

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 design and data sources

October 2016





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.





Outline

Pathways of Care Longitudinal Study (POCLS)

- Study design
- Data sources
 - Child and carer data collection
 - Administrative data
 - Caseworkers & teachers on-line survey data
- Study timelines and progress





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).





What is the Pathways of Care Longitudinal Study?

- A large scale prospective longitudinal study of children and young people entering OOHC in NSW for the <u>first time</u> on final children's court orders (ranging from full Parental Responsibility to the Minister – full Parental Responsibility to a relative) in an 18 month period
- A research study about children's developmental outcomes safety, health, socio-emotional well-being and cognitive/learning ability
- The factors that influence developmental outcomes in OOHC are examined
- Children and young people are followed overtime regardless of their trajectories (e.g. placement changes, restoration, adoption or ageing out)
- Multiple data sources that allow for comparisons with the general population through record linkage, standardised measures and validated questions



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?

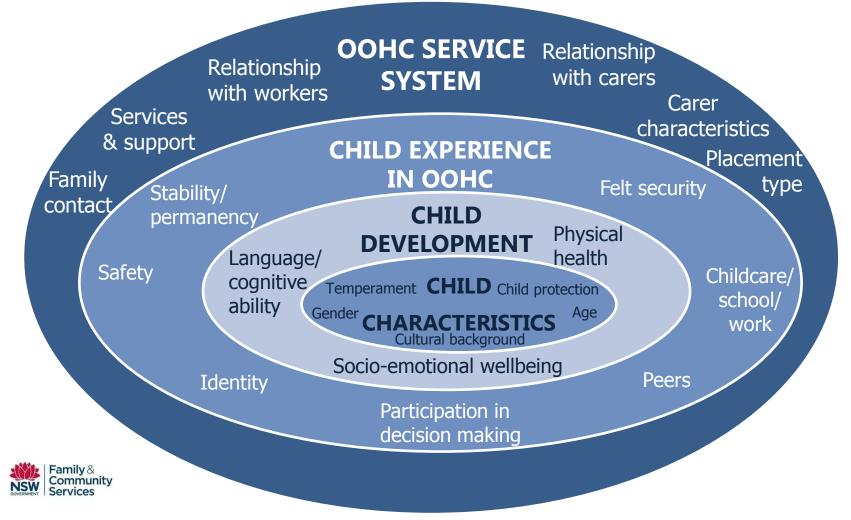
NSW Department of Family & Community Services (FACS) with assistance from:

- 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
- I-view, experts in social research data collection





Conceptual overview of factors





Key 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) W1 1,285 W2 1,200 W3 1,033 W4&5 ongoing





Multiple data sources

In-depth interview data

Children & carers (n=1,789)

W1 n=1,285/ W2 n=1,200/ W3 n=1,033/ W4&5 ongoing

On-line surveys

Caseworkers & Teachers

(n=1,617 of 2,828)

(childcare/school)

(n=673 ongoing)

FACS records

Child protection & OOHC placements

(n=4,126)

POCLS databases

Linked records

Health, Education, Australian Early Development Census, Offending

(n=4,126)





Child direct assessments (3-17 years)

Peabody Picture Vocabulary Test (PPVT) (3yrs+)



Matrix Reasoning Test (WISC IV)

(6-16yrs)





Felt security/ closeness activity (7yrs+)





Child interview (7-17 years)

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

ACASI iPad interview (12-17yrs)

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







Carer interview modules

Carer reports about the child

- Introduction to child
- Physical heath
- Socio-emotional development/ behaviours
- Cognitive development
- Temperament
- Family activities & friends
- Education & work (15+)
- Services access & barriers
- Casework
- Birth family contact

