

Pathways of Care Longitudinal Study

The artist is a young person who grew up in care.

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

Overview of the POCLS design and data sources October 2016



Acknowledgement

We acknowledge Aboriginal nations as the first people of Australia and pay our respects to their Elders past and present. And we extend our respect to Aboriginal children and young people who are the future Elders.

We remember the Stolen Generations – Aboriginal and Torres Strait Islander children forcibly removed from their families, communities and culture under past government practices.



Outline

Pathways of Care Longitudinal Study (POCLS)

- Study design
- Data sources
 - Child and carer data collection
 - Administrative data
 - Caseworkers & teachers on-line survey data
- Study timelines and progress



Ethics approval

- Human Research Ethics Committee
 - University of New South Wales HREC (HC10335 & HC16542).
- Aboriginal Ethics Committee
 - Approval from Aboriginal Health & Medical Research Council (AH&MRC) of NSW Ethics Committee (766/10).
- NSW Department of Education
 - State Education Research Applications Process (SERAP) (2012260).
- NSW Population & Health Services Research Ethics Committee
 - Cancer Institute New South Wales (HREC/14/CIPHS/74).



What is the Pathways of Care Longitudinal Study?

- A large scale prospective longitudinal study of children and young people entering OOHC in NSW for the first time on final children's court orders (ranging from full Parental Responsibility to the Minister – full Parental Responsibility to a relative) in an 18 month period
- A research study about **children's developmental outcomes** – safety, health, socio-emotional well-being and cognitive/learning ability
- The factors that influence developmental outcomes in OOHC are examined
- Children and young people are followed overtime regardless of their trajectories (e.g. placement changes, restoration, adoption or ageing out)
- Multiple data sources that allow for comparisons with the general population through record linkage, standardised measures and validated questions



Aims of the study

To describe children's pathways

- **into care:** characteristics, child protection history, early intervention
- **through care:** eg access to services, placements, development, family contact, casework, friends and school
- **out of care:** eg restoration, adoption, leaving care at 18 years

