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
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. Children’s development and wellbeing at Wave 4
   - Physical health
   - Behaviour problems
   - Verbal ability
   - Non-verbal ability
Total number of children in OOHC in NSW
17,837 of which 39% Aboriginal children.

Placement type
52% relative/kinship; 44% foster care and 3% residential care

Case management in statutory care only
Transition to NGOs began in 2012. As at June 2018, 56% of the 13,935 children in statutory care were with accredited and FACS funded OOHC agencies.
OOHC reforms in NSW

- Keep Them Safe
- Safe Home for Life
- Their Futures Matter
- Permanency Support Program
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, guardianship, 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
POCLS data collection timelines

- To date, 4 waves of data collection have been undertaken at 18-24 month intervals.
- By the end of Wave 5 (currently being collected) the POCLS will have 10 years of in-depth data on children’s OOHC experiences (including exits and re-entries) and developmental outcomes.
POCLS data asset

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)

Caseworker on-line survey (one per child)

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

POCLS Database

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

CHerel for data linkage Keys

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)

Linkage data from external data custodians
Participation in POCLS interviews is high

<table>
<thead>
<tr>
<th>Wave</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wave 1</td>
<td>1,285</td>
</tr>
<tr>
<td>Wave 2</td>
<td>1,200</td>
</tr>
<tr>
<td>Wave 3</td>
<td>1,033</td>
</tr>
<tr>
<td>Wave 4</td>
<td>962</td>
</tr>
<tr>
<td>All Waves</td>
<td>734</td>
</tr>
<tr>
<td>At least one wave</td>
<td>1,507</td>
</tr>
</tbody>
</table>
Age of children at Wave 4

All Wave 4 participants, n=962
### Cultural background of Wave 4 participants

<table>
<thead>
<tr>
<th>Cultural background</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal</td>
<td>382</td>
<td>39.8</td>
</tr>
<tr>
<td>CALD</td>
<td>147</td>
<td>15.2</td>
</tr>
<tr>
<td>Aboriginal and CALD</td>
<td>51</td>
<td>5.3</td>
</tr>
<tr>
<td>Other Australian</td>
<td>484</td>
<td>50.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>962</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: children may appear in both the Aboriginal and CALD count.
Living arrangement at Wave 4

<table>
<thead>
<tr>
<th>Living arrangement</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster care</td>
<td>416</td>
<td>43.1</td>
</tr>
<tr>
<td>Relative/kinship care</td>
<td>277</td>
<td>28.8</td>
</tr>
<tr>
<td>Residential care</td>
<td>19</td>
<td>2.0</td>
</tr>
<tr>
<td>Birth parents</td>
<td>64</td>
<td>6.8</td>
</tr>
<tr>
<td>Adoptive parents</td>
<td>27</td>
<td>2.8</td>
</tr>
<tr>
<td>Guardianship</td>
<td>159</td>
<td>16.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>962</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Note: this is preliminary data for guardianships
Children’s development and wellbeing at Wave 4

- Physical health
- Behaviour problems
- Verbal ability
- Non-verbal 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.

The results presented are descriptive statistics and exploratory in nature based on the unweighted data.
Almost all children were in ‘good’ to ‘excellent’ physical health

• General rating of study child’s current physical health by carer (9 months to 17 years) even though some children had conditions diagnosed by a professional last 6 months or more; and disabilities.

• 6-point rating with 1=Excellent and 6=Very poor

• The vast majority (97%) were reported to be in ‘good’ to ‘excellent’ health and this remained consistent over time.

• Results were similar across cultural backgrounds.
Standardised measures

• POCLS has included standardised measures at baseline and at each subsequent wave.

