



# Pathways of Care Longitudinal Study

## Children with Disability in OOHC – Characteristics and Outcomes

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*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*

# Research questions

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- What are the physical health, socio-emotional and cognitive outcomes of children with disability in OOHC compared to children who do not have a disability?
- What are the key factors which are associated with these differential outcomes?
- Do outcomes differ for different sub-populations of children with disability?

# Methods and data

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- **Data source**

- Waves 1-4 of the Pathways of Care Longitudinal Study

- **Sample**

- All children and young people aged 0-17 years who entered OOHC in NSW for the first time between May 2010 and October 2011 (n=4126).
- A subset of these children (n= 2,828) had final Children's Court orders by 30 April 2013. Among these, caregivers of 1,789 children agreed to participate in the interview component of the POCLS.

- **Outcome measures**

- Physical health and development (ASQ 3)
  - Socio-emotional wellbeing (SATI, CBCL, SPS, SBS, SMFQ, SRDS)
  - Cognitive ability (PPVT IV, Matrix Reasoning WISC IV).
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# Measures of disability in POCLS

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- **Administrative indicator**
  - recorded in the administrative dataset (ChildStory) by the caseworker
- **ABS indicator**
  - asks if a child has a limitation or restriction in a core activity. Completed by carer.
- **Carer indicator**
  - Carers' response as to whether the child has a severe illness or disability
- % of children with disability in POCLS ranged from 18% in wave 1 to 23% in wave 4, using the administrative indicator. ABS indicator identifies 21% with a disability in wave 4.
- Different indicators provide different sub populations, but with similar characteristics and similar outcomes.

## Note: disability is not always continuous

- A child can become impaired due to an accident or illness, or can be diagnosed with a disability after a particular wave of data collection
  - The child's limitation or restriction could reduce to the extent that the child is no longer classified as having a disability.
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# Findings

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- Children with disability have poorer outcomes than children without disability on most outcome measures, except for measures of problems and bonding at schools.
- The types of placements; relative/kinship care, restoration/adoption/guardianship, foster care and residential care, have little or limited association with outcomes for children with disability.
- Aboriginality is not a significant factor determining outcomes for children with disability in most outcomes.
- It is possible that this is due to a selection effect; that is, that children with certain characteristics are more likely to be placed in particular placement arrangements. Nevertheless the findings do suggest that the care arrangement has little impact on the outcomes for children with disability.

# Implications

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- It is likely to be challenging to alter the trajectories of children with disability in OOHC,
- To do so will require early intervention at different levels including the child themselves, the care placement, school and other contexts in which the child is engaging.
- It is therefore important for caseworkers to ensure that children are assessed as early as possible and receive the supports they require at the earliest opportunity.
- Disability should be assessed over time as level and type of impairment and needs change as the child grows up.
- Although there is a need for accurate and complete data about children with disability, it is important not to label children, and they should also have control over how they are categorized.

# Further information

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