To understand factors influencing child outcomes

- **physical health, socio-emotional wellbeing, cognitive/learning ability**

To inform policy and practice to improve the service system



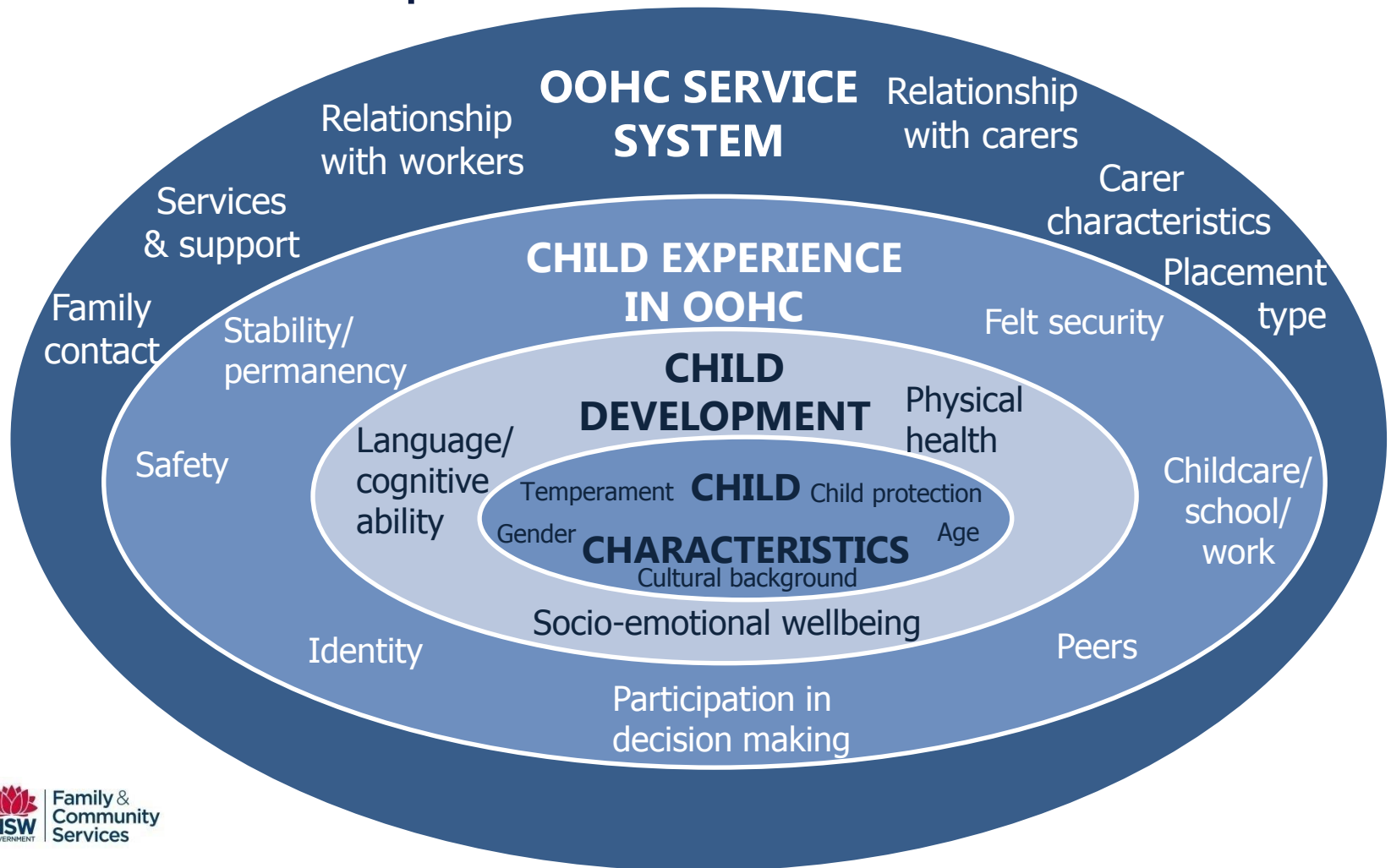
Who is conducting this study?

NSW Department of Family & Community Services (FACS) with assistance from:

- Professor Judy Cashmore (University of Sydney)
- Professor Paul Delfabbro (University of Adelaide)
- Professor Ilan Katz (University of NSW)
- Dr Fred Wulczyn, Chapin Hall, University of Chicago
- Australian Institute of Family Studies
- I-view, experts in social research data collection



Conceptual overview of factors





Key study cohorts

Study population cohort

Entered OOHC on interim orders May 2010-October 2011
(n=4,126)

Final orders cohort

Children's Court order by April 2013 (n=2,828)

Interview cohort

(n=1,789)

