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

Experiences and Wellbeing of Children and Young People in Out-of-Home Care: first five years (Waves 1-3)

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

Research Report No. 17

Experiences and Wellbeing of Children and Young People in Out-of-Home Care: first five years (Wave 1-3)

Family & Community Services — NSW Government

Contents

List of Figures

List of Tables

Preface

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

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

- describe the characteristics, child protection history, development and wellbeing of children and young people at the time they enter OOHC for the first time.

- describe the services, interventions and pathways for children and young people in OOHC, post restoration, post adoption and on leaving care at 18 years.

- describe children's and young people's experiences while growing up in OOHC, post restoration, post adoption and on leaving care at 18 years.

- understand the factors that influence the outcomes for children and young people who grow up in OOHC, are restored home, are adopted or leave care at 18 years.

- inform policy and practice to strengthen the OOHC service system in NSW to improve the outcomes for children and young people in OOHC.

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

The population cohort is a census of all children and young people who entered OOHC over an 18 month period for the first time in NSW between May 2010 and October 2011 (n=4,126). A subset of those children and young people who went on to receive final Children's Court care and protection orders by April 2013 (2,828) were eligible to participate in the study. For more information about the study please visit the study webpage www.facs.nsw.gov.au/resources/research/pathways-of-care.

The POCLS acknowledges and honours Aboriginal people as our First Peoples of NSW and is committed to working with the FACS Aboriginal Outcomes team to ensure that Aboriginal children, young people, families and communities are supported and empowered to improve their life outcomes. The POCLS data asset will be used to

improve how services and supports are designed and delivered in partnership with Aboriginal people and communities.

FACS recognises the importance of Indigenous Data Sovereignty (IDS) and Indigenous Data Governance (IDG) in the design, collection, analysis, dissemination and management of all data related to Aboriginal Australians. The POCLS is subject to ethics approval, including from the Aboriginal Health & Medical Research Council of NSW. FACS is currently in the process of scoping the development of IDS and IDG principles that will apply to future Aboriginal data creation, development, stewardship, analysis, dissemination and infrastructure. The POCLS will continue to collaborate with Aboriginal Peoples and will apply the FACS research governance principles once developed.

Introduction

At 30 June 2017 there were 18,780 children in OOHC in NSW of which 38.1% were Aboriginal children. Almost half (48.7%) of the children in OOHC were in relative or kinship care, 41.9% were in foster care and 3.3% were in residential care.

The number of children in OOHC increased only very slightly (less than 1%) between 30 30 June 2016 (18,659) and 30 June 2017 (18,780) after a substantial growth (6.1%) on the previous year (17,585 at 30 June 2015). Guardianship orders were introduced in October 2014 which resulted in a fall in the number of children in OOHC at 30 June 2015 compared with the previous year (18,950).

Figure 1: Number of children in OOHC at 30 June 2010 to 30 June 2017
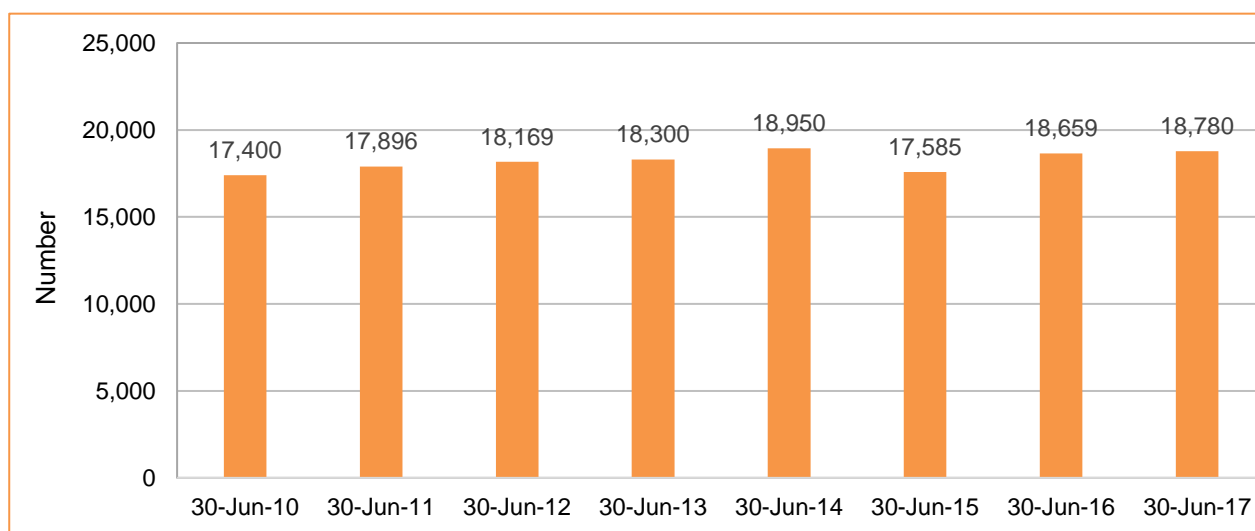
Over the last few years there have been several reforms which have impacted on OOHC.

- The transition of case management responsibility of children and young people from FACS to non-government organisations (NGOs) began in 2012. As at 30 June 2017, 54.0% of the 15,151 children in statutory care were with accredited and FACS funded OOHC agencies.

- Safe Home for Life started in 2014 and included legislative reforms and a $500 million investment over four years. This included the introduction of guardianship orders and open adoptions and an increased focus on restoration and family preservation.

- Their Futures Matter was announced early in 2017 and is a long-term strategy for improving outcomes for vulnerable children and families. The vision of Their Futures Matter is to create a service system that delivers coordinated, wrap-around and evidence-based supports for children and families to transform their life outcomes.

The POCLS data asset

The POCLS population cohort is the 4,126 children who entered OOHC for the first time in NSW between May 2010 and October 2011. Of these children, 2,828 went on to receive final care and protection orders by April 2013. These form the final order cohort. These children and their carers were invited to participate in the interview component of the study.

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

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

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

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

Using record linkage data, outcomes for children who entered care for the first time and then went on to receive final care and protection orders can also be compared with outcomes for children who did not go on to receive final orders and returned home. These data include the Australian Early Development Census, National Assessment Program – Literacy and Numeracy (NAPLAN), Re-offending database, Register of Births, Deaths and Marriages, ABS Mortality data, NSW Perinatal Collection, NSW Emergency Department data, NSW Admitted Patients and Mental Health Ambulatory data. Further details of the study can be found in Paxman, Tully, Burke and Watson (2014).

Figure 2 shows the diversity of the POCLS data asset and how the different components link together.

Figure 2: The POCLS data asset
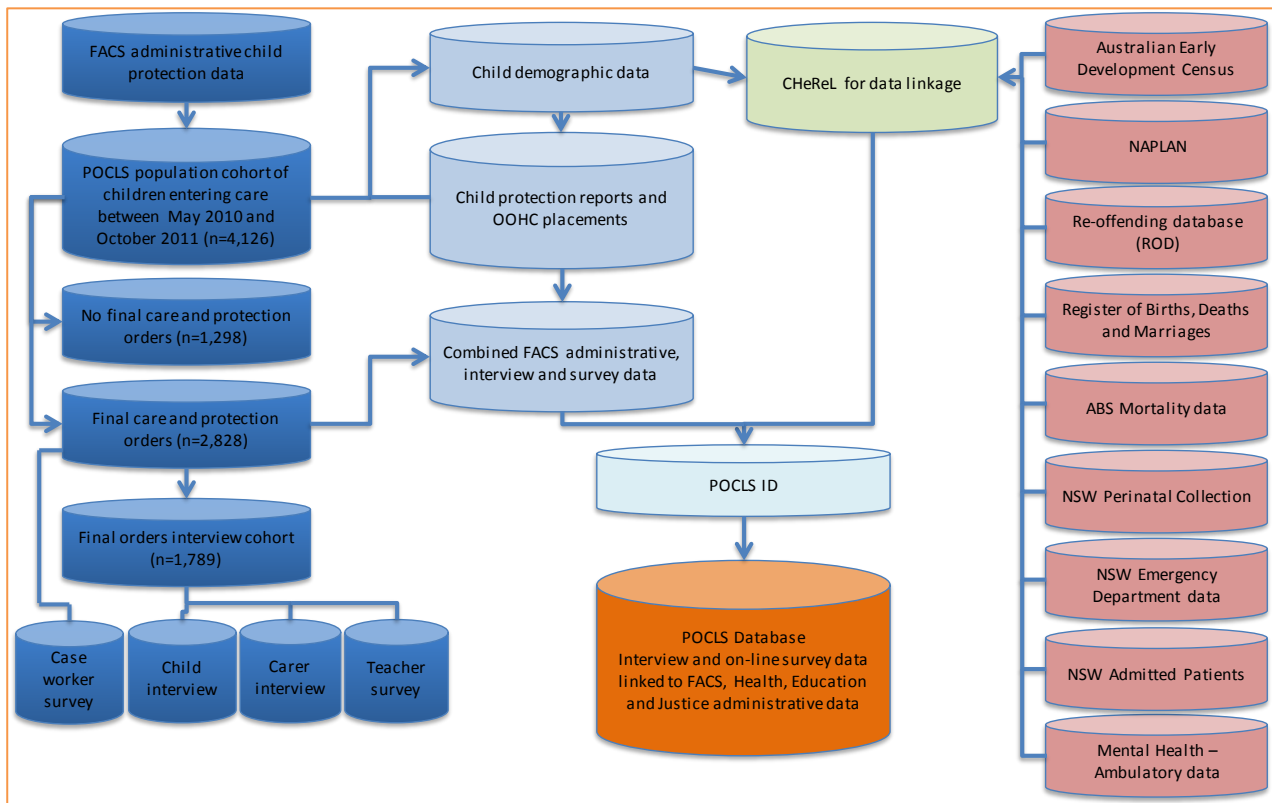
POCLS data collection timeframes

To date, four Waves of data collection have been undertaken at 18-24 month intervals. By the end of Wave 5 which is due to commence in 2019, the POCLS will have 10 years of in-depth data on children's OOHC experiences.

