



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

Study overview and the wellbeing of children & young people in OOHC Association of Children's Welfare Agencies (ACWA) Conference 21 August 2018

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. Children's wellbeing over time

Physical health, socio-emotional wellbeing, cognitive learning ability

4. Experiences of 3 cohorts

- Children with high needs
- Contact with the justice system
- Born to young parents

POCLS study design and data sources

OOHC in NSW at 30 June 2017



Total number of children in OOHC in NSW

18,780 of which 38% Aboriginal children.

Placement type

42% foster care; 48% relative/kin and 3% residential.

Case management in statutory care only

Transition to NGOs began in 2012. As at June 2017, 54% of 15,151 children in statutory care were with accredited and FACS funded OOHC agencies.

Commonly reported risk of harm issues

Neglect, domestic violence, physical, sexual and emotional abuse.

OOHC reforms in NSW



Reforms

- Family preservation, restoration, guardianship orders, adoption and Parental Responsibility to the Minister.
- Ongoing transition of case management responsibility of children and young people from FACS to non-government agencies.
- Safe Home For Life - Started in 2014 and included legislative reforms and a \$500 million investment over four years.

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.
- FACS work to become accredited by the OCG.

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

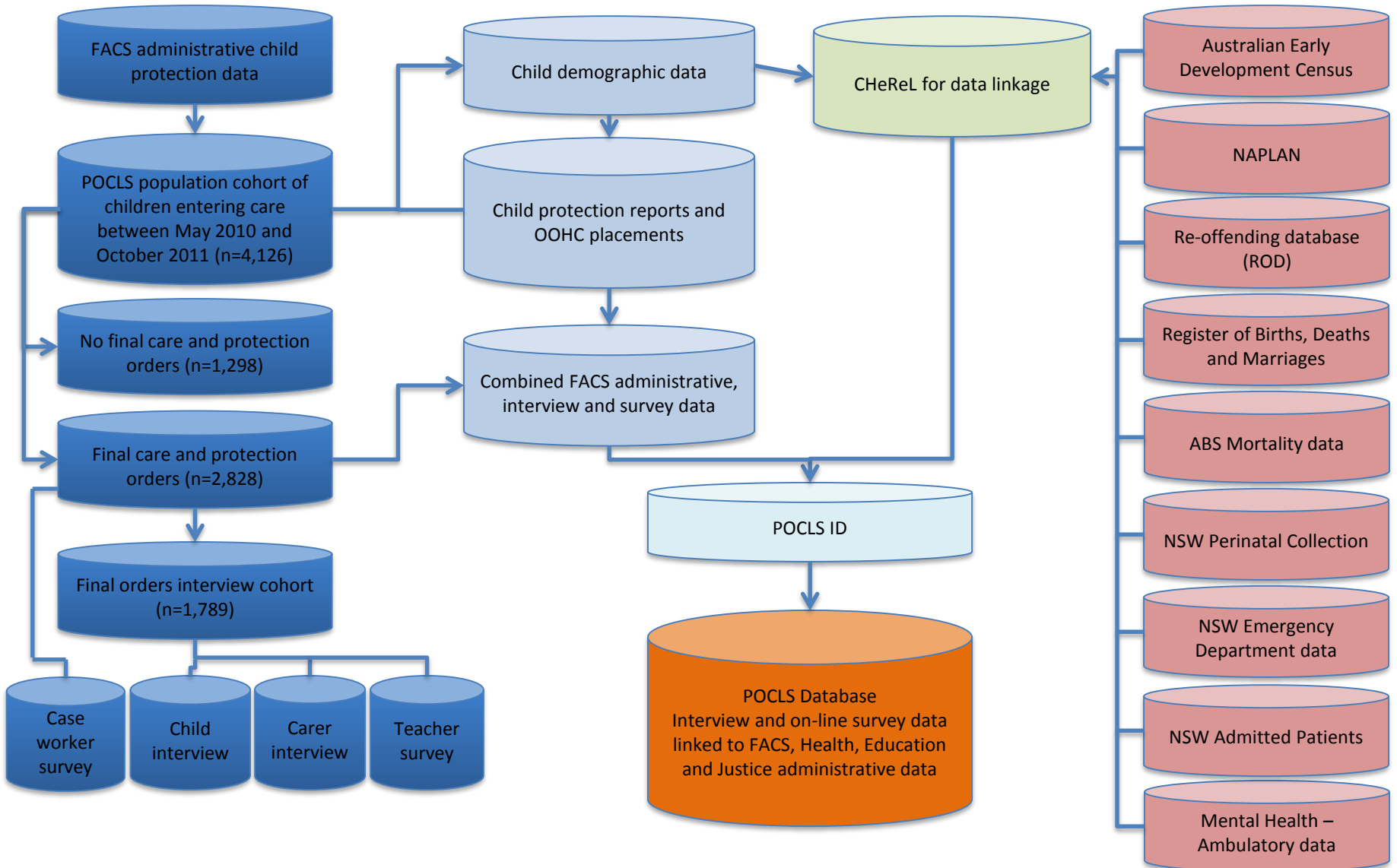
Who is conducting this study?



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

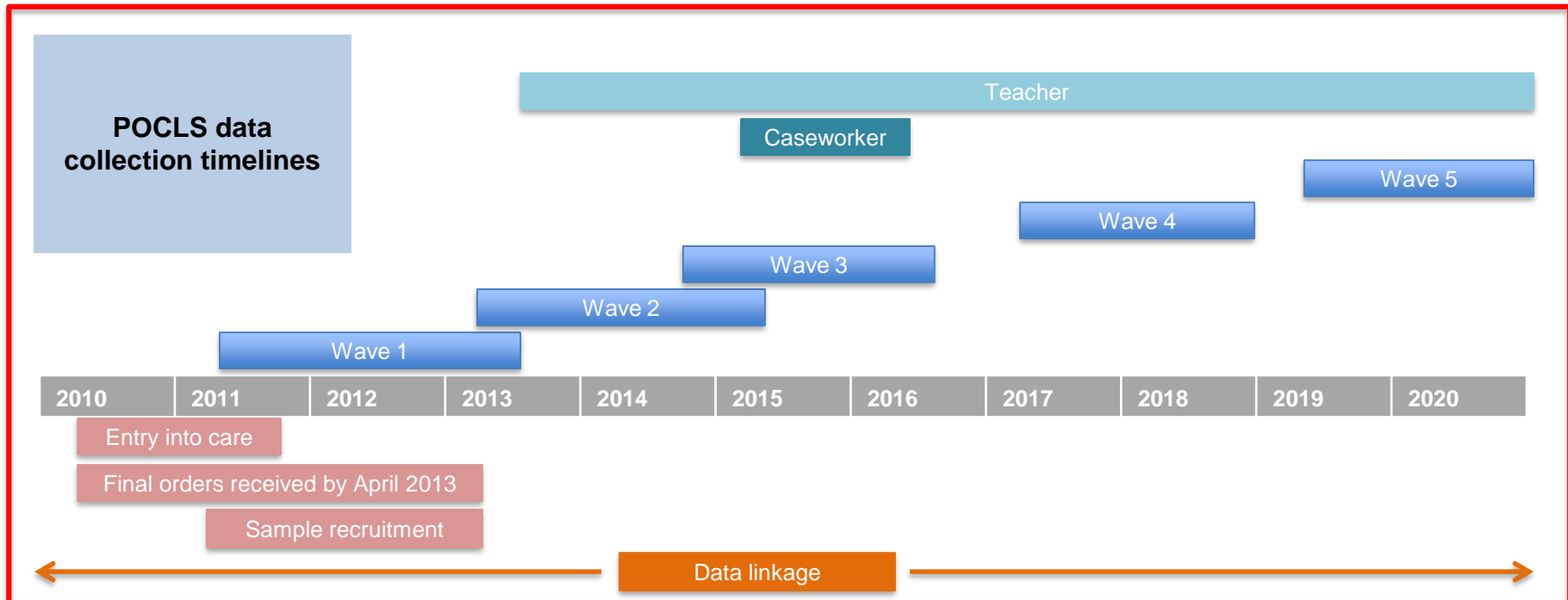
The POCLS data asset



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 (due to commence in 2019) the POCLS will have 10 years of in-depth data on children's OOHC experiences (including exits and re-entries) and developmental outcomes.



