their US literature review of reunification, Landers and Danes (2016) found that all 17 studies examined were exclusively quantitative, and very few explored the processes and components leading to reunification. Landers and Danes argued that the literature failed to recognise the unique cultural and historical contexts of Native American children (Landers & Danes, 2016, pp. 144–145), and data specific to Native American families were mainly descriptive (Landers & Danes, 2016, p. 142). Prasad and Connolly (2013), in their review of the international child restoration research argued that it is difficult to ascertain if the national and international evidence from non-Indigenous studies can be applied to Indigenous Australian families (Prasad and Connolly, 2013, p. 6), as Indigenous Australians involved with child protection services generally have a unique lived-experience including historical traumas, social and economic deprivation, and complex cultural and kinship considerations.

The empirical evidence exploring parental perceptions of the barriers and facilitators to restoration for children in OOHC is limited, and most of the research includes the general population with a very small subset of Aboriginal parents. This literature found that there are significant challenges and gaps in the service system for parents trying to have their children restored, and parents find the process overwhelming and extremely difficult to navigate (Harries, 2008; Hamilton, 2011; Hinton, 2013; Ivec, Braithwaite, & Harris, 2012; Ross, Cocks, Johnston, & Stoker, 2017; Yardley et al., 2009). Newton (2020) explored the experiences of Aboriginal parents whose children had been removed. Parents felt powerless following the removal of their children and encountered significant difficulties creating environments that maintained quality relationships with their children in OOHC during contact visits. This research identified a multitude of systemic barriers that facilitated the conditions for children to remain in the care of foster or kin carers (Newton, 2020). Ivec et al. (2012) interviewed Aboriginal parents and carers interfacing with the child protection system and reported that many found caseworkers to be racist and ageist, with little respect or empathy for Aboriginal parenting norms and exhibiting judgmental attitudes towards younger Aboriginal parents. These perceptions fractured relationships and facilitated parents' mistrust of child protection workers (Ivec et al., 2012).

AbSec reported on the experiences and perspectives of Aboriginal families and communities' interacting with NSW child protection services (AbSec, 2020). Some families said key supports were not provided to families prior to their child's removal or following removal to support restoration. Where services were available, families encountered significant barriers to accessing and engaging with them due to bureaucratic processes, authoritarian approaches and inflexible systems (AbSec, 2020, p. 6).

While these recent contributions have started generating knowledge about factors associated with restoration for Aboriginal children and families, there is an urgent need for more evidence to facilitate policy, programs and practice that promotes effective restoration. There is a need for significantly greater clarity regarding rates of restoration, factors associated with successful restoration and the identification of policy and practice barriers, particularly from the perspective of Aboriginal parents and families.

1.4. Aims

The current study seeks to contribute to addressing these knowledge gaps. Based on an analysis of survey data from the NSW POCLS, this paper aims to

1. Determine the rate of restoration for Aboriginal children in the POCLS cohort up to Wave 4.
2. Identify the key factors associated with restoration for Aboriginal children in this sample.
3. Examine the experiences of parents whose Aboriginal children have been restored
4. Provide insights into the barriers, sources of support, and needs of Aboriginal families following the removal of their children through to restoration.

In this study we deliberately chose to centre the analysis on the experiences of Aboriginal children and families and not to compare Aboriginal and non-Aboriginal restoration in order to build the Aboriginal-specific evidence base in child protection research.

Additionally, in accordance with Indigenous research ethics and best practice principles (AIATSIS, 2020), this study was led by an Aboriginal researcher, and several of the authors on this paper are Aboriginal or working for Aboriginal organisations. This is key to ensuring that this research and the findings are interpreted and represented using Indigenous perspectives and worldviews.

2. Method

2.1. The Pathways of Care Longitudinal Study

The Pathways of Care Longitudinal Study (POCLS) is funded and managed by the NSW 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. 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 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 ($n = 4126$). A subset of those children and young people who went on to receive final Children's Court care and protection orders by April 2013 (2828) were eligible to participate in the interview component of the study (DCJ, 2020).

2.2. Study sample and data sources

The quantitative sample for this study includes the 1018 Aboriginal children in the POCLS who were on final Children's Court care and protection orders ('final orders cohort') by 30 April 2013, who were removed for the first time between May 2010 and October 2011. We used DCJ administrative data to track the trajectory of these children and compare the circumstances of children who have been restored to their parents with those who were not restored. The qualitative sample is taken from participants in the POCLS 'interview cohort' who participated in at least one face-to-face interview for the POCLS survey³ (including interviews with parents of the 39 Aboriginal children had been restored from OOHC), Aboriginal children, and their caseworkers (see Fig. 1 and Table 1).

2.3. Quantitative analysis methods

Data included all Aboriginal children in the final orders cohort ($n = 1108$). Variables examined included:

-
- | | |
|--|---|
| <ul style="list-style-type: none"> o Age, gender o Time in care o Number of placements o Number of care episodes | <ul style="list-style-type: none"> o Placement type before restoration o Aboriginality of carer o Risk of Significant Harm (ROSH) reports prior to coming into care: <ul style="list-style-type: none"> ■ Substantiated ■ Abuse types reported ■ Main abuse type |
|--|---|
-

Analysis involved a description of children in the final orders cohort who were restored by wave 4 compared to children who were still in care, were on guardianship orders and who had exited care for other reasons. The Chi-square test was used to test for association between categorical variables. ANOVA was used to compare groups to examine differences in the mean scores for metric outcome variables.