Wave 1 interviewing was conducted June 2011 - August 2013 with 1,285 children and carers participating. Wave 2 was conducted April 2013 – March 2015 with 1,200 participants. Wave 3 was conducted October 2014 – July 2016 with 1,033 participants and Wave 4 was conducted May 2017 – November 2018 with 961 participants.

The data used in this report are based on the first three waves of the study.

Findings

1 Children's experience prior to entering OOHC

1.1 ROSH reports prior to entering OOHC

Of the children in the final orders cohort, two-thirds (67.1%) were the subject of less than ten risk of significant harm (ROSH) reports prior to entering OOHC and 42.0% had less than five ROSH reports. A relatively small proportion (5.0%) had 25 or more ROSH reports prior to entering OOHC (Figure 3).

Figure 3: ROSH reports prior to entering OOHC
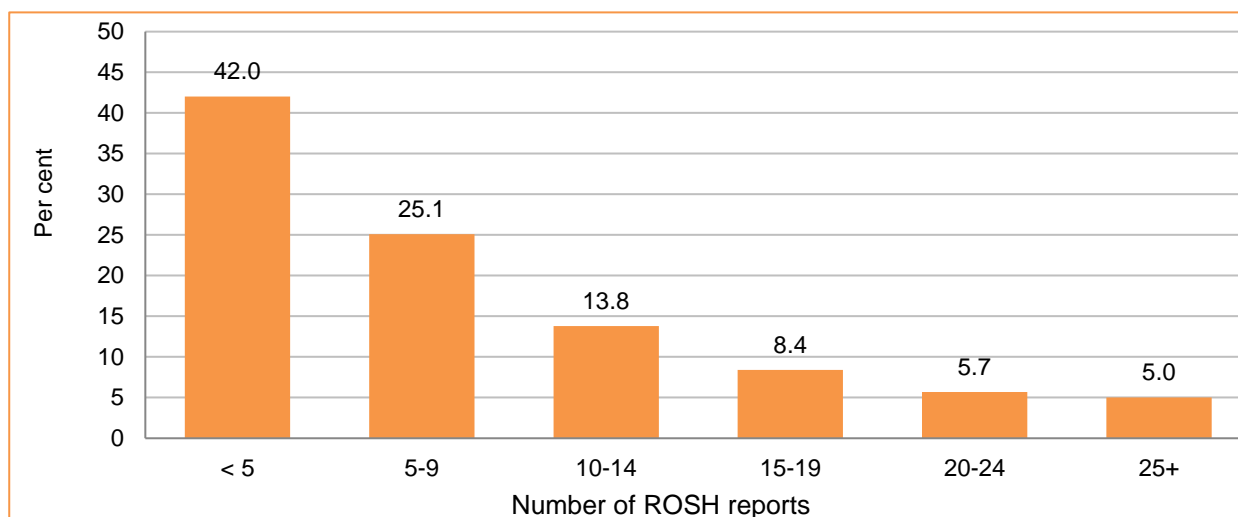
n= 2,828, Final Care and Protection Orders Cohort

1.2 Parental issues reported prior to entering OOHC

Figure 4 includes any ROSH report about the child prior to entry into OOHC and any of the recorded issues (primary and secondary) that involved the parental issues of drug and/or alcohol abuse, domestic violence and mental health. Up to three issues can be recorded on the client information system for each child protection report. It shows that almost two-thirds of children (64.5%) were reported at ROSH for carer drug or alcohol issues, over half (57.1%) for domestic violence and one in five (22.0%) for carer mental health issues. One-third (32.8%) had been reported at ROSH for both carer drug and alcohol issues and domestic violence and 11.8% had been reported at ROSH for carer drug and alcohol issues, domestic violence and carer mental health issues.

Figure 4: Parental issues reported prior to entering OOHC

Total with:
Drug/alcohol	64.5%
Domestic violence	57.8%
Mental health	22.0%
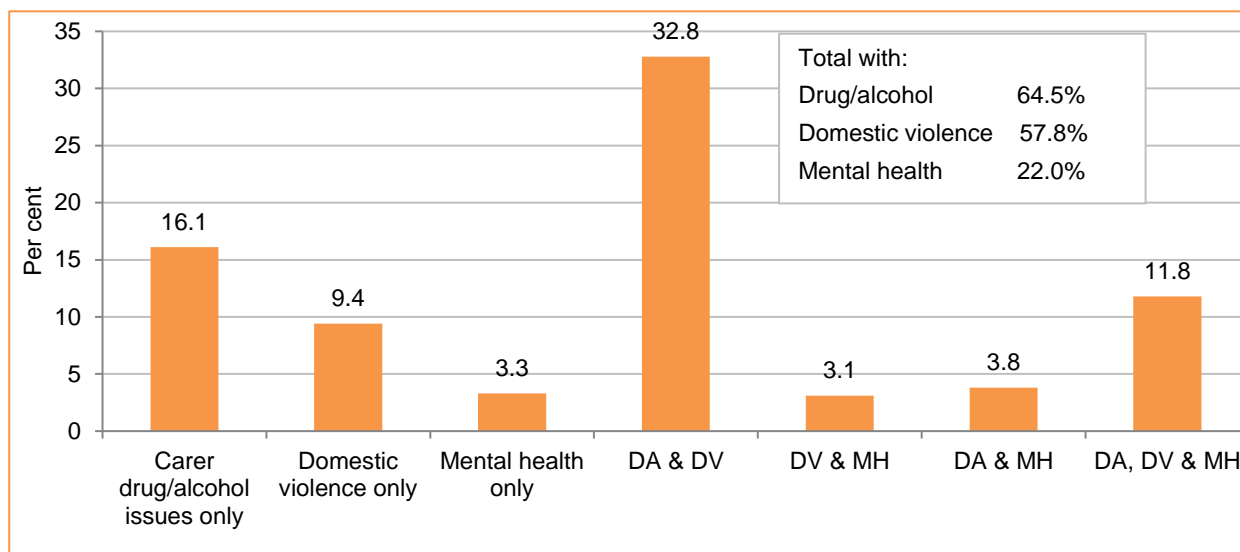
n= 2,828, Final order cohort

2 Children's permanency trajectories

The time period referred to in the following analysis was prior to the Permanency Support Program being introduced. This program is an important step towards Their Futures Matter and introduced a shift from a 'placement-based' service system to a child- and family-centred service system that focuses on individual need, helping families to change and achieving permanency for children and young people soon after they come to the attention of the child protection system. Therefore the following analysis may be considered a baseline prior to the policy being introduced in October 2017.

Of the 4,126 children in the POCLS population cohort, 2,828 (68.5%) received a final order by April 2013 (final order cohort). The remainder are referred to as the 'no final order' cohort. These children may have exited or remained in OOHC with some progressing to a final order after the April 2013 cut-off date for the POCLS interview cohort.

The first part of this section looks at the 'no final order' cohort while the remainder examines the 'final order' cohort.

2.1 Exit status for the 'no final order' cohort

Of the 1,298 children who had not received a final order by April 2013, 6.5% exited OOHC due to turning 18 years old. The majority of the children (80.6%) exited OOHC before 30 June 2016 and before their 18th birthday and 12.9% were still in OOHC at 30 June 2016.

Of the children in the no order cohort who had exited before their 18th birthday, 22.1% (232) had re-entered OOHC and 9.0% (94) had received a final order by 30 June 2016 (Figure 5).

Figure 5: **Status of 'no final order cohort' at 30 June 2016**
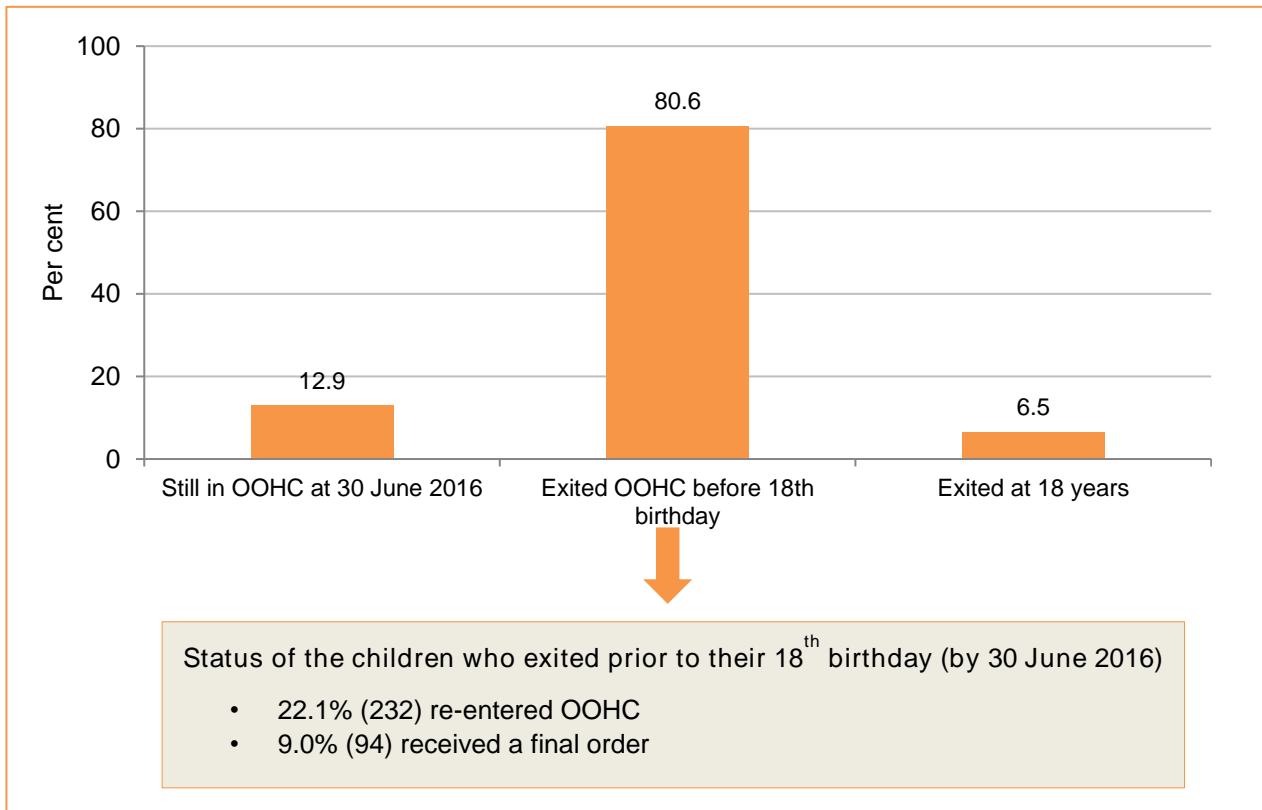
Note: re-entry into OOHC does not include respite