Children's permanency trajectories

Final orders cohort

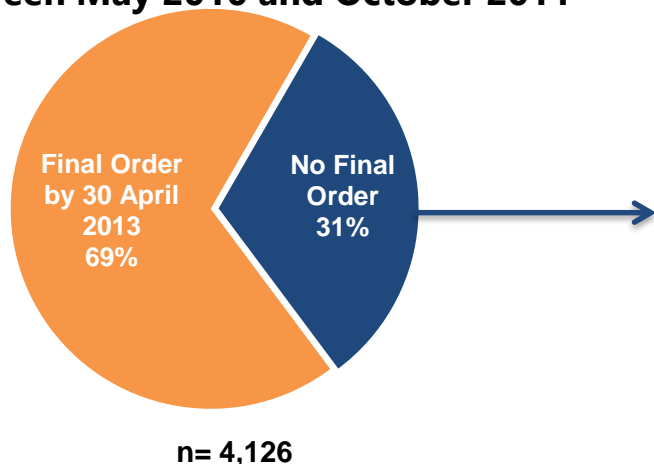
- ❖ Child protection backgrounds
- ❖ Placement stability
- ❖ Exits and re-entries

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.

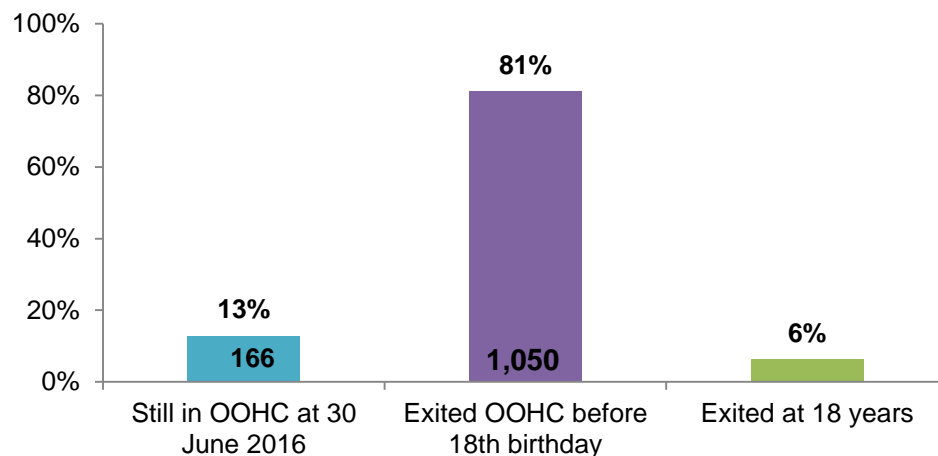
No final order cohort



Children entering OOHC for the first time between May 2010 and October 2011



Status of 'no final order cohort' by 30 June 2016



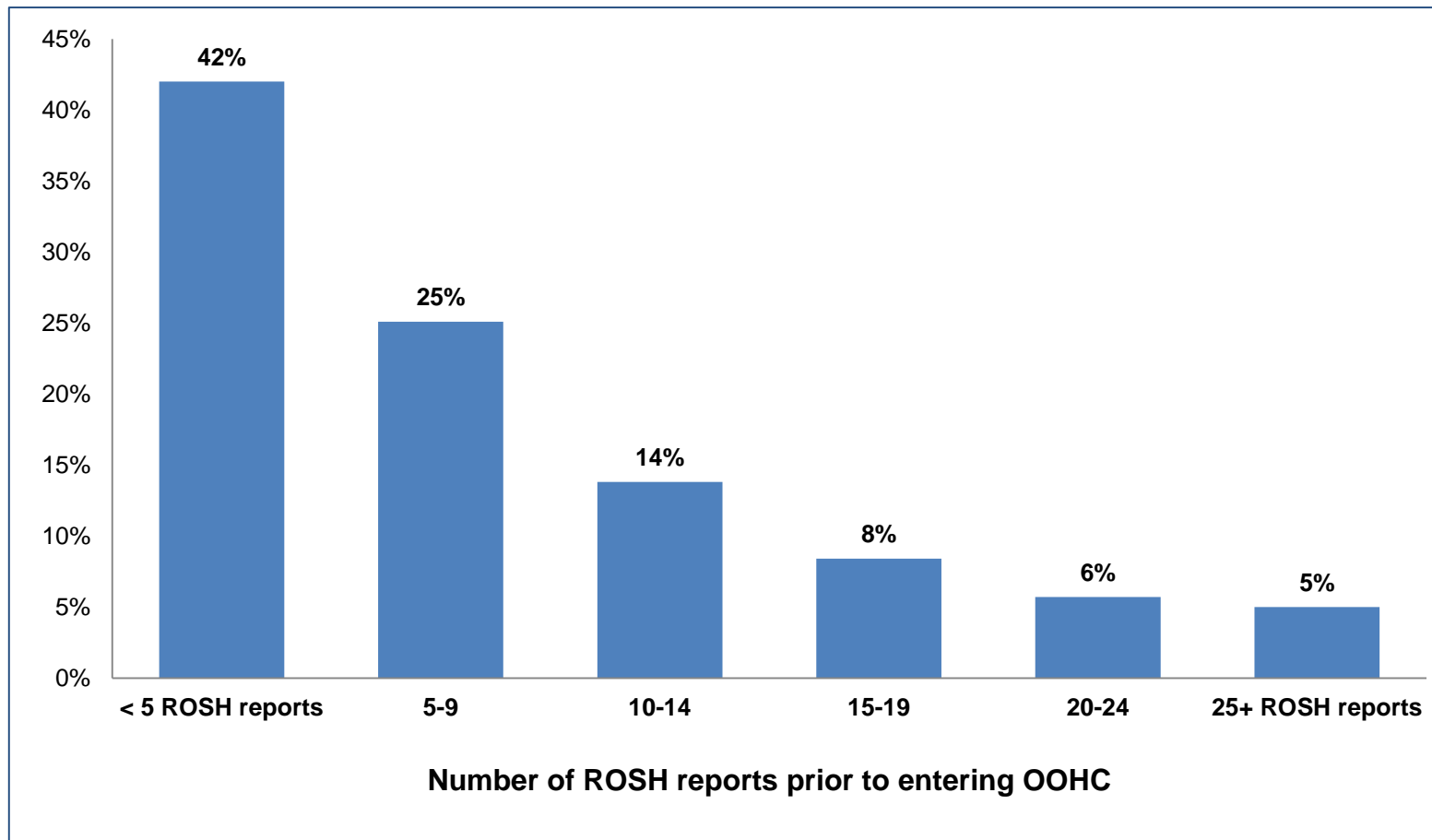
Of the 1298 children who entered OOHC for the first time between May 2010 and October 2011 and who had not received a final order by 30 April 2013, 81% (1050) exited OOHC before 30 June 2016 and before turning 18 years old.

By 30 June 2016, 22% of the 1,050 children (232) had re-entered OOHC and 9% (94) had received a final order.