• The standardised developmental outcome measures for the POCLS study were selected on the basis of:
  • strength of their psychometric properties
  • wide use in other studies
  • ability to draw comparisons with the general population and other groups

• Different measures were used depending on the age group.
Behaviour problems

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

All children 9-35 months who participated in the BITSEA in Wave 1
Aboriginal children n=148  CALD children n= 56
Other Australian n=177  Total n=476
Wave 4 average CBCL total problems score slightly higher than for the general population

Distribution of T scores for CBCL in Wave 4

All children who participated in the CBCL in Wave 4, n=960

Average CBCL total problems scale T score
- Wave 4 participants: 53.7
- General population: 50.0
A quarter of children were in the clinical range for total behavior problems at Wave 4.

All participants in the CBCL in Wave 4, n=960
Increase in the proportion of children in the clinical range for total behaviour problems

Children who participated in CBCL in all waves from Wave 2 to 4, n=791

In Waves 2 to 4, the CBCL was used for all children.
Increase in the proportion of children in the clinical range for externalising behaviour problems

Children who participated in CBCL in all waves from Wave 2 to 4, n=791

In Waves 2 to 4, the CBCL was used for all children.
Change in total behaviour problems by status at W2

Wave 2 status

- **Normal range**: 77.5%
- **Borderline**: 6.5%
- **Clinical range**: 16.0%

Wave 4 status

- **Children in the clinical range at W2**
  - Normal range: 20.4%
  - Borderline: 13.1%
  - Clinical: 66.4%

- **Children in the borderline range at W2**
  - Normal range: 48.2%
  - Borderline: 10.7%
  - Clinical: 41.1%

- **Children in the normal range at W2**
  - Normal range: 74.5%
  - Borderline: 8.6%
  - Clinical: 16.9%

Children who participated in the CBCL in both Waves 2 and 4, n = 856
Increase in total behaviour problems for Aboriginal and other Australian children

Participants in the CBCL in both Wave 2 and Wave 4

Aboriginal children n=341
CALD children n=132
Other Australian n=432

Note: children can be in both Aboriginal and CALD graphs.
Increase in total behaviour problems for children aged 0-1 and 2-5 years at entry into OOHC

Participants in CBCL in both Wave 2 and Wave 4

0-1 years n=479
2-5 years n=228
6+ years n=149

Wave 2 Wave 4
0-1 years
85.2 69.7
4.8 7.9
10.2 7.9
10.0 22.4
24.4 32.0

Wave 2 Wave 4
2-5 years
65.3 64.4
10.2 10.1
10.2 9.4
24.4 25.5

Wave 2 Wave 4
6+ years
85.2 66.4
4.8 10.1
10.0 9.4
24.4 25.5

NSW Family & Community Services
Cognitive development: verbal ability

- Peabody Picture Vocabulary Test (PPVT-IV) was used for children aged 3 to 17 years to measure verbal ability from Wave 1 onwards.
- Communication and Symbolic Behaviour Scale (CSBS) was used for children 9-23 months in Wave 1.
- MacArthur Bates Communicative Developmental Inventories (MCDI-III) vocabulary percentile rank was used for children 24-35 months in Waves 1 and 2.
Wave 4 average verbal ability score slightly lower than for the general population

Average PPVT standard score

<table>
<thead>
<tr>
<th></th>
<th>Wave 4 participants</th>
<th>General population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below normal range &lt;85</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal range</td>
<td>96.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Above normal range &gt; 115</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Most children were in the normal or above normal range for verbal ability at Wave 4.
Increase in the proportion of children in the typical range for verbal ability between Waves 3 and 4

Children who participated the verbal ability measures in all four waves, n = 565

Wave 1: 35% CSBS, 16% MCDI-III, 49% PPVT
Wave 2: 0% CSBS, 25% MCDI-III, 75% PPVT
Wave 3: 100% PPVT
Wave 4: 100% PPVT
Change in verbal ability by status at W1

Wave 1 status

- At risk: 19.0%
- Typical: 81.0%

Wave 4 status

- Children in the at risk range at W1:
  - Typical: 61.8%
  - At risk: 38.2%

- Children in the typical range at W1:
  - Typical: 90.5%
  - At risk: 9.5%

All participants in the verbal ability tests in Waves 1 and 4, n=689
No change in verbal ability between Waves 1 and 4 by cultural background

Participants in verbal ability tests in both Waves 1 and Wave 4

Aboriginal children n=276
CALD children n=106
Other Australian children n=345

Measure used in Wave 1
- Aboriginal children: 20% MCDI-III, 35% CSBS, PPVT 45%
- CALD children: 12% MCDI-III, 46% CSBS, PPVT 42%
- Other Australian children: 16% MCDI-III, CSBS 38%, PPVT46%
All children completed the PPVT in Wave 4.