Children and young people in the no final order cohort who were aged 0-35 months when they first entered OOHC were most likely to have exited OOHC due to reasons other than turning 18 years old (85.1%) as shown in Table 1. Of these youngest children in the no final order cohort (0-35 months at entry into OOHC), 14.9% had remained in OOHC. The proportions who remained in OOHC were slightly higher for children who entered OOHC at an older age (20.8% for 3-5 year at entry and 21.8% for 6-11 years at entry) however these differences were not significant.

Table 1: OOHC status at 30 June 2016 for the no final order cohort

Age at entry into OOHC	Still in OOHC		Exited prior to 18th birthday		Exited at 18 years	
	n	%	n	%	n	%
0-35 months	40	14.9	229	85.1	na	na
3-5 years	44	20.8	168	79.2	na	na
6-11 years	76	21.8	272	78.2	na	na
12-17 years	8	1.7	377	80.4	84	17.9
Total	168	12.9	1,046	80.6	84	6.5

Aboriginal children in the no final order cohort were more likely to have remained in OOHC than non-Aboriginal children (18.7% vs 10.3%).

2.2 Exit status for the 'final order' cohort

At 30 June 2016, approximately half (49.2%) of the children in the final order cohort were still in OOHC. A relatively small proportion (3.3%) turned 18 years old and therefore exited and slightly less than half (47.5%) exited OOHC before their 18th birthday (Figure 6).

Figure 6: OOHC exit status at 30 June 2016 of final order cohort
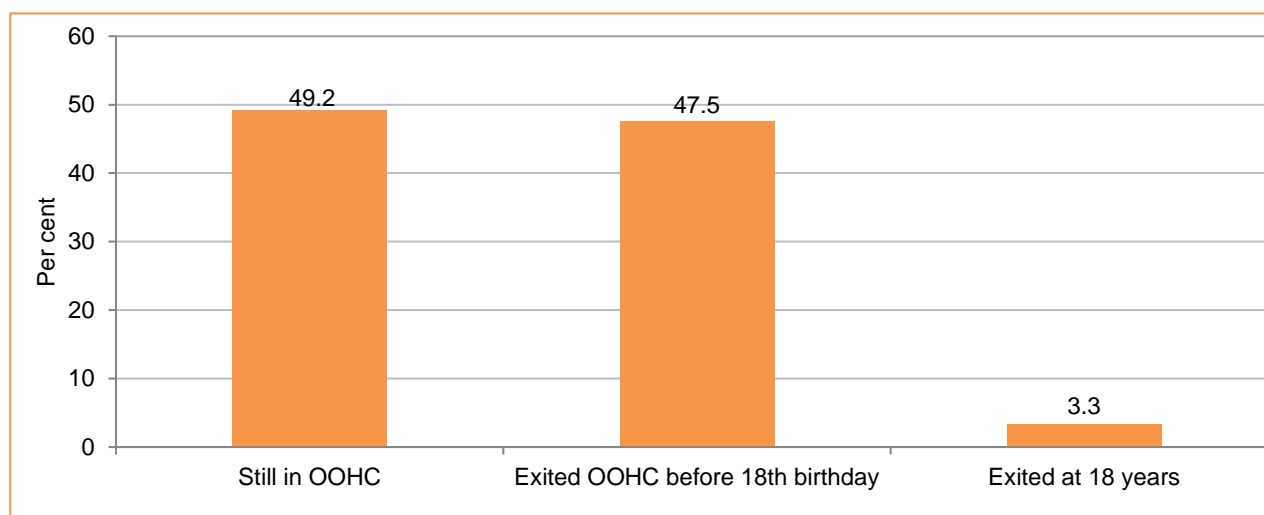
n=2,828, Final order cohort

Over half (55.0%) of the children who entered OOHC as infants (0-35 months) remained in OOHC to 30 June 2016 (Table 2). This compares to 48.5% of the children who entered at 6-11 years. These differences were significant.

Table 2: OOHC status at 30 June 2016 for the final order cohort by age at entry into OOHC

Age at entry into OOHC	Still in OOHC		Exited prior to 18th birthday		Exited at 18 years	
	n	%	n	%	n	%
0-35 months	753	55.0	615	45.0	na	na
3-5 years	288	54.2	243	45.8	na	na
6-11 years	334	48.5	354	51.5	na	na
12-17 years	17	7.1	130	53.9	94	39.0
Total	1,392	49.2	1,342	47.5	94	3.3

Aboriginal children in the final order cohort were more likely to have remained in OOHC than non-Aboriginal children (57.9% vs 44.6%).

Children can experience multiple placement types during an OOHC stay. Children with foster care as their longest placement type for their last OOHC stay were the most likely to have remained in OOHC (68.1%) followed by children in Aboriginal relative or kinship care (51.3%) and then non-Aboriginal relative or kinship care (33.8%) (Table 3)

Table 3: OOHC status at 30 June 2016 for the final order cohort by placement type with longest duration in last OOHC episode

Longest placement type in last OOHC episode	Still in OOHC		Exited prior to 18th birthday		Exited at 18 years	
	n	%	n	%	n	%
Foster Care	918	68.1	409	30.3	22	1.6
Relative/Kinship - Aboriginal	122	51.3	111	46.6	5	2.1
Relative/Kinship - Non-Aboriginal	281	33.8	525	63.1	26	3.1
Residential Care	8	11.6	35	50.7	26	37.7
Others	63	18.5	262	77.1	15	4.4
Total	1,392	49.2	1,342	47.5	94	3.3

2.3 OOHC exit reason for the 'final order' cohort

For the children in the final order cohort who exited before turning 18 years old, the most common reason for exiting OOHC was restoration (54.3%) followed by guardianship (22.5%). Around two percent of these children were adopted (Figure 7).

'Other' reasons for exiting OOHC include the transfer of orders interstate, incarceration, self-restoration or the exited reason provided was a 'planned move'.

Figure 7: OOHC exit reason for the final order cohort who exited before turning 18 years by 30 June 2016
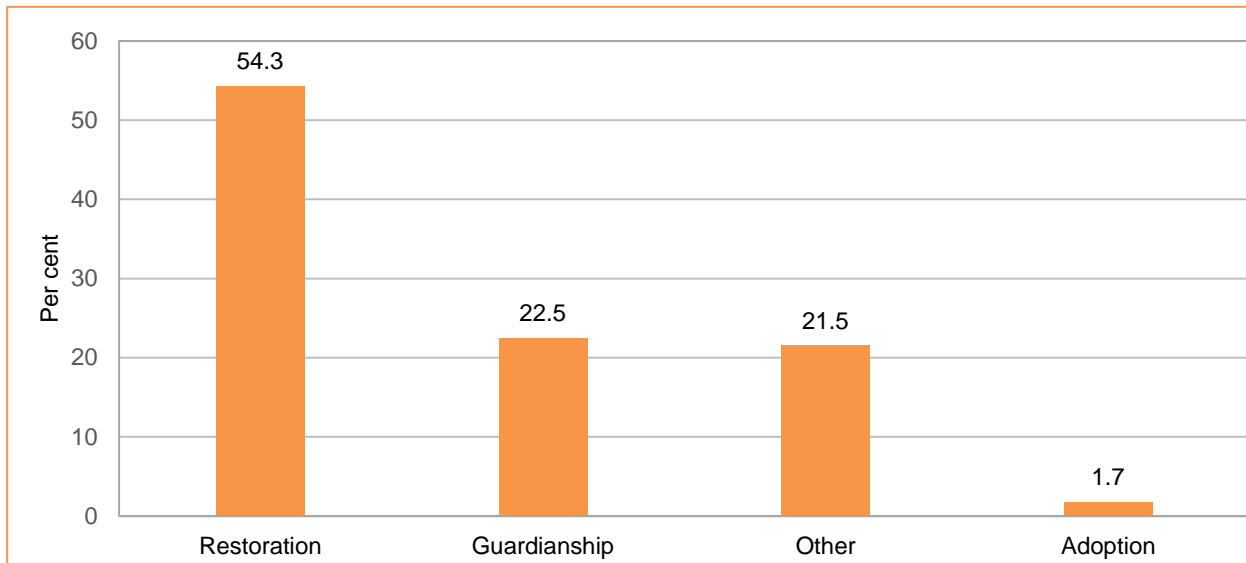
n=1,342, Final order cohort who exited before 18th birthday

Table 4 shows that the children in the final order cohort who were aged 6 years or over when they first entered OOHC were more likely to be restored (29.8% for 6-11 years and 29.5% for 12-17 years) than younger children (25.2% for 3-5 years) and particularly infants (23.6% for 0-35 months). These differences were significant.

