# What risk factors are associated with being placed in out-of-home care?

## Findings from the NSW Child Development Study

### Snapshot

- The NSW Child Development Study (NSW-CDS) examined 17 risk factors to see if they could accurately predict whether a child would be placed in out-of-home care (OOHC) by the age of 13-14 years.

- The study identified six risk factors that can jointly classify children with an OOHC placement with 95% accuracy. These factors are:
  - home environment problems
  - young maternal age at birth (less than 25 years old)
  - maternal smoking during pregnancy
  - maternal mental disorder
  - maternal criminal charge
  - paternal history of being placed in custody

- Information on these risk factors should be routinely shared between government departments to facilitate timely and targeted interventions. This will better enable us to improve the safety and wellbeing of vulnerable children and families and potentially prevent OOHC placements.

### Introduction

Recent research conducted by the NSW-CDS has shown a link between OOHC placement and child, perinatal and parental risk factors.

This Evidence to Action Note outlines key findings from the study 'Inter-agency indicators of out-of-home care placement by age 13-14 years: A population record linkage study'. It also discusses the implications of this research for policy and practice.

## Why is it important to identify cross-agency indicators of out-of-home-care?

As of 30 June 2018, approximately 31,800 children had been in OOHC in Australia for longer than 2 years.[1] Children and young people are placed in OOHC when they have experienced abuse and/or neglect and it is not safe for them to stay with their parents or carers.

Knowing which risk factors are associated with OOHC placement might help child protection services identify which children should be prioritised for follow-up as soon as the first child protection report is received. It can also be useful for government agencies when deciding which families to prioritise for early intervention programs. This could help minimise the number of vulnerable children who experience abuse and neglect and as such, reduce the risk of entry into OOHC.

Prior studies suggest that a combination of child, family, and neighbourhood characteristics, as well as some specific types of maltreatment[2,3], are associated with OOHC placement. Data on these characteristics are often dispersed across different government agencies (such as health and justice). Greater information sharing across agencies on these characteristics could be used to provide vulnerable families with access to support services to prevent child abuse and neglect and OOHC placements.

## What did the study find?

The NSW-CDS used linked data for 72,079 NSW children and their parents to identify indicators that could predict if a child would enter OOHC before the age of 13-14 years.

Of the 72,079 children in the study, 16,606 (23.0%) were known to child protection services by age 13-14 years. Of these 16,606 children, 1,239 (7.5%) had at least one OOHC placement and 15,367 (92.5%) had at least one child protection report but no OOHC placement.

The researchers examined 17 cross agency indicators of demographic, child, perinatal, and parental risk factors to see if they could correctly classify children with an OOHC placement by the age of 13-14 years (Table 1).

**Table 1. Demographic, child, perinatal and parental risk factors**

| | |
|---|---|
| **Demographic factors** | Sex (male) |
| | Aboriginal and/or Torres Strait Islander * |
| | Socio-economic disadvantage |
| **Child factors** | Special needs** |
| | Emotional or behavioural problems |
| | Home environment/problems at home*** |
| **Perinatal factors** | Young maternal age at birth (<25 years) |
| | Low birth weight for gestational age |
| | Maternal smoking during pregnancy |
| | No or late antenatal visit |

| Parental risk factors | Mother mental disorder |
| --- | --- |
| | Father mental disorder |
| | Mother criminal charges |
| | Father criminal charges |
| | Mother in custody |
| | Father in custody |
| | Any parental death |

\* Being Aboriginal is not a risk in and of itself. Rather, it is the systematic response of governments, intergenerational trauma and socio-economic disadvantage experienced by many Aboriginal people that may place them at risk.

\*\*Special needs refers to a child requiring special assistance because of chronic medical, physical, or intellectually disabling conditions (e.g. Autism, Cerebral palsy, Down syndrome) based on a medical diagnosis or diagnoses.

\*\*\*This is an item on the Australian Early Development Census (AEDC). Teachers are asked whether any particular issues (including "home environment/problems in the home") "influence this student's ability to do school work in a regular class room?" The validity of these responses rests on adequate knowledge of the child's home context

## How did children placed in OOHC compare to those with no child protection contact?

When examining the characteristics of children with at least one OOHC placement (compared to children in the general population with no previous child protection report), 16 of the 17 factors listed in Table 1 were significantly associated with OOHC placement. The child's sex was the only factor that was not significantly associated with OOHC placement. When considered together, these 17 factors were able to classify children with an OOHC placement before age 13-14 years with 96% accuracy.

