



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

Australian Social Policy Conference 27 September 2017

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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.

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).

Outline



1. Study design & data sources

2. Permanency trajectories in OOHC

Reason for entry

Placement stability

Exits and re-entries

3. Wellbeing trajectories

Physical health

Socio-emotional wellbeing

Cognitive learning ability

POCLS study design and data sources

OOHC in NSW at 30 June 2016



Total number of children in OOHC in NSW

18,659 of which 37.3% Aboriginal children.

Placement type

43% foster care; 48% relative/kin and 4% residential.

Case management in statutory care only

Transition to NGOs began in 2012. As at June 2016, 53.5% of 15,085 children in statutory care were with 53 accredited and FACS funded OOHC agencies.

Commonly reported risk of harm issues

Neglect, domestic violence, physical, sexual and emotional abuse.

OOHC reforms in NSW



Permanency pathways

Family preservation, restoration, guardianship orders, adoption and Parental Responsibility to the Minister.

Their Futures Matter

Long-term strategy for improving outcomes for vulnerable children and families in OOHC in NSW.

Office of the Children's Guardian

Sets standards in OOHC and agency accreditation.

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

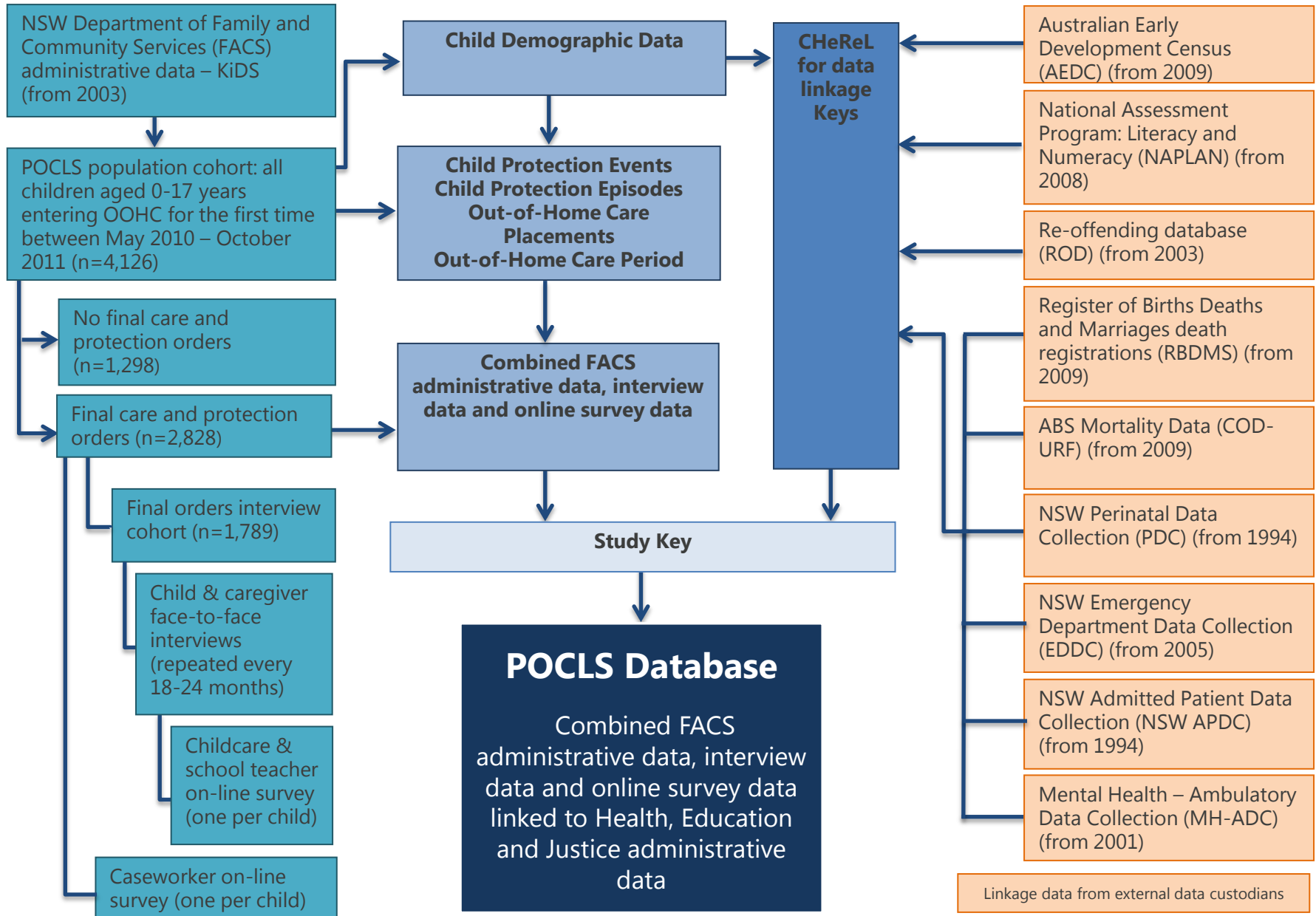
Who is conducting this study?



NSW Department of Family & Community Services 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
- Sax Institute
- I-view, experts in social research data collection

POCLS Data Linkage Diagram



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)

Wave 1 n=1,285

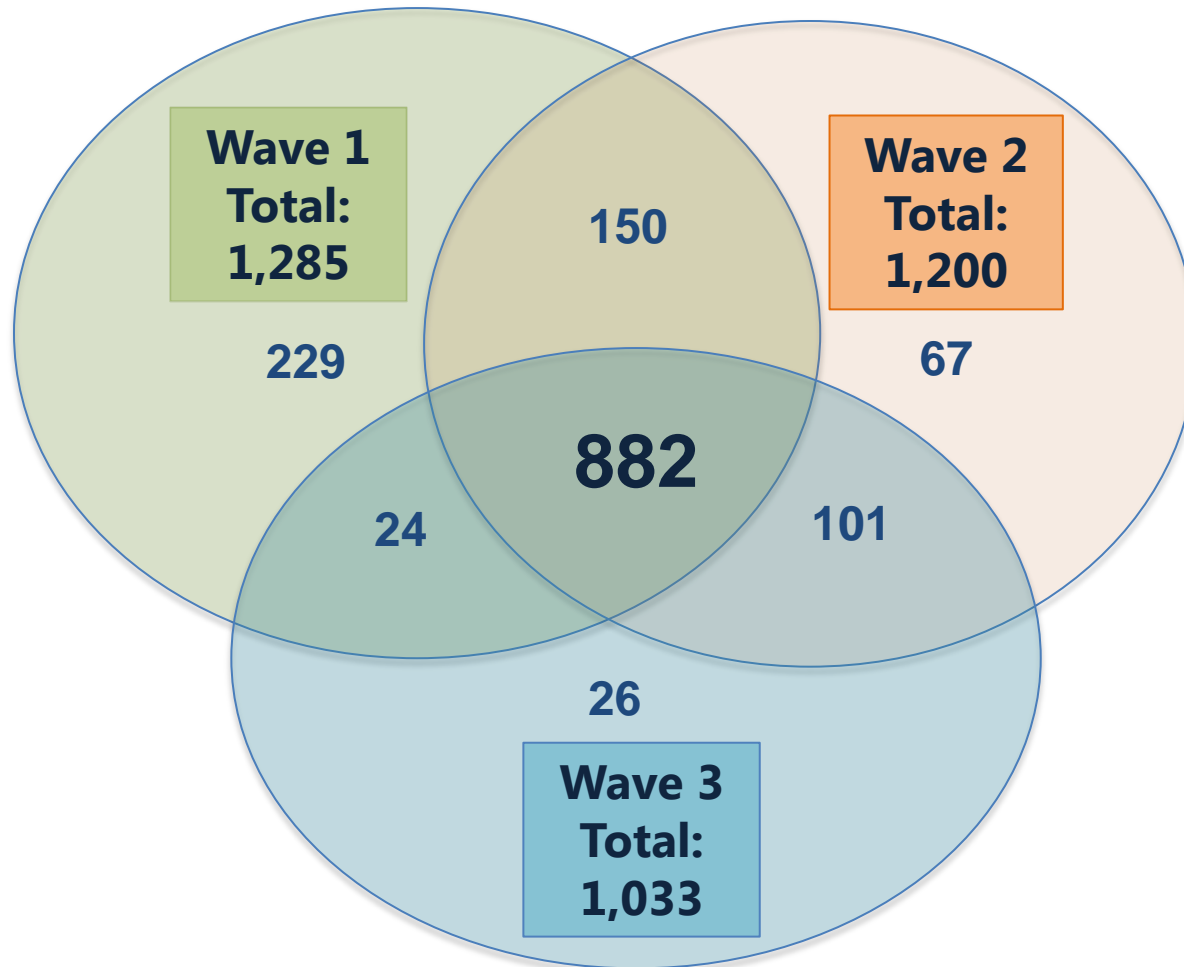
Wave 2 n=1,200

Wave 3 n=1,033

Wave 4&5 ongoing



Participation in the interview cohort: Wave 1-3



Child & caregiver

Wave 1 to 3 data collection involved 8,500 hours of in-depth interviewing, plus 5,000 hours travelling over 265,000kms. Total number of children participating in any wave is **1,479**.

Teacher on-line survey on their perspective of the child's wellbeing – one survey per child. To date **670** surveys have been completed.