W1 1,285

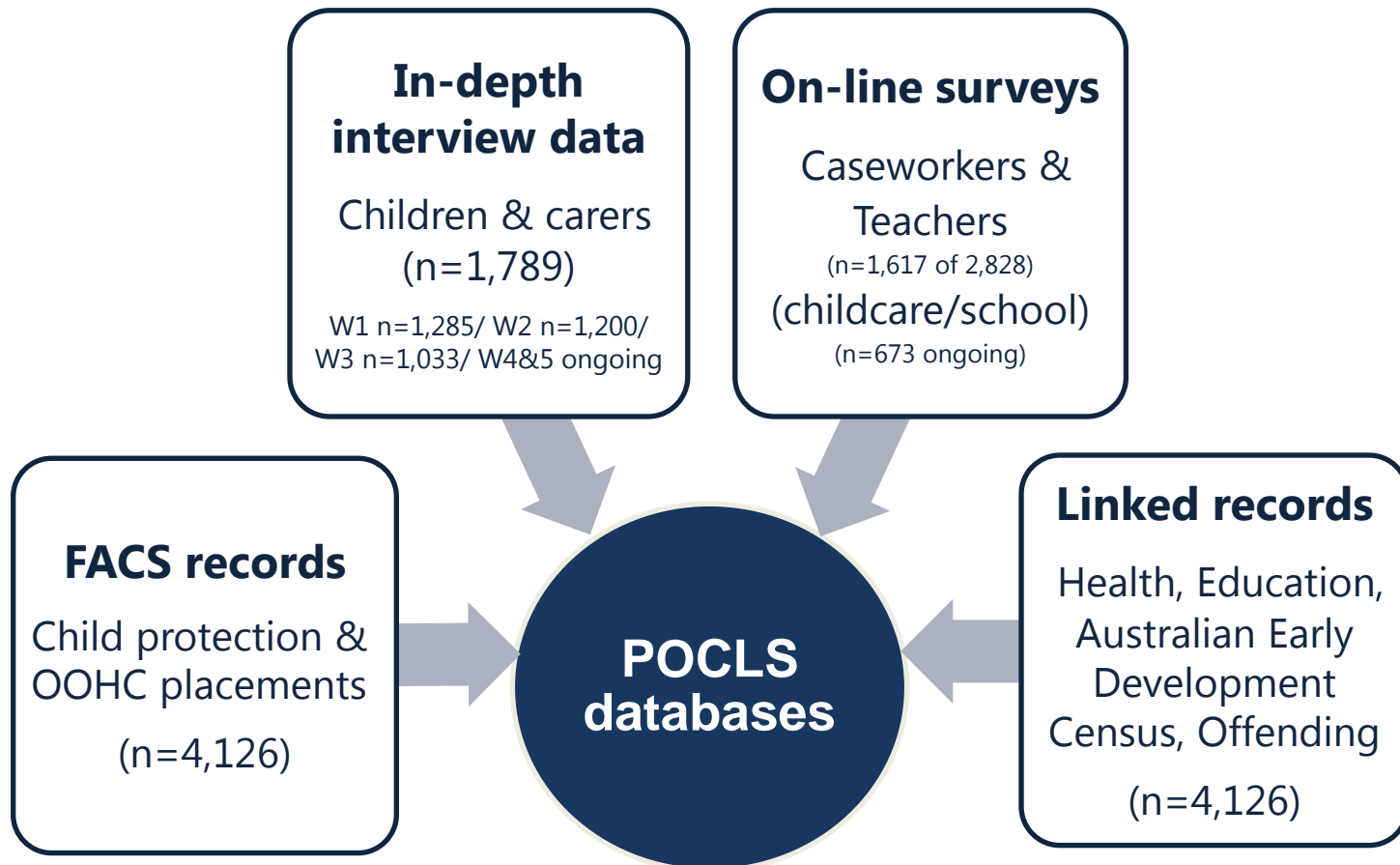
W2 1,200

W3 1,033

W4&5 ongoing



Multiple data sources





Child direct assessments (3-17 years)

Peabody Picture Vocabulary
Test (PPVT) (3yrs+)



Matrix Reasoning Test (WISC IV)
(6-16yrs)



Felt security/
closeness activity
(7yrs+)



Child interview (7-17 years)

Short face-to-face interview (7-11yrs)

ACASI iPad interview (12-17yrs)

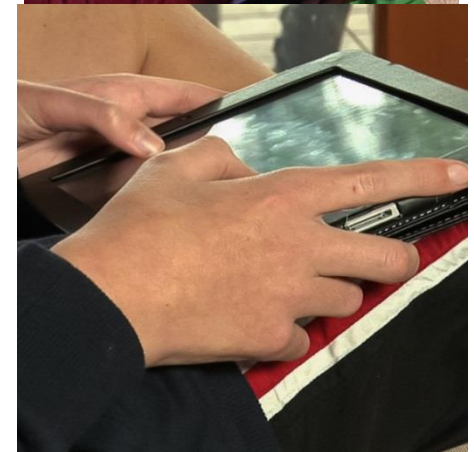
- Audio by young person in care

Age appropriate questions/ scales

- School & friends
- Health, behaviour & feelings
- Where they are living
- Casework and support
- Other comments

Gifts for participating

- Picture book (3-6yrs)
- \$20-\$30 gift voucher (7-17 years)





