



Characteristics, Circumstances and Support Needs of Older Young People Entering Care for the First Time: A Scoping Review

Tracy Wilde¹ · Silke Meyer¹

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Abstract

While there is ample literature on children in care, there has been very limited research around older young people (15–17 years) entering care for the first time. Being able to ascertain the common characteristics, circumstances and support needs of this cohort of young people and their families will enable better understanding of contributing factors to care entry, and how to potentially address these through earlier interventions and prevent care entry. This article provides findings from a scoping review exploring the extent of knowledge around this cohort of first-time entrants into out-of-home care (OOHC) following the Arksey and O'Malley (2005) framework and PRISMA guidelines for scoping reviews (Tricco et al., 2018). A final sample of 5 studies met all inclusion criteria. The review identified multiple gaps in the evidence base around this distinct group of young people. The limited available literature points to multiple and often complex child-related factors and support needs contributing to a first-time care entry among older young people, combined with a range of parental concerns, including absent parenting. The available evidence, based solely on quantitative studies, highlights the need for further research, including qualitative and mixed-methods research, to address remaining gaps in knowledge.

Keywords Child protection · Older young people · Older adolescents · Out-of-home care · Support needs · First care entry

Introduction

Children's safety and wellbeing is a global policy priority (Organisation for Economic Cooperation and Development, 2023). Despite numerous policy and legislative reforms along with investments across early intervention and primary prevention strategies (see Department of Social Services, 2021; 2022; National Office for Child Safety, 2021, World Health Organisation, 2020), child maltreatment remains a persistent issue for child and family welfare services, including statutory child protection interventions in Australia and beyond (Australian Institute of Health and Welfare (AIHW), 2025; Mathews et al., 2023). Such interventions range from interventions with parental agreement

all the way to court ordered removal of children into out of home care (OOHC).

The need for OOHC placements remains an ongoing concern, with persistently high numbers of children in OOHC across Australia over recent years (AIHW, 2025). Many older young people (OYP) (defined as the 15 to 17 age group in Australian child protection statistics) will enter OOHC through child protection department-initiated protection orders, however, some OYP may enter care through voluntary relinquishment of parental responsibilities by parents or caregivers (AIHW, 2022b). Ninety-six percent of all children placed into OOHC in Australia in the year 2023–2024 had previous child protection system contact (AIHW, 2025). For some this included prior OOHC placements, but for others, including for some OYP, their placement in 2023–2024 was their first placement ever (AIHW, 2025).

While there is ample literature on children in care, there has been limited research around those entering care for the first time specifically, and particularly those who are OYP at first entry. The literature commonly groups all 'older children' in care together, often from age 10 to 17 or 12 to 17 (e.g. Asif et al., 2023), while some literature examines all

✉ Tracy Wilde
t.wilde@griffith.edu.au

✉ Silke Meyer
s.meyer@griffith.edu.au

¹ School of Allied Health, Sport and Social Work, Griffith University, Logan, Australia

children in care without divisions by age groups (e.g. Hill, 2017). Even for OYP there is variance in groupings with 15 to 17, 14 to 17, and 16+ age groups commonly used as cohorts in studies and statistics across jurisdictions (e.g. DFSDESCS, 2026; Esposito et al., 2021; Pollock et al., 2024; Taylor et al., 2021). Additionally, discussion of adolescents or OYP in care often does not distinguish between first-time entrants, repeat entrants or those who have been in ongoing care since a young age (e.g. AIHW, 2021b). As a result, what we know about adolescents and OYP in care may not reflect what is most relevant for those who are entering care for the first time or for a specific age group, like 15- to 17-year-olds. Further, most of what we know about first-time OOHC entrants in Australia is about younger children, as fewer children enter care as OYP for the first time compared to other ages (AIHW, 2021a). Finally, research evidence around the presentations and support needs of children and OYP entering care often groups first-time entrants and re-entrants needs together (see AIHW, 2021b; Hill, 2017). Compared to those re-entering care, first-time care entrants in the 15- to 17-year-old age group likely have different experiences and support needs that may not have warranted earlier care entry. This makes this cohort of OYP first-time entrants into OOHC an unusual cohort. We undertook this scoping review to explore existing global evidence to better understand the family circumstances and characteristics of these OYP to inform an empirical study on 15- to 17-year-old first time entrants within child protection within an Australian jurisdiction.

OYP in Care

While a substantial number of OYP are in OOHC, first time entry commonly occurs at a young age for the majority. Australian national statistics show that in the year 2023–24 there were 8286 OYP aged 15 to 17 in OOHC in Australia, with 1625 of them entering OOHC in that year (AIHW, 2025). However, exactly how many of those 1625 were entering OOHC for the first time is unclear. 76% of all children who received a care and protection order in that year did so for the first time (AIHW, 2025) but there is no breakdown by age group or indication of how many of these first-time orders resulted in OOHC. Australian research further suggests that OYP aged 15 to 17 are the least likely to receive child protection services, with younger children, particularly infants, considered to be much more vulnerable to any child maltreatment or neglect and therefore in greater need of protection (AIHW, 2021a). Canadian research on the other hand highlights that having a first placement in out-of-home care (OOHC) during adolescence is not uncommon, with 31–44% of children entering care for the first time being aged between 11–17 years (Cullen, 2023).

In the Australian context adolescents make up a significantly smaller proportion of first-time care entries, with those aged 12 to 17 accounting for just 16.8% of all children entering care for the first time in one study based on all first-time care entrants in one jurisdiction over an 18-month period (Australian Institute of Family Studies (AIFS) et al., 2015). OYP aged 15 to 17 are also reportedly the least likely of all age groups to have allegations of harm substantiated (with 5 substantiations/1000 children compared to 16 substantiations/1000 children aged under one and 9/1000 children aged 1 to 4). They further make up the smallest proportion of care and protection orders (around 7% compared to 20% relating to children under age 1 and 27% relating to children aged 1 to 4). Finally, OYP aged 15–17 are least likely to be admitted into OOHC in Australia (2/1000 children aged 15–17 compared to 7/1000 aged under one and 3/1000 aged 1 to 4) (AIHW, 2021a). Thus, OYP are less likely to have maltreatment substantiated, less likely to be placed on a care and protection order, and less likely to enter OOHC. Therefore, where OYP aged 15 to 17 enter care for the first time, they likely present with significant support needs. As such, this raises questions around whether the older young person and their family's needs and circumstances have been ongoing but not previously identified, and if not, what has warranted entry into OOHC for the first time at this late age of childhood.

The type of placement that OYP receive is also significant. OYP entering OOHC are more likely to be placed in residential care than any other care arrangement (AIHW, 2021a). Statistics based on one Australian jurisdiction show that during a one-year period, July 2023 to June 2024, there were over seven times as many OYP aged 15 to 17 placed in residential care ($n=375$) than were placed in foster care ($n=49$) (Department of Families, Seniors, Disability Services and Child Safety (DFSDESCS), 2024). The number placed in residential care was also nearly five times higher than those placed in kinship care ($n=76$) (DFSDESCS, 2024). It is unclear exactly how many of these OYP were entering OOHC for the first time, however, this does clearly indicate that residential care is the most common placement type for OYP. This raises questions around the drivers behind the higher likelihood for OYP to enter residential care.

