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

Albert Zhou, Joanna Watson, Jess Stewart, Marina Paxman, Joanna Hopkins, Toula Kypreos, Marilyn Chilvers, Merran Butler, Mel Burgess, Sharon Burke (FACS Analysis and Research)
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
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

NSW Department of Family and Community Services (FACS) administrative data – KiDS (from 2003)

POCLS population cohort: all children aged 0-17 years entering OOHC for the first time between May 2010 – October 2011 (n=4,126)

No final care and protection orders (n=1,298)

Final care and protection orders (n=2,828)

Final orders interview cohort (n=1,789)

Child & caregiver face-to-face interviews (repeated every 18-24 months)

Childcare & school teacher on-line survey (one per child)

Casewelder on-line survey (one per child)

POCLS Database

Combined FACS administrative data, interview data and online survey data linked to Health, Education and Justice administrative data

POCLS Data Linkage Diagram

Child Demographic Data

Child Protection Events
Child Protection Episodes
Out-of-Home Care Placements
Out-of-Home Care Period

Combined FACS administrative data, interview data and online survey data

Study Key

CHeReL for data linkage Keys

Linkage data from external data custodians

Australian Early Development Census (AEDC) (from 2009)

National Assessment Program: Literacy and Numeracy (NAPLAN) (from 2008)

Re-offending database (ROD) (from 2003)

Register of Births Deaths and Marriages death registrations (RBDMS) (from 2009)

ABS Mortality Data (COD-URF) (from 2009)

NSW Perinatal Data Collection (PDC) (from 1994)

NSW Emergency Department Data Collection (EDDC) (from 2005)

NSW Admitted Patient Data Collection (NSW APDC) (from 1994)

Mental Health – Ambulatory Data Collection (MH-ADC) (from 2001)
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

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

**Entry into Care**

**Sample Recruitment**

**Wave 1**
2010

**Wave 2**
2011

**Wave 3**
2012

**Wave 4**
2013

**Wave 5**
2014

**2015**

**2016**

**2017**

**2018**

**2019**

**2020**
Child direct assessments (3-17 years)

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

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

Felt security/closeness activity (7-17 years)
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

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

Child developmental outcomes measured in the POCLS
Longitudinal measures of child development

<table>
<thead>
<tr>
<th>OUTCOME DOMAINS</th>
<th>9-35 mths</th>
<th>3-5 yrs</th>
<th>6-11 yrs</th>
<th>12-17 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>ROSH (age, free, duration, severity, type, parental risk)</td>
<td>ROSH</td>
<td>ROSH</td>
<td>ROSH</td>
</tr>
<tr>
<td>Physical health</td>
<td>Carer rating (number of health problems)</td>
<td>Carer rating</td>
<td>Carer rating</td>
<td>Carer rating</td>
</tr>
<tr>
<td>Physical development</td>
<td>ASQ (fine and gross motor)</td>
<td>ASQ</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Socio-emotional development</td>
<td>BITSEA (W1)</td>
<td>CBCL (W1)</td>
<td>CBCL</td>
<td>CBCL</td>
</tr>
<tr>
<td>Social competence</td>
<td>ASQ</td>
<td>ASQ</td>
<td>CBCL</td>
<td>CBCL</td>
</tr>
<tr>
<td>Cognitive development - non verbal</td>
<td>ASQ</td>
<td>ASQ</td>
<td>MR-WISC</td>
<td>MR-WISC</td>
</tr>
<tr>
<td>Cognitive development - verbal</td>
<td>CSBS (9-23 mths); MCDI (24-35 mths)</td>
<td>PPVT</td>
<td>PPVT</td>
<td>PPVT</td>
</tr>
</tbody>
</table>

- **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
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

Linked records
On-line surveys
POCLS data
In-depth interview data
FACS admin
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

- 42% of cases had less than 5 ROSH reports
- 25% had 5-9 reports
- 14% had 10-14 reports
- 8% had 15-19 reports
- 6% had 20-24 reports
- 5% had 25+ reports

Number of ROSH reports prior to entering OOHC

n= 2,828
Final Order Cohort
Data Source: FACS Administrative Data Extracts
Parental issues reported prior to entering OOHC

• 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’.

Issues* reported for the child prior to entering OOHC

Total with:
Drug/Alcohol 65%
Domestic Violence 57%
Mental Health 22%

Data Source: FACS Administrative Data Extracts

n= 2,828
Final Order Cohort
NSW Family & Community Services
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.

Data Source: FACS Administrative Data Extracts

n= 2,828
Final Order Cohort

Number of Distinct Placements

<table>
<thead>
<tr>
<th>Number of Distinct Placements</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23%</td>
</tr>
<tr>
<td>2</td>
<td>31%</td>
</tr>
<tr>
<td>3</td>
<td>20%</td>
</tr>
<tr>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td>5</td>
<td>6%</td>
</tr>
<tr>
<td>6+</td>
<td>9%</td>
</tr>
</tbody>
</table>
Placement stability by age
Final Orders Cohort at 30 June 2016

Age at entry into OOHC

0-35 months
- 24% (6+)
- 35% (5)
- 22% (4)
- 10% (3)
- 4% (2)
- 4% (1)

3-5 years
- 22% (6+)
- 28% (5)
- 21% (4)
- 13% (3)
- 7% (2)
- 10% (1)

6-11 years
- 21% (6+)
- 29% (5)
- 16% (4)
- 13% (3)
- 7% (2)
- 12% (1)

12-17 years
- 19% (6+)
- 24% (5)
- 17% (4)
- 14% (3)
- 10% (2)
- 7% (1)
OOHC exit status
Final Orders Cohort at 30 June 2016

- Still in OOHC at 30 June 2016: 49%
-Exited OOHC before 18th birthday: 48%
-Exited at 18 years: 3%

Final Order Cohort
Data Source: FACS Administrative Data Extracts
n= 2,828
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.
Of the children who exited OOHC, 8% remained in OOHC for less than one month and 29% stayed less than one year.