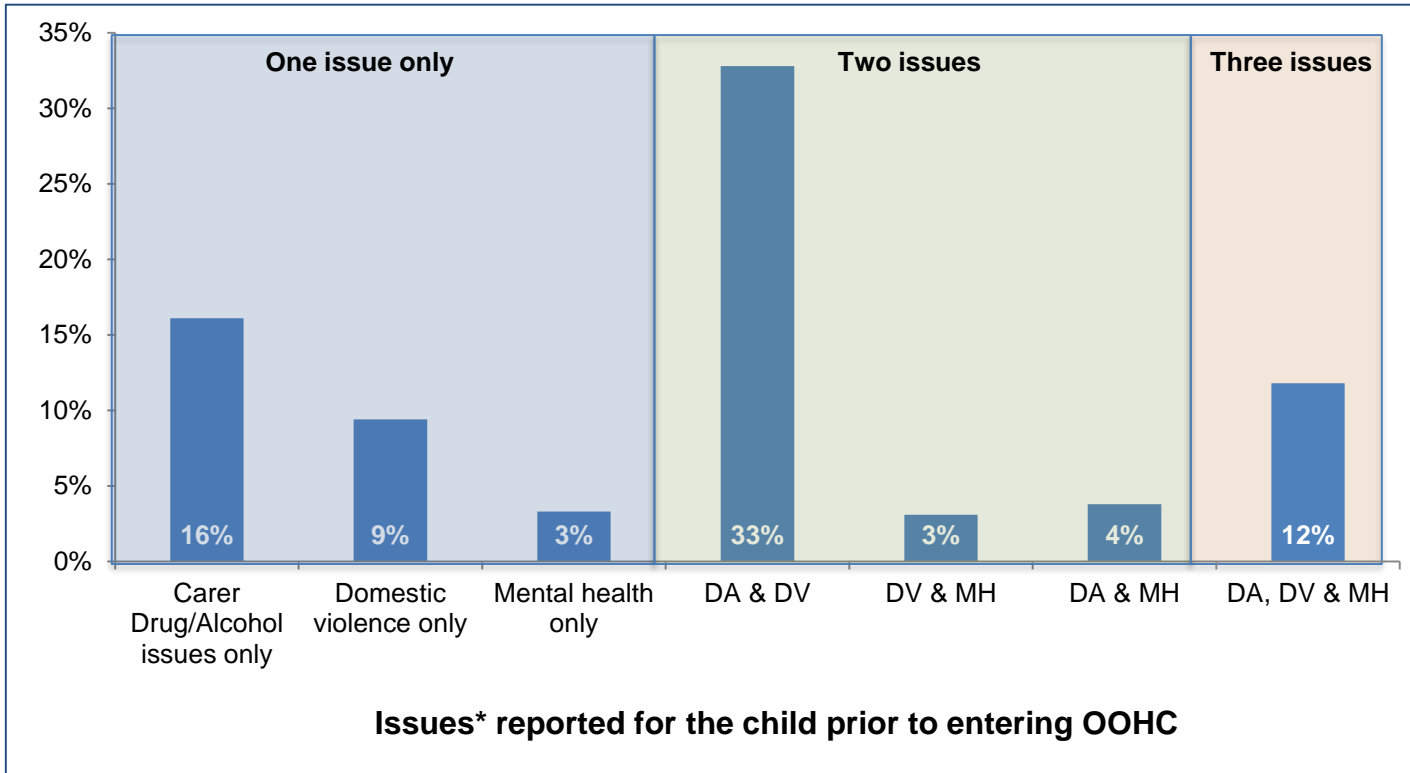
Status of the children who exited prior to their 18th birthday (by 30 June 2016)

- 22% (232) re-entered OOHC
- 9% (94) received a final order

ROSH reports prior to entering OOHC



Parental issues reported prior to entering OOHC



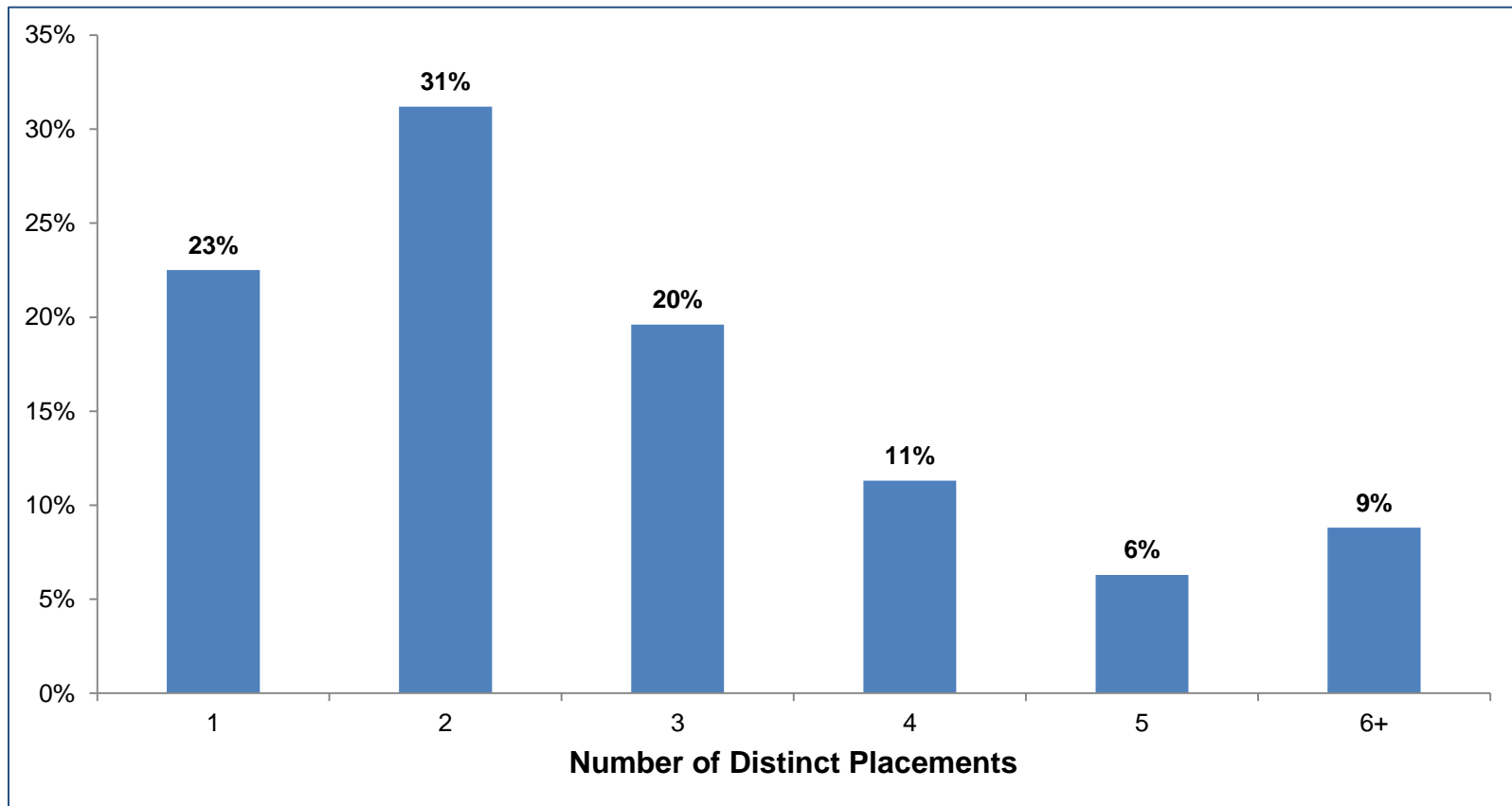
Total with:

| | |
|--------------------------|------------|
| Drug/Alcohol | 65% |
| Domestic Violence | 57% |
| Mental Health | 22% |

- 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'.