Residential care placement decisions have been associated with significant emotional and behavioural concerns among children entering this form of OOHC (Asif et al., 2023). Further, a disproportionate number of young people in residential care have a history of criminal offending behaviours (Baidawi & Ball, 2023; McFarlane, 2018; Simmons-Horton, 2021), highlighting the complex presentations of children entering residential care. Having a first placement in residential care is further associated with placement instability (Rock et al., 2015), with placement

instability also linked to behavioural concerns in the young person (Jedwab et al., 2019). While the literature suggests strong although not well understood associations between emotional and behavioural concerns, as well as criminal offending, with placement in residential care, more research is needed to explore the drivers and implications of OYP being placed in residential care. Understanding the characteristics and circumstances of the young person and their family and the factors that led to placement into OOHC, including residential care, are key to successful reunification and prevention of future OOHC entry (Brown et al., 2020).

Possible Reasons for First-Time Entry Into Care in Later Adolescence

While first time care entry of OYP remains less well understood, research points towards a range of potential contributing factors. Some evidence points to lower levels of parental factors being involved when adolescents enter OOHC for the first time compared to younger children first entering OOHC (Rajesh et al., 2025). However, parental and family related factors can still lead or at least contribute to OYP entering care. Most often parental factors relate to abuse and/or neglect of the young person or parental incapacity (AIHW, 2021b). Socioeconomic adversities and issues including parental substance use, criminal offending, and mental health concerns, as well as a parental history of childhood maltreatment have all been found to contribute to children entering OOHC (Opoku et al., 2025). Additional potential reasons for first-time entry into care as an OYP are broken down into behavioural concerns, parental relinquishment and cumulative harm below.

Behavioural Concerns

In Australia 47% of adolescents aged 12 to 17 entering OOHC for the first time present with behavioural concerns, including verbal or physical assaults, sexual offences and antisocial behaviour either in the home, at school, and/ or in the community (AIFS et al., 2015). Behavioural concerns, such as use of violence or offending behaviours, can lead to removal of the young person by child protection services, particularly if there is risk to other children in the home (Baidawi, 2020). However, for some young people, their offending or violent behaviour may result in parents being unwilling or unable to manage these behaviours or take ongoing responsibility for the young person (Simmons-Horton, 2021), resulting in voluntary relinquishment of the young person (discussed below). Behavioural concerns can include cases of adolescent family violence, which is primarily directed at mothers (Fitz-Gibbon et al.,

2022a; Parental Education Growth Support (PEGS), 2022), as well as other criminal offending behaviours (Simmons-Horton, 2021). In terms of whether OYP who enter OOHC for the first time do so because of criminal offending, Australian research reveals that around two thirds of children of the age of criminal responsibility (age 10 to 17 in Australia) who have contact with child protection and youth justice services (also referred to as cross-over children) are in our target age group of older adolescents aged 15–17 (Baidawi, 2020). In Baidawi's study, over half of all crossover young people had their first criminal charges laid before any child protection orders or placement into care occurred (Baidawi, 2020), indicating their offending could have played a role in their child protection involvement. However, other research shows many crossover young people are involved with child protection services from a young age (i.e. before the age of criminal responsibility) (Sentencing Advisory Council, 2020; Simmons-Horton, 2021), raising questions around just how often behaviour problems including criminal offending play a role in OYP entering OOHC for the first time.

Parental Relinquishment

The possibility of adolescents entering care through voluntary relinquishment of parental responsibility, which can be influenced by child-related factors, is highlighted in the literature. For example, in cases of adolescent family violence (Boxall et al., 2020) or disability associated with complex behaviours (Gatwiri et al., 2024), a parent may feel that the only viable way to meet their child's needs and/or restore family safety, is to relinquish parental responsibilities and place the adolescent child into care. Relinquishment of parental responsibilities does not necessarily mean no parental contact, or no parental role in a child's life, but it does mean a parent no longer has day to day care of and responsibility for the child (Ellem & Chenowith, 2016). The term relinquishment itself can be stigmatising for OYP (Ellem & Chenowith, 2016) and even if pursued with the child's best interest in mind, it can be interpreted as abandonment with traumatic repercussions for the child (Cretenden et al., 2014). Ellem and Chenowith (2016) found the decision to relinquish care is often taken when a parent feels they have no other recourse following cumulative stress and complex circumstances overtime. This points to potential opportunities for early intervention. However, it is unclear from current publicly available statistics just how common relinquishment is for OYP entering OOHC for the first time, or what circumstances and needs are most often leading to their care entry in this manner.

Cumulative Harm

Cumulative harm (also known as complex trauma) occurs where a child or OYP has experienced multiple adversities in their life (Collier & Bryce, 2021). Despite many children with child protection involvement having experienced cumulative harm, this is not necessarily identified immediately during intakes (Sheehan, 2019). Cumulative harm can present in many different ways (Collier & Bryce, 2021). OYP's behavioural or mental health concerns that result in their care entry may, for example, have developed in response to parental factors including domestic violence (DV), harmful drug or alcohol use, or mental health disorders (Barrett et al., 2024). Using OYP who engage in criminal offending as an example, many have been found to have experienced cumulative harm and histories of abuse and neglect including exposure to DV, or other childhood adversities (Nowakowski-Sims, 2019; Simmons-Horton, 2021). Even where there may not have been official reports of child maltreatment or child protection service involvement, many adolescents who criminally offend self-report having experienced child abuse and neglect (Modrowski, et al., 2023), including those who engage in adolescent-to-parent violence (APV) (Beckmann et al., 2021; Meyer et al., 2024). Therefore, where a young person is entering care for the first time in adolescence, it is possible that they have been exposed to maltreatment and trauma for an extensive period, resulting in cumulative impacts over time (Asif, et al., 2023). Understanding the prevalence of cumulative harm for OYP entering OOHC for the first time, including the parental and family factors that contribute to it and how these may intersect with child-related factors, could help to identify opportunities for holistic early intervention that address individual family member and whole-of-family needs (Lee & Holmes, 2021).

Key Cohorts

First Nations OYP

Understanding what leads to first-time entry into OOHC for OYP is also particularly relevant for First Nations populations. Research across colonised settings highlights the significant overrepresentation of First Nations families subject to child protection interventions and First Nations children placed in OOHC (Gatwiri et al., 2021). Presently 43.5% of all children in care in Australia are identified as First Nations children (AIHW, 2025), highlighting a significant overrepresentation when considering that First Nations children represent just 5.9% of the overall population of Australia children (AIHW, 2022a). In the 15 to 17 age cohort, there are over 9 times as many First Nations OYP in care as

non-Indigenous OYP (AIHW, 2021b). The over-representation of First Nations children in child protection systems is not unique to Australia and is associated with the high levels of disadvantage experienced by First Nations families, including the impacts of colonialism, systemic and general racism, low socio-economic status, intergenerational trauma and maltreatment, past policies of forced child removal, and higher rates of reporting and substantiation for First Nations children compared to other children (AIFS, 2020; Montambault et al., 2021). In Australia, most First Nations children entering care do so at a young age (Newton et al., 2023), thus those entering care as OYP for the first time represent a unique cohort. Child removal at any age can be particularly traumatic for First Nations families, and reunification rates for First Nations children are lower than for non-Indigenous Australian children (Newton et al., 2023), indicating potentially long-term impacts. Therefore, understanding the factors associated with first time care entry for First Nations OYP is important to ensure culturally sensitive responses, including earlier intervention to prevent care entry, and support while in care to achieve family reunification.