Table 4: Number and percentage of children in the final order cohort by exit reason and age at entry into OOHC

Age at first entry into OOHC	Restoration		Guardian-ship		Other exit reason		Did not exit		Total	
	n	%	n	%	n	%	n	%	n	%
0-35 months	323	23.6	165	12.1	127	9.3	753	55.0	1,368	100.0
3-5 years	134	25.2	63	11.9	46	8.7	288	54.2	531	100.0
6-11 years	205	29.8	71	10.3	78	11.3	334	48.5	688	100.0
12-17 years	71	29.5	7	2.9	146	60.6	17	7.1	241	100.0
Total	733	25.9	306	10.8	397	14.0	1,392	49.2	2,828	100.0

Restoration rates by Aboriginality were also examined. Non-Aboriginal children in the final order cohort were significantly more likely to be restored than Aboriginal children (29.3% vs 19.7%).

2.4 Duration of first OOHC care period for the 'final order' cohort

Figure 8 shows that of the children in the final order cohort who exited OOHC by 30 June 2016, 7.9% had stayed in OOHC for less than one month, 28.9% exited within one year and 21.2% exited after 1-2 years.

Figure 8: Duration of first OOHC care period for the final order cohort who exited by 30 June 2016
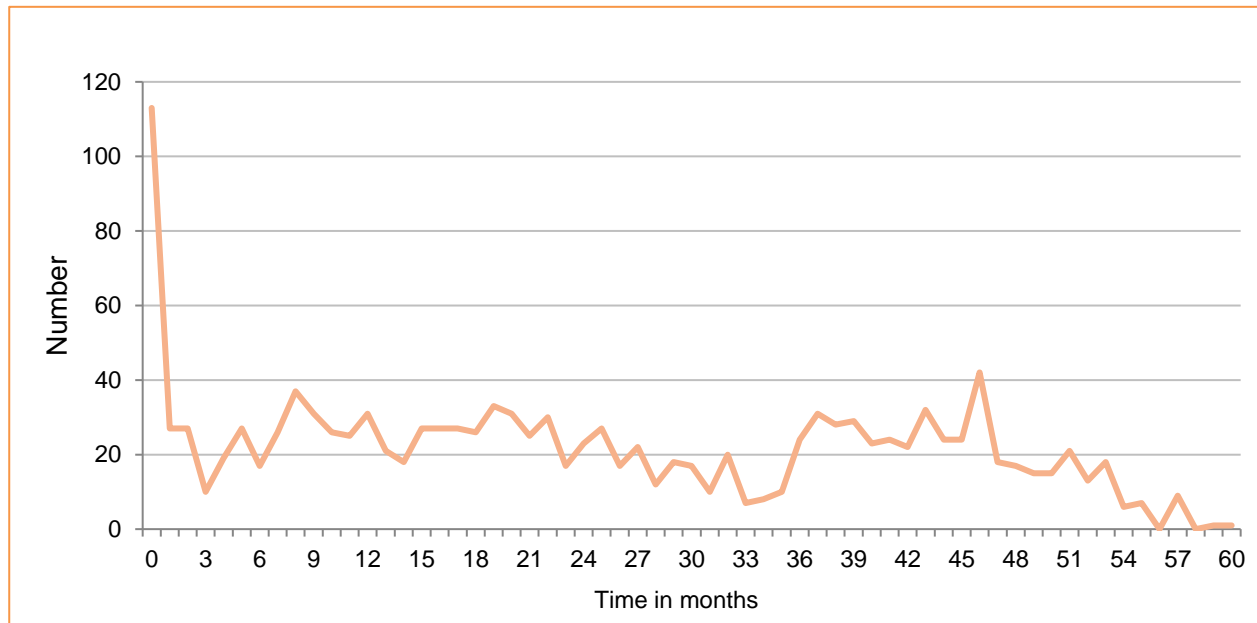
n= 1,436, Final order cohort who exited OOHC by 30 June 2016

2.5 Re-entry into OOHC for 'final order' cohort

One-in-five (20.2%) of the children who exited OOHC prior to their 18th birthday re-entered OOHC by 30 June 2016. A relatively small proportion of children who were placed on guardianship orders re-entered OOHC by 30 June 2016 (1.3%) and none of the children who were adopted. Of the children who were restored, 22.9% re-entered OOHC by 30 June 2016 as shown in Table 5.

Table 5: Re-entry into OOHC by 30 June 2016 for the final order cohort who exited before their 18th birthday by exit reason

Reason for exit	% re-entered
Restoration	22.9%
Adoption	0.0%
Guardianship	1.3%

n= 1,342, Final order cohort who exited before 30 June 2016 and before their 18th birthday

Of the children who exited OOHC before their 18th birthday, those aged 12 years and over at first entry were more likely to re-enter than children who were younger when they first entered OOHC (35.4% vs 18.0% for 0-35 months, 20.6% for 3-5 years and 18.0% for 6-11 years) (Table 6).

Table 6: Re-entry into OOHC by 30 June 2016 for the final order cohort who exited before their 18th birthday by age at first entry

Age at entry into OOHC	Re-entered		No re-entry	
	n	%	n	%
0-35 months	111	18.0	504	82.0
3-5 years	50	20.6	193	79.4
6-11 years	64	18.1	290	81.9
12-17 years	46	35.4	84	64.6
Total	271	20.2	1,071	79.8

A higher proportion of Aboriginal children who exited OOHC before their 18th birthday re-entered (23.8%) compared with non-Aboriginal children (18.7%). These differences were significant.

Table 7: Re-entry into OOHC by 30 June 2016 for the final order cohort who exited before their 18th birthday by Aboriginality

Aboriginality	Re-entered		No re-entry	
	n	%	n	%
Aboriginal	94	23.8	301	76.2
Non-Aboriginal	177	18.7	770	81.3
Total	271	20.2	1,071	79.8

Figure 9 shows the time to re-entering OOHC for the children who exited OOHC before their 18th birthday. Almost one-third (30.4%) of all of the children who re-entered did so within 3 months, half (50.9%) within 6 months and almost three-quarters (72.1%) within 12 months.

Figure 9: Time to re-entry into OOHC by 30 June 2016 for the final order cohort who exited before their 18th birthday
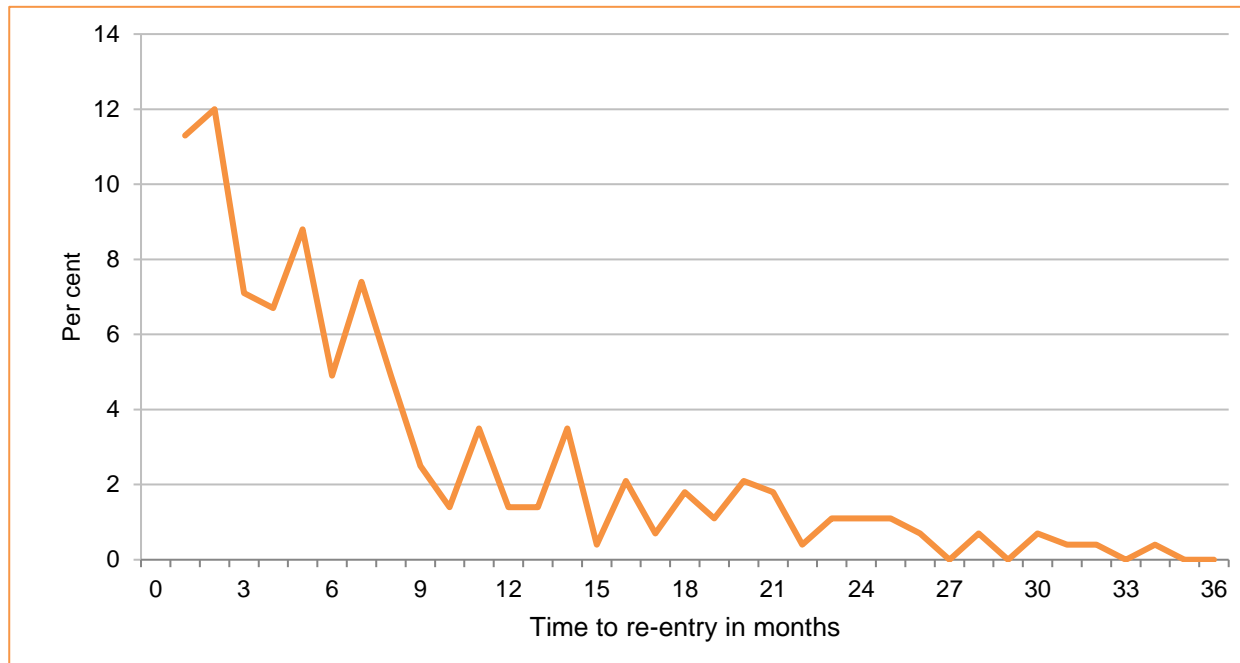
n= 1,342, Final order cohort who exited before 18th birthday

2.6 Number of distinct placements since entering OOHC for 'final order' cohort

Figure 10 shows the number of distinct placements for the children in the final order cohort between entering OOHC for the first time and 30 June 2016. Distinct placements exclude non-permanent placements (such as respite and emergency) of less than 7 days as well as a return to a previous carer.

Over half (53.7%) of the children in the final order cohort had less than three distinct placements and three-quarters (73.3%) had less than four distinct placements.