POCLS data collection timelines

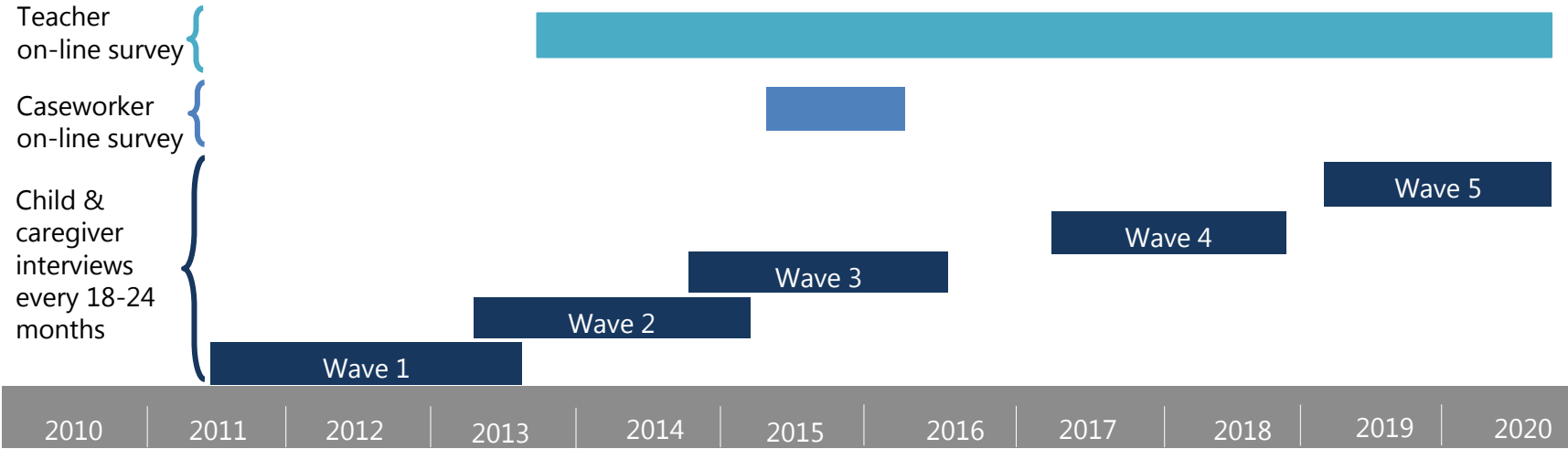


Mode of data collection:

Teacher on-line survey

Caseworker on-line survey

Child & caregiver interviews every 18-24 months



Entry into Care

Sample Recruitment

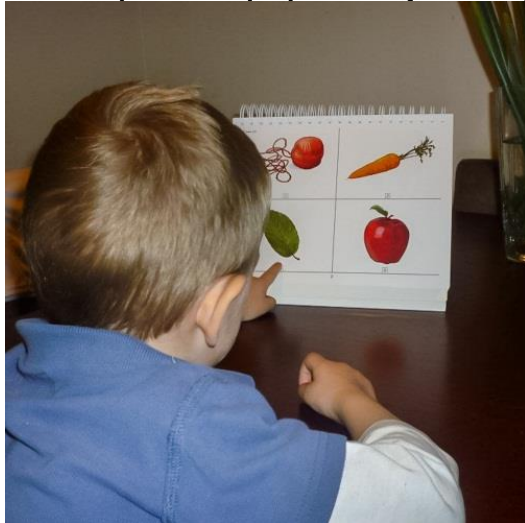
← Record Linkage Data →

Child Protection, Out-of-Home Care, Education, Health and Offending Data

Child direct assessments (3-17 years)



Peabody Picture Vocabulary
Test (PPVT) (3-17years)



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



Felt security/
closeness activity
(7-17years)

Child interview (7-17 years)



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

ACASI iPad interview (12-17 years)

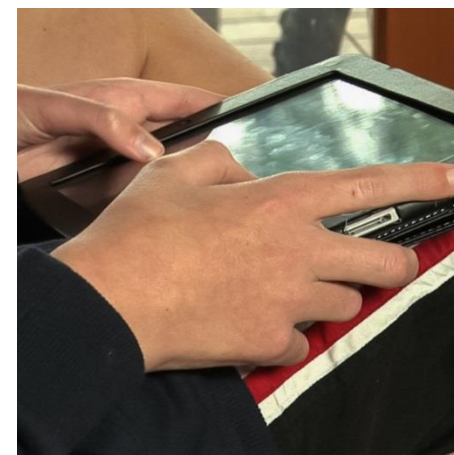
- Audio by young person in care

Age appropriate questions/ scales

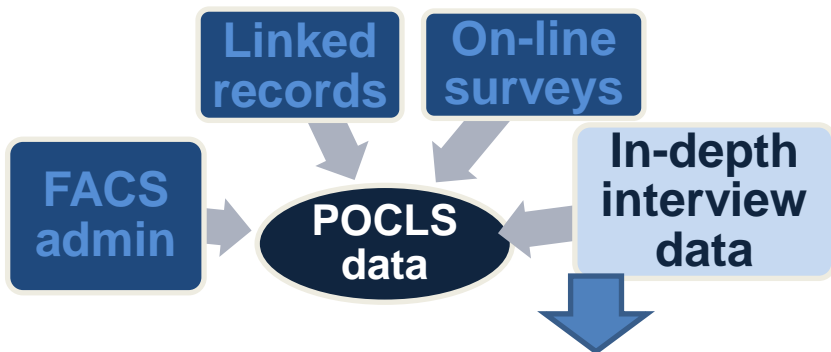
- School & friends
- Health, behaviour & feelings
- Where they are living
- Casework and support
- Other comments

Gifts for participating

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



In-depth carer interview (CAPI)



About the child

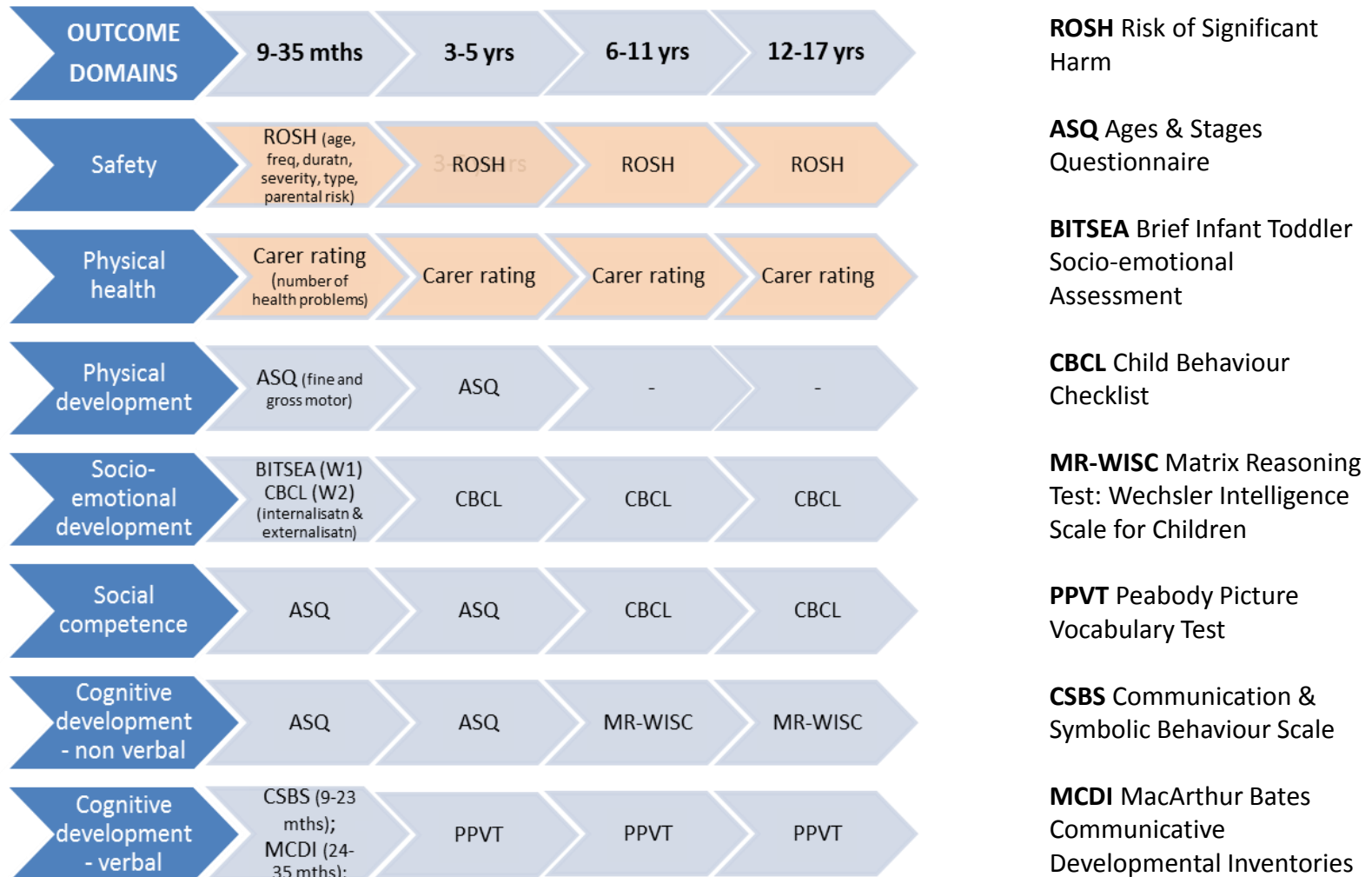
- Physical health
- Socio-emotional wellbeing
- Cognitive development
- Settled
- Temperament
- Activities & friends
- Education & work (15+)
- Services & support
- Casework
- Birth family contact