OYP with Complex Needs

As alerted to in the broader evidence, OYP entering OOHC for the first time frequently present with complex and intersecting needs, including living with disabilities, neurodiversity and/ or mental health concerns. The 2024 Queensland (Australia) Children in Care Census found 33% of all children aged 10 or older in OOHC have diagnosed or suspected mental health disorders, 40% have a history of self-harming, and 34% have a diagnosed or suspected disability, including neurodevelopmental disabilities (DFSDSCS, 2025). By gender, males are more likely to have suspected or diagnosed disabilities, while females are more likely to have mental health concerns, including suicidality and self-harming (DFSDSCS, 2025). As noted earlier in this article, OYP presenting with disabilities or mental health concerns are more likely to be placed in residential care (Baidawi & Piquero, 2020; DFSDSCS, 2025) and are at increased risk of relinquishment (Baidawi & Piquero, 2020; Gatwiri et al., 2024). Understanding how often OYP's disabilities, neurodiversity or mental health concerns play a significant role in OYP's entry into OOHC for the first time is vital in identifying opportunities for early intervention and prevention of entry into care, but also in supporting reunification for these OYP with their families.

Objectives of this Review

Overall, while behavioural problems, including use of violence in the home, antisocial behaviour, general offending,

and disability-related complex behaviours, may be contributing factors in OYP entering care for the first time, the extent to which this is the case is unclear. The literature also points to parental factors, including child maltreatment, parental/ carer DV, harmful substance use, and/ or mental health concerns, as potential contributing factors to OYP entering care for the first time. Examining the young person's characteristics, family relationships and circumstances, and their childhood experiences could provide further insight into this understudied phenomenon (Lee & Holmes, 2021). A scoping review is considered appropriate to better understand current evidence and evidence gaps (Munn, et al., 2018). This scoping review aims to contribute new knowledge for policy and practice and inform future research by answering the question: What is known about the characteristics, circumstances and support needs of older adolescents entering care for the first time? Being able to identify the common characteristics, circumstances and support needs of OYP entering care for the first time and their families will enable better understanding of how best to address the care and protective concerns for the OYP and/or their family, prevent care entry or support family reunification for those currently in care. Further, the review can advance conceptual understanding of late care entry, with this phenomenon being largely overlooked within the literature.

Methods

The current study is a scoping review following the PRISMA guidelines (Tricco et al., 2018) and guidelines established by Arksey and O'Malley (2005). While informed by a need to identify current evidence to inform child and family welfare interventions in the Australian context, this review explores international literature to make a knowledge contribution beyond the Australian context. There were five stages to the scoping review: first, we developed a research question; second, we identified relevant studies through a systematic search; third, we removed duplicates and then screened the identified studies for inclusion/exclusion criteria; fourth, we charted the data and relevant findings from the selected studies in a form; and fifth, we collated the results for presentation in this article.

Eligibility Criteria

Searches were undertaken for both academic studies and grey literature. Searches within databases for academic studies were limited to English language, peer-reviewed and published between 2014–2024. The eligibility criteria were the same for grey literature except that this was not

necessarily peer reviewed. A ten-year span was used in the first instance because policy and practice shifts frequently occur over time within child protection services, and thus searching further back in time could result in evidence that does not reflect the current realities of children and young people entering care for the first time.

Information Sources

Searches for academic articles were carried out in ProQuest Central, SCOPUS, CINAHL, InfoRMIT and Web of Science between April 1 to April 4, 2024. Searches for grey literature were carried out up to April 10, 2024, in Google as well as key Australian sources of grey literature around child protection, including the Australian Institute of Health and Welfare (AIHW) and the Australian Institute of Family Studies (AIFS).

Search Strategy

Search terms used in the databases were determined in consultation with a Griffith University specialist librarian to ensure optimum outcomes. Search terms used included:

placement* OR "out of home care" OR "residential care" OR "group care" OR "in care" OR "institutional care" OR "child protection care" OR "foster care" OR "kinship care" AND "older child" OR "older children" OR adolescen* OR youth OR "young people" OR "young person" OR teen* AND "first time" OR initial OR relinquish*.

Google searches for relevant grey literature in the form of government and institutional reports used key phrases including the above listed search terms. Examples include 'older adolescents entering out of home care for the first time' and '15- to 17-year-old first time care entrants.'

Selection of Relevant Studies

Two researchers worked together to develop and carefully fine-tune the exclusion and inclusion criteria to ensure clear and strong criteria and congruence around these. This included discussion of example studies. Initial screening of titles and abstracts was then undertaken by the lead author, with any uncertainty around whether to include a study and move it to full text review or exclude it based on the title and abstract discussed with the second author to reach a consensus. Additionally, the two researchers did the full reads of articles and reports for final decisions on inclusion/exclusion. Again, where there was disagreement, the researchers

discussed this until consensus was reached. The Covidence application was used to do all screening of articles.

For articles to be included they had to be written in English, have the full text available, cover the topic of adolescents, provide findings specific to the target cohort of OYP entering care for the first time, and discuss the characteristics, circumstance and/or support needs of these young people. Exclusion criteria included: no distinct focus on/discussion of OYP in OOHC, no focus on/discussion of first ever entry into OOHC, no focus on/discussion of the characteristics, circumstances or support needs of the OYP placed in OOHC, and no relevant findings (at the full-text level of screening).

With regard to age groups, we excluded studies that discussed all adolescents as a whole group, with no discernible discussion of older adolescents specifically. The decision was made to include studies that examined 14/15/16–17-year-olds as a group, and in the case of studies that examined 10/12–17-year-olds, they would be included if within the findings/discussion there was distinct discussion of older adolescents (i.e. 15–17 or 14–17 or 16+ year old young people). While some research groups children aged 10–17 together as this age grouping covers the age of criminal responsibility in many countries, including in Australia and the UK, our focus was on OYP as there has been a noted increase in first time care entries among this age cohort (aged 15 to 17) in some Australian jurisdictions (DFSDSCS, 2024). Studies/reports that did not discuss any relevant characteristics, circumstances or support needs of the young people, or which discussed placements, but not first-time placements specifically were excluded as we were only interested in those young people who entered care as older adolescents not having been in OOHC previously.

Data Charting Process

Data were extracted and organised in a form based on Arksey and O'Malley's (2005) framework. Categories on the form included: Author(s), title, year of publication and country/location of the study; study population; study aim and/or research question; methodology (i.e. quantitative, qualitative, or mixed methods); and relevant findings/results. Data were first extracted by one researcher and then verified by the second researcher.

Synthesis of Results

As this is a scoping review, rather than a synthesis of the findings, a narrative discussion of what the literature reveals around OYP entering care for the first time is provided (as per Arksey and O'Malley, 2005). The narrative is based on thematic analysis of the relevant findings, looking for any

recurring themes across the studies in terms of findings as well as recurring gaps in knowledge. The thematic analysis involved both an inductive approach with the researchers familiarising themselves with the data and searching for and naming common themes across the quantitative findings, and a deductive approach where specific themes related to the research questions were searched for (Clarke & Braun, 2017; Pearson et al., 2025). This related to any identified possible contributing/ contextual characteristics, circumstances, and support needs of OYP entering care for the first time and their families. This thematic analysis supported identification of gaps in the literature around this cohort of children/young people entering care for the first time.