Figure 10: Placement stability since entering OOHC
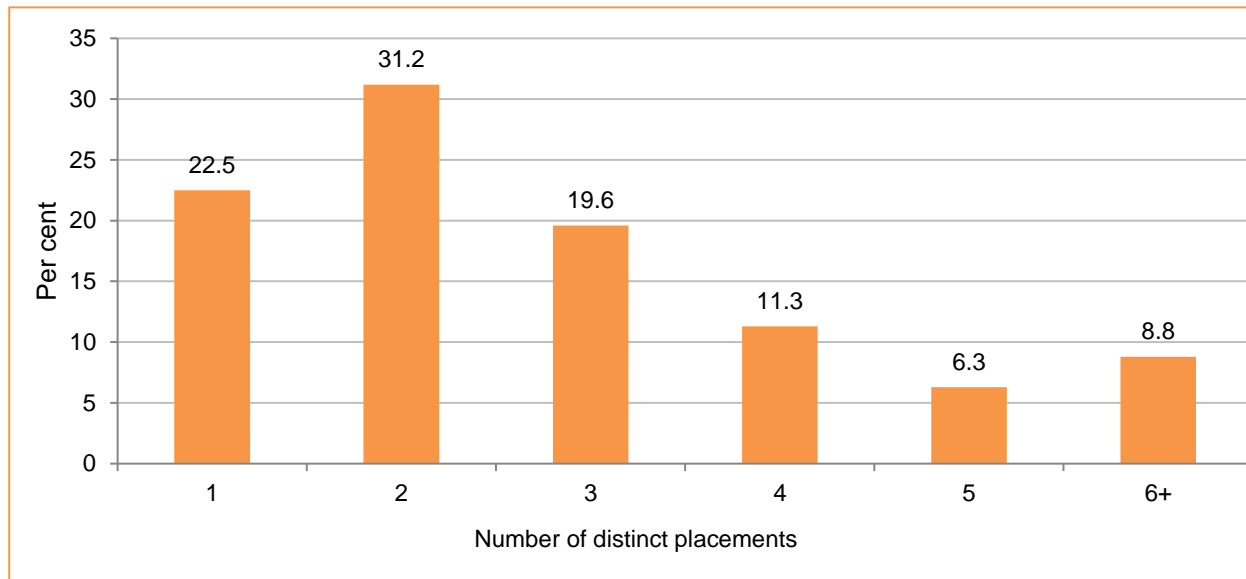
n= 2,828, Final order cohort

The likelihood of having more distinct placements increased with the age at which the child first entered OOHC. Around 15% of children who entered OOHC at 12-17 years for the first time had experienced 6 or more placements compared with about 5% of children who entered at 0-35 months (Table 8).

Table 8: Percentage of children by number of distinct placements and age at entry for the final order cohort

| Age at entry | Number of distinct placements | | | | | |
	1	2	3	4	5	6+
0-35 months	24.0	35.0	21.6	9.7	5.2	4.5
3-5 years	21.5	28.4	20.5	12.8	6.6	10.0
6-11 years	21.4	28.5	15.8	12.4	7.1	14.2
12-17 years	19.1	22.8	17.0	14.1	10.0	14.9
Total	22.5	31.2	19.6	11.3	6.3	8.8

3 Developmental trajectories

This section includes children who were part of the interview cohort. This includes 1,285 children in Wave 1, 1,200 children in Wave 2 and 1,033 children in Wave 3. There were 1,479 children who participated in any of the three waves and 882 children who participated in all three waves.

3.1 Child physical health

For children aged 9 months to 17 years, physical health was rated by their carer using a 6 point rating scale from very poor to excellent.

The vast majority (97.6%) were reported to be in 'good' to 'excellent' health and this has remained constant over time.

3.2 Socio-emotional wellbeing

Wave 1 was conducted shortly after the child entered OOHC for the first time so provides a baseline measure of the child's level of socio-emotional problems at entry into OOHC. Wave 3 was conducted 4 to 5 years after the child's first entry into OOHC. While all of these children received final orders by April 2013 they did not necessarily spend all of this time in OOHC.

In Wave 1, the Brief Infant Toddler Social Emotional Assessment (BITSEA) was used to measure socio-emotional problems for children aged 12 to 36 months. The Child Behaviour Checklist (CBCL) was used for children aged 3 to 17 years at Wave 1 and for all ages from Wave 2.

The CBCL measure provides cut-offs that identify children in the clinical, borderline and normal ranges. Children in the clinical range (with a standardized T score of greater or equal to 64) are considered to need intensive support and those in the borderline range (with a score of 60-63) need monitoring and support. Children are classified in the normal range if they score less than 60. The population average is 50.

Figure 11 shows the socio emotional development over time for the tracked sample, that is, children who completed the CBCL in all three Waves (n=450). The standardized T scores for children in the POCLS can be compared against the standardized T scores for the general population.

The mean scores for the tracked sample as a whole remained in the normal range and constant across the three Waves (54 at Wave 1, 52 at Wave 2 and 53 at Wave 3).

The tracked sample was also disaggregated by the child's clinical status at baseline, that is, whether they were in the clinical, borderline or normal ranges at Wave 1 and this is where differences can be noted. The mean score for the children who were in the clinical range at Wave 1 decreased from 72 at Wave 1 to 66 at Wave 2 and 64 at Wave 3 and shows a significant improvement for these most vulnerable children.

For the children who were in the normal or borderline range at Wave 1 there were no statistically significant changes between Wave 1 and Wave 3.

Figure 11: Trends in behaviour problems Waves 1 to 3 by baseline clinical status
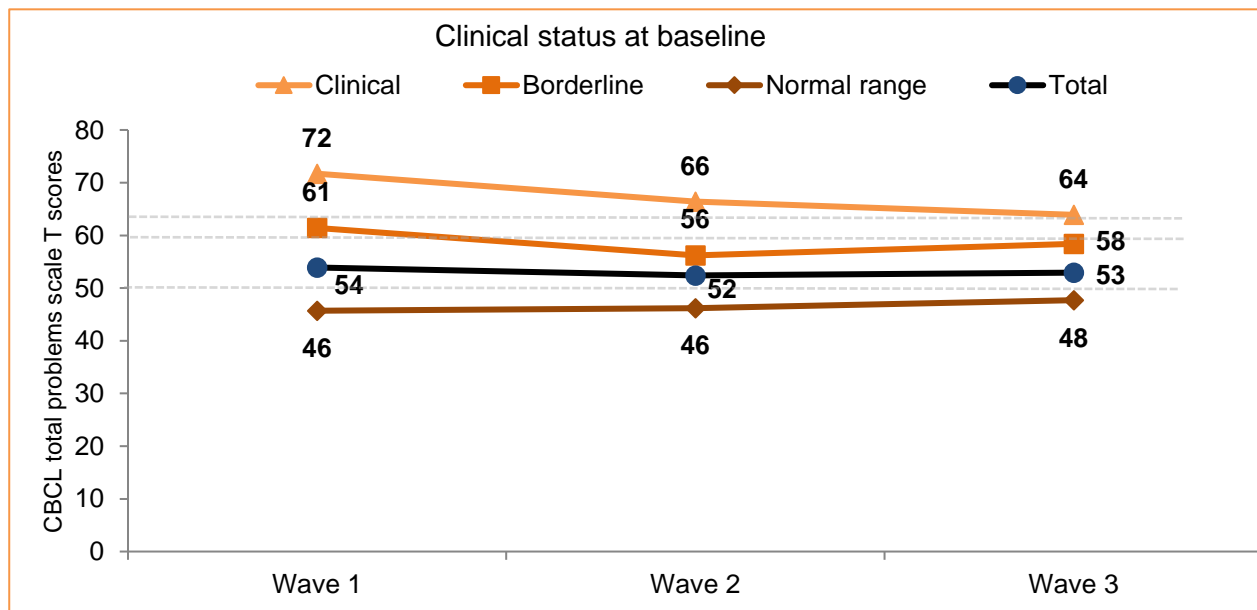
There were 805 children who participated in either the BITSEA or CBCL at all three waves. For the purpose of this analysis, normal range on the BITSEA was considered to be below the 75th percentile range (score of 4-6), borderline at the 75th percentile (score of 3) and the clinical range is the 76th percentile and above (score of 1-2).

At Wave 1, approximately one-in-five (18.9% or 152) of the children were in the clinical range for behaviour problems. Three-quarters (75.3% for 606) were in the normal range and 5.8% (n=47) were in the borderline range (Figure 12).

While there were no significant differences found in the overall percentage of children in the clinical range between waves, improvements were found for some children who were in the clinical and borderline ranges at baseline.

Figure 12 shows the change in behaviour problems at Wave 3 based on the baseline clinical status. It shows that of the children who were in the clinical range at Wave 1, nearly half (48.0%) had improved at Wave 3 with one-third (31.6%) in the normal range and 16.4% in the borderline range.

Of the children who were in the borderline range at Wave 1, half (53.2%) had a positive change and were in the normal range, one-third had deteriorated and were in the clinical range (36.2%) and one-in-ten (10.6%) remained in the borderline range. It should be noted that this is based on quite a small number of children with 47 being in the borderline range at Wave 1.

The majority of children in the normal range at Wave 1 remained in the normal range at Wave 3 (81.5%) with 6.6% deteriorating to the borderline range and 11.9% to the clinical range.