■ Child developmental outcomes measured in the POCLS

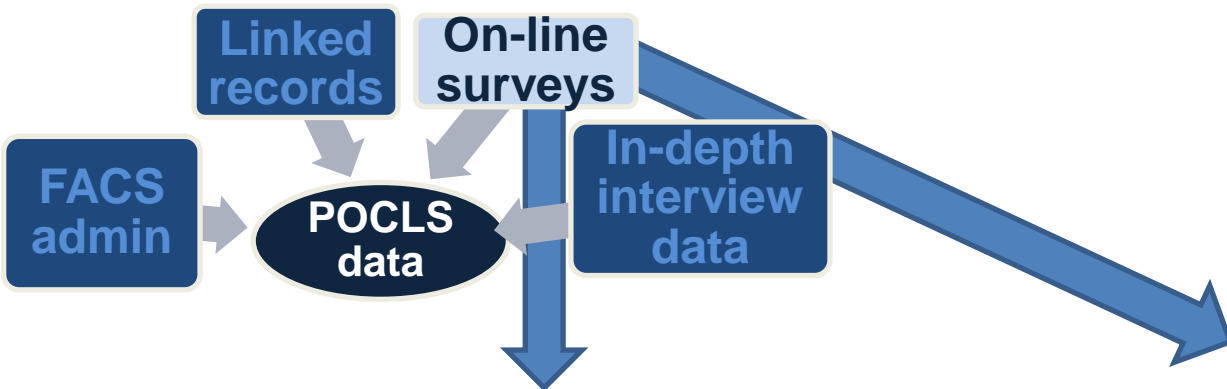
About the caregiver

- 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 development



On-line surveys



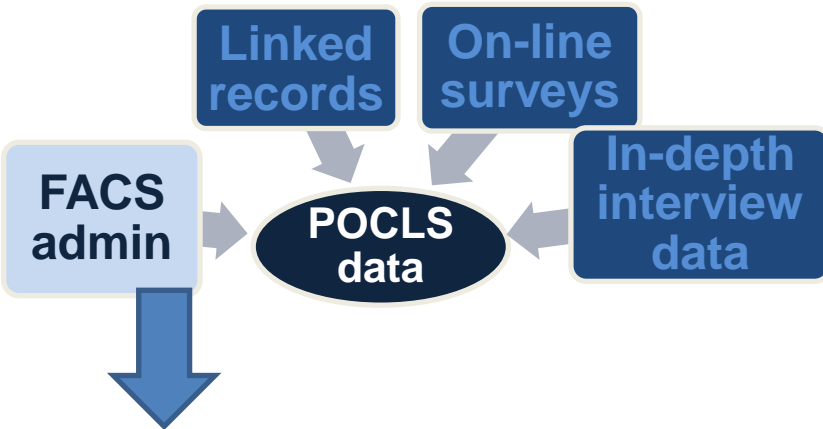
Caseworker

- Current involvement
- How well they know the child
- Placement and child needs
- Child's birth family
- Birth family contact
- Case plan (adoption/restore)

Teacher (Childcare/Preschool/School)

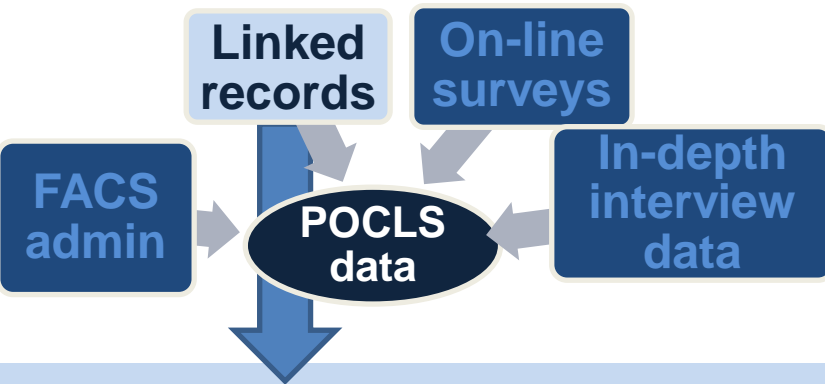
- Socio-emotional well-being (CBCL)
- School attendance
- Education plans
- Progress with schoolwork
- Extra activities
- Friends

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 data

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

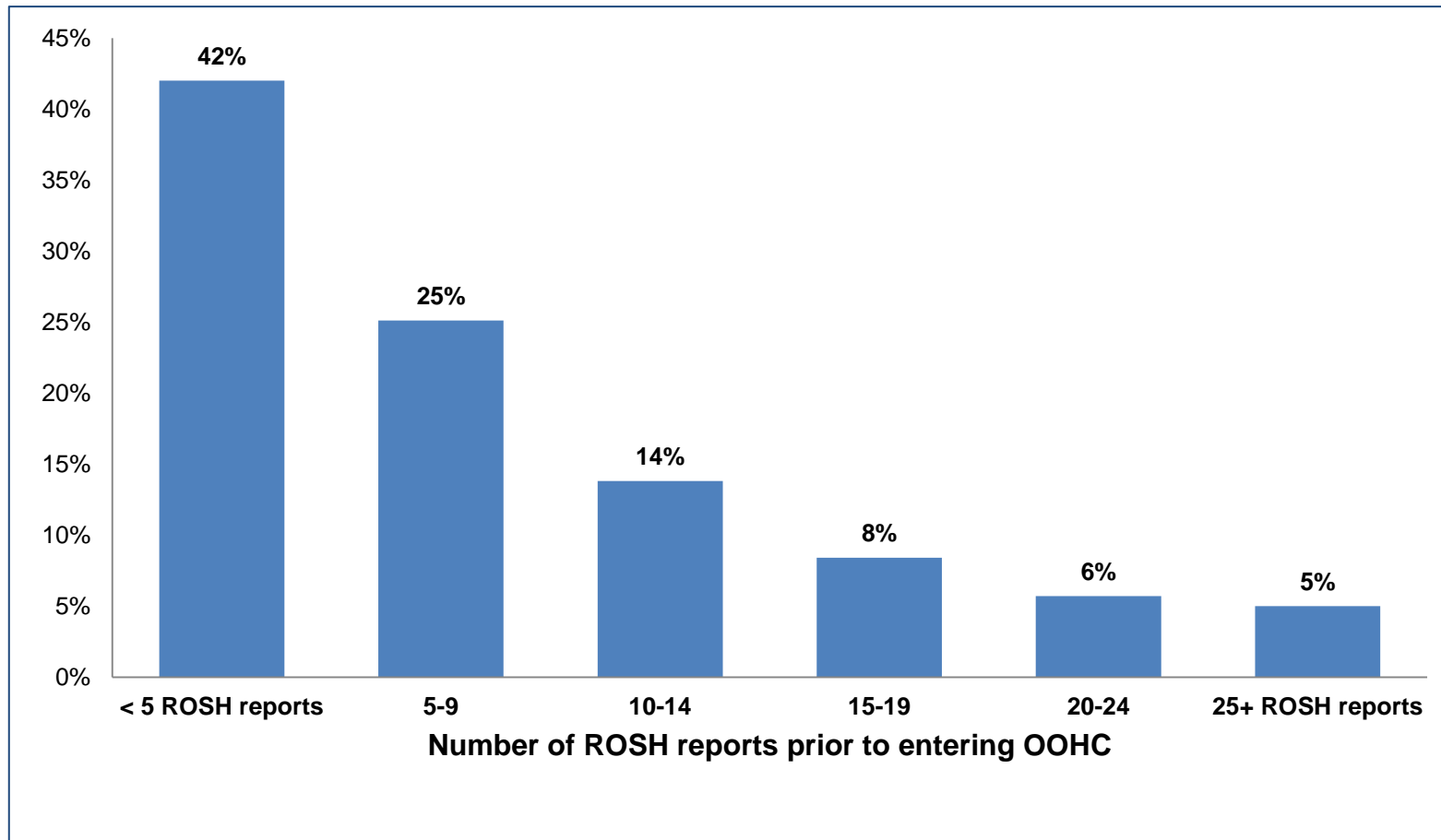
Children's permanency trajectories

Final orders cohort

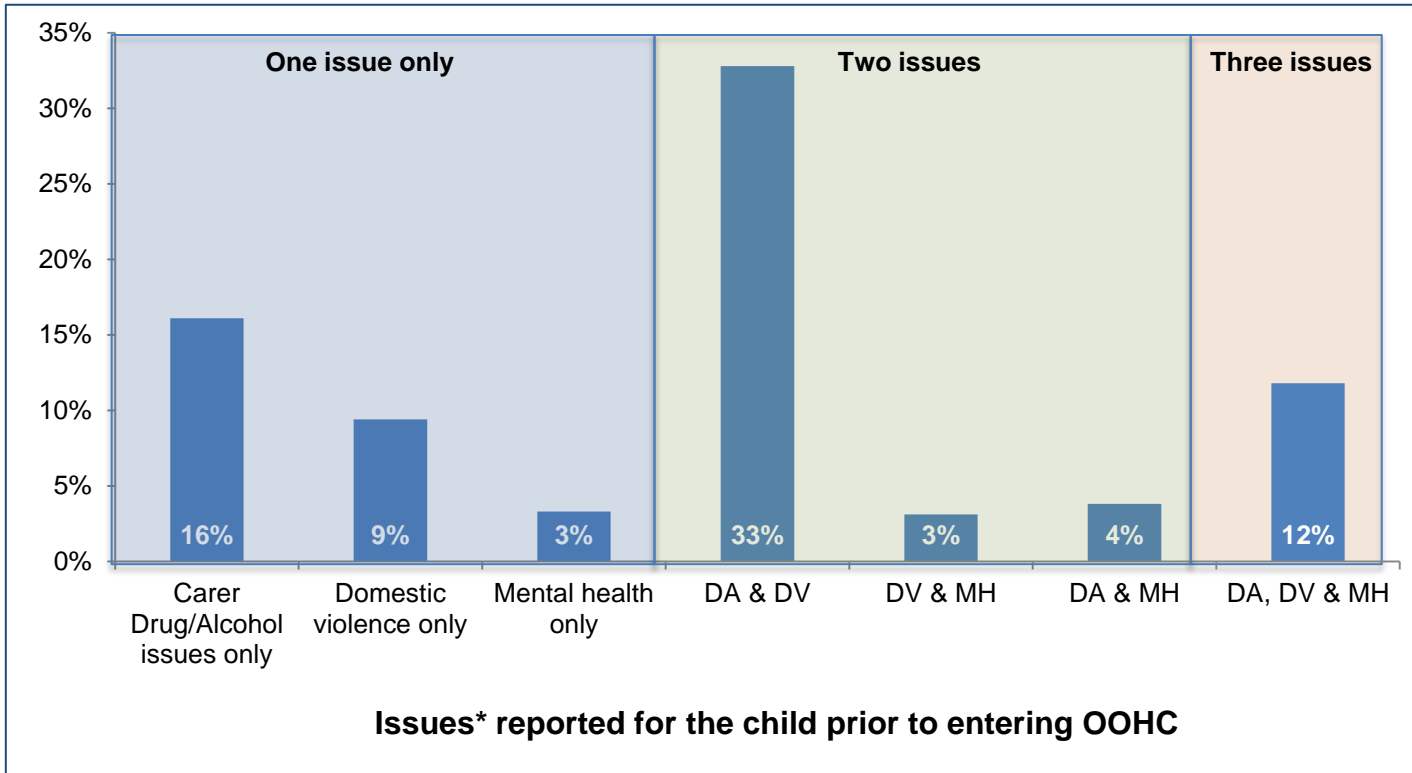
- ❖ Child protection backgrounds
- ❖ Placement stability
- ❖ Exits and re-entries

Note: the sample frame is first time entries to OOHC so the cohort is mostly young and the older age groups had longer exposure to risk of harm.