2.4. Qualitative analysis methods

The aim of the qualitative component is to highlight the experiences of Aboriginal parents and children in the POCLS study, particularly for those families where children have been restored from OOHC.

POCLS has limited open ended questions to supplement the quantitative questions in the survey. This research examined the qualitative data provided by parents and caseworkers of Aboriginal children in the Child Young Person and Caregiver Survey across the POCLS waves 2–4, and the Caseworker Survey which was completed between the POCLS waves 2–3 by the child's caseworker at the time. We explored the experiences of parents whose Aboriginal children had been restored, and the perspectives of all Aboriginal children who participated in the POCLS interviews. Qualitative data provided by the 'felt security' activity was also included. The adapted Kvebaek Family Sculpture Technique asked children aged 7 to 17 to plot family members on a matrix, to indicate who they felt closest to (Cashmore & Taylor, 2017). The activity included brief qualitative questions (see Table 5 for the qualitative data sources).

Qualitative data was coded and thematically analysed in NVivo. Appendix A shows the coding frame which was developed from the

³ Consent was obtained from the caregivers of 1789 children in the final orders cohort to administer the POCLS survey via face-to-face interviews. To date there have been five waves of data collection at approximately 18–24 month intervals. In this POCLS survey cohort, 586 were Aboriginal children.

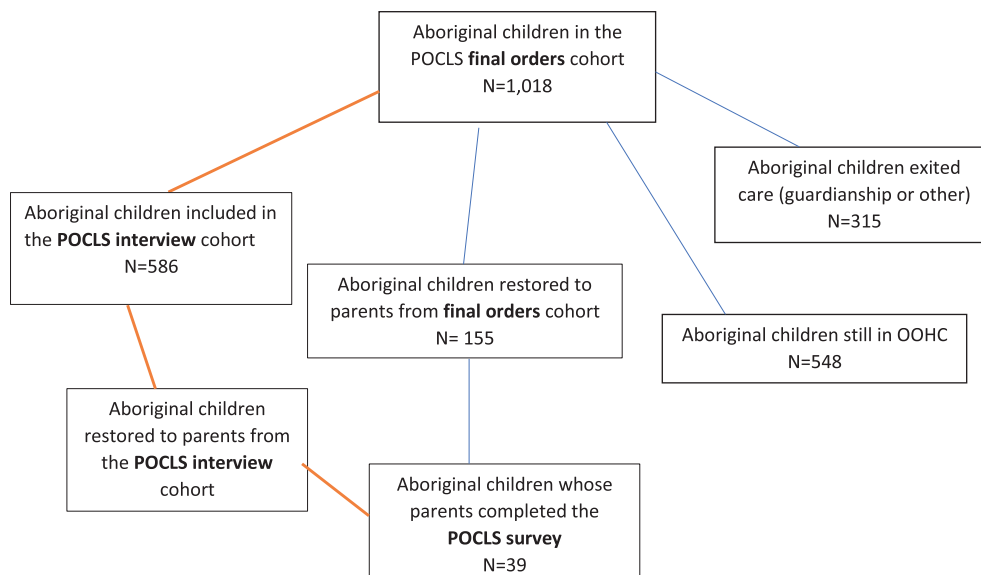


Fig. 1. Study sample.

Table 1
Data sources.

Data source	Participant	Data type
DCJ Administrative data POCLS final orders cohort	Aboriginal children	Quantitative
POCLS Child Young Person and Caregiver Survey	Parents of Aboriginal children	Qualitative
POCLS Child Young Person and Caregiver Survey	Aboriginal children	Qualitative
POCLS Caseworker Survey	Caseworkers of Aboriginal children	Qualitative
The adapted Kvebaek Family Sculpture Technique	Aboriginal children	Qualitative

list of questions in the POCLS surveys and adapted Kvebaek Family Sculpture Technique. To protect the identity of participants, we reported the qualitative data below in line with the guidelines for reporting the POCLS qualitative data, which is adapted from the [APA \(2019\) Publication Manual \(7th edn\)](#).

3. Findings

3.1. Care outcomes of the POCLS final orders cohort

There are 1018 Aboriginal children in the POCLS final orders cohort. Of these, 53.8 % ($n = 548$) children remained in care at wave 4, with 13.2 % ($n = 134$) exiting and then returning to care, 13.9 % ($n = 142$) children exiting to guardianship orders, and 17 % ($n = 173$) exiting for other reasons, such as an interstate move or aging out of the statutory OOHC system. A total of 155 children (15.2 %) were restored to their parents, (Table 2). The average time in OOHC for children restored was 866.5 days, or nearly 2.5 years (Table 3).

3.2. Out-of-Home Care entries and exits

As Table 4 shows, entries to care were very similar across all age groups, irrespective of the case outcomes for children. The most predominant type of (DCJ Child Protection) Helpline assessed issues prior to a child first entering care, was mixed maltreatment issues,⁴ followed by child neglect and then physical abuse. Emotional and sexual abuse were noted very infrequently. Around 40 % of children were placed in OOHC following just one (or none) substantiated Risk of Significant Harm (ROSH) report. This is also reflected in the age that Aboriginal children came into OOHC: over half of the children who either remained in OOHC or were moved onto guardianship orders were under two years old when they were taken into care. However, the number of substantiated ROSH reports was not statistically significantly related to the likelihood of restoration.