About the carer

- 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





Longitudinal measures of child development¹

OUTCOME DOMAINS	9-35 mths	3-5 yrs	6-11 yrs	12-17 yrs
Safety	ROSH (age, freq, duratn, severity, type, parental risk)	3 ROSH rs	ROSH	ROSH
Physical health	Carer rating (number of health problems)	Carer rating	Carer rating	Carer rating
Physical development	ASQ (fine and gross motor)	ASQ	> -	\ . \
Socio- emotional development	BITSEA (W1) CBCL (W2) (internalisatn & externalisatn)	CBCL	CBCL	CBCL
Social competence	ASQ	ASQ	CBCL	CBCL
Cognitive development - non verbal	ASQ	ASQ	MR-WISC	MR-WISC
Cognitive development - verbal	CSBS (9-23 mths); MCDI (24- 35 mths);	PPVT	PPVT	PPVT

Measures:

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

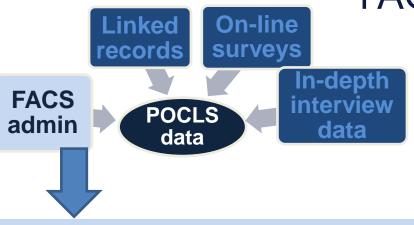
CSBS Communication & Symbolic Behaviour Scale

MCDI MacArthur Bates Communicative Developmental Inventories





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 date

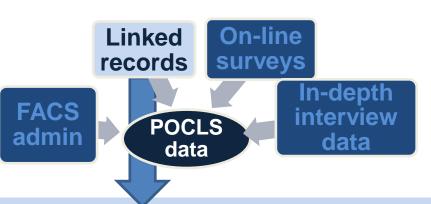


FACS administrative data

Child	Child protection	System response	Out-of-home
GenderAgeCulture	 Reported issue Type abuse Parent risks Child distress Frequency Duration Severity Age of onset 	 Contact or report Initial Assessment-Risk of Significant Harm (ROSH) or non-ROSH (potential) S1- Office-based S2 - Face-to-face Care & protection Further assessment Involve another service/early intervention No further assessment required/possible 	 Age of entry Type of care Stability Placement Household Spell Placement lengths Reasons for exit Legal status



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



Linkage data

Lilikage data						
AEDC - school start	NAPLAN	BOCSAR ROD ≥10 yrs	HEALTH			
 Cognitive language Social competency Emotional maturity Physical health Communication /knowledge 	 Grade 3, 5,7,9 Reading Writing Spelling Grammar Numeracy 	 Proven offences Severity Penalty Custody dates 	 Perinatal Social (maternal age; postcode; no. pregnancies) Physical(Birth weight; gestational age; Intensive care; APGAR scores) Emergency/Admitted Injuries Psychiatric Illnesses (ICD-10) Ambulatory MH diagnosis-treatment 			



FACS admin

Con-line surveys

In-depth interview data

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

In-depth interview data

Outcome measures

- Cognitive: direct and indirect standardised assessment
- Social-emotional: direct and indirect standardised assessment
- Physical health: direct and indirect questions

Possible contributing factors

- -Services and supports directed to carers and to children
- Carer characteristics -parenting style, experience, training, health (physical & mental)
- Relationships between carers, child, caseworkers
- Informal support, relationship with partner, finance, neighbourhood



in-depth child & carer interview					
Cognitive domain	Social-emotional domain	Physical			

domain

Child-direct Child-Child-Carer Carer

Carer direct direct report report **Standardised Used elsewhere Standardised Standardised**