ROSH reports prior to entering OOHC



Parental issues reported prior to entering OOHC



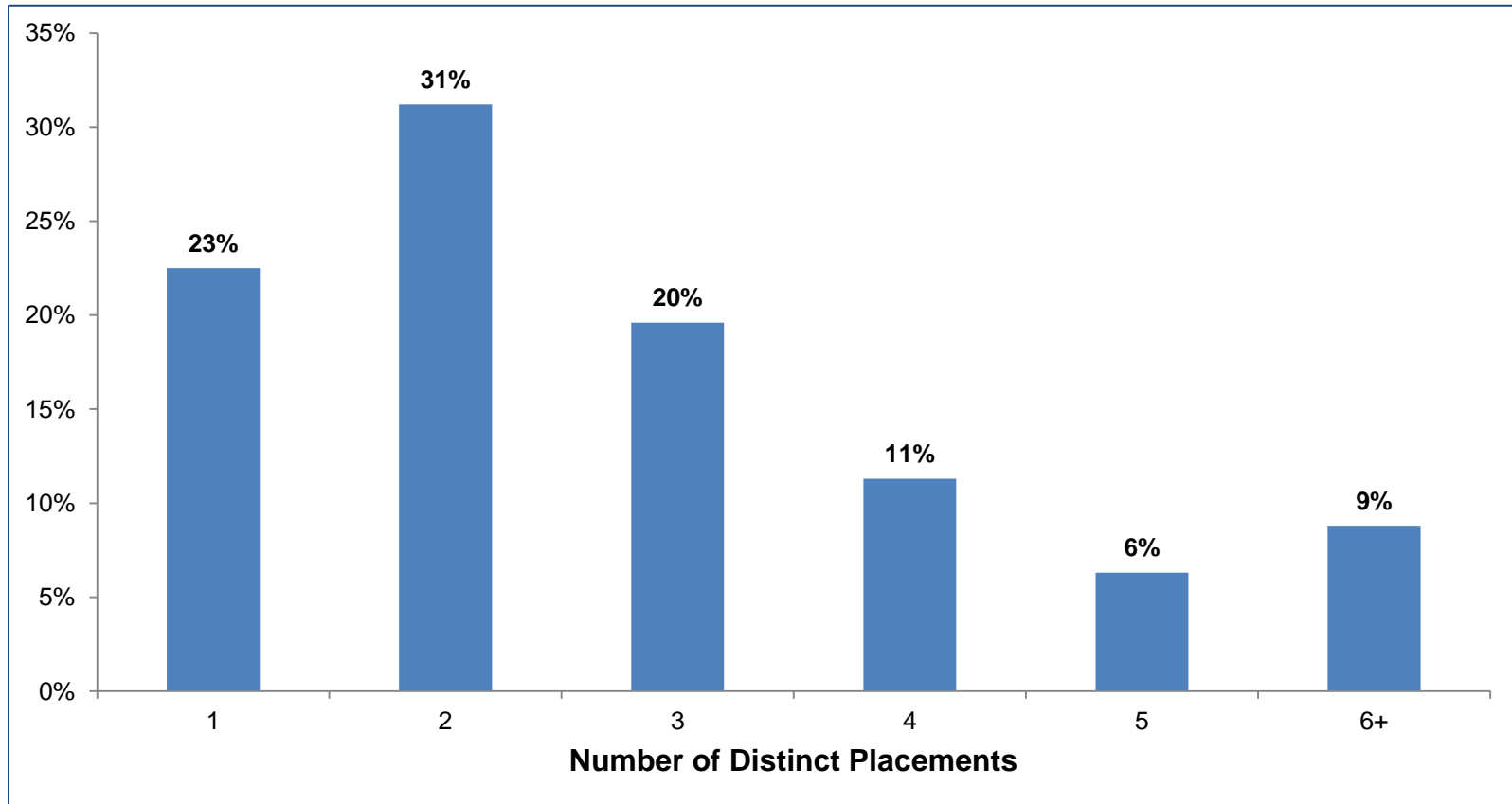
Total with:

Drug/Alcohol	65%
Domestic Violence	57%
Mental Health	22%

- Up to 3 reported issues can be recorded on KiDS. Includes any ROSH report about the child prior to entry into OOHC.
- 'Mental Health' includes reported issues of 'Psychiatric disability of carer' and 'Suicide risk/attempt of carer'. Does not include 'emotional state of carer'.

Placement stability since entering OOHC

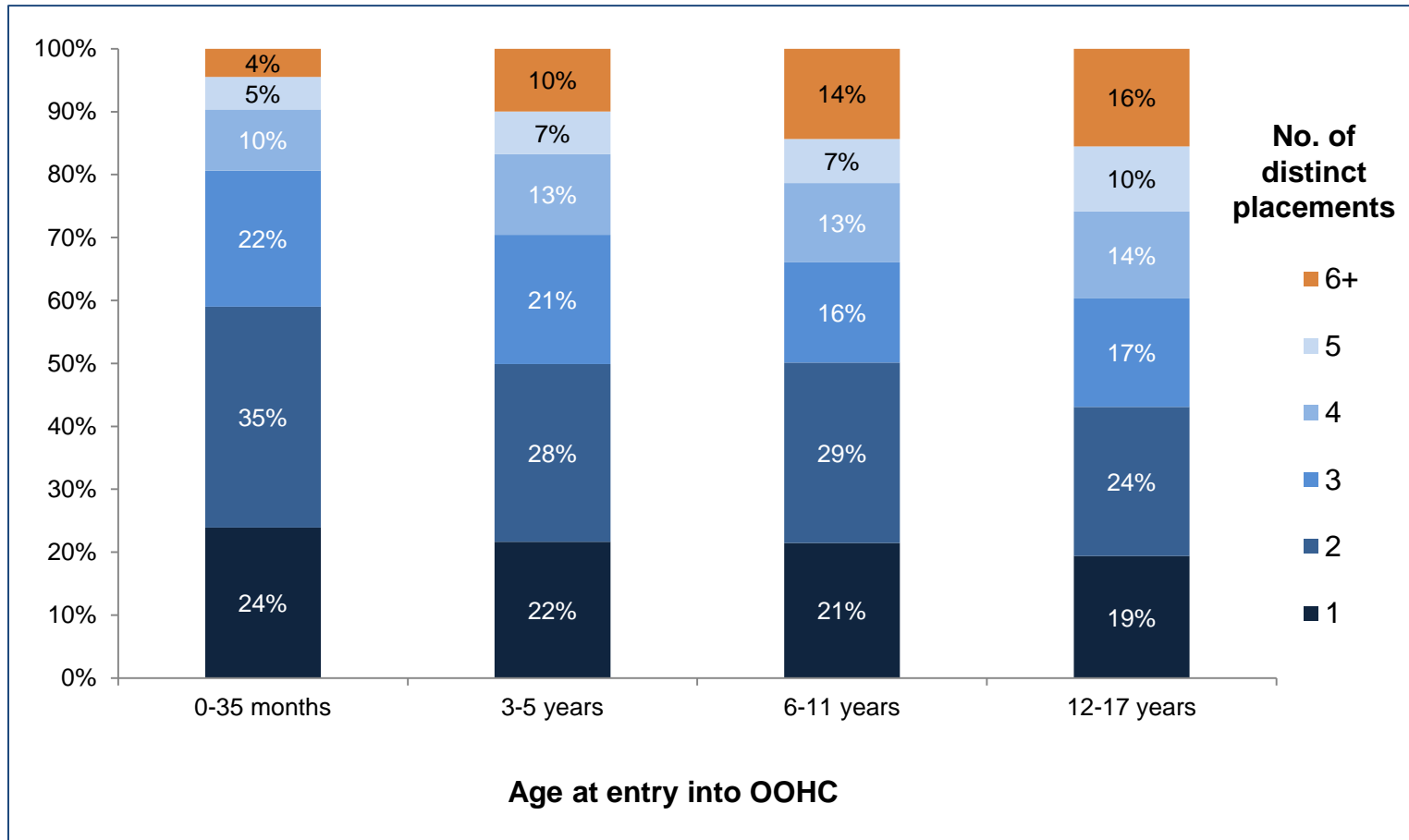
Final Orders Cohort at 30 June 2016



- Distinct placements exclude respite and emergency placements of less than 7 days as well as a return to a previous carer.