⁴ The predominant type considers the child maltreatment issues (Physical, Sexual, Neglect, Psychological and Child risk issues) and determines the issue with the highest percentage that is above 50 %. Where the highest percentage is tied or the percentage is <50 %, the predominant issue is described as mixed.

Table 2
OOHC status at 30 June 2019.

OOHC status at wave 4	No.	%
In OOHC	548	53.8 %
Remained in OOHC	414	40.7 %
Exited and re-entered OOHC	134	13.2 %
Restored	155	15.2 %
Restored — birth parents not participated in interview	116	11.4 %
Restored — birth parents participated in interview	39	3.8 %
Exit — guardianship orders	142	13.9 %
Exit — other	173	17.0 %
Total	1018	

Table 3
Average total days in Days in OOHC.

Total Days in OOHC up to 30 June 2019 (average)	
In OOHC	3020.8
Restored	866.5
Exit-guardianship	1446.8
Exit-other	1687.3

The number of children restored was spread evenly across age groups. However, given that there were more children in the final orders cohort who entered OOHC at <2 years of age, it would be expected that this proportion would be higher. The distribution was significantly different to the children still in care and the children who were on guardianship orders. Of the children who remained in OOHC only 9.5 % were aged 7–17 compared to 34.2 % of children restored (though children may also be aging out of care). This difference was statistically significant. Additionally, when positioned in the context of all care outcomes, Aboriginal children who entered OOHC at under 2 years old were much more likely to remain in OOHC or move onto guardianship orders than be restored. Children who entered OOHC aged 7 years and over were more likely to be restored to their parents.

About half of the children in OOHC at wave 4 were living in foster care placements. For those children who were restored, 43.9 % were living with relative or kinship carers prior to restoration. Just under half of Aboriginal children were cared for by an Aboriginal carer. For restored children, 47.1 % of carers were identified as Aboriginal compared to 47.3 % of those who remained in OOHC.

In summary these findings indicate that Aboriginality of caregiver, number and type of ROSH reports, Placement type, number of placements and number of care periods were not associated with restoration. Only age at entry into care was significantly associated with restoration, with children who entered care at an older age more likely to be restored.

3.3. Experiences and perspectives of parents

The Carer Survey was the only opportunity for birth parents to participate in the POCLS study, and this was only if their child was in their care at the time that the survey was administered, given that the survey is designed for current carers. Thus, information is only provided by parents whose children had been restored and does not include those parents whose children were still in OOHC. Attrition, particularly in waves 3 and 4, was another limitation to parent data.

Of the 155 children restored to their parents in the final orders cohort, a quarter (n = 39) had parents who participated in at least one POCLS survey across waves 2–4 of data collection. For 32 children their mothers participated and for 7 children it was their fathers. Nine children had parents that completed all three waves. If children were restored before the interview in wave 1, the family was not invited to participate during that wave as the timing was so close to the removal experience it may have been too distressing for children and parents. Table 5 indicates the number of children with parents who completed each wave of data collection, and the total response rate across waves 2–4.

3.4. Removal

Parents reported that they should have been given a chance to address DCJ's concerns prior to their child's removal, and that there should have been more communication and planning between caseworkers and the family to promote preservation and reduce the likelihood of removal. Parents also said that they did not expect that DCJ was going to remove their children. Some parents reported that DCJ made no contact with them prior to removing their child. This is particularly concerning, given that more than a third, or 38 % of the 155 Aboriginal children in the final orders cohort who were restored, were subject to one (or none) substantiated Risk of Significant Harm report (Table 4). Some parents also reported that DCJ did not offer them any supports prior to removal, and many parents were unaware of available services to prevent their child's removal.

Parents attributed DCJ's removal of their child to a range of reasons, including drug and alcohol abuse, domestic violence, and mental health concerns. Several parents attributed neglect, and commonly medical neglect, to their child's removal, reporting there were concerns that they had not sought medical care for an injury or health issue for the child. A few parents commented that their

Table 4
OOHC status at 30 June 2019 by selected factors.

	In OOHC		Restored		Exit — guardianship orders		Exit — other	
	No.	%	No.	%	No.	%	No.	%
Age at first entry into OOHC								
<2 years	295	53.8	52	33.5	77	54.2	32	18.5
2–6 years	201	36.7	50	32.3	36	25.4	30	17.3
7–17 years	52	9.5	53	34.2	29	20.4	111	64.2
Age at first exit from OOHC								
<7 years	102	76.1	85	54.8	80	57.1	43	32.6
7+ years	32	23.9	70	45.2	60	42.9	89	67.4
Number of ROSH reports prior to first entry into OOHC								
3 or fewer	185	33.8	45	29.0	58	40.8	28	16.6
4 to 7	143	26.1	35	22.6	28	19.7	36	21.3
8 or more	219	40.0	75	48.4	56	39.4	105	62.1
Number of substantiated ROSH reports prior to first entry into OOHC								
1 or none	234	42.8	60	38.7	61	43.0	61	36.1
2 to 3	156	28.5	45	29.0	36	25.4	50	29.6
4 or more	157	28.7	50	32.3	45	31.7	58	34.3
Predominant type of Helpline assessed issues prior to 1st care period								
Physical only	112	20.5	29	18.7	29	20.4	28	16.6
Sexual only	<5	np ^a	<5	np	0	0.0	<5	np
Neglect only	150	27.4	46	29.7	36	24.4	49	29.0
Emotional/psychological only	np	np	<5	np	5	3.5	np	np
Mixed maltreatment issues	264	48.3	75	48.4	71	50.0	80	47.3
Number of placements								
3 or fewer	308	56.1	88	57.1	126	88.7	83	48.0
4 or more	240	43.9	66	42.9	16	11.3	90	52.0
Number of care periods ^b								
1	414	75.5	138	89.0	131	92.3	125	72.3
2+	134	24.5	17	11.0	11	7.7	48	27.7
Last placement type								
Foster care	301	54.9	79	51.0	np	np	49	28.3
Relative/kinship care	221	40.3	68	43.9	131	92.3	63	36.4
Other	26	4.7	8	5.2	<5	np	61	35.3
Aboriginality of the last caregiver								
Aboriginal	259	47.3	73	47.1	76	53.5	70	40.5
Non-Aboriginal/independent living/other	288	52.7	82	52.9	66	46.5	103	59.5