Placement stability since entering OOHC

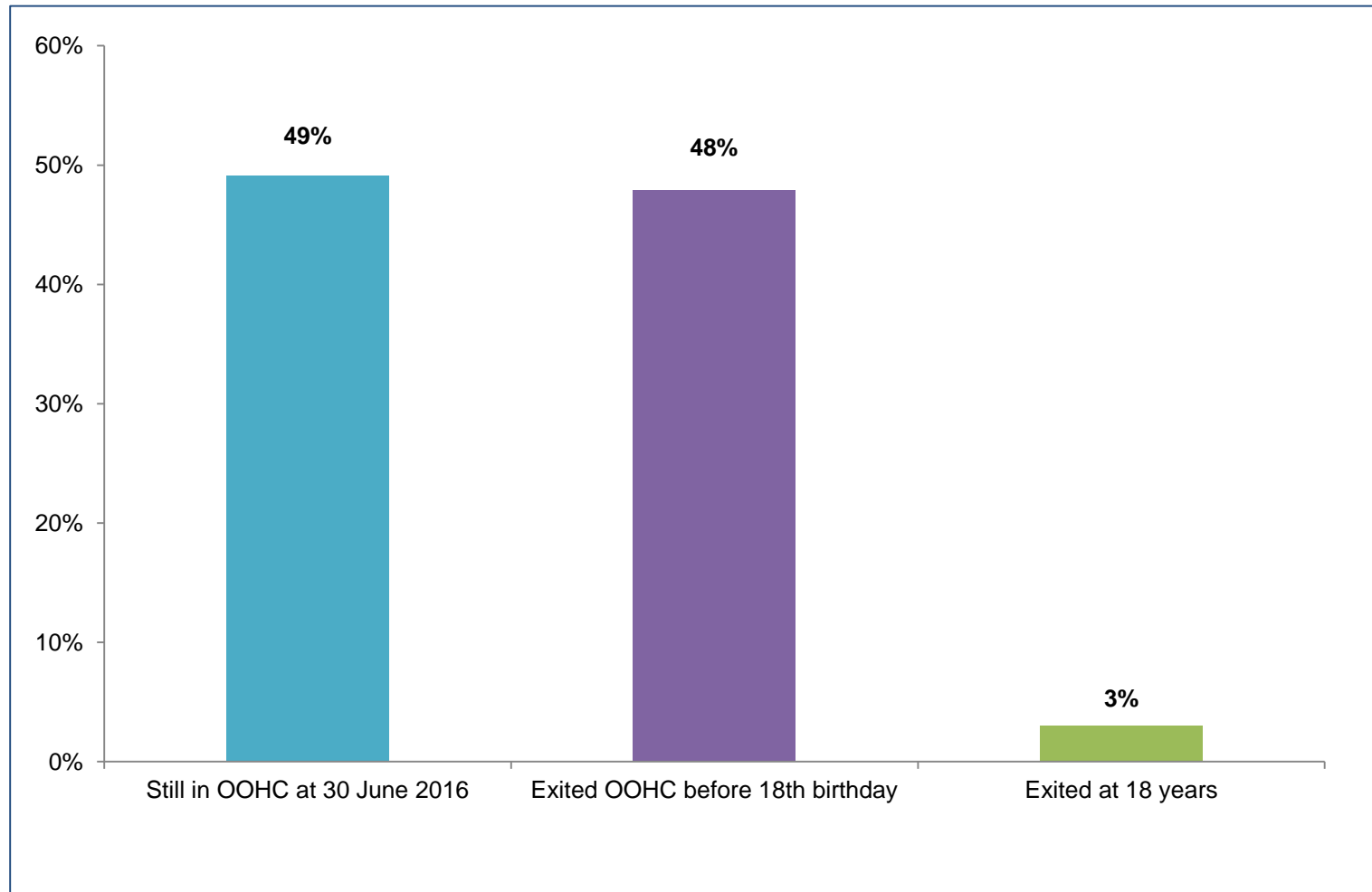
Final Orders Cohort at 30 June 2016



- Distinct placements exclude respite and emergency placements of less than 7 days as well as a return to a previous carer.

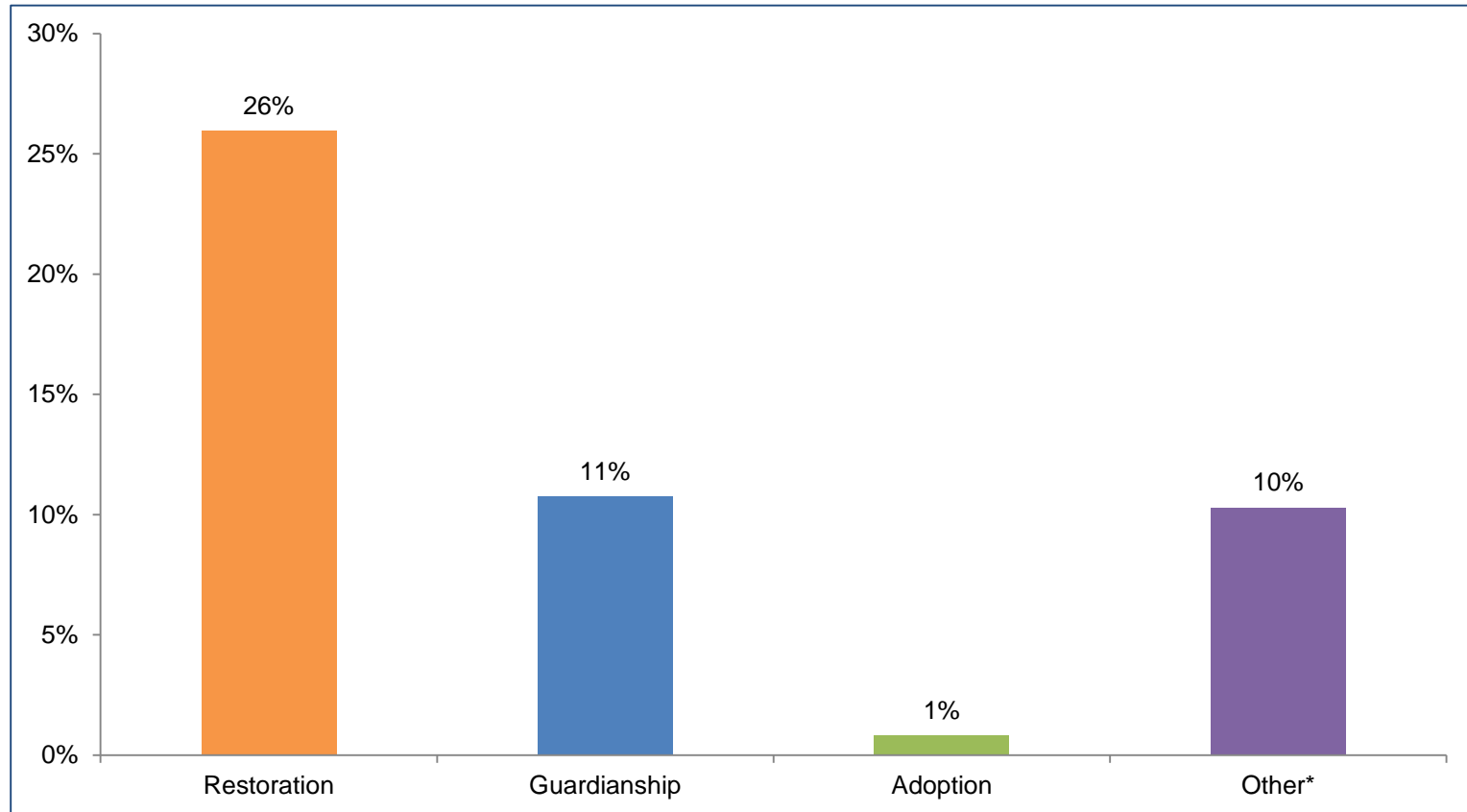
OOHC exit status

Final Orders Cohort at 30 June 2016



OOHC exit reason

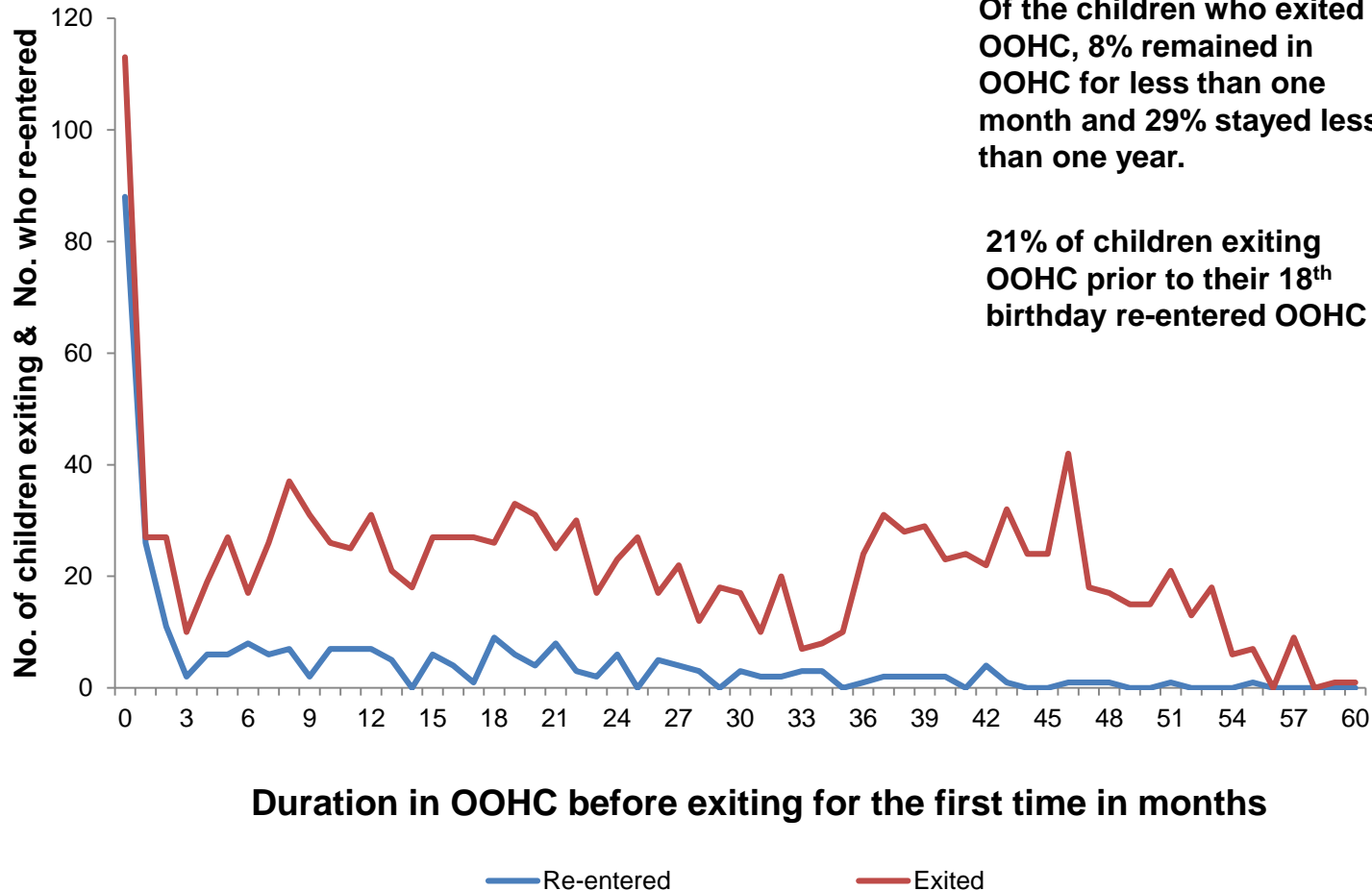
Final Orders Cohort by 30 June 2016



* 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.