Carer interview modules

Carer reports about the child

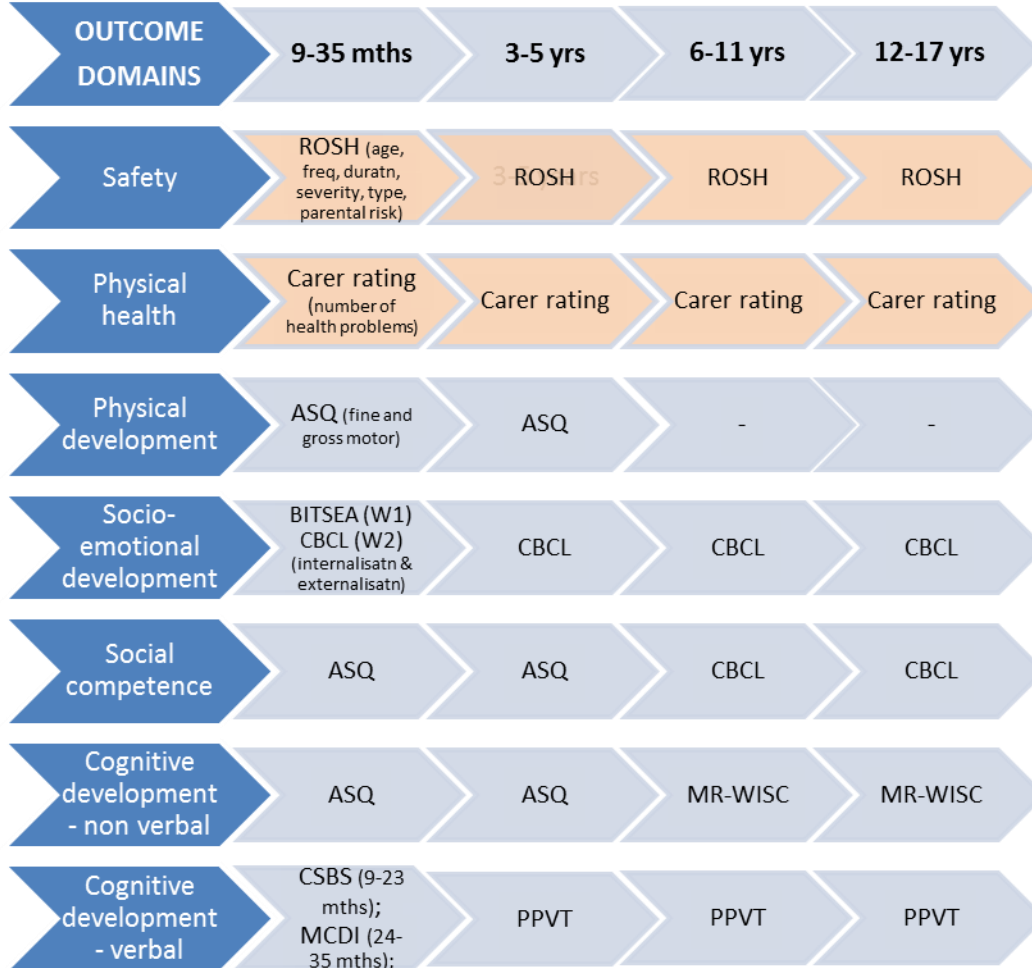
- Introduction to child
- Physical health
- Socio-emotional development/ behaviours
- Cognitive development
- Temperament
- Family activities & friends
- Education & work (15+)
- Services – access & barriers
- Casework
- Birth family contact

About the carer

- Relationship with child
- Parenting style
- Carer experience & training
- Informal support network
- Casework support
- Satisfaction being a carer
- Health/ mental health
- Relationship with partner
- Household grid
- Finances & housing
- Neighbourhood



Longitudinal measures of child development¹



Measures:

ROSH Risk of Significant Harm

ASQ Ages & Stages Questionnaire

BITSEA Brief Infant Toddler Socio-emotional Assessment

CBCL Child Behaviour Checklist

MR-WISC Matrix Reasoning Test: Wechsler Intelligence Scale for Children

PPVT Peabody Picture Vocabulary Test

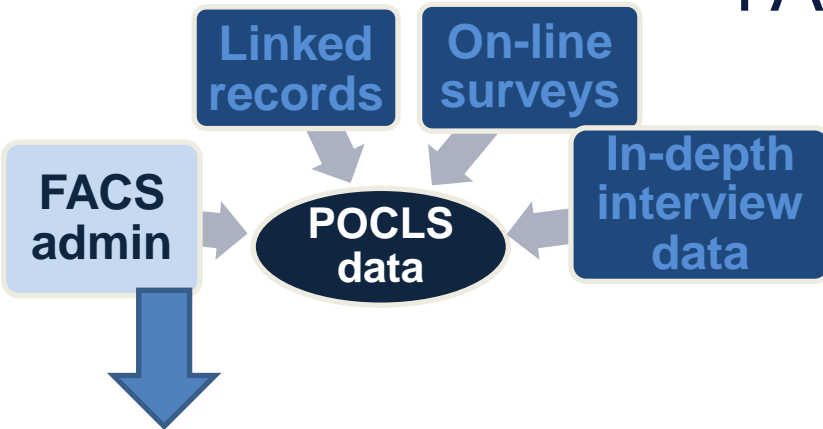
CSBS Communication & Symbolic Behaviour Scale

MCDI MacArthur Bates Communicative Developmental Inventories

¹ Standard deviation (SD) = within 1 SD the child's development is 'typical' 'on track'; 1-1.5 SD above/below (depending on the direction of the scale) the mean (standard score of less than 85) the child's development needs monitoring; above/below 1.5 SD the child needs support services; and above/below 2 SD the child needs intensive support.



FACS administrative data



- Based on caseworkers' log of casework entered into Key Information Directory Service (KiDS):
 - Child characteristics
 - Child protection data
 - OOHC data
 - System response date

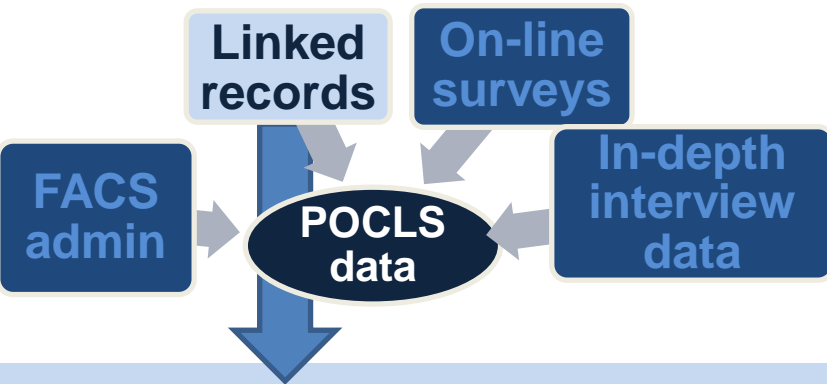


FACS administrative data

Child	Child protection	System response	Out-of-home
<ul style="list-style-type: none"> ▪ Gender ▪ Age ▪ Culture 	<ul style="list-style-type: none"> ▪ Reported issue <ul style="list-style-type: none"> ○ Type abuse ○ Parent risks ○ Child distress ▪ Frequency ▪ Duration ▪ Severity ▪ Age of onset 	<p>Decision based</p> <ol style="list-style-type: none"> 1. Contact or report 2. Initial Assessment-Risk of Significant Harm (ROSH) or non-ROSH (potential) 3. S1- Office-based 4. S2 - Face-to-face 5. Care & protection <p>At each level</p> <ol style="list-style-type: none"> 1. Further assessment 2. Involve another service/early intervention 3. No further assessment required/possible 	<ul style="list-style-type: none"> ▪ Age of entry ▪ Type of care ▪ Stability <ul style="list-style-type: none"> ○ Placement ○ Household ○ Spell ○ Placement lengths ▪ Reasons for exit ▪ Legal status



Linkage data



- Australian Early Development Census (AEDC)
- Education – NAPLAN
- BOCSAR – Re-offending Data Base
- Health
 - Perinatal Data Collection
 - Emergency Department Data Collection
 - Admitted Patient data Collection
 - Mental health- Ambulatory Patient Data Collection
- Mortality - fact and cause of death