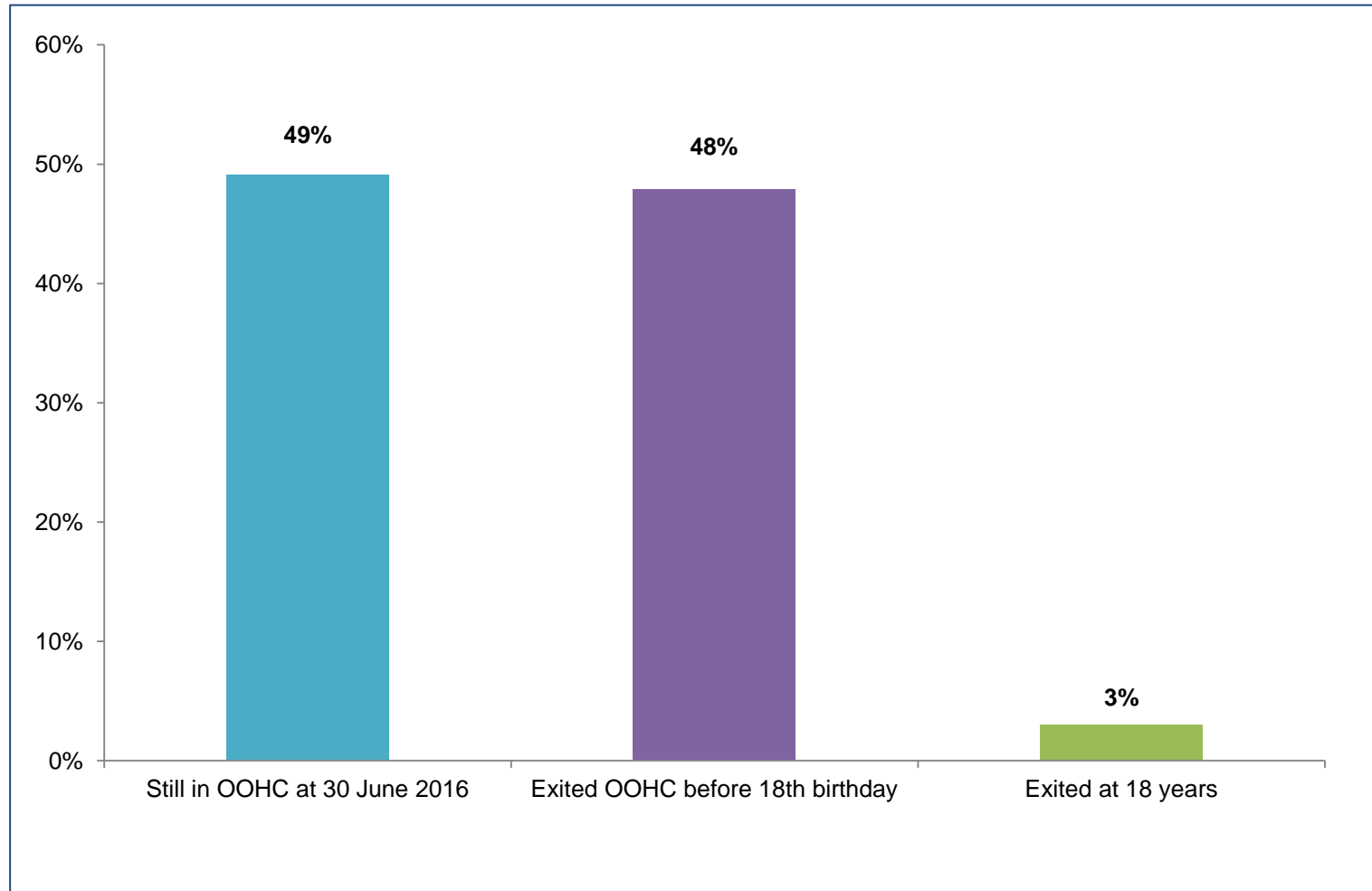
Placement stability by age

Final Orders Cohort at 30 June 2016



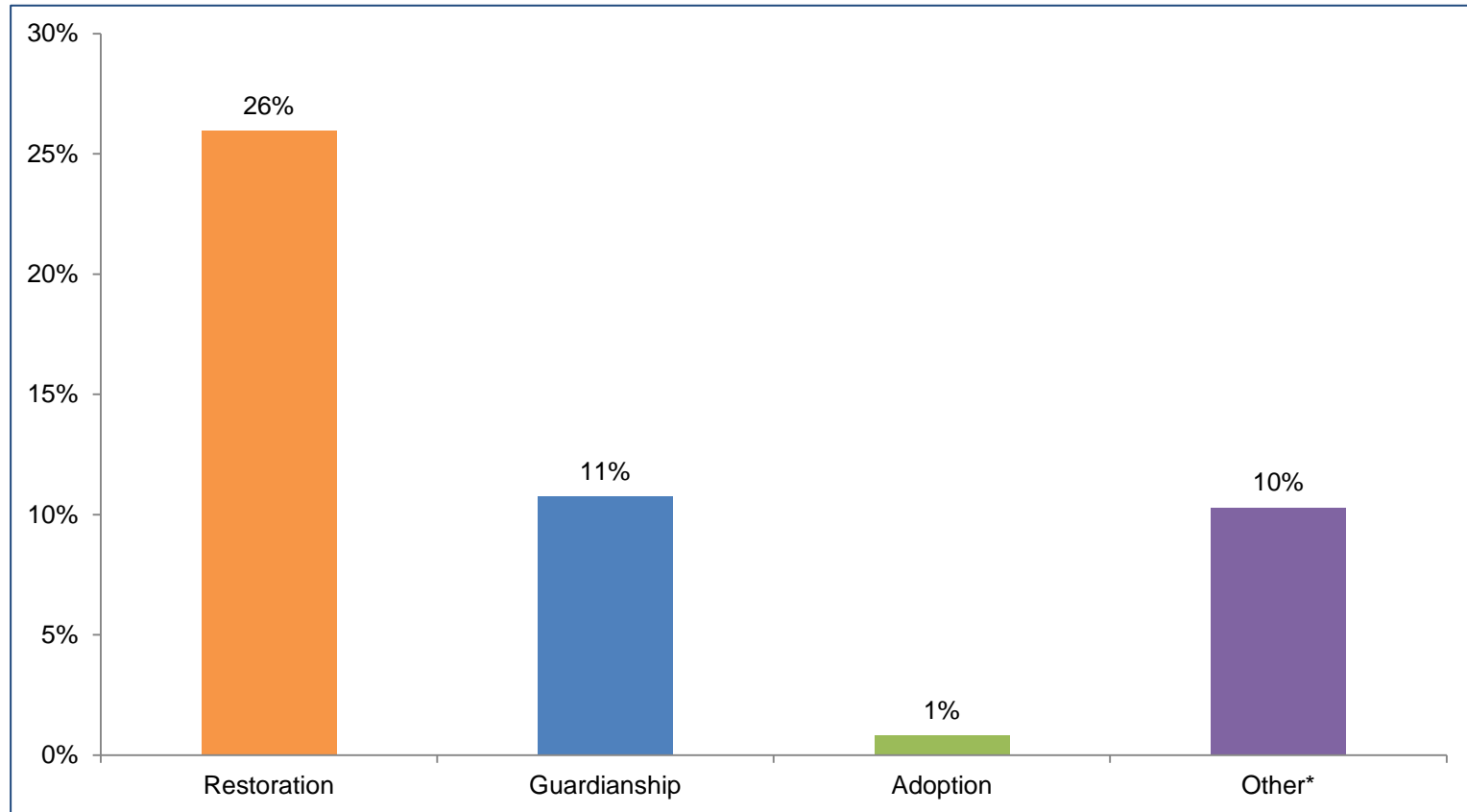
OOHC exit status

Final Orders Cohort at 30 June 2016



OOHC exit reason

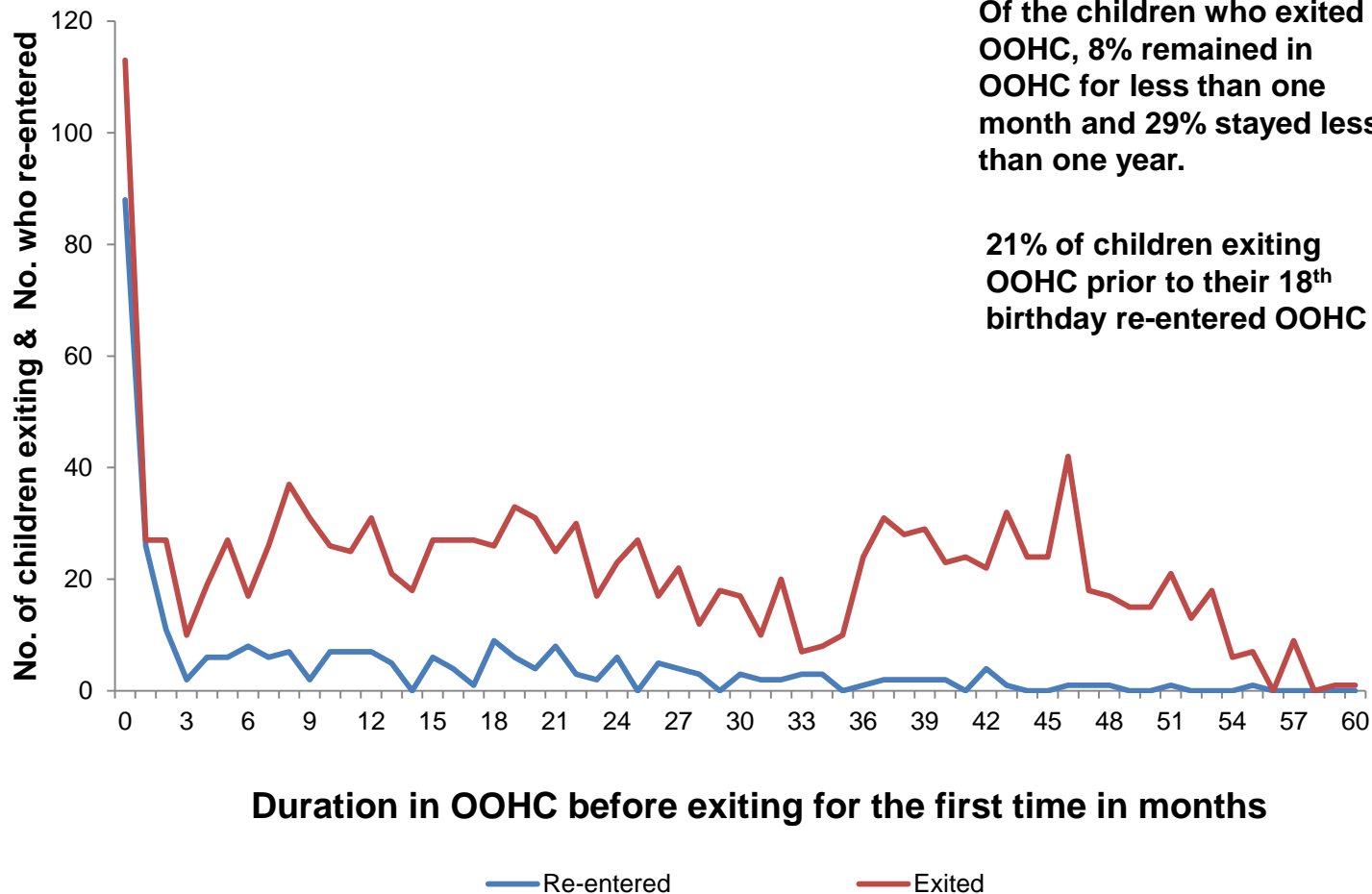
Final Orders Cohort by 30 June 2016



* Other includes: Child transfer of order interstate, child incarcerated, child missing, child has self restored, child deceased, court order/PR to Relative, planned move, carer circumstances changed.