^a np (not publishable) — indicates sample was <5.

^b Definition: a care period represents the time from when the child enters OOHC to when they exit OOHC. It can be comprised of one or more placements.

Table 5
Children with parent responses across POCLS survey waves.

	Wave 1	Wave 2	Wave 3	Wave 4	Total
Parent responses	N/A*	32	18	17	67

* No parents were approached to complete the survey questionnaire in wave 1.

post-natal depression was one of the reasons DCJ had removed their child. Some parents mentioned that structural factors including homelessness and unstable housing contributed to DCJ's decision to remove their child.

Many parents described child protection caseworkers as being 'sneaky' regarding the removal of their child and cited examples, such as case workers separating them from their child in hospitals and child protection offices and distracting them while the removal was carried out. Parents recalled this as being very distressing for them and their children:

They were very sneaky how they did it. We were at the DOCS⁵ office and they took me into a separate room and told me they were taking the children. The caseworker just threw the paperwork in front of me and just said they were taking them. I could hear my children distressed in the other room and I wasn't allowed to see them. I was so distressed (parent).

They should not have had two policeman walk into the labour ward at the hospital and remove my child while I wasn't even in the room... I should have been told straight away, they were sneaky about it and lied to me. I was taken to a room half-way down the hall and I couldn't even walk properly, I had just had an emergency caesarean. I went into a function type room in the hospital, they sat me down and they took a long time to tell me that they had actually taken my child (parent).

Parents also commented that they were not able to contest the court's decision to keep their child in OOHC, as one parent commented on what needed to be improved:

Allow me to have right of apply [sic]. I was not able to attend court as I had three children at home with no babysitter. At the time I did not realise the situation was that serious. I felt if it had been better verbalised to me and suggested that I needed legal representation the outcome may have been quite different (parent).

These findings raise a number of issues for policy and practice, and indeed, a socially just system. Families in this cohort, and particularly their children, have endured the ordeal of removal to successful restoration, and they felt failed and betrayed by government systems when their children were removed. Was the removal necessary, or would these parents have benefited from support and early intervention, and thereby protecting children from the traumatic experience of forced removal and family separation? Further, the way the children were removed raises questions about practice, particularly relating to newborn removals which are particularly traumatic for parents, the use of force such as police involvement, and where parents require support and transparency. This does not seem to have been provided in these cases.

3.5. Contact and transition to restoration

Several parents commented that they would have liked more contact with their children while they were in OOHC and that they would have liked to know more about their children's day-to-day lives while in OOHC, and that this had been difficult for their child. For example:

The kids wanted to tell us what they were doing at school but apparently they were not allowed. Not sure what happened in their lives while they were not here (parent).

Some parents wanted more phone calls with their children while they were in OOHC. A few parents commented on the difficulties of trying to enjoy a visit with their child in the formality and sterility of child protection offices:

It would have been better if we weren't stuck in small office for 2 hours. It was hard for my children because of their behavioural issues and it made us all irritable (parent).

Parents also commented that they did not feel supported to have quality time with their children, and this was reflected in the contact environment and the attitudes of caseworkers and carers, as one parent recounts:

I was full time breastfeeding my child at the time they were in care. I had asked for [my breastmilk] to be given to my child and not to be given formula under any conditions....When I changed my baby's nappy at contact visits I could see that my child had been fed formula. The visitations should have been longer, they were 3 hours per time, I would have like at least half a day so I could bond with my newborn. The carer should have met my needs as well as their own, they were late to visits quite often and some of the notes they would send me would be advice on how to parent my own child. They didn't respect me as the child's mother. I would have like to have not been in a dull depressing office, somewhere like a park or cafe outside (parent).

Several parents commented that the transition to having their child restored could have been better supported if they had been allowed longer or more frequent unsupervised contact visits, particularly in the family home:

More contact before restoration would of [sic] been better. The children came to the family home for supervised visits and they were not allowed to leave the room we were in. They wanted to go to their bedrooms and outside to see the animals but we all had to stay together (parent).

3.6. Post-restoration support

Parents were asked about the services that supported them in the lead up to restoration and once their child returned home. Responses to this section of the POCLS survey were brief and are summarized below. The specific questions asked during the interview are in [Appendix A](#).