Duration of first OOHC care period

Final Orders Cohort who exited OOHC by 30 June 2016

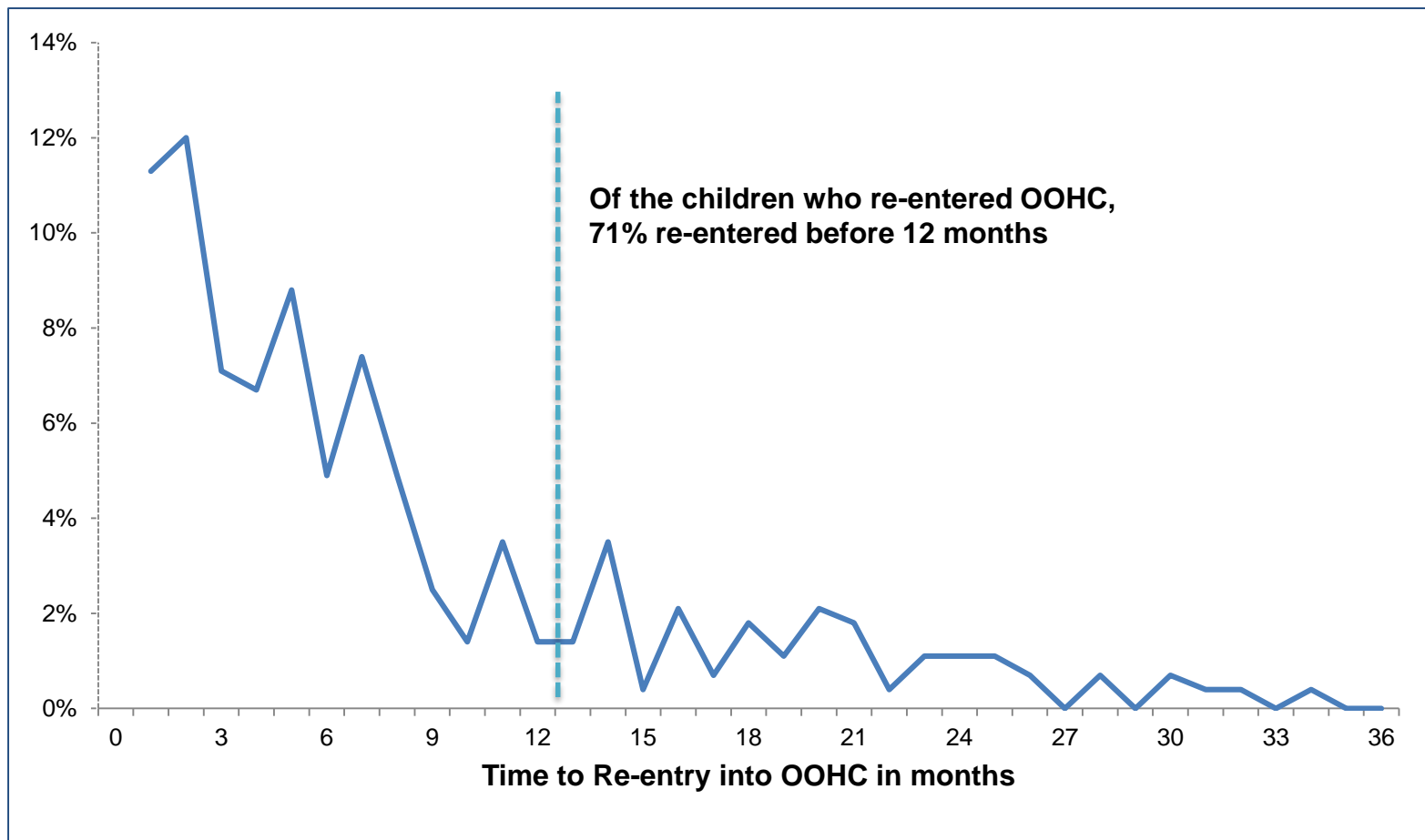


Of the children who exited OOHC, 8% remained in OOHC for less than one month and 29% stayed less than one year.

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

Time to re-entry into OOHC

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



Re-entry into OOHC by exit reason

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



| Reason for exit | % re-entered |
|-----------------|--------------|
| Restoration | 23% |
| Adoption | 0% |
| Guardianship | 1% |

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 a 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-IV) (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



| | No. | % |
|-----------------------------------|-------|------|
| Age at first entry to OOHC | | |
| 0-2 years | 802 | 54.2 |
| 3-5 years | 275 | 18.6 |
| 6-11 years | 310 | 21.0 |
| 12-17 years | 92 | 6.2 |
| | | |
| Aboriginality * | | |
| Non-Aboriginal | 905 | 61.2 |
| Aboriginal | 574 | 38.8 |
| | | |
| Gender | | |
| Male | 734 | 49.6 |
| Female | 745 | 50.4 |
| Total | 1,479 | 100 |

Child physical health



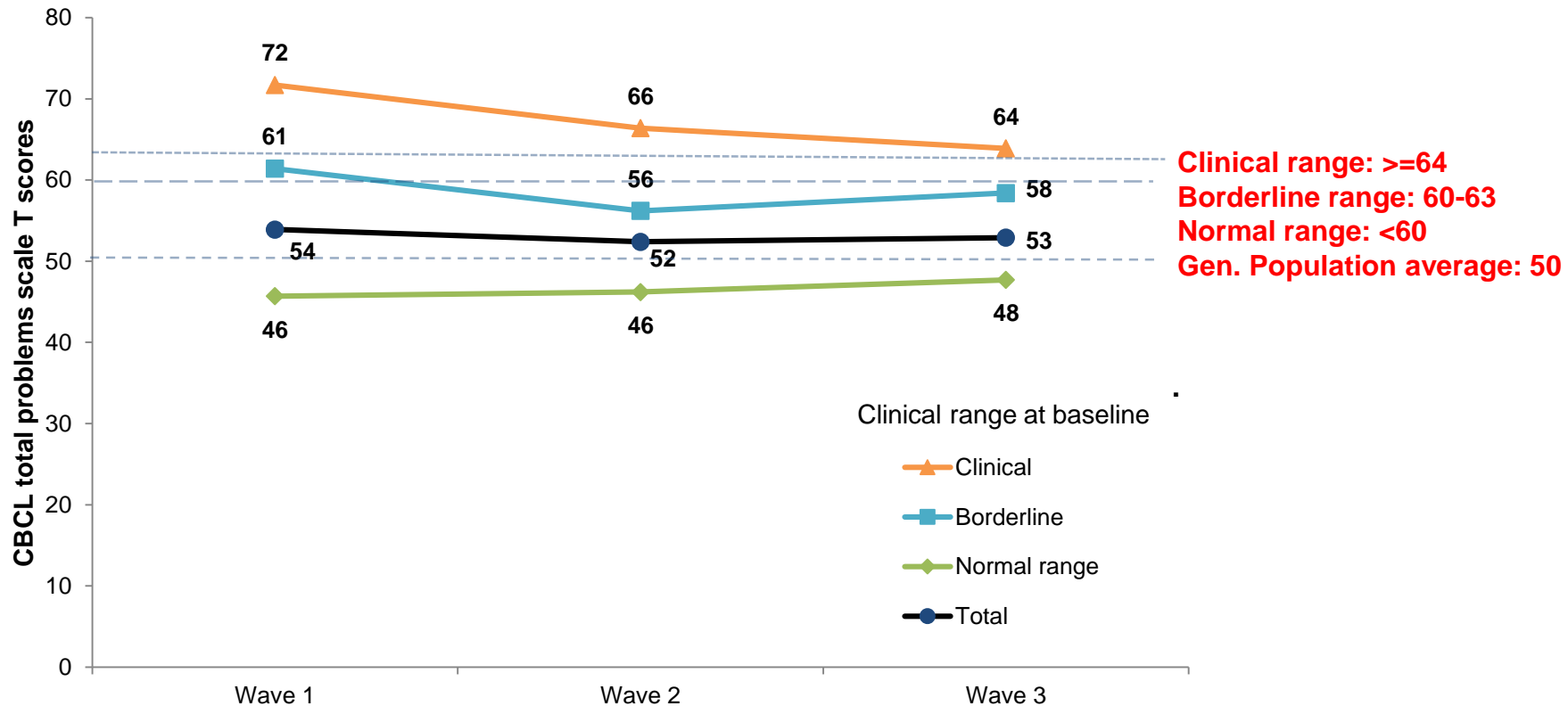
- General rating of study child's (9 months to 17 years) current physical health by carer
- 6-point rating with 1=Excellent and 6=Very poor
- The vast majority (98%) were reported to be in 'good' to 'excellent' health and this remained consistent over time.