Figure 12: Change in Behaviour problems at Wave 3 by Wave 1 clinical status based on BITSEA or CBCL
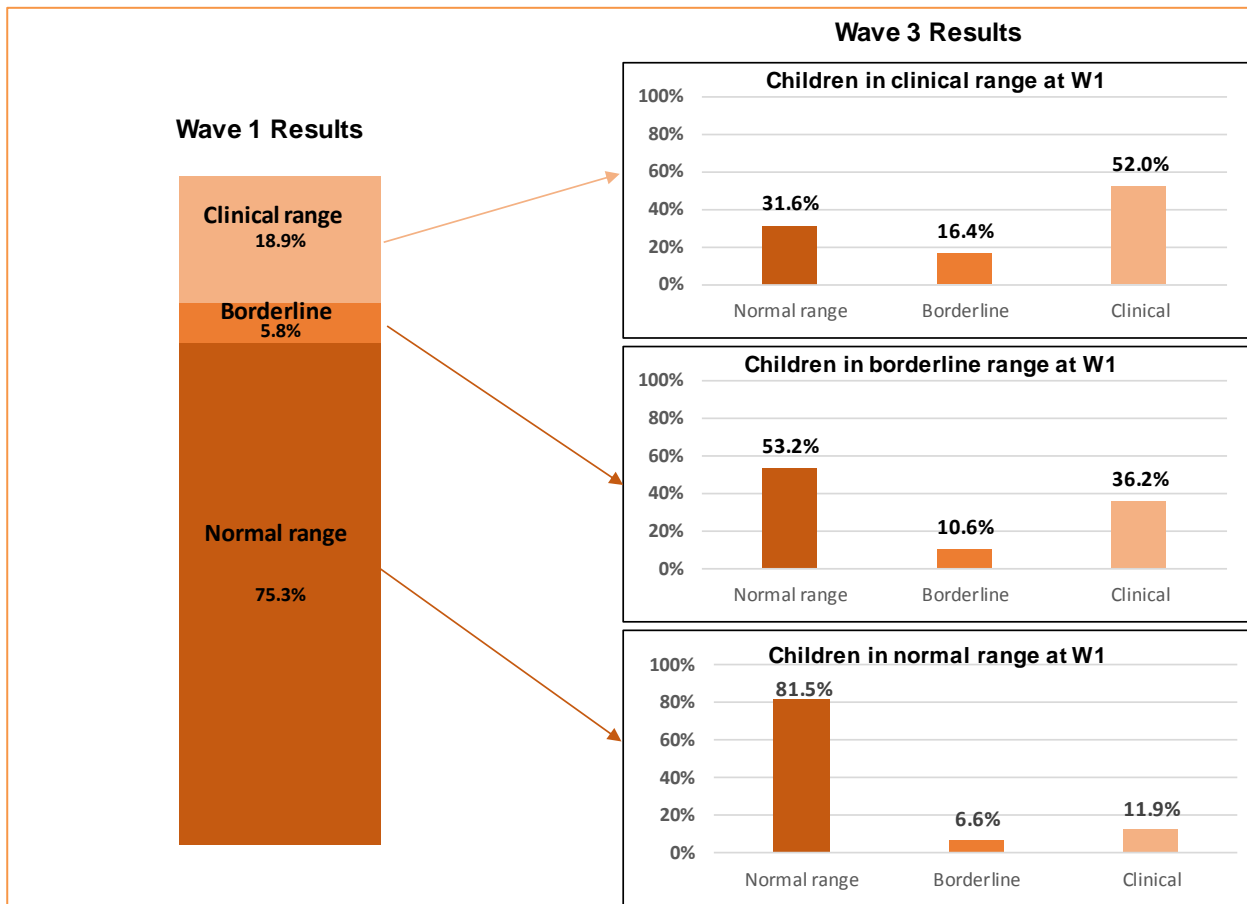
3.2.1 Change in behaviour problems by age at entry into OOHC

Due to the small number of children in the borderline range, the borderline and normal ranges were combined when disaggregating by age at entry into OOHC.

Children who entered OOHC for the first time at 6 years old or over were significantly more likely to have clinical range behaviour problems at baseline. Approximately one-third (32.2%) of children who entered OOHC for the first time when they were 6 years or over were in the clinical range compared with one-in-ten (10.2%) of the children who entered when they were less than 2 years old. One-quarter (23.1%) of the children who entered at 2-5 years old were in the clinical range.

Amongst the children who entered OOHC at 0-1 years, the percentage in the clinical range increased from 10.2% in Wave 1 to 15.5% in Wave 3 (Table 9). This difference was significant.

The percentage of the children who entered at 6 years old or over in the clinical range appeared to decrease from 32.2% in Wave 1 to 26.2% in both Waves 2 and 3 however these differences were not significant.

Table 9: Percentage of children by clinical range and on CBCL or BITSEA by wave for children who participated in all three waves

Age at entry	Wave 1				Wave 2				Wave 3			
	Normal/ borderline range		Clinical range		Normal/ borderline range		Clinical range		Normal/ borderline range		Clinical range	
	n	%	n	%	n	%	n	%	n	%	n	%
0-1 years	353	89.8	40	10.2	349	88.8	44	11.2	332	84.5	61	15.5
2-5 years	176	76.9	53	23.1	175	76.4	54	23.6	170	74.2	59	25.8
6+ years	124	67.8	59	32.2	135	73.8	48	26.2	135	73.8	48	26.2
Total	653	81.1	152	18.9	659	81.9	146	18.1	637	79.1	168	20.9

Figure 13 shows that no differences were found in the likelihood of children improving from the clinical range at baseline according to their age at entry into OOHC. Around half (52.5%) of the baseline clinical range children who entered at 0-1 years old improved to the normal/borderline range at Wave 3 and these proportions were similar for the 2-5 years (45.3%) and 6+ years (47.5%).

There were also no differences found between the age at entry groups in the likelihood of deteriorating from the normal/borderline range at baseline to the clinical range at Wave 3 (11.9% for 0-1 years, 17.0% for 2-5 years and 13.7% for 6+ years).

Figure 13: Change in behaviour problems at Wave 3 by Wave 1 clinical status based on BITSEA or CBCL by age at entry into OOHC

Children aged 0-1 years at first entry into OOHC

Wave 1 Results

| Clinical 10.2% |
| Normal/ borderline 89.8% |

Wave 3 Results

Children in clinical range at W1
- Normal/borderline: 52.5%
- Clinical: 47.5%

Children in normal/borderline range at W1
- Normal/borderline: 88.1%
- Clinical: 11.9%

Children aged 2-5 years at first entry into OOHC

Wave 1 Results

| Clinical 23.1% |
| Normal/ borderline 76.9% |

Wave 3 Results

Children in clinical range at W1
- Normal/borderline: 45.3%
- Clinical: 54.7%

Children in normal/borderline range at W1
- Normal/borderline: 83.0%
- Clinical: 17.0%

Children aged 6+ years at first entry into OOHC

Wave 1 Results

| Clinical 32.2% |
| Normal/ borderline 67.8% |

Wave 3 Results

Children in clinical range at W1
- Normal/borderline: 47.5%
- Clinical: 52.5%

Children in normal/borderline range at W1
- Normal/borderline: 86.3%
- Clinical: 13.7%

3.2.2 Change in behaviour problems by Aboriginality

Due to the relatively small number of children in the borderline range at Wave 1, the borderline and normal ranges were combined to disaggregate by Aboriginality.

At Wave 1, there was little difference in the proportions of children in the clinical range between Aboriginal and non-Aboriginal children (19.8% of Aboriginal children vs 17.6% of non-Aboriginal children). While the proportion of Aboriginal children in the clinical range increased from 17.6% in Wave 1 to 20.0% in Wave 2 and 23.3% in Wave 3 these differences were not significant (Table 10).

Table 10: Percentage of children in the clinical range on CBCL or BITSEA by wave for children who participated in all three waves

| Aboriginality	Wave 1				Wave 2				Wave 3			
	Normal/ borderline range		Clinical range		Normal/ borderline range		Clinical range		Normal/ borderline range		Clinical range	
	n	%	n	%	n	%	n	%	n	%	n	%
Aboriginal	272	82.4	58	17.6	264	80.0	66	20.0	253	76.7	77	23.3
Non-Aboriginal	381	80.2	94	19.8	395	83.2	80	16.8	384	80.8	91	19.2
Total	653	81.1	152	18.9	659	81.9	146	18.1	637	79.1	168	20.9

Of the children with clinical range behaviour problems at Wave 1, the proportion with improvements to the normal or borderline ranges at Wave 3 was similar for Aboriginal and non-Aboriginal children (46.6% and 48.9% respectively) (Figure 14).