The research examined the contribution of each individual risk factor in relation to a child's OOHC status. The most strongly associated risk factor was a single item on the Australian Early Development Census (AEDC) that indicated the teacher's knowledge or perception of problems occurring in the child's home that negatively influence their ability to do school work in the classroom.

In addition, the analysis determined that, compared to children with no child protection reports, children placed in OOHC were more likely to have home environment problems, a mother with a mental disorder, a mother or father in custody or a mother with a criminal record.

**more than 7x** as likely to have home environment problems (reported by their teacher on the AEDC)

**more than 6x** as likely to have a mother with a mental disorder recorded in hospital and/or ambulatory mental health records

**more than 4x** as likely to have a mother or father in custody or a mother with a criminal record
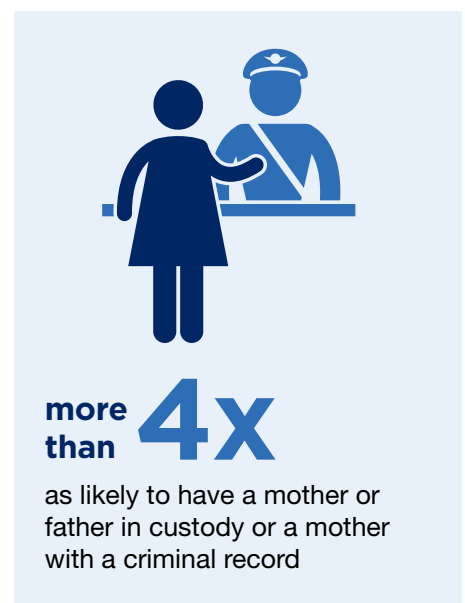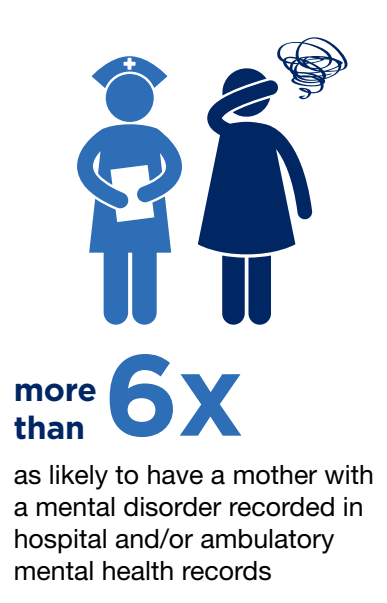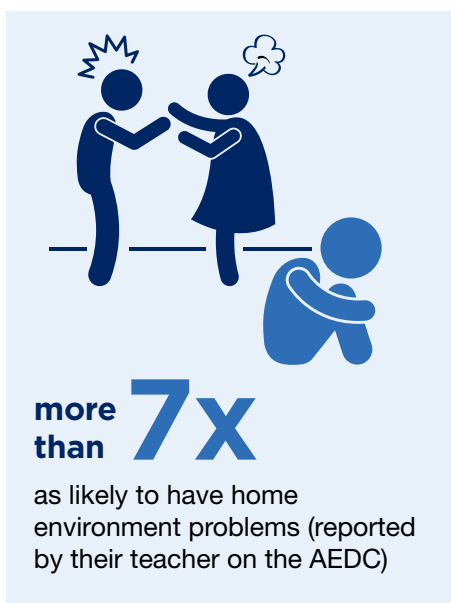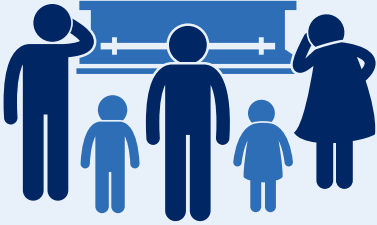
The research also identified that six of these risk factors – when considered together – were able to classify children with at least one OOHC placement before age 13-14 years, with 95% accuracy. These six risk factors were:

- Home environment problems
- Maternal mental disorder
- Young maternal age at birth (less than 25 years)
- Maternal smoking during pregnancy
- Father in custody
- Maternal criminal charge

## How did children placed in OOHC compare to children with at least one child protection report?

The researchers examined the characteristics of children with an OOHC placement and compared them to children with at least one child protection report but no OOHC placement. They found that 14 of the 17 factors were significantly associated with OOHC placement. The three factors that were not significant were: the child's sex, being of Aboriginal and Torres Strait Islander origin, and low birth weight for gestational age. Of these three factors, only the child's sex was retained in the final analysis with the other 14 significant risk factors.