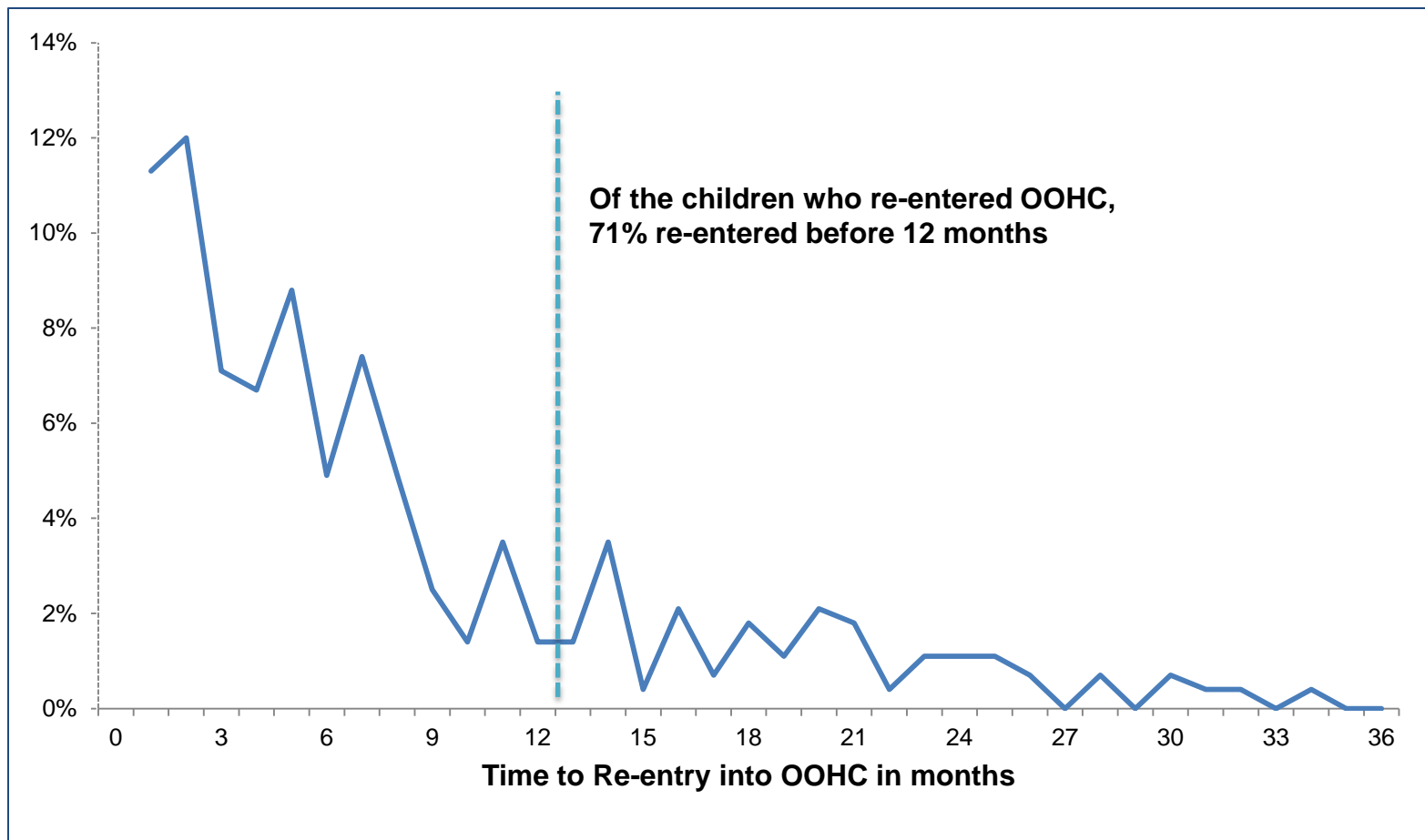
Duration in first OOHC care period

Final Orders Cohort who exited OOHC by 30 June 2016



Time to re-entry into OOHC

Final Orders Cohort exiting OOHC before their 18th birthday by 30 June 2016



Re-entry into OOHC by exit reason

Final Orders Cohort who exited OOHC before their 18th birthday by 30 June 2016



Reason for exit	% re-entered
Restoration	23%
Adoption	0%
Guardianship	1%

Children's developmental trajectories

Interview cohort Wave 1-3 (five year period)

- ❖ Physical Health
- ❖ Socio-emotional wellbeing
- ❖ Cognitive/learning ability

Note: the sample frame is first time entries to OOHC between May 2010 and October 2011. The cohort mostly entered care at younger ages. Those entering care as a teenagers had a longer exposure to risk of harm.

Notes on methodology



This presentation focuses on preliminary results using the following questions and standardised measures:

- Physical health (carer report)
- Child Behaviour Checklist (CBCL) (carer report)
- Picture Peabody Vocabulary Test (PPVT) (with the child)
- Matrix Reasoning Test, Wechsler Intelligence Scale for Children (WISC IV) (with the child).

The results presented are descriptive statistics and exploratory in nature based on the unweighted data.



Characteristics of the interview cohort, W1-3

	No.	%
Age at first entry to OOHC		
0-2 years	802	54.2
3-5 years	275	18.6
6-11 years	310	21.0
12-17 years	92	6.2
Aboriginality *		
Non-Aboriginal	905	61.2
Aboriginal	574	38.8
Gender		
Male	734	49.6
Female	745	50.4
Total	1,479	100

Child physical health



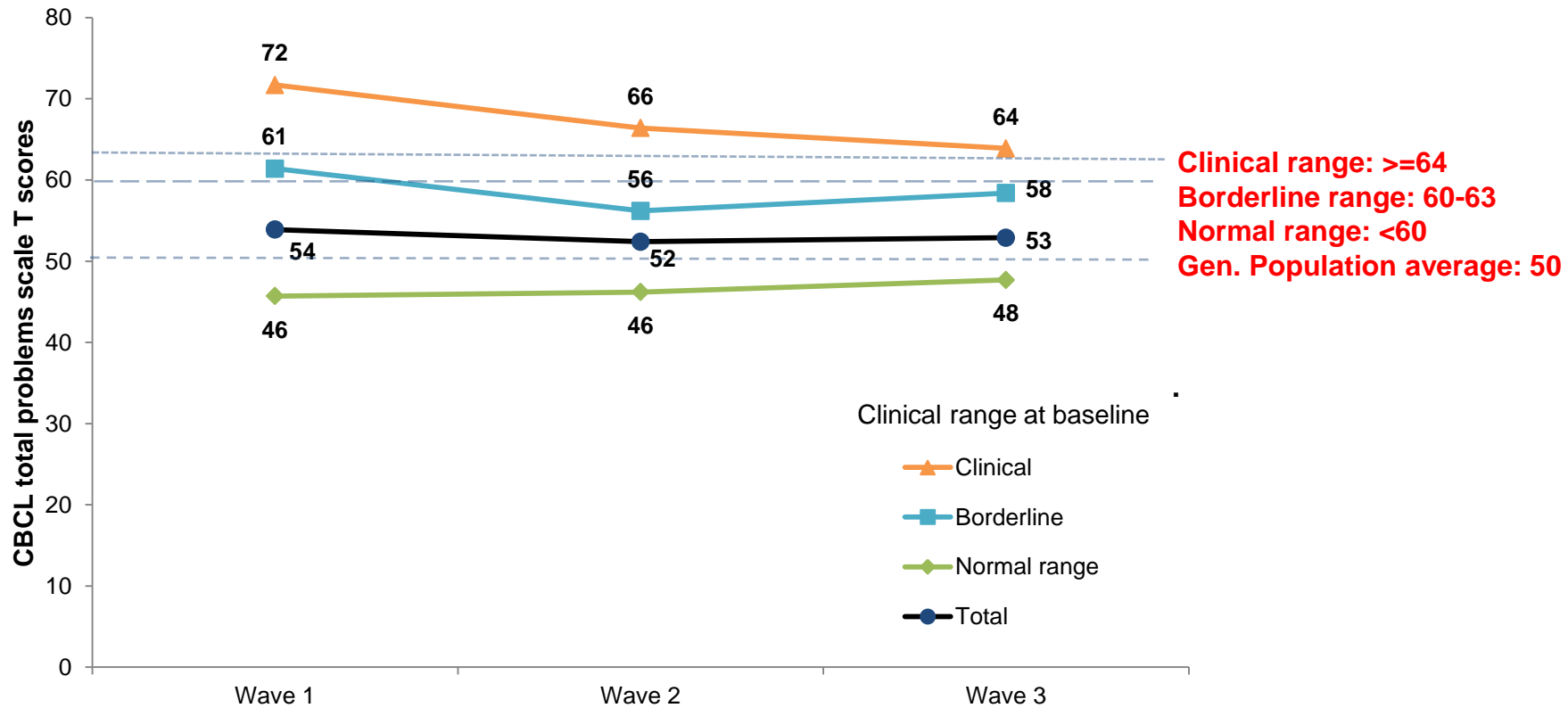
- General rating of study child's (9 months to 17 years) current physical health by carer
- 6-point rating with 1=Excellent and 6=Very poor
- The vast majority (98%) were reported to be in 'good' to 'excellent' health and this remained consistent over time.

Socio-emotional wellbeing



- **Child Behaviour Checklist** (CBCL) was used for children aged **3 to 17 years** at Wave 1 and for all ages from Wave 2.
- Total problem scores are reported: population mean of 50 and standard deviation of 10. Higher scores reflect greater behaviour problems.