Parents were asked what would have been helpful for them following their child's restoration, and what support they would have

⁵ DOCS is one of the previous names for NSW Department of Communities and Justice (DCJ), the statutory child protection agency.

liked but did not receive. Some parents admitted feeling lost when their child returned home because they were provided little information or insights into their child's life in while in OOHC:

When they came home, I didn't get enough support understanding the child's behaviour, where I could have got help for my child; caseworker was not on my side, I was shuffled around a lot, they didn't care (parent).

What would have been helpful was a better understanding by DOCS about what was going on. I had no one tell me what my child had been doing or what had gone on with my baby while they were in care. I was given a note by one of the carers which was helpful, but that was pretty much it (parent).

A few mothers said they wanted more support dealing with their child's father and gave examples such as facilitating contact between the child and the ex-partner or a worker updating the father on the status of their child's care to save them the burden of doing this. Other parents indicated they would have liked more support and advice on raising their child, about their child's behaviours, and more contact with their caseworker. One parent wanted more practical support as part of the conditions for restoration, to assist in navigating court processes following separation from their partner.

A few parents indicated that they would have liked additional financial support while they adjusted to providing for their child and accessed parenting payments. This would have helped them to address their child's immediate material needs. Some parents mentioned church-based and non-government programs they were working with after their children were restored, but their survey responses provide very limited details about the programs. A couple of parents also reported that they needed ongoing respite care following restoration, but they said that they were not able to access it.

Several parents commented that the only contact they had with a caseworker following restoration was a phone call six months after restoration. The need for services from child protection caseworkers following restoration was roughly divided, with just less than half of parents commenting that they did not receive any support from caseworkers following restoration, nor did they want it. This is contrasted by the other half of parents stating that they felt their caseworker helped them following restoration. A few parents commented that they had asked for help following restoration and not received it. This help ranged from feeling supported through visits and providing advice, to practical support such as housing, counselling, and intensive parenting programs:

When the child returned, they had foot and mouth which needed medication. As I had no money I approached FACS⁶ for assistance and they were very helpful (parent).

I asked for help with housing and in 3 days I had a letter (parent).

Research studies find it challenging to recruit parents and the POCLS research was no exception. Thus, the following analysis draws on the perspectives of caseworkers, carers and Aboriginal children and young people to better understand what is happening for these families.

3.7. Experiences and perspectives of Aboriginal children and young people

Aboriginal children and young people provided 96 responses at wave 4, responding to the POCLS survey questions indicated in [Appendix A](#). Overall children's responses were brief and the POCLS survey does not offer the opportunity for prompting to ask participants to elaborate on their responses. It's also important to note that children were not explicitly asked about their views on returning home, or who they wanted to live with.

Children were asked how adults could help children who were unable to live with their parents. Of 96 responses to this question, more than a third of children wanted to be better supported to have more contact with their parents, including regular sleepovers and holidays. Many said they wanted to live back with their parents:

Help the child stay connected to the birth parents. Let them contact their birth parents when they want to (child).

Give the parents another chance with the child. Have overnight stays and more visits (child).

Support, like help them through their tough times. Maybe remind them who their birth parents are and help them keep in contact with their birth family (child).

Some also wanted their parents to come and live together with their carer. Several children talked about the importance of being placed with their siblings or having regular contact with siblings. Very few children indicated that they did not want to return to their birth families. Children also wanted to be able to take their personal possessions with them when they were being placed in OOHC. The other main thing that children wanted was for their carers to comfort them and make them feel welcome and loved. Some children said it was important for carers to talk to children about what is going on, and to try to understand how they are feeling. One child commented that they would like to transition slowly to new placements, rather than being dropped off and left.

In the adapted Kvebaek Family Sculpture Technique, 59 Aboriginal children still in OOHC provided responses. Well over half expressed that they wanted to see more of their birth families, particularly their parents. Only a few said they wanted to see less of their family, and some were happy with their current contact arrangements. The data in this study could not draw a link between parent-

⁶ FACS is one of the previous names for NSW Department of Communities and Justice (DCJ), the NSW.

child relationships and restoration, though the Family is Culture Review Report argues the importance of caseworkers to facilitate parent-child relationships to both support the possibility of restoration, and for the best interests of the child, who is likely to return home after leaving care (Davis, 2019: 323).

3.8. Caseworkers' perspectives

Caseworkers participated in one POCLS interview between waves 2 and 3. The caseworkers were from either DCJ or a non-government organisation, including Aboriginal community-controlled organisations. Caseworkers provided >200 responses offering information about the child's placement and case plan, including restoration goals for Aboriginal children.

Caseworkers reported that the limitations in their role impacted on their capacity to provide quality and holistic support to children and families. This was particularly frustrating for one caseworker who identified that restoration was a possible outcome for a child, but systemic limitations hindered progress:

Restoration is being spoken about but casework intervention towards this process has been minimal due to staff levels and staff unavailability (caseworker).

Another caseworker expressed frustration at working hard to engage the family for a year, and then the case was transferred to a new caseworker who *'failed to follow through and explore restoration'*.

Several caseworkers reported that the case was or had been unallocated to a worker and no contact plan was in place or being implemented. Others commented that the long distances parents must travel to attend contact with their children makes it very difficult for them to attend at all or to do so consistently.

Caseworkers also gave insights into situations where the child's placement may be compromising the child's relationship with their parents, and by extension, restoration. For instance, in one case, the child was placed with non-Aboriginal foster carers. Both parents had unsupervised monthly contact visits with her over weekends, where the child also saw extended family. The parents wanted to apply for a Section 90.⁷ They told the child they wanted to apply for restoration, and the child indicated they wanted to return home to their parents. In the meantime, the carers:

moved child from their country, without any significant discussion with CS [Community Services] and parents, the child has significant contact (monthly) with parents and is 5 hours away (caseworker).