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.

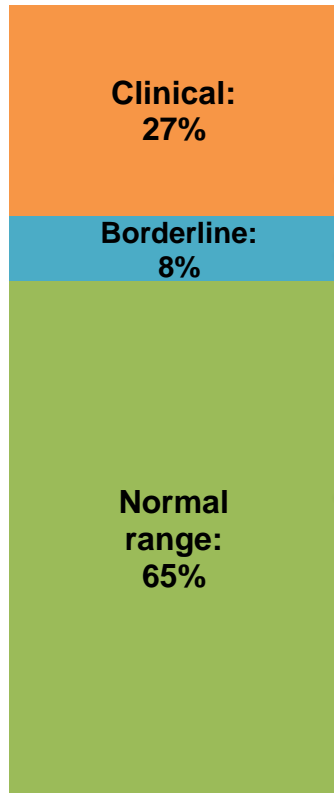
Trends in behaviour problems by baseline clinical status



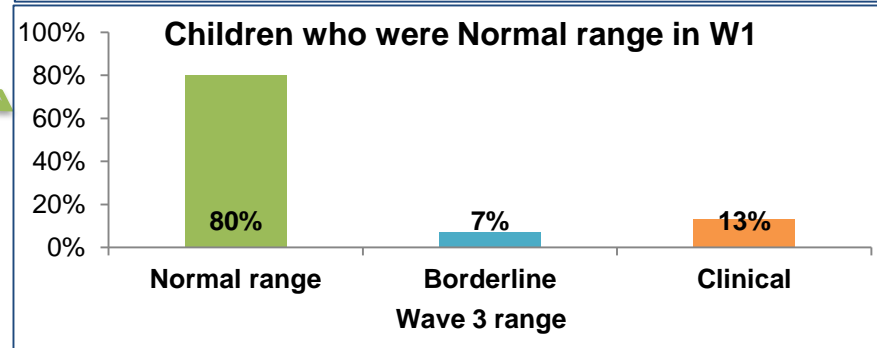
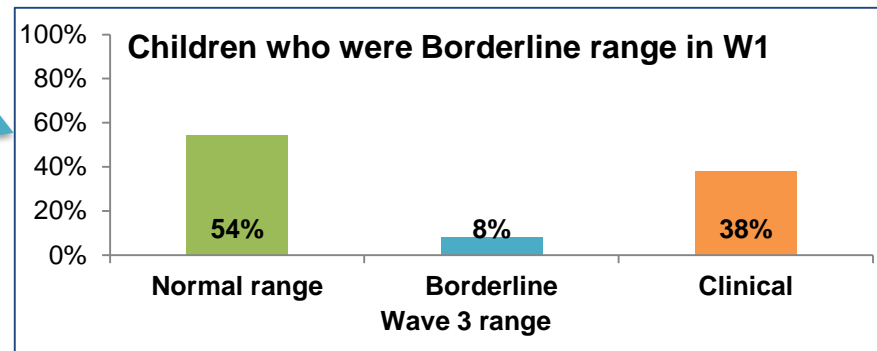
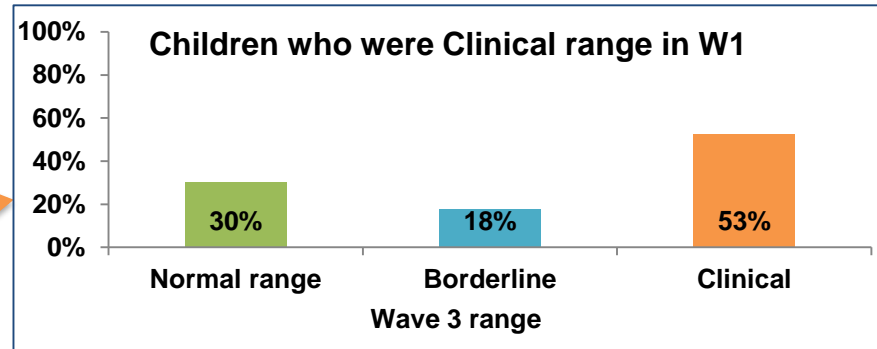
Change in behaviour problems by clinical status at baseline



Wave 1 Results



Wave 3 Results

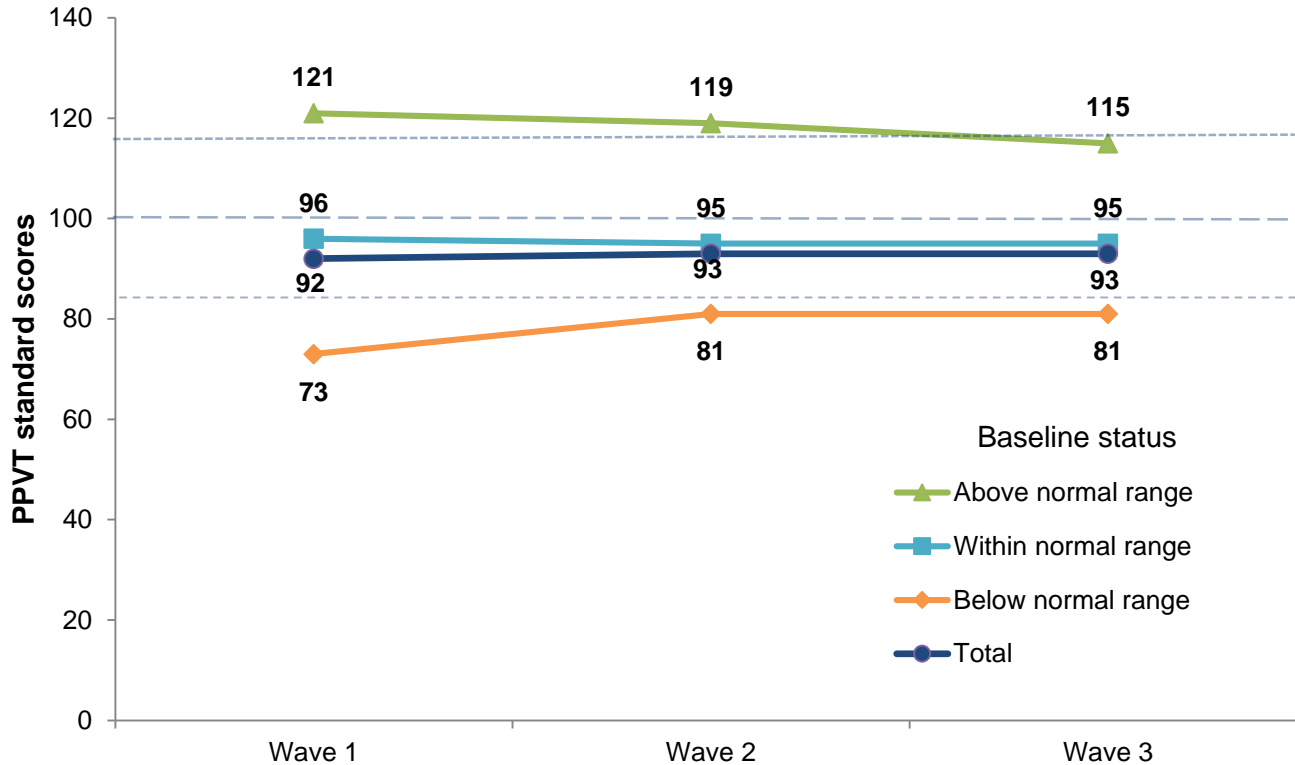


Cognitive development: verbal ability



- **Peabody Picture Vocabulary Test (PPVT-IV)** 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