Results

Selection of Studies

Searches from databases resulted in a total of 2185 articles (breakdown provided below in Fig. 1). Once duplicates were removed in the Covidence application there were 1418 articles for screening. Further manual removal of duplicates was required. These duplicates appear to have not been identified by the application at times due to differences in how the authors names or article titles were entered in the imported references (i.e. use of authors' full first name rather than initial; use of '+' versus 'plus' in the title). Fourteen grey literature reports were also identified by titles from Google searches.

Initial screening of titles and abstracts resulted in 26 articles and reports for full text screening. This included 15 academic articles from database searches, and 6 grey literature reports. Another 5 articles were included, one from the reference lists of two of the full read articles, and four that were known to a researcher from prior library searches but were not found via the systematic database searches. These additional articles may not have been in the database searches due to the library search engine using a greater range of databases than were used in the systematic searches. While the reference added from the reference lists of the full read articles was one year outside our target range (published in 2013), its high level of relevance led to the decision to include it given the very limited number of relevant studies identified. We do not believe this will greatly impact on the findings and conclusions drawn here as it was only one year outside of our selected date range and not from a very different policy reform era. After full-text screening, a total of 5 academic and grey literature studies and reports were included and 21 were excluded. Most studies that were excluded did not relate to OOHC, or where they did, did not focus on the right cohort (first-time entrants) or age group.

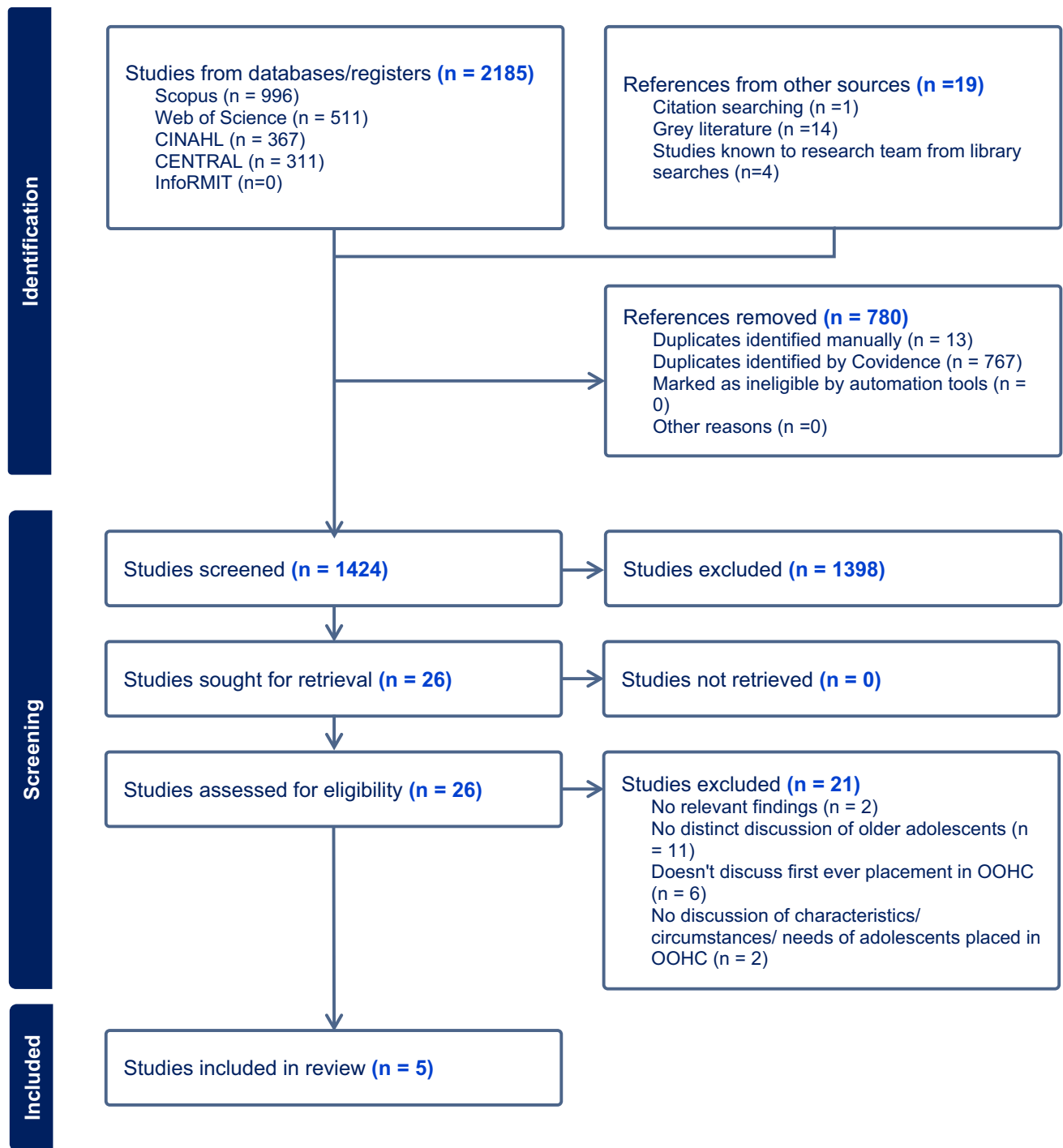


Fig. 1 Selection process

Characteristics of the Studies

Of the five studies included in this review, two were conducted in England (CCE, 2021; Lone-McGrath et al., 2021), two in Canada (Esposito et al., 2013, 2014) and one in Australia (Zhou, 2020). Three studies were published through academic journals (Esposito et al., 2013;2014;

Lone-McGrath et al., 2016), while two were grey literature government-funded reports (CCE, 2021; Zhou, 2020). Population samples included all children placed into care for the first time in the respective country (England) (CCE, 2021) or province (Quebec, Canada) (Esposito et al., 2013, 2014) or state (New South Wales, Australia) (Zhou, 2020) during a specific period of time, or a subset of this sample,

or all children born in a certain period that entered care for the first time (England) (Lone-McGrath et al., 2016). As highlighted in Table 1, the studies undertaken in Canada and England examined children aged 0–17 divided into subgroups, including either 14–17 (Esposito et al., 2013, 2014) or 16+ (CCE, 2021; Lone-McGrath et al., 2016) respectively, while the Australian study (Zhou, 2020) examined those aged 10–17 divided into subgroups including 15–17. With respect to the type of OOHC discussed, there were no care-type specific studies; for each study all types of care available in that location were covered (this included foster and kinship care, residential and group homes, independent living and for some residential therapeutic care or detention/ prison) (CCE, 2021; Esposito et al., 2013, 2014; Lone-McGrath et al., 2016; Zhou, 2020). All five studies were quantitative in methodology. For further details of each study, including the study aim or research questions and a summary of findings relevant to OYP, see Table 1.

Available Relevant Literature

A key finding of this scoping review is the identified scarcity of literature examining OYP first time OOHC entrants, particularly those aged 15–17. Existing knowledge of this cohort is extremely limited. The limited available evidence for this age cohort that was reviewed here suggests their circumstances, characteristics and needs differ from those of younger cohorts entering care for the first time. There is a clear need for further research examining this cohort of young people to fully understand their experiences and support needs.