The researchers examined these 15 risk factors and determined that, compared to children with at least one child protection report but no OOHC placement, children placed in OOHC were more likely to have had a parent die, a mother or father in custody and a mother with a mental disorder.

more than **5x**
as likely to have had a parent die

more than **3x**
as likely to have had a mother or father in custody

more than **4x**
as likely to have had a mother with a mental disorder

## What does this mean for policy and practice?

The research has identified key risk factors that could be used to predict with high accuracy whether a child is likely to be placed in OOHC before they are 13-14 years old. These risk factors are present in routinely collected, cross-agency administrative data. If caseworkers identify that a child has a combination of these risk factors they could prioritise these children for follow-up after initial child protection reports are received and they could ensure these children and their families receive the right supports and services to prevent child abuse and neglect.

This information might help child protection services intervene earlier and support vulnerable families to address these risk factors and improve their parenting skills and ability to keep their children safe. By strengthening a parent's capability and minimising a child's exposure to maltreatment, child protection services might reduce the risk of entry to OOHC later on.

While this research identified Aboriginality as a risk factor for OOHC placement, it is important to note that being Aboriginal is not a risk in and of itself. Rather, it is the systematic response of governments, intergenerational trauma and socio-economic disadvantage experienced by many Aboriginal people that may place them at risk. To address the overrepresentation of Aboriginal children and young people in OOHC in NSW, policy and practice must respond to this historical trauma – which has been compounded by state interventions in Aboriginal family life.

This research highlights the need for cross-agency data linkage across human services departments, e.g. Health, Education and Communities and Justice. Data sharing initiatives could facilitate the early identification of children at risk of abuse and neglect and could support government agencies to target services to vulnerable children and their families to reduce the risk of OOHC placement.

### About the NSW Child Development Study

The NSW-CDS is a longitudinal study of the mental health and wellbeing of a cohort of NSW children who started kindergarten in 2009. It aims to obtain good quality information about the development of these children to map patterns of resilience and vulnerability for later mental health, education, work, and other outcomes. The NSW-CDS will follow these children from birth into early adulthood via successive waves of record linkage.

**Wave 1** record linkage provided information about the early childhood years (from birth to 5 years) for children who were assessed with the Australian Early Development Census (AEDC) in 2009. Wave 1 linked the children's AEDC records with their birth, health, education and child protection data. It also linked the health, crime and mortality data for the parents of a subcohort of children whose births were registered in NSW. The child cohort comprised 99.7% of NSW children who started kindergarten in 2009.

**Wave 2** builds on Wave 1 by incorporating data from the Middle Childhood Survey (MCS), conducted in 2015. The MCS examined the mental health and wellbeing of a subcohort of the same children (now aged 11-12 years) who were assessed with AEDC in 2009.

**Wave 3** is proposed for completion in 2020. In addition to expanding the period of longitudinal data, this record linkage will add Commonwealth data sets (e.g., Medicare records for GP visits).

Future waves of record linkage are planned for key developmental stages into adulthood. See Record Linkage in NSW-CDS for more information.

## The original research

For more information about the original research you can contact the NSW-CDS here: http://nsw-cds.com.au/contact-us

The original research paper is:

Green, MJ, Kariuki, M, Chilvers, M, Butler, M, Katz, I, Burke, S, Tzoumakis, S, Laurens, K, Harris, F, & Carr, VJ (2019), 'Inter-agency indicators of out-of-home-care placement by age 13–14 years: A population record linkage study', *Child Abuse & Neglect,* vol. 93, pp. 91-102.

## Acknowledgements

## Endnotes

[1] Australian Institute of Health and Welfare 2018, *Child protection Australia 2017-18*, Canberra, viewed 16 July 2019, https://www.aihw.gov.au/getmedia/e551a2bc-9149-4625-83c0-7bf1523c3793/aihw-cws-65.pdf.aspx?inline=true

[2] English, DJ, Thompson, R, & White, CR 2015, 'Predicting risk of entry into foster care from early childhood experiences: A survival analysis using LONGSCAN data', *Child Abuse & Neglect*, vol. 45, pp. 57–67.

[3] O'Donnell, M, Maclean, M, Sims, S, Brownell, M, Ekuma, O, & Gilbert, R 2016, 'Entering out-of-home care during childhood: Cumulative incidence study in Canada and Australia', *Child Abuse & Neglect*, vol. 59, pp. 78–87.