Note: children can appear in both the Aboriginal and CALD graphs
No change in verbal ability between Waves 1 and 4 by age at entry into OOHC

Participants in verbal ability tests in both Waves 1 and Wave 4

- 0-1 years n=408
- 2-5 years n=178
- 6+ years n=103

Measure used in Wave 1
- 0-1 years: 28% MCDI-III, 64% CSBS, 7% PPVT
- 2-5 years: 1% (n=2) MCDI-III, 99% PPVT
- 6+ years: 100% PPVT

All children completed the CBCL in Wave 4.
Cognitive development: non-verbal ability

- Ages and Stages Questionnaire (ASQ) Problem Solving Scale was used for children aged up to 66 months from Wave 1 onwards.
- Matrix Reasoning Test (WISC IV) was used for children aged 6 to 16 years to measure non-verbal reasoning ability (eg problem solving) from Wave 1 onwards.
Wave 4 average non-verbal ability score slightly lower than for the general population

Distribution of WISC standard scores in Wave 4

Below normal range <7
Normal range
Above normal range <13

Average MR-WISC standard score
Wave 4 participants 8.6
General population 10.0
Most children were in the normal or above normal range for non-verbal ability at Wave 4.

All participants in the MR-WISC in Wave 4, n=806.
Increase in the proportion of children in the typical range for non-verbal ability between Waves 1 and 2.

- Wave 1: 72% ASQ, 28% MR-WISC
- Wave 2: 66% ASQ, 34% MR-WISC
- Wave 3: 54% ASQ, 48% MR-WISC
- Wave 4: 100% MR-WISC

Children who participated in non-verbal ability tests in all four waves, n=497
Wave 1 status

- Typical: 72.5%
- At risk: 27.5%

Wave 4 status

- Children in the at risk range at W1
  - Typical: 65.0%
  - At risk: 35.0%

- Children in the typical range at W1
  - Typical: 84.2%
  - At risk: 15.8%

Children who participated in non-verbal ability tests in both Waves 1 and Wave 4, n=655
Increase in non-verbal ability for CALD and other Australian children

Children who participated in non-verbal ability tests in both Waves 1 and Wave 4

Aboriginal children n=259
CALD children n=97
Non-Aboriginal children n=334

Measure used in Wave 1
- Aboriginal children: 56% ASQ, 46% MR-WISC
- CALD children: 74% ASQ, 26% MR-WISC
- Other Australian children: 76% ASQ, 24% MR-WISC
All children completed the MR-WISC in Wave 4.

Note: children can appear in both the Aboriginal and CALD graphs.
Increase in non-verbal ability for children who entered OOHC aged 0-1 (other ages not significant)

Participants in non-verbal ability tests in both Waves 1 and Wave 4

0-1 years n=398
2-5 years n=168
6+ years n=89

Measure used in Wave 1
- 0-1 years: 100% ASQ
- 2-5 years: 59% ASQ, 41% MR-WISC
- 6+ years: 100% MR-WISC

All children completed the MR-WISC in Wave 4.
# Combinations of high needs in Wave 4