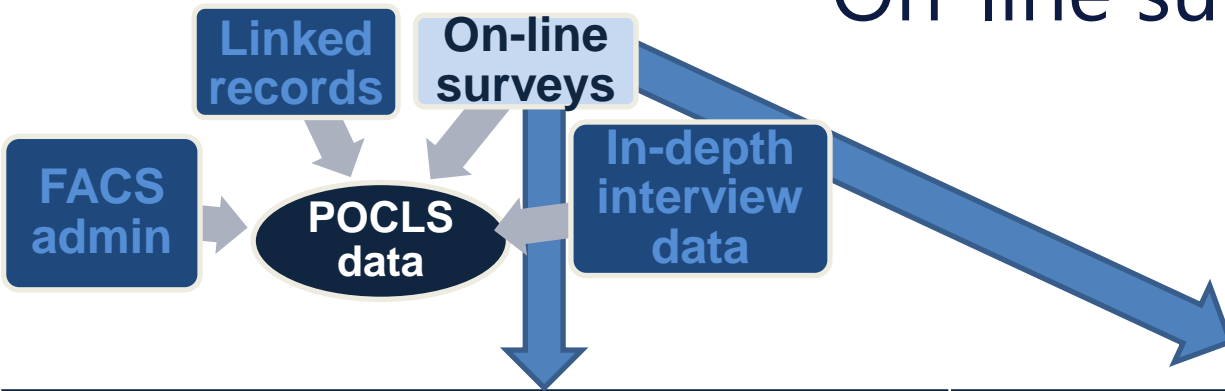


Linkage data

AEDC - school start	NAPLAN	BOCSAR ROD ≥ 10 yrs	HEALTH
<ul style="list-style-type: none"> ▪ Cognitive language ▪ Social competency ▪ Emotional maturity ▪ Physical health ▪ Communication /knowledge 	Grade 3, 5,7,9 <ul style="list-style-type: none"> ▪ Reading ▪ Writing ▪ Spelling ▪ Grammar ▪ Numeracy 	<ul style="list-style-type: none"> ▪ Proven offences ▪ Severity ▪ Penalty ▪ Custody dates 	<p>Perinatal</p> <ul style="list-style-type: none"> ▪ Social (maternal age; postcode; no. pregnancies) ▪ Physical(Birth weight; gestational age; Intensive care; APGAR scores) <p>Emergency/Admitted</p> <ul style="list-style-type: none"> ▪ Injuries ▪ Psychiatric ▪ Illnesses (ICD-10) <p>Ambulatory</p> <ul style="list-style-type: none"> • MH diagnosis-treatment



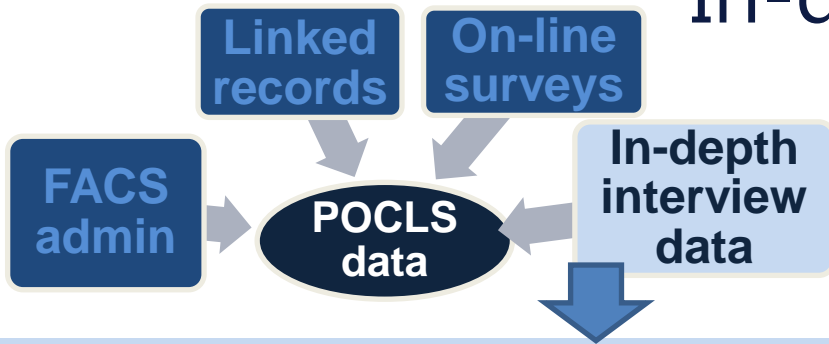
On-line surveys



Caseworker	Teacher (Childcare/Preschool/School)
<ul style="list-style-type: none"> • Current involvement • How well they know the child • Placement and child needs • Child's birth family • Birth family contact • Case plan (adoption/restore) 	<ul style="list-style-type: none"> • Socio-emotional well-being (CBCL) • School attendance • Education plans • Progress with schoolwork • Extra activities • Friends