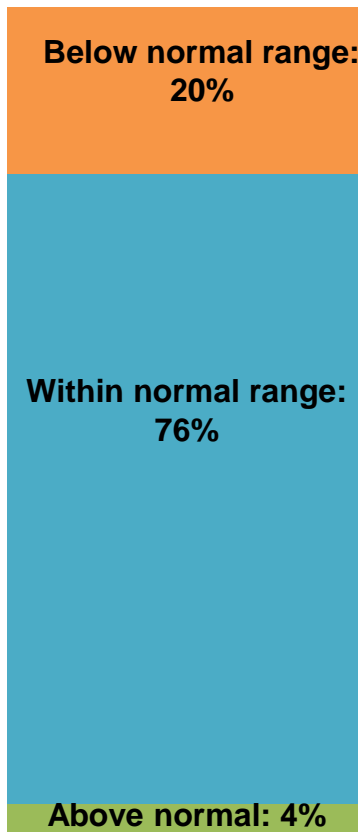


Above normal range: > 115
Gen. Population average: 100
Below normal range: < 85

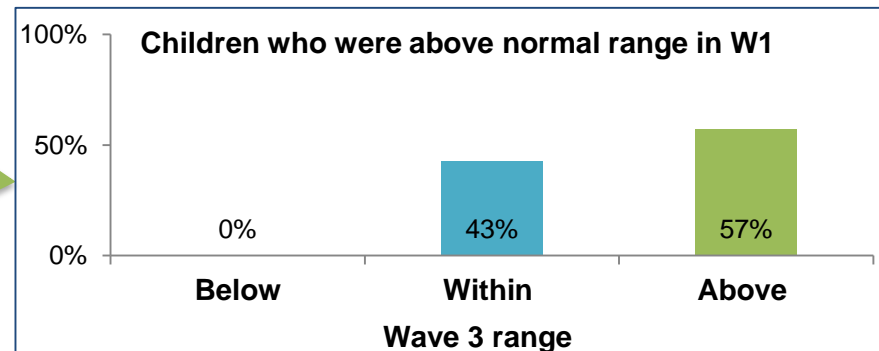
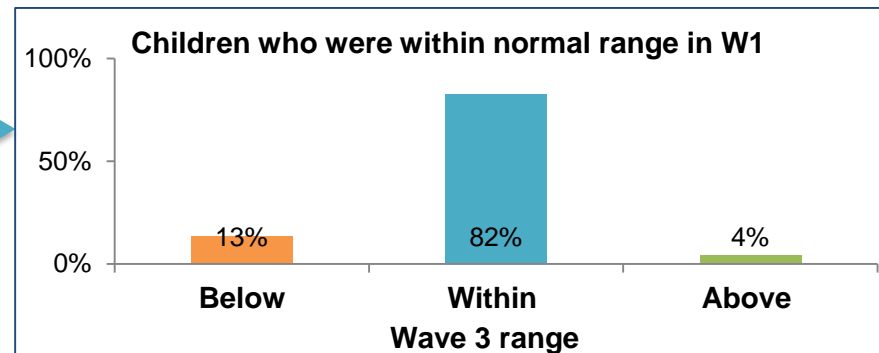
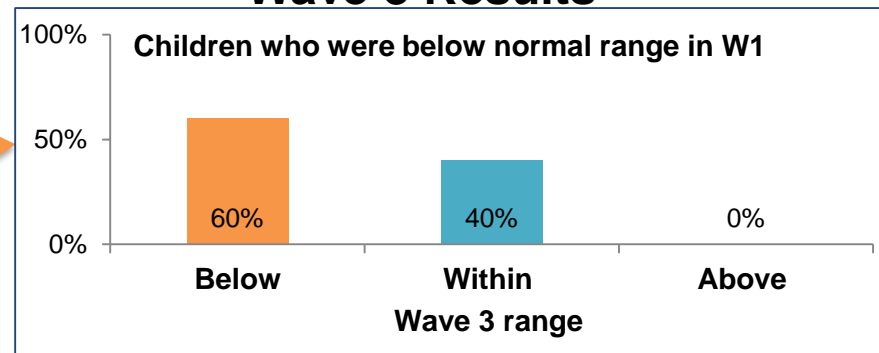
Change in verbal ability by baseline result



Wave 1 Results



Wave 3 Results

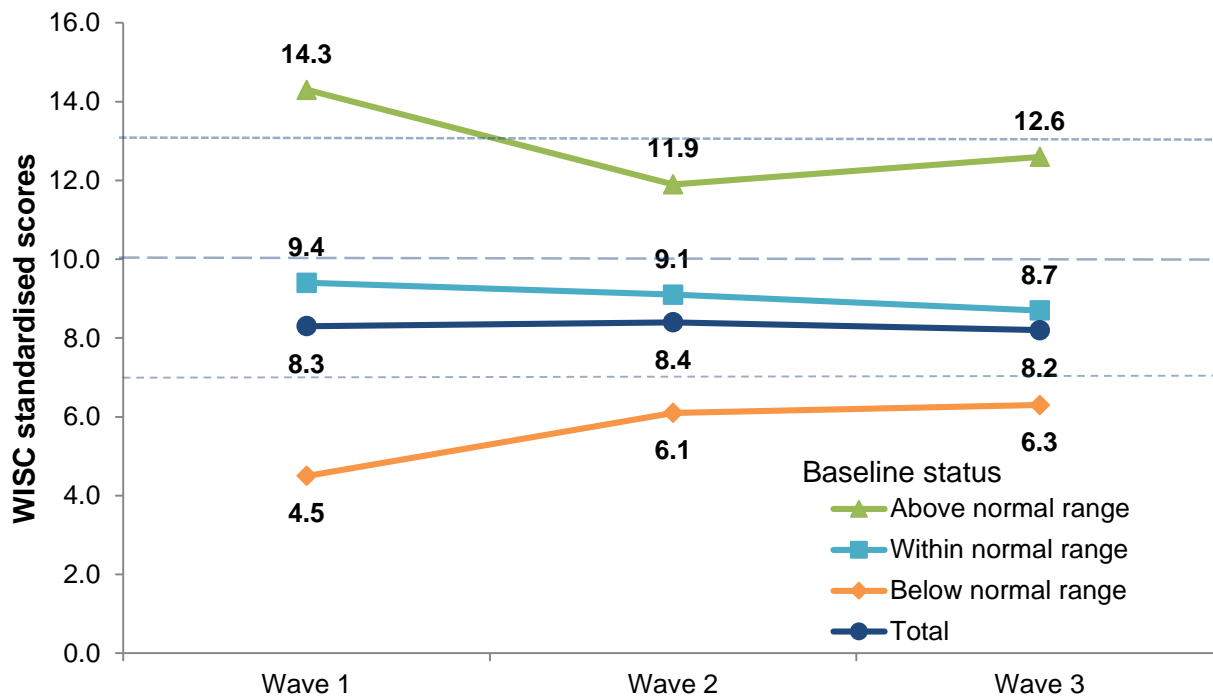


Cognitive development: non-verbal ability



- **Matrix Reasoning Test** (WISC IV) was used for children aged **6 to 16 years** to measure non-verbal reasoning ability (eg problem solving).
- Higher scores reflect greater non-verbal reasoning ability.