Demographic Factors

Zhou (2020) found in a study on all OYP aged 15 to 17 without prior youth justice involvement who entered OOHC for the first time in the state of New South Wales over an 18 month period that there were significantly less 16- and 17-year-olds compared to 15-year-olds (107 were aged 15, 36 were aged 16, and just 15 were aged 17). Similarly, in England those aged 16 and older made up just 13.3% of all first-time entrants into OOHC over a one-year period in that nation (CCE, 2021). In Canada, however, in a study based on all children admitted to OOHC in the province of Quebec over a one-year period, a larger grouping of 14–17-year-olds comprised 44% of all first-time entrants into care (Esposito, et al., 2014). Given the findings from Australia and England, it is possible that 14–15-year-olds make up a substantial proportion of the overall numbers reported for the 14–17 age group in the Canadian study.

With regard to characteristics beyond age, one study found an increase in ethnic diversity with increasing age

(CCE 2021). Of all OYP (16+) entering care for the first time in England between April 2018 and March 2019, 10% percent identified as Asian, 22% as Black and 7.6% as mixed race, with a total of around 38% being ethnically diverse. This is compared to 27% of 13–15-year-olds (8.3% Asian, 9.7% Black, 9% mixed race) and about 20% of 1–12-year-olds (4.2% Asian, 6% Black, 9.7% mixed race). Further, 65% of the 16+ age group were males, compared to 49% of 13–15-year-olds who entered care for the first time (CCE 2021). In other words, there appears to be a gender balance in the younger cohort whereas males dominate the older cohort of first-time care entries. This was the only study to report on ethnicity or gender for our age cohort specifically (others reported on larger groupings, e.g. gender breakdown of 10–17-year-olds, or all children born in a specific period but not by age at time of first entry into care). Further, there was a lack of investigation of differences between genders and ethnic groups regarding their situational circumstances, other characteristics or support needs within the available relevant findings for OYP, highlighting a significant gap in knowledge beyond a basic descriptive breakdown of demographic factors.

Legal Status

With regards to legal status, one English study (CCE 2021) found around 80% of all OYP aged 16+(total sample $n=3365$) who entered care for the first time in one year did so on voluntary orders (Sect. 20 of the Children's Act). Section 20 of the Children's Act in England states that accommodation must be provided for children and young people where there is no one to take parental responsibility, their usual carer is prevented from providing suitable accommodation or care, or the child has been lost or abandoned (*Children Act 1989* (UK), s. 1). It is unknown what the breakdown for these different possible reasons for the voluntary order was, in terms of how many OYP were abandoned/relinquished. However, the high prevalence rate of voluntary orders identified for 16+ year olds may indicate that parental relinquishment/ abandonment contributes to a substantial number of first-time care entries among older adolescents. The report further identifies that rates of voluntary orders are higher for the 16+ cohort than those aged 13–15 who had just under 60% voluntary orders (CCE 2021). In addition to care entries under voluntary orders, 13% of 16+ year olds entered care on a Youth Justice related order, followed by 4% on emergency/police protection orders and 3% on non-voluntary care orders (CCE 2021).

Another study based on all children born between 1992 and 2011 who entered OOHC for the first time in England between 1992 and 2012 for which complete data was available ($n=84,674$) found that the prevalence of voluntary

Table 1 Included studies

Author, (year), title, (country)	Study population and placement types covered	Study aim/ research questions	Key Findings Relevant to 15–17-year-old first time OOHC entrants
Children’s Commissioner for England (CCE), (2021), Characteristics of children entering care for the first time as teenagers. (England)	25,344 children and young people aged 0–17 who entered care for the first time between April 1, 2018–March 31, 2019, with a focus on the 13–15-year-olds (n=3693; 3410 for cohort comparisons) with some information on the 16+ year olds (n=3365); findings for 16+ group included here Placement types: placed with a parent, foster care and placement with extended family; group or residential care; YJ detention/prison; independent living; and other (includes hospital/therapeutic care)	Research questions: 1. Who are the children entering care (for the first time) as young teenagers (compared to children entering care at other points in their life) 2. What early indicators of need can be seen for these children in education and children’s service data? 3. How well can we predict from education and children’s services data which children will get their first social care intervention as teenagers?	<ul style="list-style-type: none"> • OYP (16+) made up a small proportion of all children who entered care in the given year (13.3%) • OYP (16+) are more likely to be from an ethnic group/non-white and male than younger children • 80% of OYP (16+) entered care for the first time on voluntary orders; 13% entered on youth justice related orders • Primary need at entry to care for OYP (16+) was most commonly related to abuse/neglect, absent parenting and ‘family dysfunction’ • Behaviour issues are twice as likely and absent parenting five times as likely to be a primary need for the OYP (16+) compared to 13–15-year-olds, while abuse and neglect rates are lower for OYP at around 60% of those for young adolescents • 52% of OYP (16+) were placed in independent living, 30% in family-based care (a parent, or foster or kinship care), 7% in residential/group care, and 11% in detention/prison/other
Esposito, T., Trocmé, N., Chabot, M., Collin-Vézina, D., Schlonsky, A. & Sinha, V. (2014), The stability of child protection placements in Québec, Canada. (Canada)	29,040 children admitted to OOHC for the first time between Apr 1, 2002, and Mar 31, 2011; with findings grouped for ages 0–9 and 10–17, with the age 10–17 group divided into 10–13- and 14–17-year-olds for some findings. Findings for 14–17-year-olds (n=12,778) are included here Placement types included: family-based foster care or kinship (extended family) care, and residential or group homes, including therapeutic residential care	Aim: to determine the effect of the following covariates on placement changes for CYP once placed in care for the first time: age at initial placement, ethno-racial background of the child, gender, the reason for investigation at initial placement, the number of investigations, the source of referral at initial placement, the request for youth criminal justice services, and the neighbourhood area socioeconomic disadvantages	<ul style="list-style-type: none"> • Young people aged 14–17 accounted for 44% of all children placed in care for the first time in the study • Young people aged 14–17 (along with those aged 0–1) had the greatest risk of experiencing at least one placement change and of doing so soon after placement (within 38 days) • This increased risk of a change of placement within 38 days and may indicate that often the first placement is a temporary placement
Esposito, T., Trocmé, N., Chabot, M., Shlonsky, A., Collin-Vézina, D., & Sinha, V. (2013), Placement of children in out-of-home care in Québec, Canada: when and for whom initial out-of-home placement is most likely to occur. (Canada)	127,181 children investigated for maltreatment for the first time between April 1, 2002, and March 31, 2010 by Quebec CPS including 22.8% (n=29,040) who were placed in care for more than 72 hours for the first time, with breakdown of findings for ages 0–9 and 10–17 (n=16,691), with the age 10–17 group divided into 10–13 and 14–17 year olds for some findings. Findings for 14–17-year-olds are included here Placement types: kinship care, foster care, group home and residential treatment placements	Aims: (1) To identify risk factors associated with OOHC placement comparing the youngest children to early school age children and adolescents to middle school age children; (2) to separately analyse behavioural problems and other reasons for child protection services; (3) examine whether a request for youth criminal justice services increases the risk of placement; and (4) examine if neighbourhood area socioeconomic disadvantages further contribute to the unique age-specific risk of placement	<ul style="list-style-type: none"> • Young people first investigated by child protection services when aged 14–17 are at the greatest risk of being placed in care compared to children first investigated at a younger age • Young people first investigated by child protection services when aged 14–17 are more likely to be placed into OOHC within 24 days compared to those first investigated at a younger age

Table 1 (continued)