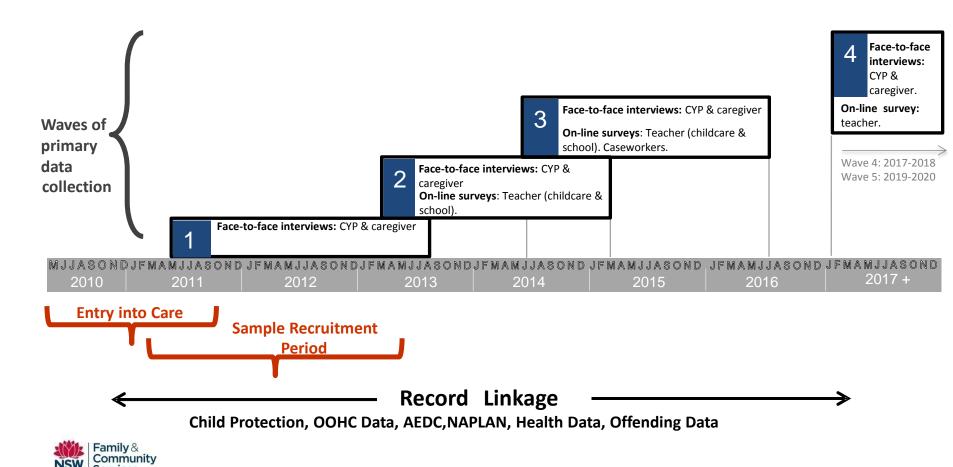
McArthur Bates Felt security≥7yrs CBCL≥3yrs **NSW Health** BITSEA(1-3yrs) Delinguency≥10yrs Blue Book (ASQ)<5yrs Inventories<3yr School problem CSBS<2yrs Ages & stages School bonding (ASQ)≥5yrs Mood&Feeling12-Temperament< 17yrs 7yrs

report **Standardised Standardised** Ages & Stages Verbal≥3 yrs (PPVT) Non-verbal≥6yr (MR-WISC)

Questions Questions Questions Questions **Questions Questions** Health Health≥7yrs School Relationships≥7yrs **Activities** School ≥7yrs Activities≥7yrs Diet Peers≥7yrs Friends **Conditions** Friends≥7yrs **Immunisation** Carer≥7yrs Weight Caseworker≥7yrs Sleep



Study data collection timelines





Study Progress: data collection

- ❖ Face-to-face interviews with children & carers started in May 2011
 - W1 completed interviews n=1,285
 - W2 completed interviews n=1,200 (W1&W2 repeat n=938: 78.2%)
 - W3 completed interviews n= 1,033 (983 completed W2; 906 completed W1. 882 completed W1-3. 1,007 completed either W1 or W2, plus W3. To sum, 26 were interviewed for the first time at W3).
 - W4 due to commence in 2017
- On-line surveys
 - Teacher (child care & school) during W2&3; caseworker during W3
- Record linkage for the study population cohort
 - FACS administrative data linking child protection and OOHC records up to 30/6/14
 - Record linkage matching is underway



Study progress: analysis & reporting

- Analysis for the Wave 1 baseline statistical report was undertaken by the Australian Institute of Family Studies – high level reporting
- The most important findings from the study will emerge upon completion of subsequent waves when longitudinal analysis can examine child outcomes over time (improve, same, decline) and factors that influence outcomes
- Interactive dashboards will be available on the study webpage
- The sample frame is <u>first time entries</u> to OOHC so the cohort is mostly young





In-depth analysis on policy & practice

- In-depth analysis on Wave 1 & Wave 2 data has commenced
 - Professor Judy Cashmore contact and felt security
 - Professor Paul Delfabbro placement type
 - Professor Paul Delfabbro Aboriginal children and carers
 - Professor Ilan Katz needs, services & support
 - Dr Fred Wulczyn placement stability
 - Dr Michelle Townsend educational outcomes





POCLS next steps

- Collect Wave 4 data between November 2017-2018
- Collect Wave 5 data between November 2019-2020
- Sub-study on After Care (young people who aged out of OOHC at 18yrs)
- Undertake longitudinal data analyses Wave 1-3
- Establish POCLS databases and supporting documentation in the Secure Unified Research Environment (SURE) at the Sax Institute
- Stakeholder consultations
- Knowledge translation





Acknowledgements

- Children and young people who are participating in the study
- Carers and birthparents who are participating in the study
- FACS district staff, caseworkers, childcare workers and 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
- Study Working Group consisting of leading researchers in OOHC
- FACS who are funding and leading the Study





Further information

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