Although the child and the parents had a close relationship and they wanted restoration, the foster carer's decision to move 5 h away did not support the child's transition to restoration, which required more contact visits with the family. The caseworker further indicated that *'kin assessments have been identified every case plan and nil work has been completed'*, because *'staff have not been supported to do the assessment'*. This suggests DCJ's internal processes deprived the child of an opportunity to be cared for by family members, and by extension, the likelihood of restoration.

In another case, a child was placed in kinship care with their paternal family. The caseworker was concerned for the safety of the child as the kinship carer allowed unsupervised contact with the child's father, who had a history of drug use and violence against the child's mother. The caseworker believed the mother was being *'bullied by paternal family and carer prior to contact occurring'*, and thus *'has only attended half of the planned contacts'* (caseworker). This example again highlights the importance of effective casework in promoting the rights and interests of children in OOHC, regardless of their placement, and the role of the caseworker in supporting (or not) relationships between parents and their children. This can have clear impacts on the chances of restoration.

Contact is an essential prerequisite to restoration, and caseworkers have a responsibility to facilitate contact. Caseworkers commented on the supports they offered to parents while their child is in OOHC. They said these supports mainly help parents to attend contact visits with their child by providing accommodation and financial assistance. Other services caseworkers mentioned were entry to rehabilitation, legal services, and early intervention services. Some caseworkers acknowledged the importance of supporting parents, but their equal frustration with not being permitted to do so within DCJ system requirements:

I would like to be able to operate outside the square more easily e.g. sometimes in helping parents you help the kids and carers — relationships in general. It can be difficult to get approval to do things for parents, especially if it costs money (caseworker).

Limited resources and time reduces CW capacity to build positive relationships with the family and child, especially with Indigenous kinship placements, who often don't want our engagement, given the history of the stolen generations (caseworker).

A few caseworkers reported that the kinship or relative carer organised and facilitated contact with birth families, commenting that the parent was not engaged with the caseworker or service. The long-term status of the placements in these cases is unclear, along with the relationship, if any, on restoration.

4. Discussion

This research indicates that once on final orders, restoration of Aboriginal children to their parents is highly unlikely. Based on the POCLS final orders cohort data, only 15.2 % of Aboriginal children who were placed on final orders were restored to their parents by

⁷ A Section 90 is an application to apply to revoke Final Orders regarding the parental responsibility of a child in care.

wave 4, around 5 years after they were placed in OOHC. More specifically, children who entered care under 2 years of age were much more likely to remain in OOHC, or be placed on a guardianship order, than to be restored to their parents. These are not unexpected findings but are nevertheless important in that they demonstrate a disconnect between policy and practice. The stated priority for children coming into care is to be restored (DCJ, 2019), though this is not reflected in the rate of restoration, or casework decision making and supports, both in this study, and comparable statistics in NSW and across Australia (Davis, 2019; AIHW, 2021).

To compound the significance of the low restoration rate, is the finding that most Aboriginal children entering OOHC, regardless of their care outcome, had a very small number of substantiated Risk of Significant Harm reports prior to removal, with 39 % of these children being the subject of just one, or no, substantiated report. This demonstrates the need for more evidence about the circumstances for Aboriginal children coming into care, including the decision-making process of child protection workers, the basis of those decisions, and experiences of parents. Aboriginal children may be subjected to unnecessary forced removals from their families, which is likely to cause significant distress and harm particularly when placed outside of existing relationships that offer a sense of safety and security. Even when restoration is later achieved, these experiences may increase the pressure on parents and families who are left to support their children to heal from these experiences, often in the context of limited information about their experiences and limited ongoing supports.

The Aboriginality of carers did not have an impact on whether children remained in OOHC or were restored. Slightly more children were in foster care placements prior to their restoration, as opposed to kinship or relative care and previous studies have found that children in kinship care are slower to be reunified (Delfabbro, Fernandez, McCormick, & Kettler, 2013). More research is needed to identify whether there is a correlation between placement type and restoration and the pathways to restoration from different placement types. This research has also demonstrated the importance for caseworkers to identify placements and carers that will support restoration, and the need for caseworkers to have the capacity to support placement changes that increase the likelihood of restoration. Additionally, the importance of flexibility in casework practices to support restoration was emphasised, as was the need for consistent casework between caseworkers when a family is reallocated to another worker.

The POCLS study offers a rare opportunity to learn about what parents say they needed prior to removal and to better support the restoration process. Parents wanted more engagement and support from child protection agencies prior to their children being removed, so they were aware that their children were at risk of being removed. Their complaint was mirrored in the restoration process, where parents wanted more support in the transition to restoration and in the early stages of restoration, so they could be better equipped to practically and psychologically prepare for their children to return home. The research found that only half of parents received casework support post-restoration, and while some did not want this support, the onus needs to be on services to provide the opportunity for service provision. These findings were echoed by caseworkers, and highlighted that departmental policies, resource constraints, and an inability to engage parents limited caseworkers' ability to support parents while children were in OOHC and following restoration. These findings are consistent with those reported by the Family is Culture review, based on in-depth examination of the files of an annual cohort of Aboriginal children removed from their families (Davis, 2019).