However, there were differences seen amongst children who were in the normal/borderline ranges at Wave 1 with Aboriginal children being more likely to have developed clinical range behaviour problems at Wave 3 (16.9% vs 11.3% for non-Aboriginal children).
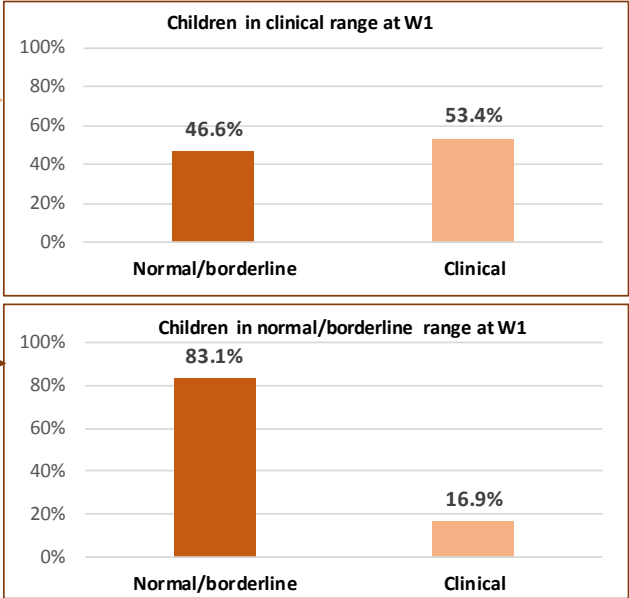
Figure 14: Change in behaviour problems at Wave 3 by Wave 1 clinical status based on BITSEA or CBCL by Aboriginality
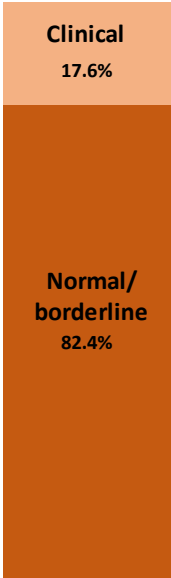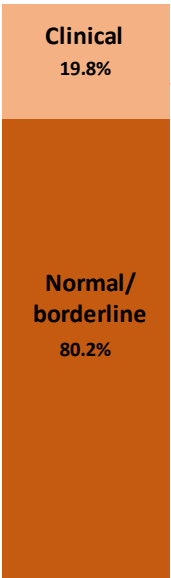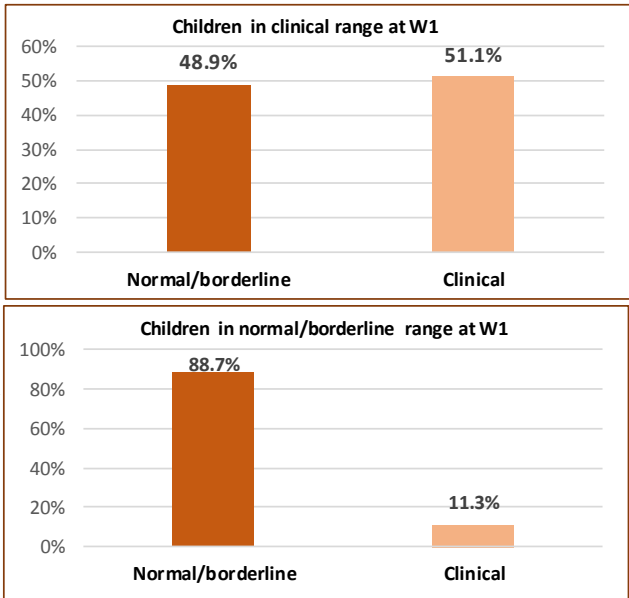
3.3 Cognitive development: verbal ability

The Peabody Picture Vocabulary Test (PPVT) was used for children aged 3 to 17 years to measure verbal ability. The PPVT raw scores were converted to age-based standard scores based on the age norms. If the standard score has increased, then the child has improved faster than average (for that age). Higher scores reflect greater verbal ability.

The scores are standardised so that the general population mean is 100 with a standard deviation of 15. Therefore the definitions for the verbal ability ranges are:

- Below normal range is less than 85 (more than one standard deviation below the general population mean)
- Normal range is 85 – 115
- Above normal range is more than 115 (more than one standard deviation above the general population mean)

Figure 15 shows that the mean scores for the tracked sample as a whole (all those who completed the PPVT in all three Waves (n=372) were in the normal range and were consistent over the three Waves (92 for Wave 1, 93 for Wave 2 and 93 for Wave 3).

For children in the below normal range at Wave 1, there were significant improvements between Wave 1 and Wave 3 with the mean score increasing from 73 to 81.

Changes between the waves for the children who were in the normal and above normal ranges were not statistically significant between Waves 1 and 3.

Figure 15: Trends in verbal ability for Waves 1 to 3 by baseline status
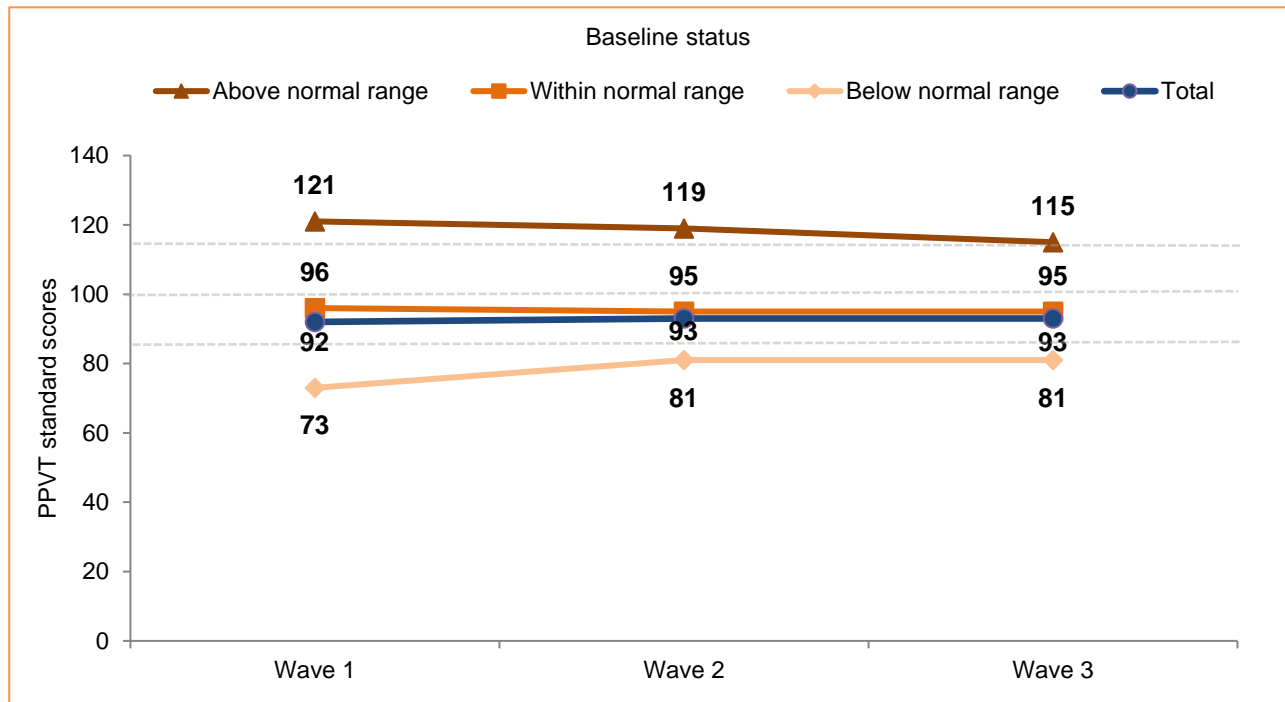
At Wave 1, three-quarters (76.1%) of the children in the tracked sample were in the normal range, 20.2% were in the below normal range and 3.8% were in the above normal range for verbal ability as shown in Figure 16.

Again the largest improvements were seen amongst those with the most difficulties at Wave 1. Forty per cent (40.0%) of the children who were in the below normal range at Wave 1 were in the normal range at Wave 3.

Most children who were in the normal range at Wave 1 were still in the normal range at Wave 3 (82.3%).

Only 14 children were in the above normal range at Wave 1 and 8 of these were in the above normal range at Wave 3 while 6 were in the normal range.

Figure 16: Changes in verbal ability at Wave 3 by baseline verbal ability
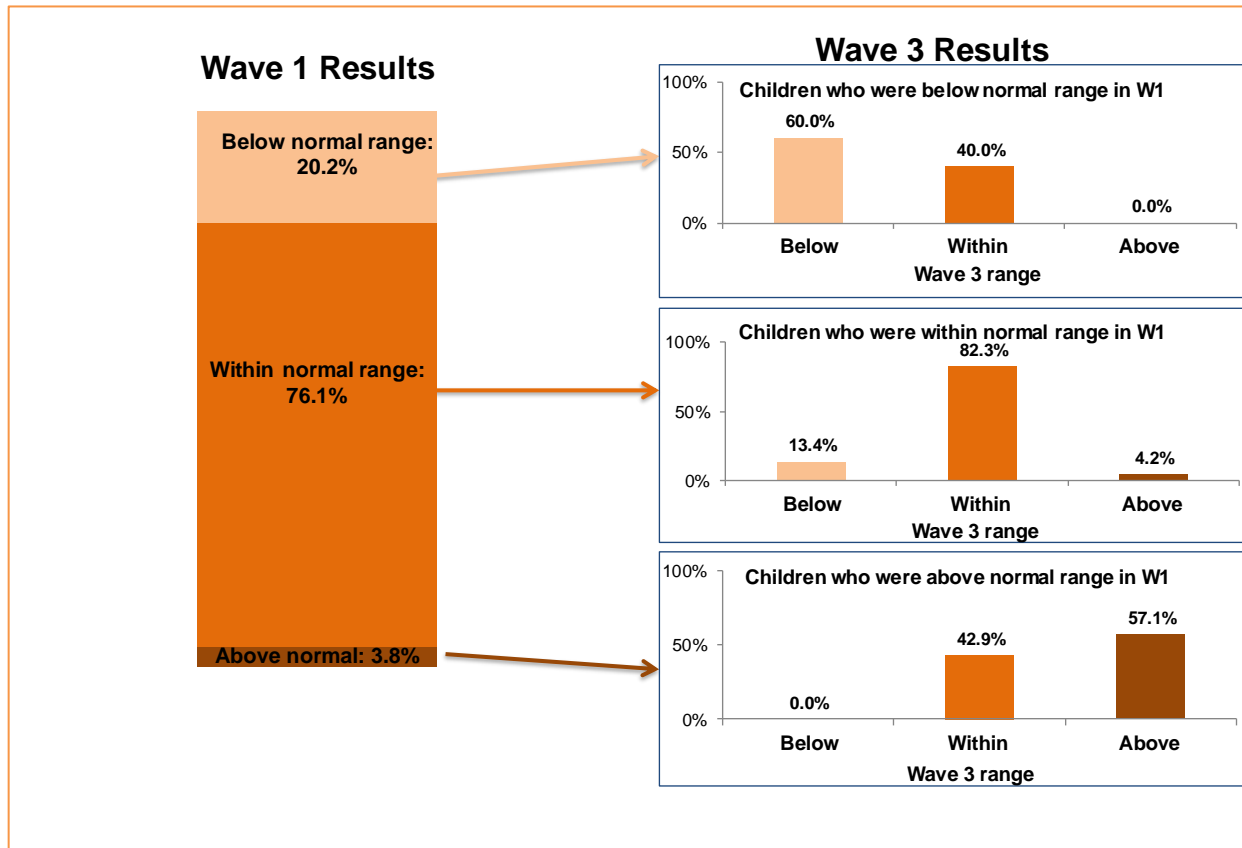
3.4 Cognitive development: non-verbal ability