<table>
<thead>
<tr>
<th>High needs</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviour only</td>
<td>120</td>
<td>14.9</td>
</tr>
<tr>
<td>Verbal ability only</td>
<td>45</td>
<td>5.6</td>
</tr>
<tr>
<td>Non-verbal ability only</td>
<td>84</td>
<td>10.4</td>
</tr>
<tr>
<td>Behaviour and verbal</td>
<td>21</td>
<td>2.6</td>
</tr>
<tr>
<td>Behaviour and non-verbal</td>
<td>30</td>
<td>3.7</td>
</tr>
<tr>
<td>Verbal and non-verbal</td>
<td>34</td>
<td>4.2</td>
</tr>
<tr>
<td>Behaviour, verbal and non-verbal</td>
<td>29</td>
<td>3.6</td>
</tr>
<tr>
<td>All normal/borderline/above normal ranges</td>
<td>441</td>
<td>54.9</td>
</tr>
<tr>
<td>Total children who participated in all three tests in Wave 4</td>
<td>804</td>
<td>100.0</td>
</tr>
</tbody>
</table>

High needs are clinical range behaviour problems, below normal range verbal and non-verbal abilities.
Summary of findings

- Waves 1-4 span a 6 year period, covering approximately 7 years since the child first entered OOHC.

- At Wave 4, around half (53%) of the children who participated were aged 6-8 years at the time of the interview. At Wave 1, approximately half (52%) were aged less than 4 years old.

- The vast majority of children were considered to be in good physical health and this has remained constant over time.
Summary of findings

Behaviour problems

- At Wave 4, one quarter (27%) of the children were in the clinical range for total behaviour problems on the CBCL
  - 27% for externalising problems
  - 14% for internalising problems

- There was a significant increase in the proportion of children in the clinical range for total behaviour problems between Wave 3 and Wave 4, driven by a significant increase in externalising problems.

- There was no significant change between Waves 2 and 3.
Summary of findings

Behaviour problems

- Of the children in the clinical range at Wave 2, one-third had improved at Wave 4 with 20% in the normal range and 13% in the borderline range.

- Of the children in the normal range at Wave 2, around a quarter were now in the borderline or clinical range.

- The proportion of children in the clinical range increased significantly for:
  - Aboriginal and other Australian children but not CALD children (although there were smaller numbers in this group)
  - Children who entered at age 0-1 years and 2-5 years but not for those that entered aged 6+ years.
Summary of findings

Verbal ability

• At Wave 4, 83% of children who participated were in the normal or above normal range for verbal ability.

• There was a significant increase in the proportion of children in the typical range between Waves 3 and 4 with no significant changes between Waves 1 and 3.

• Of the children who were at risk at Wave 1, 62% had improved and were in the typical range at Wave 4.

• Around 10% of the children who were in the typical range at Wave 1 were at risk at Wave 4.

• The improvements between Wave 1 and 4 did not differ by age at entry or cultural background.
Summary of findings

Non-verbal ability

- At Wave 4, the majority (78%) of children were in the normal or above normal range based on the WISC.

- Between Waves 1 and 2 there was a significant increase in the proportion of children in the typical range. There were no significant differences between Waves 2 and 4.

- Of the children who were in the at risk range at Wave 1, 65% had improved and were in the typical range at Wave 4.

- Around 16% of the children who were in the typical range at Wave 1 were at risk at Wave 4.

- Significant increases in the proportions of children in the typical range between Waves 1 and 4 were found for:
  - CALD and other Australian children (no change for Aboriginal children)
  - Children who entered at age 0-1 years.
### Combined standardised measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Category according to manual</th>
<th>Cut-off points according to manual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Verbal ability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPVT</td>
<td>Below average range</td>
<td>Standard score of &lt;85</td>
</tr>
<tr>
<td>CSBS</td>
<td>Below average range</td>
<td>Standard score of &lt;=81</td>
</tr>
<tr>
<td>MCDI-III</td>
<td></td>
<td>Bottom 15 percentile</td>
</tr>
<tr>
<td><strong>Non-verbal ability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASQ</td>
<td>Follow-up/monitor or refer</td>
<td>1-2 SD or &gt;2 SD</td>
</tr>
<tr>
<td>WISC</td>
<td>Below average range</td>
<td>&gt;1 SD below average (or scaled score &lt; 7)</td>
</tr>
</tbody>
</table>