21% of children exiting OOHC prior to their 18th birthday re-entered OOHC.

Duration in first OOHC care period
Final Orders Cohort who exited OOHC by 30 June 2016

Data Source: FACS Administrative Data Extracts
Time to re-entry into OOHC
Final Orders Cohort exiting OOHC before their 18th birthday by 30 June 2016

Of the children who re-entered OOHC, 71% re-entered before 12 months.
## Re-entry into OOHC by exit reason

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

<table>
<thead>
<tr>
<th>Reason for exit</th>
<th>% re-entered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restoration</td>
<td>23%</td>
</tr>
<tr>
<td>Adoption</td>
<td>0%</td>
</tr>
<tr>
<td>Guardianship</td>
<td>1%</td>
</tr>
</tbody>
</table>

Data Source: FACS Administrative Data Extracts

n= 1,352

Final Order Cohort who exited before 18th birthday

Data Source: FACS Administrative Data Extracts
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 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

<table>
<thead>
<tr>
<th>Age at first entry to OOHC</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 years</td>
<td>802</td>
<td>54.2</td>
</tr>
<tr>
<td>3-5 years</td>
<td>275</td>
<td>18.6</td>
</tr>
<tr>
<td>6-11 years</td>
<td>310</td>
<td>21.0</td>
</tr>
<tr>
<td>12-17 years</td>
<td>92</td>
<td>6.2</td>
</tr>
</tbody>
</table>

### Aboriginality *

<table>
<thead>
<tr>
<th></th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Aboriginal</td>
<td>905</td>
<td>61.2</td>
</tr>
<tr>
<td>Aboriginal</td>
<td>574</td>
<td>38.8</td>
</tr>
</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th></th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>734</td>
<td>49.6</td>
</tr>
<tr>
<td>Female</td>
<td>745</td>
<td>50.4</td>
</tr>
<tr>
<td>Total</td>
<td>1,479</td>
<td>100</td>
</tr>
</tbody>
</table>

* Based on FACS administrative OR subsequent carer interview at Wave 3.
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

Clinical range: >=64
Borderline range: 60-63
Normal range: <60
Gen. Population average: 50

Wave 1
Wave 2
Wave 3
CBCL total problems scale T scores
Clinical range at baseline
- Clinical
- Borderline
- Normal range
- Total
Change in behaviour problems by clinical status at baseline

Wave 1 Results

- **Clinical**: 27%
- **Borderline**: 8%
- **Normal range**: 65%

Wave 3 Results

**Children who were Clinical range in W1**

- Normal range: 30%
- Borderline: 18%
- Clinical: 53%

**Children who were Borderline range in W1**

- Normal range: 54%
- Borderline: 8%
- Clinical: 38%

**Children who were Normal range in W1**

- Normal range: 80%
- Borderline: 7%
- Clinical: 13%
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

PPVT standard scores

Baseline status
- Above normal range
- Within normal range
- Below normal range
- Total

Wave 1 | Wave 2 | Wave 3
---|---|---
73 | 81 | 81
92 | 93 | 93
96 | 95 | 95
121 | 119 | 115

Above normal range: > 115
Gen. Population average: 100
Below normal range: < 85
Change in verbal ability by baseline result

Wave 1 Results

- Below normal range: 20%
- Within normal range: 76%
- Above normal: 4%

Wave 3 Results

- Children who were below normal range in W1:
  - Below: 60%
  - Within Wave 3 range: 40%
  - Above: 0%

- Children who were within normal range in W1:
  - Below: 13%
  - Within Wave 3 range: 82%
  - Above: 4%

- Children who were above normal range in W1:
  - Below: 0%
  - Within Wave 3 range: 43%
  - Above: 57%
• **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.
Trends in non-verbal ability by baseline status

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

WISC standardised scores

Baseline status
- Above normal range
- Within normal range
- Below normal range
- Total

Wave 1
Wave 2
Wave 3
Change in non-verbal ability by baseline result

Wave 1 Results
- Below normal range: 27%
- Within normal range: 69%
- Above normal: 4%

Wave 3 Results
- Children who were below normal range in W1:
  - Below: 49%
  - Within Wave 3 range: 51%
  - Above: 0%
- Children who were within normal range in W1:
  - Below: 20%
  - Within Wave 3 range: 77%
  - Above: 3%
- Children who were above normal range in W1:
  - Below: 0%
  - Within Wave 3 range: 50%
  - Above: 50%
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

Pathways of Care Longitudinal Study Team:

Phone: 1800 997 960
Email: Pathways@facs.nsw.com.au

Study information and publication clearinghouse