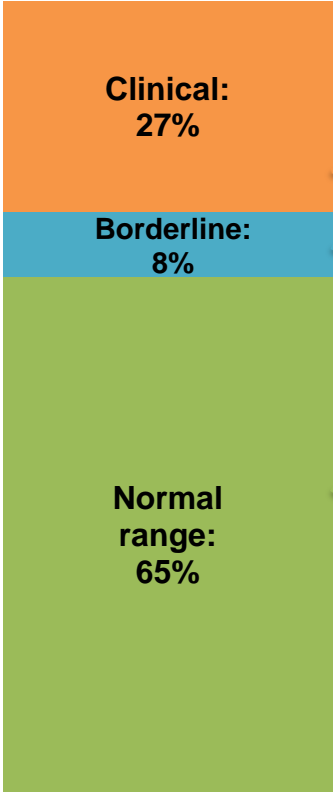
Trends in behaviour problems by baseline clinical status



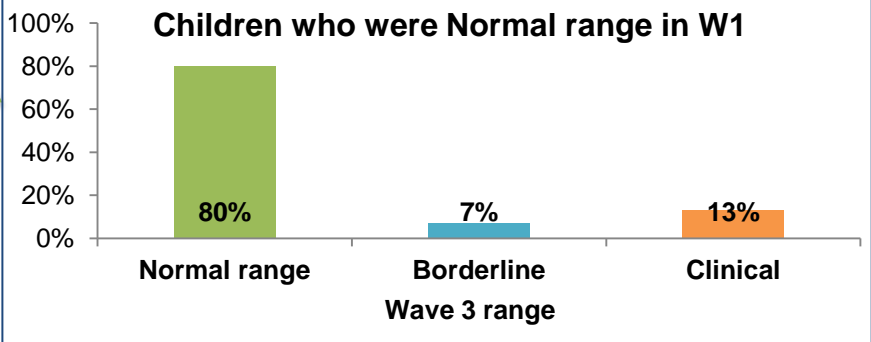
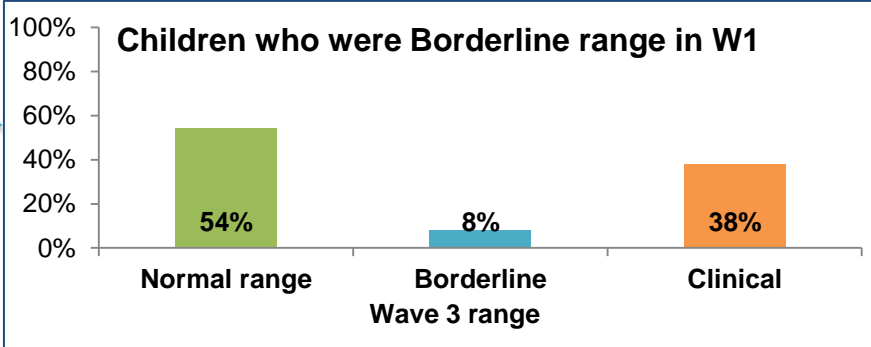
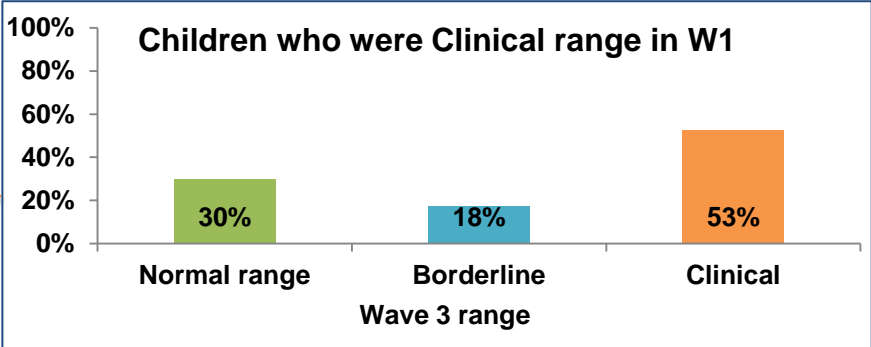
Change in behaviour problems by clinical status at baseline



Wave 1 Results



Wave 3 Results

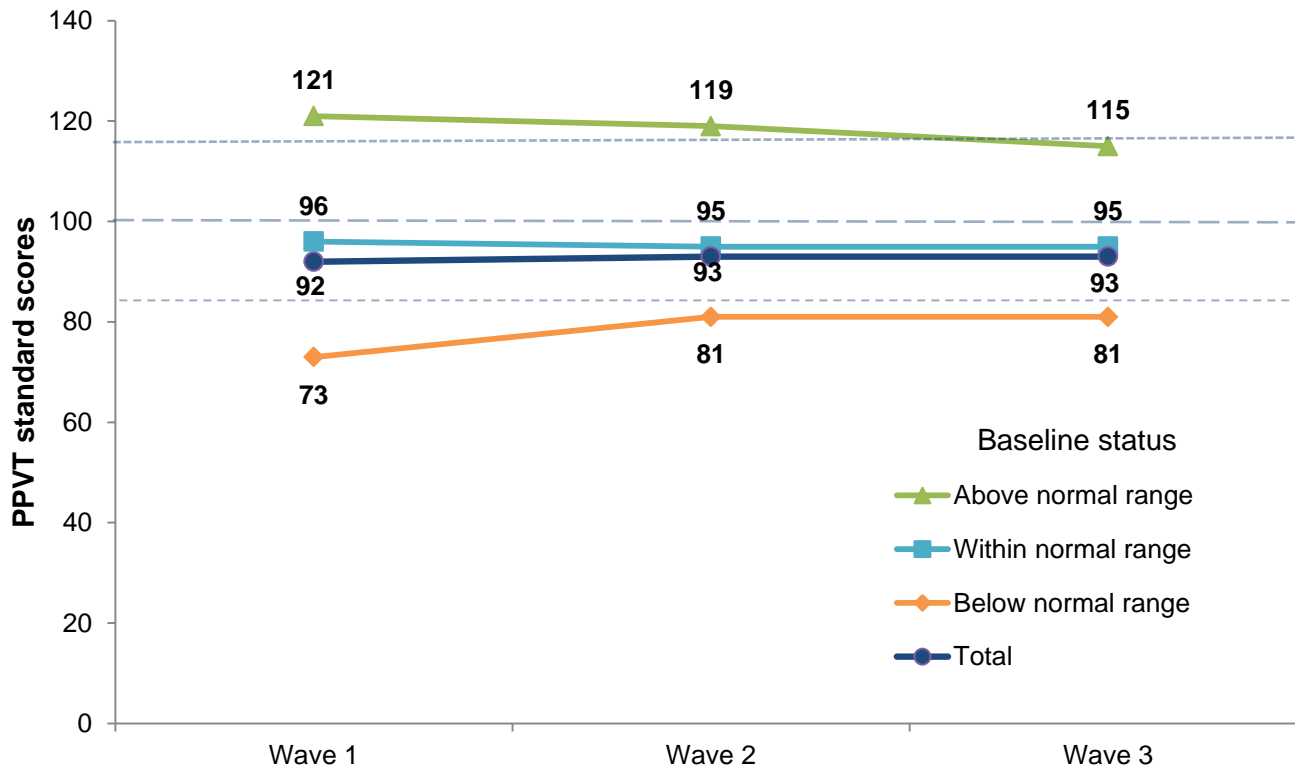


Cognitive development: verbal ability



- **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).

Trends in verbal ability by baseline status

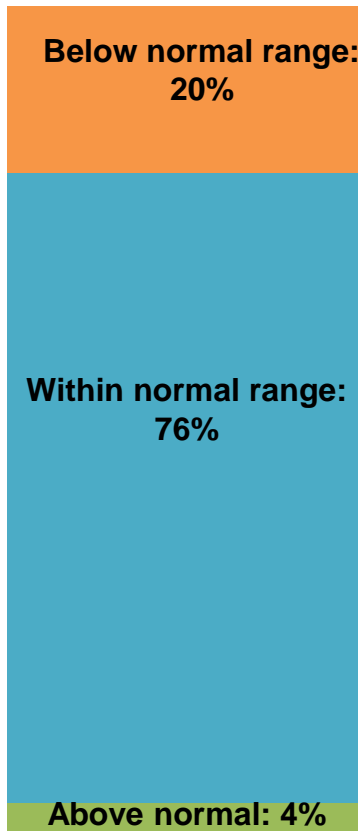


Above normal range: > 115
Gen. Population average: 100
Below normal range: < 85

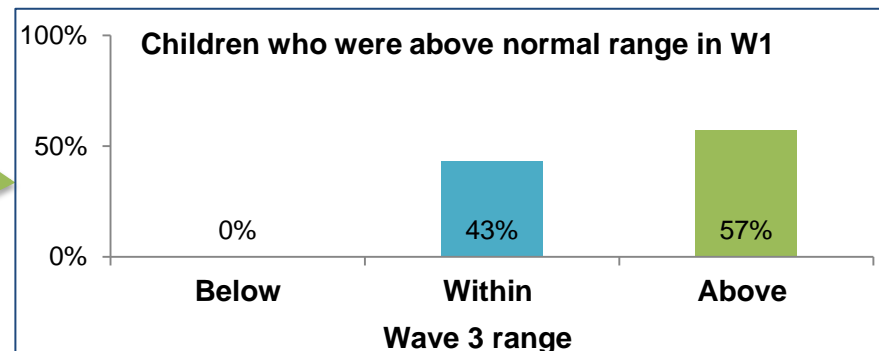
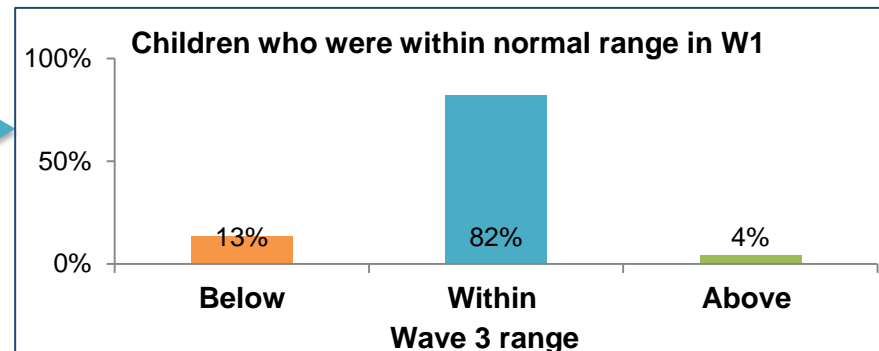
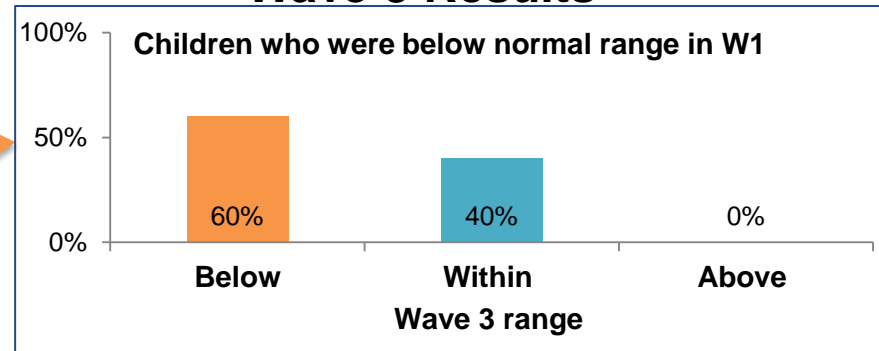
Change in verbal ability by baseline result