Research about Aboriginal child removals highlights the lack of care and the trauma and distress for parents, their children, and other people present during the removal (Davis, 2019; Ivec et al., 2012; Newton, 2020;). This study adds to the evidence that parents perceive authority figures such as child protection workers and police officers to have a lack of respect and compassion for families when children are being removed. The *Family is Culture Review Report* provided scathing evidence of violence and traumatisation of children and parents when children are taken into care, and the report recommends training in harm minimisation for all caseworkers, instating clear justifications and authorisations for including police in removals, and where possible, pre planning for the least intrusive method for removals (Davis, 2019: 225).

Both parents and children highlighted the importance of maintaining family relationships while in OOHC. The high number of responses from children indicating that they wanted their parents to continue to be involved in their lives, and preferably living with them, indicates that most children see their parents as a big part of their lives, and they want this to be supported and encouraged in the OOHC placements. By contrast, in some circumstances the developmental environment offered by the statutory OOHC system was indifferent or even hostile to those critical relationships and connections. While this finding could not be linked to restoration in this study, it highlights a key priority for families in the care system. This is consistent with Cashmore and Taylor's findings of the POCLS cohort that children generally felt close to their parents, and particularly children who had frequent contact with their parents (Cashmore & Taylor, 2017). Likewise, parents in this study were very clear that frequent contact with their children, where everyone feels comfortable in an environment that helps to stimulate interactions between parents and children is very important for maintaining relationships, and to support parents to feel mentally prepared to attend contact visits. This was also found in research by Newton (2020) who found that the opportunity for Aboriginal parents to bond with their children was compromised by the contact environments, which provoke anxiety and stress, and did not support opportunities for families to have quality time together. Further research is needed to examine the experiences of contact, and by extension, the parent-child relationship and the implications for successful restoration.

4.1. Study limitations

We had intended to undertake further analysis to understand influential factors to child restoration for Aboriginal children, for example, the extent to which Aboriginal children are more likely to be restored if case managed by an Aboriginal organisation, but these factors were not examined due to large missing values. Additionally, we had anticipated that survey data would shed light on the importance of maintaining connections to culture for children, and the relationship between culture and restoration but there was no qualitative data recorded from parents or children about this.

The Kvebaek Family Sculpture Technique was not undertaken by children who had been restored, so it is not known whether children who were restored had different needs and views from children who remained in care.

5. Conclusion

This research found that the chances of restoration for Aboriginal children after being on permanent care orders is very low, particularly for children who enter care under 2 years of age. Despite consistent assertions from child protection authorities that restoration of children to their family is prioritised in policy and practice, this research found that this is not reflected in restoration rates or the experiences of parents, families, caseworkers or children and young people. The study also found that Aboriginal children who are placed in foster care were slightly more likely to be restored than kinship care, though Aboriginality of the carer did not make a difference. Further research is needed to understand the relationship between placement type and restoration. This study highlighted the experiences of parents and their Aboriginal children in the child protection system from removal through to restoration. Parents generally lacked information and support at the point of removal and needed to have better access to services and support for a successful transition to restoration. This is particularly significant as both the quantitative data and reports from parents demonstrated that many children had limited contact with child protection systems prior to removal. More contextual evidence is needed to make better sense of this finding. Finally, both parents and their children discussed the importance of frequent, quality contact to maintain their relationship.

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Data availability

The authors do not have permission to share data.

Appendix A. Coding frame

Parent/misc. node	Child node	Survey question
Restoration support and details	Birth parent	CARER: BIRTH PARENT: FREE TEXT: What services or supports would have been really useful for yourself but you didn't get after Study Child came back to live with you — Other, please specify CARER: BIRTH PARENT: FREE TEXT: Main services and support you received for yourself after Study Child came back to live with you — Other (Specify)
	Caseworker	CASE WORKER: FREE TEXT: Restored Child: Description of the other services that Study Child received/are receiving to support restoration – specify CASE WORKER: FREE TEXT: Restored Child: Reason restoration did not occur according to the case plan – specify CASE WORKER: FREE TEXT: Restored Child: Who Study Child restored to – specify
Prevention and EI support		CARER: BIRTH PARENT: FREE TEXT: Services prior to child's removal: Reasons for not getting the services or supports – financial or budgeting advice – something else (please specify) CARER: BIRTH PARENT: FREE TEXT: Services prior to child's removal: Reasons for not getting the services or supports — something else (please specify) CARER: BIRTH PARENT: FREE TEXT: Services prior to child's removal: Reasons for not getting the services or supports – General Practitioner (doctor) or other medical services – something else (please specify) CARER: BIRTH PARENT: FREE TEXT: Services prior to child's removal: Reasons for not getting the services or supports – mental health services – something else (please specify) CARER: BIRTH PARENT: FREE TEXT: Services prior to child's removal: Reasons for not getting the services or supports – other – something else (please specify) CARER: BIRTH PARENT: FREE TEXT: Services prior to child's removal: Reasons for not getting the services or supports – parent support groups – something else (please specify) CARER: BIRTH PARENT: FREE TEXT: Services prior to child's removal: Reasons for not getting the services or supports – parenting program – something else (please specify) CARER: BIRTH PARENT: FREE TEXT: Services prior to child's removal: Reasons for not getting the services or supports – drug and/or alcohol services – something else (please specify) CARER: BIRTH PARENT: FREE TEXT: Main services and supports you received for yourself before Study Child was removed – other (specify) CARER: BIRTH PARENT: FREE TEXT: Services prior to child's removal: Reasons for not getting the services or supports – domestic violence services – something else (please specify) CARER: BIRTH PARENT: FREE TEXT: Services prior to child's removal: Services or supports did you really need for yourself but didn't get before Study Child was removed – other CARER: BIRTH PARENT: FREE TEXT: How do you think Community Services workers could have helped more to prevent Study Child being removed from your care (specify) CARER: BIRTH PARENT: FREE TEXT: Reasons for not getting the services or supports – time and advice from