In-depth child & carer interview



Outcome measures

- Cognitive: direct and indirect standardised assessment
- Social-emotional: direct and indirect standardised assessment
- Physical health: direct and indirect questions

Possible contributing factors

- Services and supports directed to carers and to children
- Carer characteristics -parenting style, experience, training, health (physical & mental)
- Relationships between carers, child, caseworkers
- Informal support, relationship with partner, finance, neighbourhood



In-depth child & carer interview

Cognitive domain		Social-emotional domain		Physical domain	
Child-direct	Carer report	Child-direct	Carer report	Child-direct	Carer report
Standardised Verbal ≥ 3 yrs (PPVT) Non-verbal ≥ 6 yr (MR-WISC)	Standardised McArthur Bates Inventories < 3 yr CSBS < 2 yrs	Used elsewhere Felt security ≥ 7 yrs Delinquency ≥ 10 yrs School problem School bonding Mood & Feeling 12-17 yrs	Standardised CBCL ≥ 3 yrs BITSEA (1-3 yrs) Ages & stages (ASQ) ≥ 5 yrs Temperament < 7 yrs	Standardised NSW Health Blue Book	Standardised Ages & Stages (ASQ) < 5 yrs
Questions School ≥ 7 yrs	Questions School	Questions Relationships ≥ 7 yrs Peers ≥ 7 yrs Friends ≥ 7 yrs Carer ≥ 7 yrs Caseworker ≥ 7 yrs	Questions Activities Friends	Questions Health ≥ 7 yrs Activities ≥ 7 yrs	Questions Health Diet Conditions Immunisation Weight Sleep



Study Progress: data collection

- ❖ Face-to-face interviews with children & carers started in May 2011
 - W1 completed interviews n=1,285
 - W2 completed interviews n=1,200 (W1&W2 repeat n=938: 78.2%)
 - W3 completed interviews n= 1,033 (983 completed W2; 906 completed W1. 882 completed W1-3. 1,007 completed either W1 or W2, plus W3. To sum, 26 were interviewed for the first time at W3).
 - W4 due to commence in 2017
- ❖ On-line surveys
 - Teacher (child care & school) during W2&3; caseworker during W3
- ❖ Record linkage for the study population cohort
 - FACS administrative data linking child protection and OOHC records up to 30/6/14
 - Record linkage matching is underway



Study progress: analysis & reporting

- Analysis for the Wave 1 baseline statistical report was undertaken by the Australian Institute of Family Studies – high level reporting
- The most important findings from the study will emerge upon completion of subsequent waves when longitudinal analysis can examine child outcomes over time (improve, same, decline) and factors that influence outcomes
- Interactive dashboards will be available on the study webpage
- The sample frame is first time entries to OOHC so the cohort is mostly young



In-depth analysis on policy & practice

- In-depth analysis on Wave 1 & Wave 2 data has commenced
 - Professor Judy Cashmore – contact and felt security
 - Professor Paul Delfabbro – placement type
 - Professor Paul Delfabbro – Aboriginal children and carers
 - Professor Ian Katz – needs, services & support
 - Dr Fred Wulczyn – placement stability
 - Dr Michelle Townsend – educational outcomes



POCLS next steps

- Collect Wave 4 data between November 2017-2018
- Collect Wave 5 data between November 2019-2020
- Sub-study on After Care (young people who aged out of OOHC at 18yrs)
- Undertake longitudinal data analyses Wave 1-3
- Establish POCLS databases and supporting documentation in the Secure Unified Research Environment (SURE) at the Sax Institute
- Stakeholder consultations
- Knowledge translation



Acknowledgements

- **Children and young people** who are participating in the study
- **Carers and birthparents** who are participating in the study
- **FACS district staff, caseworkers, childcare workers and teachers** who assisted with sample recruitment and completed on-line surveys
- **Create Foundation, AbSec and Connecting Carers** for assisting during the study design stage and supporting participants
- **Stakeholders and experts** who have provided support, assistance and advice
- **Study Working Group** consisting of leading researchers in OOHC
- **FACS** who are funding and leading the Study



Further information

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