Author, (year), title, (country)	Study population and placement types covered	Study aim/ research questions	Key Findings Relevant to 15–17-year-old first time OOHC entrants
McGrath-Lone, L., Dearden, L., Nasim, B., Harron, K., & Gilbert, R. (2016). Changes in first entry to OOHC from 1992 to 2012 among children in England. (England)	84,674 children born between 01/01/1992–31/12/2011 placed in care for non-respite reasons for the first time between 01/01/1992 and 31/12/2012 for which complete data was available; findings were broken down by age groups of infants, ages 1–4, 5–10, 11–15 and 16+ at entry to care. Findings for the 16+ group (n=3,117) are included here Placement types: Family (adoption/ kinship care/ foster care), Group (group home or residential health or school setting, supported accommodation) and Other (independent living, criminal justice custody, other)	Aim: To understand what proportion of children are placed in OOHC by age 18 and the drivers of this; to explore the type of placements used, duration of care and stability (which relates to outcomes and cost of care); to identify the determinants of changes in children entering care across time	<ul style="list-style-type: none"> • Reason for placement into care/primary need for OYP (16+) was most often related to absent parenting, 'family dysfunction' and abuse/neglect in that order of prevalence • Between 87–92% of placements of OYP (16+) were voluntary orders; rates of voluntary orders have declined over time • Over one third of OYP (16+) were placed in independent living, 30% in family-based care and more than a third in group/residential care
Zhou, A. (2020). Offending among young people in contact with the OOHC system. Pathways of care longitudinal study: Outcomes of children and young people in OOHC. (Research report 18). (Australia)	CYP aged 10 to 17 who entered care for the first time in NSW between May 2010 and Oct 2011 AND received a final order in the Children's Court by Apr 30, 2013, AND had no formal contact with the Youth Justice system prior to entering OOHC (n=863). Findings were broken down by age, with those aged 15–17 (n=157) grouped together. Findings for those aged 15–17 are included here Placement types: foster care, kinship care, residential care, placed with a parent, other	Research Questions: 1. To what extent does age shape the risk of first offence among YP who come into OOHC for the first time? 2. How does risk of first-time offending differ between male and female YP, and Aboriginal and non-Aboriginal YP? 3. Is there an association between the risk of first offence and CP history, type of OOHC arrangement, # care of episodes, or time in OOHC?	<ul style="list-style-type: none"> • There were far more 15-year-olds without a prior offending history who entered care for the first time than 16- and 17-year-olds • 15–17-year-olds without prior offending histories were more likely to become criminalised once in care than 10–11-year-olds, but less likely than 12–14-year-olds • 15–17-year-olds without prior offending histories who entered care and then began offending had an average of 4.4 years from placement to their first offence, around double the average time to first offence for younger children aged 10–14

placements has been decreasing for all age cohorts over time (McGrath-Lone et al., 2016). This trend is supported when comparing data referred to in the more recent report which suggests that 80% of first-time OOHC entrant OYP (16+) in England in 2018/2019 had voluntary orders (CCE 2021) compared to 87–92% of OYP (16+) entering care for the first time on a voluntary order between 2008 and 2012 in the earlier study (McGrath-Lone et al., 2016).

Support and Protective Needs

There were some differences in recorded primary need in cases of OYP (16+) entering care for the first time. A 2021 report which examined the characteristics of children first entering care as teenagers in England using data from the Children in Need Census (Jan 2020) from the Department of Education, identified the primary support or protective need at time of placement in descending order of prevalence for this 16+ cohort (n=3365) as: Abuse and/or neglect (33.4%), absent parenting (no parent available to provide care) (25.4%), complex family circumstances (referred to as 'family dysfunction', i.e. chronically inadequate parenting) (15%), socially unacceptable behaviour by the OYP (10.6%), family in acute distress (temporary family crisis with incapacity to meet some needs of children) (10.6%), and child's

disability (3.9%) (CCE 2021). Parental disability and low income accounted for around 0.5% of primary needs each. When compared to younger adolescents aged 13–15, those aged 16+ had substantially higher rates of absent parenting (five times higher), double the rates of behaviour problems, and around 40% lower rates of abuse and neglect but similar rates of complex family circumstances identified as primary protective needs (CCE 2021). This points to a multitude of parental/family- and child-related complexities contributing to first time care entries among OYP.

Earlier English research examining changes in first-time entry to OOHC across time, and also based on data from the Department of Education on children in care, found that for OYP (16+) (n=3117) absent parenting was the most common reason for entry into care (35.9–26.9% of cases), with complex family circumstances (again referred to as 'family dysfunction') (20.6–21.7%) coming second and abuse and neglect (17.3–22.6%) third (McGrath-Lone et al., 2016). Acute distress (13.2–14.5%) was fourth and socially unacceptable behaviour by the OYP was fifth (6.4–8.5%), followed by child's disability (4.3–4.8%), low income (1.5–0.5%) and parental illness or disability (0.9–0.5%). It is impossible to determine from the two studies whether differences in prevalence of the primary needs for the OYP age group over time reflect a change in parenting behaviours

and support needs, a change in child welfare practice with regard to identifying primary protective needs, or both.

Placement Types

Type of initial placement was examined in two studies. A third of OYP (16+) entering care for the first time over a twenty year period up to 2012 were placed in independent living at first placement in one study (McGrath-Lone et al., 2016) compared to 52% of this age cohort in another study on first-time care entrants in the same country between 2018 to 2019 (CCE 2021), revealing an apparent substantial increase in use of this type of placement over recent years. It is unclear to what extent this may relate to changing characteristics of OYP entering care or if it is primarily driven by changes in child and family welfare policy and practices. In both studies about 30% of OYP (16+) entered a family-type setting (foster/kinship care or placement with a parent). However, there was a substantial difference in findings on the proportion entering group home/residential care at first placement, with a little over a third of OYP (16+) doing so in the earlier study (McGrath-Lone et al., 2016), compared to less than 7% in the more recent study (CCE 2021). This likely links to the apparent increase in use of independent living placements between the two reporting periods. There was also an increase in OYP in custody through the justice system in the more recent study (10.3%) (CCE 2021) compared to the earlier study (around 2%) (McGrath-Lone et al., 2016), suggesting that youth justice involvement has increased among older adolescents (16+) entering care for the first time.

Likelihood of Entry Into Care

In addition to the two English studies reviewed here, the two Canadian studies provide some evidence for a larger cohort of 14–17-year-olds. While the broader age range does not allow us to isolate findings specific to our cohort of interest (15–17 years), findings provide some insight into OYP's needs and circumstances when entering care for the first time. First, a study conducted by Esposito and colleagues (2013) on 127,181 children investigated for maltreatment by child protection services for the first time in one province between April 1, 2002, and March 31, 2010 found young people first investigated between the ages of 14 and 17 years are at higher risk of being placed into care compared to children first investigated at younger ages. Second, they were placed much sooner after initial investigation than younger children. OYP placed in care after the initial investigation were generally placed within a short timeframe (24 days), compared to a younger cohort (10–13-year-olds).