Wave 1 Results



Wave 3 Results

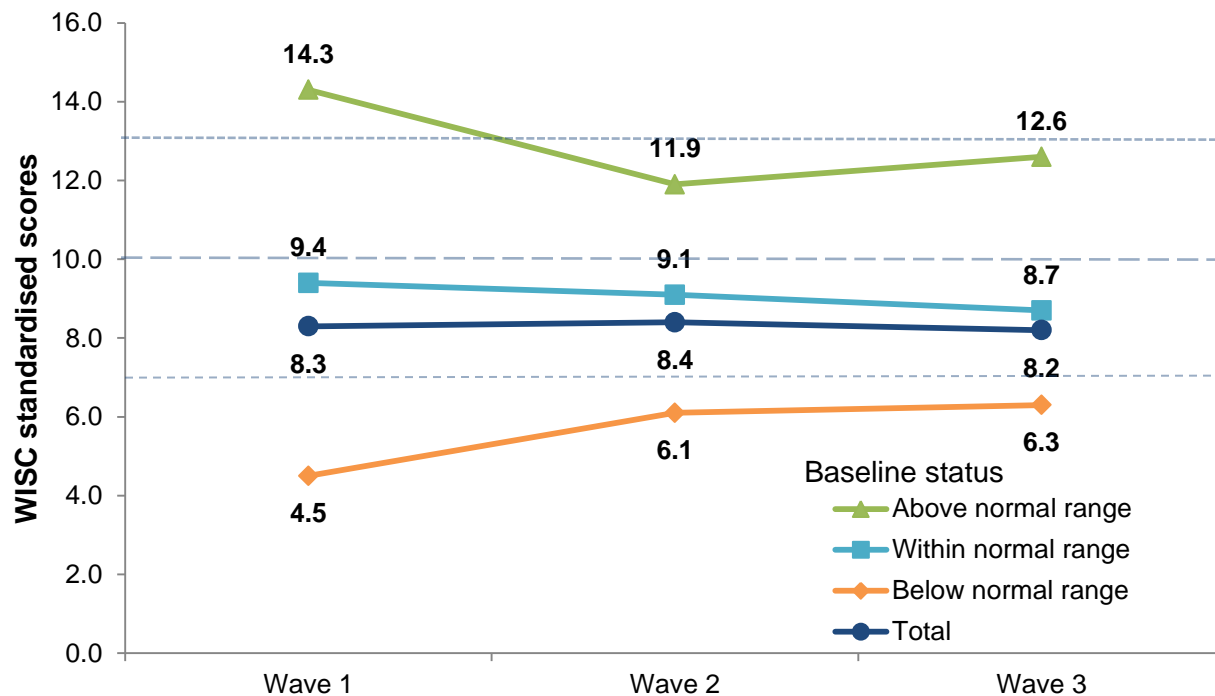


Cognitive development: non-verbal ability



- **Matrix Reasoning Test** (WISC IV) was used for children aged **6 to 16 years** to measure non-verbal reasoning ability (eg problem solving).
- Higher scores reflect greater non-verbal reasoning ability.

Trends in non-verbal ability by baseline status

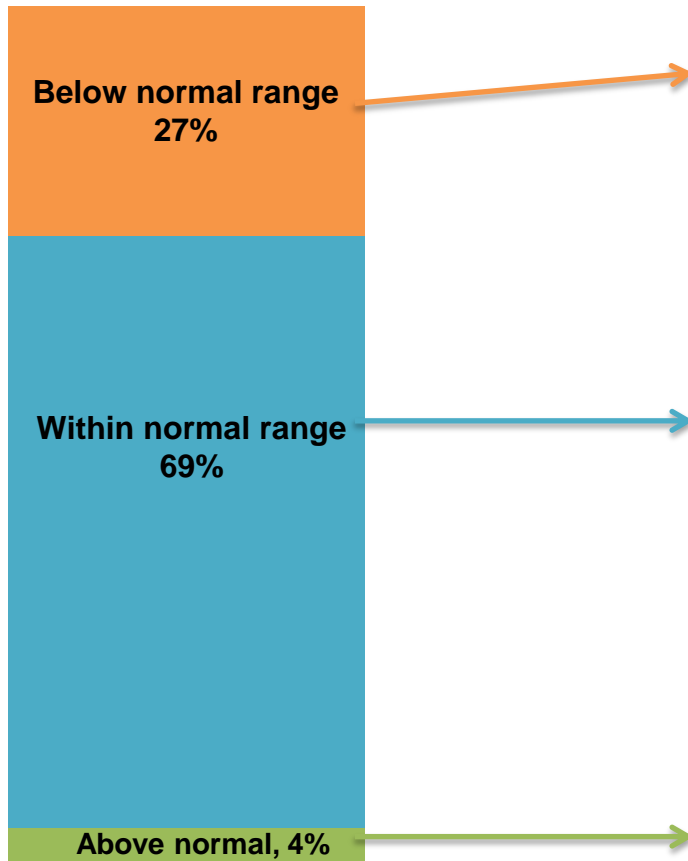


Above normal range: >13
Population average: 10
Below normal range: <7

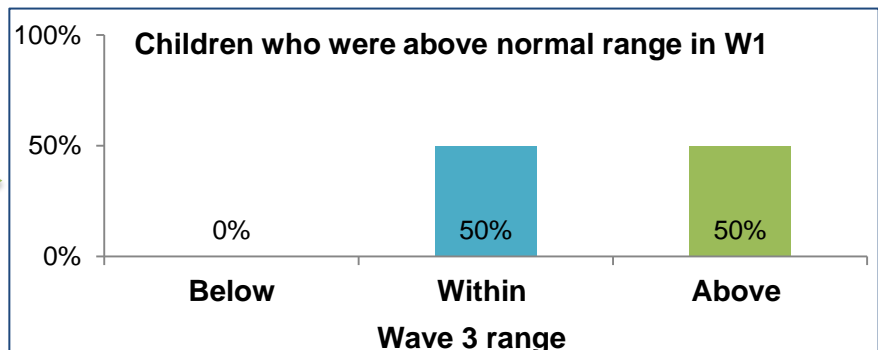
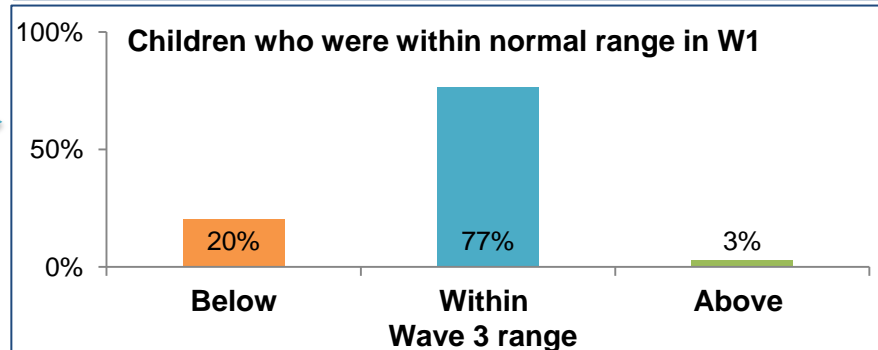
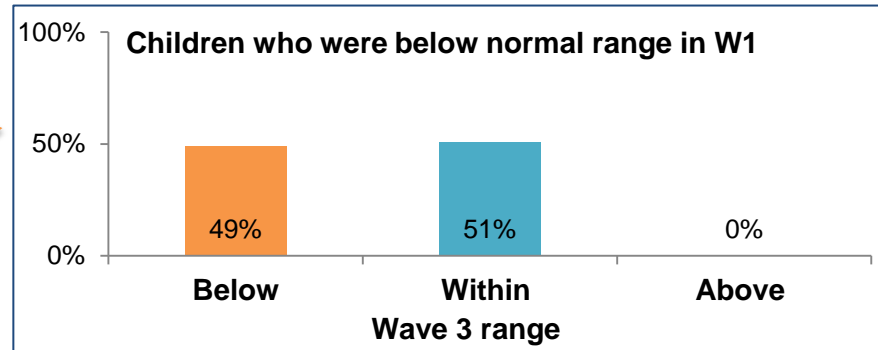


Change in non-verbal ability by baseline result

Wave 1 Results



Wave 3 Results



Summary of findings (1)



- Approximately two-thirds of children in the final orders cohort had <10 risk of significant harm reports before entering OOHC for the first time.
- Approximately three-quarters of the children had three or less placement changes from the time of entering OOHC for the first time and 30 June 2016. Placement changes increased with age at entry to care.
- Almost half of the final orders cohort exited OOHC by 30 June 2016 and before they turned 18 years old.
- Of the children who re-entered OOHC, 71% re-entered before 12 months.
- 23% of the children restored re-entered care.

Summary of findings (2)



- Preliminary analysis showed overall little apparent change on verbal ability, non verbal ability and behaviour problem standardised scores from Wave 1 to Wave 3.
 - 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.
- The majority of children were in good health throughout the period.
- Further analyses will be undertaken to learn more about the factors that influence outcomes to inform policy, practice and investment.

Next Steps

Progress



- Collect Wave 4 data 2017-2018
- Collect Wave 5 data 2019-2020
- Sub-studies on new cohorts (After Care Study: 18 years plus)
- Undertake longitudinal data analyses Wave 1-3
- Support OOHC reforms: Quality Assurance Framework, Review of Aboriginal children in OOHC, Their Futures Matter, Commissioning
- Establish POCLS databases and supporting documentation in the Secure Unified Research Environment (SURE) at the Sax Institute
- POCLS Advisory Group and stakeholder consultations
- Interactive dashboards and knowledge translation

Acknowledgements



- **FACS** for the investment in research and leading the POCLS
- **I-view** who collected the data
- **Children and young people** who are participating in the study
- **Carers and birthparents** who are participating in the study
- **Caseworkers, childcare and school 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

Further Information



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POCLS Webpage: www.community.nsw.gov.au/pathways
Study information and publication clearinghouse