(continued on next page)

(continued)

Parent/misc. node	Child node	Survey question
		caseworker – something else CARER: BIRTH PARENT: FREE TEXT: Reasons for not getting the services or supports – phone or web-based information services (e.g. Parentline/Raising Children Network) – something else
OOHC details and support	Birth parent	CARER: BIRTH PARENT: FREE TEXT: Comments about how appropriate the services were (Specify)
		CARER: BIRTH PARENT: FREE TEXT: Comments about how appropriate the services were (Specify)
		CARER: BIRTH PARENT: FREE TEXT: Who was providing case management for Study Child just before [He/She] came back to live with you – other (specify)
		CARER: BIRTH PARENT: FREE TEXT: When Study Child was in care, who was the main person who helped you find the services you needed so Study Child could be returned home? (specify)
		CARER: BIRTH PARENT: FREE TEXT: Who was the main person who gave you support around the time Study Child was being placed in care? (specify)
		CARER: FREE TEXT: Birth parent: Any additional comments about professional support that was helpful of that would have been helpful at the beginning of the placement
	Caseworker	CASE WORKER: FREE TEXT: Any other comments regarding Study Childs placement and case plan – specify
		CASE WORKER: FREE TEXT: Aboriginal child: Who Study Child is placed with – specify
		CASE WORKER: FREE TEXT: Current case plan goal for Study Child – specify
	Carer	CARER: FREE TEXT: Positive and negative aspects of the transition in case management from one agency to another agency for the Carer (Specify)
Removal details		CARER: BIRTH PARENT: FREE TEXT: Was there anything you think should have been done differently or better regarding the removal of Study Child? (Specify)
		CARER: BIRTH PARENT: FREE TEXT: Reasons why Study Child was being placed into care: Other (Specify)
		CARER: BIRTH PARENT: FREE TEXT: Study Child was being placed into care: What were the reasons that you did not understand the information provided – other (specify)
		CARER: BIRTH PARENT: FREE TEXT: Who told reasons why Study Child was being placed into care: Who gave you that information – other (specify)
Permanency	Thoughts	CARER: FREE TEXT: Thought about having permanent care of Study Child (Specify)
	Why not considered	CARER: FREE TEXT: If you haven't thought about having permanent care of Study Child: Why wouldn't you consider this as an option? (Specify)
Carer information Cultural connections		CARER: FREE TEXT: Family characteristics considered suitable to Study Childs placement: Other (Specify)
		CARER: FREE TEXT: Others helping Study Child link to culture and carry out Cultural Plan – someone else (specify)
Contact	Birth parent	CARER: FREE TEXT: Maintaining connection with cultural background – other (specify)
		CARER: BIRTH PARENT: FREE TEXT: Was there anything that you think could have been done differently regarding contact between you and Study Child – specify
	Caseworker	CASE WORKER: FREE TEXT: Description of the other reason why Study Child is having increased contact with his/her birth mother – Specify
		CASE WORKER: FREE TEXT: Please describe the other reason why Study Child is having decreased contact with [his/her] birth mother – specify
		CASE WORKER: FREE TEXT: Please describe the other services/support Study Childs birth mother received to assist contact – specify
		CASE WORKER: FREE TEXT: Please describe the other reason why Study Child is having increased contact with [his/her] birth father – specify
		CASE WORKER: FREE TEXT: Reasons for rating of current contact arrangements between Study Child and his/her siblings not in OOHC – Specify
		CASE WORKER: FREE TEXT: Reasons for rating of current contact arrangements between Study Child and his/her siblings in another OOHC placement(s) – specify
		CASE WORKER: FREE TEXT: Reasons for rating of current contact arrangements between Study Child and father – specify
		CASE WORKER: FREE TEXT: Reasons for rating of current contact arrangements between Study Child and mother – Specify
		CASE WORKER: FREE TEXT: Description of the other services/support Study Childs birth father received to assist contact – specify
		CARER: FREE TEXT: Changes that would better meet the child's needs in relation contact with birth family – describe
		CARER: FREE TEXT: Problems with Study Childs contact with Birth Family – something else (specify)
CARER: FREE TEXT: Type of contact with Father – any other way (specify)		
Child Kvebaek questions		You said that there is 'someone else' you want to have more contact with.
		You said that there is 'someone else' you want to have less contact with. What else do you want to change about contact with your birth family?
Child young person views	Child young person	STUDY CHILD: FREE TEXT: What are two or three things that adults could do to help children who are not able to live with their birth parents?
	Caseworker	CASE WORKER: FREE TEXT: Description of what Study Child has said that he/she likes about the placement – specify
		CASE WORKER: FREE TEXT: Description of what Study Child has said that he/she dislikes about the placement – specify
Birth parent misc. Important misc.		All misc. data from birth parents
		Any extra important information

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