Placement Stability

In a different Canadian study by the same authors (Esposito, et al., 2014) placement stability was examined for 29,040 children admitted to OOHC for the first time in one province between Apr 1, 2002, and Mar 31, 2011. While it did not examine 15- to 17-year-olds as a specific cohort, this study identified 14–17-year-olds (along with those aged 0–1) as having the highest risk of an initial change in placement soon after being admitted to OOHC (within 38 days). However, 14–17-year-olds were less likely than those aged 10–13 to have multiple placement changes. The authors point out that the high rate of changes soon after initial placement may indicate that these initial placements are often temporary placements. The authors also found the risk of placement instability was strongly associated with involvement with Youth Justice and behaviour issues for 10–17-year-olds, which, although not entirely clear, likely holds strong relevance for the 15–17 age group. These findings point to OYP having a high likelihood of being placed in care, and in a short time frame, and a high likelihood of having at least one change in placement. However, without data on the specific reasons for care entry or change in placement among our specific cohort of interest, the reasons for this remain largely unexplained.

Subsequent Offending Behaviours

With regard to young people's offending behaviour, Zhou (2020) examined all first-time OOHC entrants over an 18-month period in one Australian state without prior criminal offending behaviour and aged 10 to 17 (n=863). The author found that 25.5% of the 15- to 17-year-olds engaged in offending within 44 to 62 months of being placed in care, compared with 35% of younger adolescents aged 12–14 and 19% of the 10–11-year-olds (Zhou, 2020). Thus, there appears to be a risk of first-time justice system involvement associated with care entry, which varies across adolescent age cohorts. While the author pointed to a number of factors that were associated with an increased risk of offending behaviour once in care for the entire cohort of 10- to 17-year-olds, including a history of neglect, being male and being First Nations, they did not discuss which were most relevant to OYP aged 15 to 17 specifically.

Discussion

In this scoping review we presented evidence derived from five studies that focused on OYP who entered OOHC for the first time. This limited literature provided some key findings

on what is known about this cohort of young people but also highlighted a number of significant gaps in knowledge.

What is Known

The most significant finding of this review is the lack of literature on the specific age group of interest (15–17-year-olds entering care for the first time). This highlights the need for further research around this cohort of first-time OOHC entrants to OOHC to better understand the characteristics, situational circumstances and support needs of this cohort of young people and their families. Most studies we screened in the review grouped different adolescent age groups together, thereby limiting the opportunity to identify and utilise evidence relevant to 15–17-year-olds. In the few studies included here, in which OYP were at least partially examined separate to younger adolescents, key differences were identified. These include reasons for care entry and prevalence of offending behaviour once in care.

In terms of the reasons for entry into OOHC for the first time, this review shows that abuse and neglect, absent parenting, and complex family circumstances often play a key role, along with behavioural issues and youth justice involvement for some. When comparing OYP to younger adolescents, the higher rates of absent parenting and behaviour problems and lower rates of abuse and neglect experienced by OYP in the evidence reviewed here points to OYP being significantly more likely to present with child-related issues or a combination of child- and parent/family-related concerns as the reason for placement into care. This aligns with broader research evidence, which suggests that caregiver issues as the main justification for child and family intervention services, including OOHC (no distinction between first or subsequent placement provided), decreases with age, and child-related reasons, including behaviour problems, increase with age (Haider et al., 2023). While reviewed studies identified a greater presence of child-related factors for this cohort and adolescents compared to younger children (CCE, 2021; Esposito et al., 2013), this review shows parental and family factors still play a key role. Abuse and neglect were amongst the top three reasons for entry to care identified in this review, which raises questions around the onset, duration and earlier identification of such parental behaviours. Further, the high rates of complex family circumstances and absent parenting identified across reviewed studies raises questions around the underlying vulnerabilities and support needs of families, how long these may have been present for and/or whether increasing complexities and/or escalation of specific behaviours or support needs contribute to the need for care entry. Understanding the nature, extent and role of different factors in greater depth is critical in informing early interventions that

may prevent OYP's first time care entry. This is particularly important in cases of relinquishment of parental responsibility, which was not examined specifically in the reviewed studies but may have played a role in cases of voluntary orders, which were found to be highly prevalent in our age cohort. Further, given the higher rates of behaviour problems and absent parenting identified by this review (CCE, 2021), rates of parental relinquishment are likely higher for this cohort compared to younger adolescent first-time OOHC entrants. Indeed, although not specific to first time entries and thus limiting direct comparisons, the wider research evidence reveals high levels of voluntary orders (Hill, 2017) and relinquishment (Baidawi & Piquero, 2020; Gatwiri et al., 2024) for children with disabilities and behaviour problems and parents who are unable to cope with such presentations. This highlights a key area for early intervention.

Our review further identified that entering OOHC for the first time as an older young person is associated with placement instability. Given that research on children and young people in OOHC shows that child behavioural issues, parental substance use, and voluntary relinquishment/abandonment of children are all associated with placement instability (Jedwab et al., 2019), and behaviour problems, absent parenting, complex family circumstances, and voluntary placements were all found to be common in this cohort of OYP in the reviewed studies, the instability highlighted for them is not surprising. This finding points to the post-care-entry need to focus on placement stability for these OYP where possible given the relatively short duration of support available to address both child- and parent/family-related concerns, whether to support reunification or prepare for independent living, before this cohort ages out of child protection interventions.

Finally, there was an apparent conflict in the findings around the number of OYP entering care for the first time in comparison to other age groups. Canadian research found OYP aged 14 to 17 are at increased risk of entering OOHC and do so more quickly once a child protection investigation is initiated, while also forming a large proportion of first-time entrants in that country, however, the research from other jurisdictions found small numbers of OYP aged 16+ as first-time OOHC entrants. It appears that grouping OYP aged 16+ with 14- to 15-year-olds may skew the findings, with the vast majority of the 14 to 17 age cohort possibly being aged 14 and 15. This interpretation aligns with Zhou's (2020) study where two thirds of those aged 15 to 17 years old without prior offending histories were aged 15. Regarding the lower numbers of OYP aged 16+, whether fewer OYP aged 16+ have contact with child protection services compared to younger adolescents, or there is a lower likelihood of being placed in care once 16 or older remain unanswered questions and areas for further research.

Remaining Evidence Gaps and Implications for Policy, Practice and Future Research

Several gaps in knowledge around OYP entering care for the first time have been identified by this review. This includes around understanding the role of gender and gender difference; other diversity-related factors; the nature and role of OYP's educational engagement; disabilities and related access to disability support; OYP's use of family violence or APV within the cohort; the nature and extent of prior child protection contact that did not result in care entry along with other prior service system contact (e.g. alcohol and other drugs, mental health and disability services) in first time care entry; and opportunities for earlier and holistic interventions.

As noted, there was a lack of discussion of differences between genders and gender identities in relation to the support needs, circumstances, and characteristics of our cohort. There was also a lack of attention to diversity for our age cohort specifically, with only one study finding greater ethnic diversity for older rather than younger adolescents. It is thus unclear if this pattern exists in other jurisdictions, or what the implications of ethnic diversity are for OYP's first-time entry into care. However, as the wider literature shows there is an over-representation of First Nations children in the Australian and Canadian contexts (AIFS, 2020; Montambault et al., 2021) and Black children in UK child protection systems (Cénat et al., 2021) in general, there is likely a post-care-entry need for culturally safe and sensitive responses and interventions to meet the needs of OYP overrepresented among first time OOHC entries. Greater understanding of differences in the prevalence of culturally and linguistically diverse OYP as first-time entrants into OOHC, their child-protection-related characteristics and unique support needs is needed to inform such responses. Further, none of the reviewed studies considered sexual- or gender-diversity amongst the OYP or if this may have played a role, highlighting another gap in knowledge related to this cohort.