The Matrix Reasoning Test (WISC IV) was used for children aged 6 to 16 years to measure non-verbal reasoning ability (e.g. problem solving). Higher scores reflect greater non-verbal reasoning ability. The WISC IV scores are standardised so that the general population has a mean of 10 with a standard deviation of 3. Therefore the definitions for the non-verbal ability ranges are:

- Below normal range is less than 7 (more than one standard deviation below the general population mean)

- Normal range is 7 - 13

- Above normal range is more than 13 (more than one standard deviation above the general population mean)

Figure 17 shows that the mean standardised score for the tracked sample as a whole was in the normal range and did not change significantly over the three Waves (8.3 in Wave 1, 8.4 in Wave 2 and 8.2 in Wave 3).

Improvements were seen for the children who were in the below normal range at baseline with their mean score increasing from 4.5 in Wave 1 to 6.3 in Wave 3. This difference was significant.

While there were declines for children in the normal range at baseline, the mean score was still in the normal range at Wave 3.

While the mean score for children who were in the above normal range also decreased between Waves 1 and 3, there were only 8 children in this group so it is too small to draw meaningful conclusions.

Figure 17: Trends in non-verbal ability for Waves 1 to 3 by baseline status
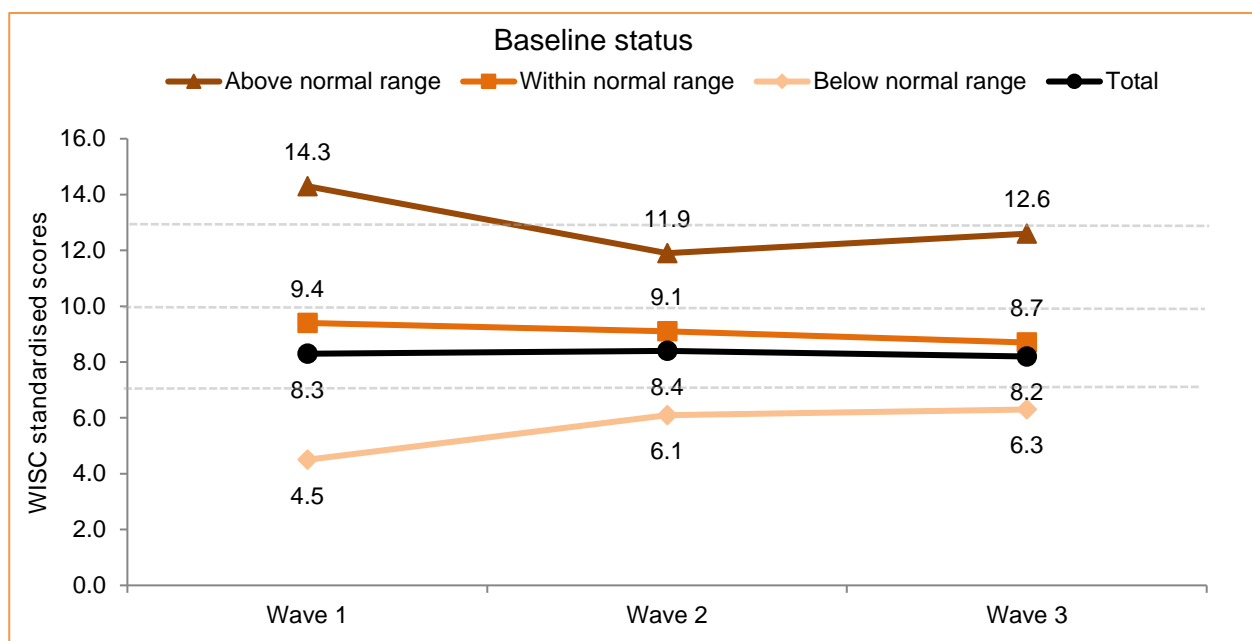

Figure 18 shows that at Wave 1, around one-quarter (26.8%) of children who completed the WISC at all three waves were in the below normal range, approximately two-thirds (69.2%) were in the normal range and 8 or 4.0% were in the above normal range.

Half (50.9%) of the children who were in the below normal range at Wave 1 were in the normal range at Wave 3. The others remained in the below normal range.

Three-quarters (76.6%) of the children who were in the normal range at Wave 1 remained in the normal range at Wave 3. However, 20.4% declined by Wave 3 and were in the below normal range.

Figure 18: Changes in non-verbal ability at Wave 3 by baseline non-verbal ability
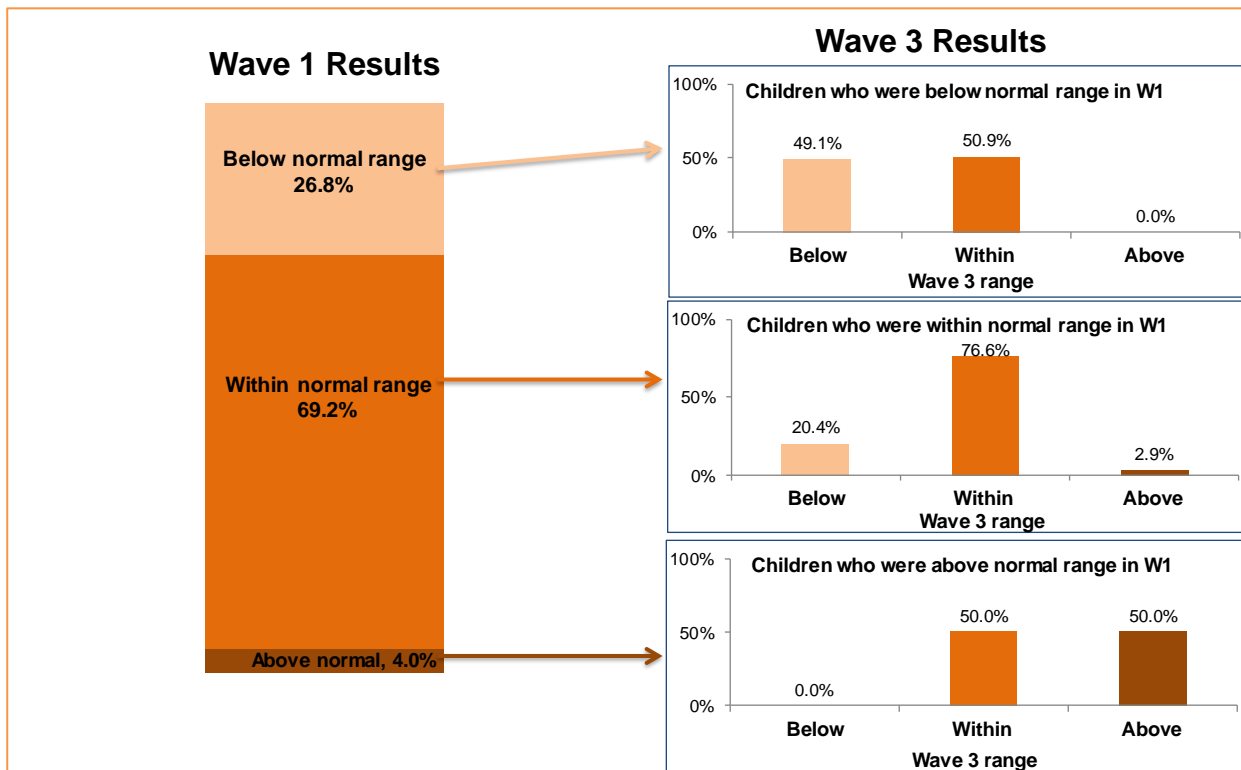
4 Summary of key findings

- Around two-thirds of children in the final order cohort had less than 10 ROSH reports before entering OOHC for the first time.

- Approximately three-quarters of the children had less than four placement changes from the time of entering OOHC for the first time and 30 June 2016. The number of placement changes was found to increase with age at entry to care.

- Almost half of the final order cohort exited OOHC by 30 June 2016 and before they turned 18 years old. Children who entered OOHC at a younger age (5 years or less) were more likely to have remained in OOHC. Aboriginal children were also more likely to have remained in OOHC than non-Aboriginal children.

- Of the children with final order by April 2013 who were restored, 22.9% re-entered care by 30 June 2016. Children who entered OOHC at an older age (12 years and over) were more likely to re-enter OOHC.

- Of the children who re-entered OOHC (22.9%), the majority (72.1%) re-entered within 12 months.

- Analysis showed overall little apparent change on verbal ability, non-verbal ability and behaviour problem standardised scores from Wave 1 to Wave 3. However,

closer examination indicates that some children developing below the normal range at baseline made positive change by Wave 3. The children developing in the normal range at baseline generally maintained developmental progress however there were some exceptions.

References

Paxman, M., Tully, L., Burke, S. & Watson, J. (2014). Pathways of Care: Longitudinal Study on Children and Young People in Out-of-Home Care in New South Wales. Family Matters, 15-28.