Engagement in education was not examined in the studies included in this review other than one study where discussion of this was limited to younger adolescents. Research shows that for adolescents aged 13–17 who enter care for the first time, there is low educational attainment (Kääriälä et al., 2018). Although examining a larger age group, this finding is likely relevant to our specific age cohort which falls within this grouping. The study's authors state that this is generally a result of child-related factors such as behavioural problems or learning difficulties, rather than parental issues. This fits with our observation of high levels of child-related factors among OYP who enter care for the first time along with the need for earlier, whole-of-family

interventions where child- and parent/family-related factors are identified and may interfere with children's educational attendance and achievements over time, in order to prevent cumulative impacts and care entry.

In addition to gender and ethnicity, another key equity-related gap in knowledge is around disability. The reviewed studies did not examine the role of disability status and intersecting complex behaviours and support needs. Australian research shows that there is an over-representation of children with disabilities in care, with many of them entering care as adolescents when parents feel they have exhausted their capacity to manage the young person's complex behaviours and related support needs (Gatwiri et al., 2024). However, the extent to which disability plays a role in those aged 15 to 17 entering care for the first time specifically, including the nature of disability and related behavioural concerns, is unknown. Further research is needed with potential implications for earlier and ongoing support for families with OYP with a disability.

Examinations of the role of APV were also absent in the studies reviewed here and is an area warranting further investigation. Australian research shows APV is a major issue often occurring in close proximity to initial criminal offending or a placement into OOHC (Baidawi, 2020), although they do not indicate how often it is a first placement. The wider research has identified childhood experiences of verbal and physical abuse and other adversities as a strong predictor of use of APV (Beckmann et al., 2021; Meyer et al., 2024; Nowakowski-Sims, 2019). Similarly, childhood experiences of DV have been linked to APV in the home (Meyer et al., 2024), especially for males (Meyer et al., 2021). As abuse and neglect were amongst the top three identified primary needs of OYP placed into care in our review and given the complex relationship between maltreatment and behavioural problems such as APV, it is possible many of these OYP are using violence in the home (Baidawi, 2020). OYP using APV will have specific needs and vulnerabilities related to their intersecting experiences requiring child-centred, trauma- and DV informed interventions both as an early intervention and once OYP are in OOHC (Fitz-Gibbon et al., 2022b; Meyer et al., 2021; O'Hara et al., 2017).

Recent research also shows a link between behavioural problems (such as use of APV), disability, and experiences of child maltreatment (including parental DV) in young people (e.g., Meyer, 2024). Similar observations have been made around the intersection of behavioural problems, mental health concerns and experiences of child maltreatment (Ralph et al., 2025). This broader evidence, while not specific to our cohort of interest, is still meaningful, and highlights the need for a trauma-informed, holistic consideration of disability and mental health related presentations pre- and

Table 2 Further research**Areas for further research**

- The role of gender/gender differences and gender-, sexual- and ethnic-diversity in first-time care entry in OYP
- The role of educational (dis)engagement
- The roles of OYP's disabilities, complex behaviours, and/or use of APV or family violence
- The nature and extent of prior child protection contact that did not result in care entry and identified needs at these contacts
- Qualitative and mixed methods studies on this specific 15- to 17-year-old cohort to provide more nuanced understanding of the available statistics on first-time care entry

post-care-entry, which were not examined in the reviewed studies here. Responses to and interventions for OYP entering care for the first time, and their families, should therefore screen for child maltreatment, parental/carer DV and children's behavioural problems to ensure both current support needs as well as underlying safety concerns and recovery needs are addressed.

Finally, the studies reviewed here did not examine the nature and extent of prior service system contact, including statutory child protection and non-statutory child and family services contact that did not lead to OOHC entry. Examining this could enable better understanding of what support mechanisms families encounter prior to OYP entering care for the first time to inform timing and types of service system contact for earlier, holistic, trauma-informed responses to individual family members and/or the whole family unit to prevent an escalation or manifestation of concerns that may lead to later care entry.

In terms of research specific implications, more mixed methods and qualitative research is warranted based on the limited evidence available identified by this review. All studies included in the review were quantitative in nature and provided limited 15–17-year-old age specific findings. Thus, we suggest future research should consider quantitative and mixed-methods studies examining the nature and extent of factors associated with late first-time care entry, further breaking this evidence down for 15-, 16-, and 17-year-olds. Further, qualitative research (whether as part of a mixed-methods study or standalone qualitative research) would allow us to gain greater insights and more nuanced findings around children and families' contextual experiences in the lead-up to and at the time of care entry, with implications for both early and post-care-entry interventions. Specific areas for further research identified by the highlighted gaps in knowledge are listed in Table 2.

Limitations

This review has identified current knowledge and knowledge gaps related to the characteristics, circumstances and

experiences of 15- to 17-year-olds entering care for the first time and provides some guidance for future policy, practice and research. While the limited available evidence is a finding in itself, and the synthesis of the scarce literature available provides some new insights, this review is also subject to some limitations. A key limitation includes that not all relevant literature may have been identified. This may be a result of terms used in studies and as key words, the time-frame searched, as well as the decision to narrow our search to studies in English only. A second limitation is that we included grey literature in the form of government-funded reports, which do not necessarily undergo the level of peer-review undertaken for published articles in academic journals. However, given the limited literature available, this was necessary to provide as much insight as possible into what is known about the identified cohort of first-time entrants into OOHC. Additionally, the small number of studies included, at just five, means our findings rely on a limited number of data sources from geographically diverse settings. This clearly indicates a gap in knowledge and research for our cohort, and a need for further investigation into the characteristics, circumstances and support needs of OYP entering care for the first time globally. In particular we note there are evidence gaps around inequity within this cohort, with limited to no findings in the reviewed studies on gender-, ethnicity- or disability-related issues for them. A final limitation is that two of the studies reviewed here included youth justice detention and/or criminal justice custody/prison as a placement type. This conflation of youth justice involvement with entry into OOHC adds a complexity to the findings, with youth/criminal justice custody seen as separate/different to OOHC in many jurisdictions and therefore not a placement type. We note, however, that OYP entering care in this manner in these two studies were in the minority and the vast majority had other placement types.

Conclusion

This scoping review has identified more evidence gaps than available evidence, highlighting a clear need for further research into this specific cohort of first time OOHC entrants. However, while limited to five studies, some key findings have been derived. OYP entering care for the first time likely have complex support needs that can exceed the capacity of parents and carers, including once in OOHC. In addition to parental risk factors, such as parental abuse, neglect and abandonment, the literature points to the likelihood of child-related risk factors, such as behavioural problems, criminal offending, disability, and mental health concerns, playing a key role in OYP entering care for the first time, particularly when compared to younger children.

The existing literature offers little insight into the intersection of current or historical child- and parent/family-related presenting issues, raising implications for intergenerational explorations of risk, trauma, safety and recovery needs along with exploring opportunities for whole-of-family interventions to address individual as well as family support needs.

Author Contribution T.W. and S.M. developed the review search terms, inclusion and exclusion criteria, T.W. did database and grey literature searches, T.W. and S.M. screened and selected studies, key findings were extracted from the selected studies with consensus on this reached by T.W. and S.M., T.W. and S.M. wrote and reviewed the main manuscript.

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Data Availability No datasets were generated or analysed during the current study.

Declarations

Competing Interests The authors declare no competing interests.

Human Ethics Approval and Consent to Participate Not applicable for this scoping review.

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