Trends in non-verbal ability by baseline status

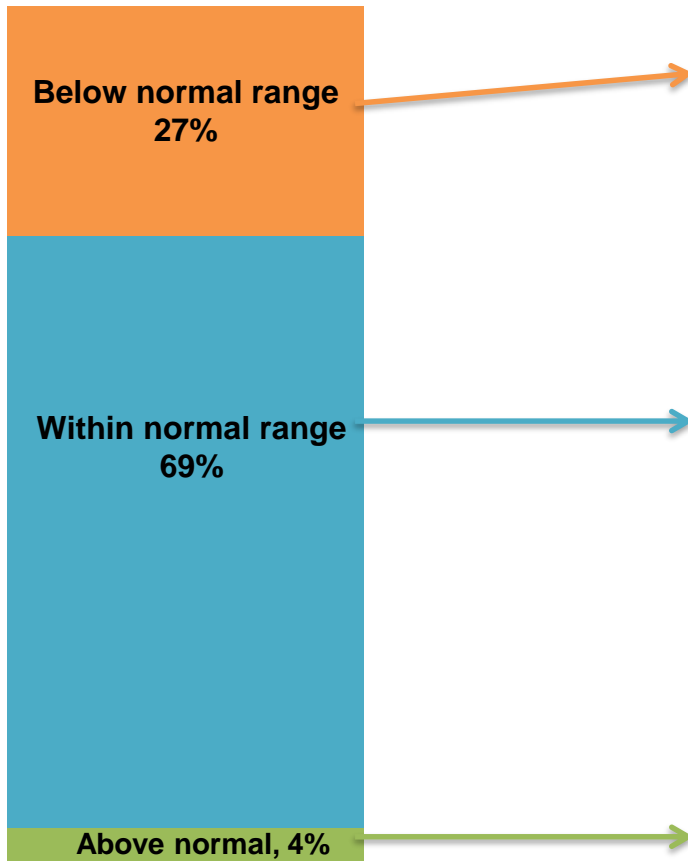


Above normal range: >13
Population average: 10
Below normal range: <7

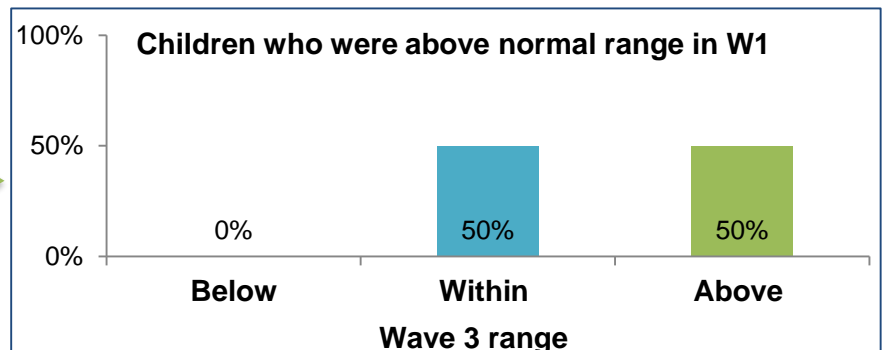
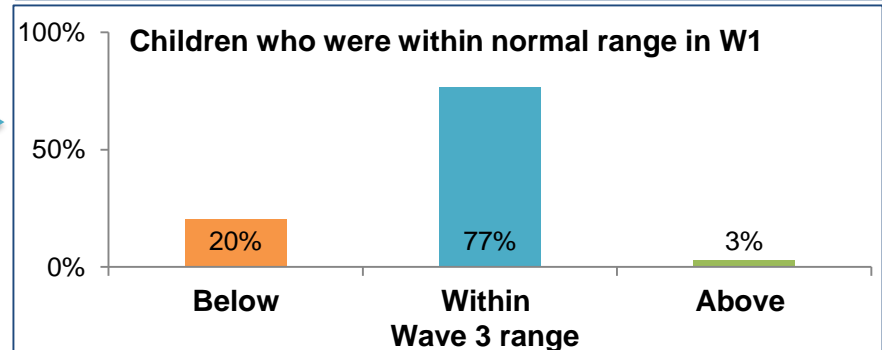
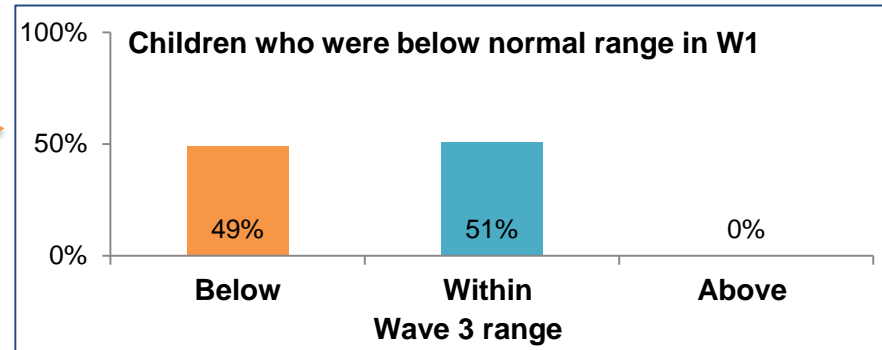
Change in non-verbal ability by baseline result



Wave 1 Results



Wave 3 Results



Child cohorts

- ❖ High needs children all ages
- ❖ Juvenile Justice contact for children aged 10+ years
- ❖ Teenage parents of children in OOHC

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.

High needs cohort



High needs cohort :

Children in the Wave 3 interview who have clinical range behaviour problems and/or below average range language skills and non-verbal intelligence.

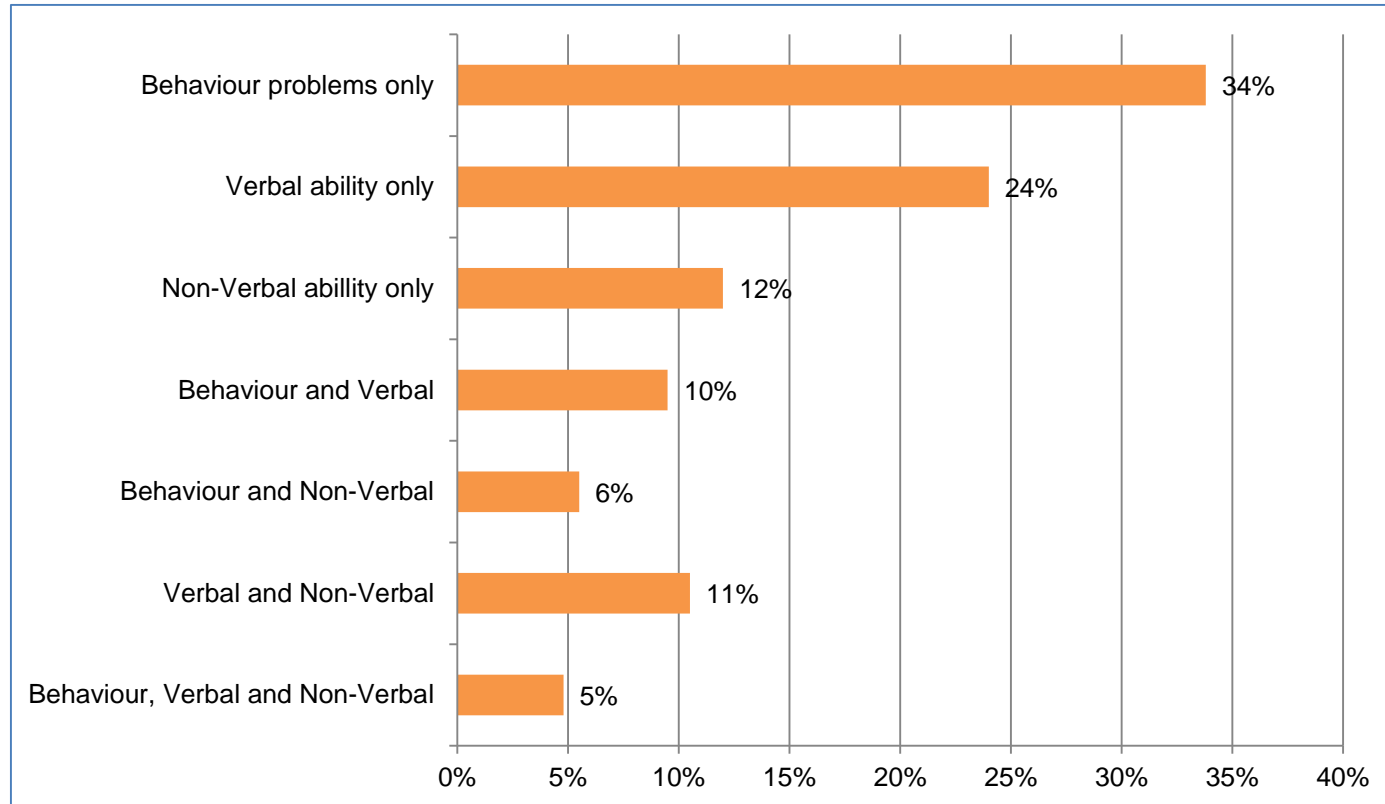
n=400 (38.7%)

Comparison:

Children in the Wave 3 interview who do not have clinical range behaviour problems and/or below average range language skills and non-verbal intelligence.

n=633 (61.3%)

High needs cohort – combination of needs



n=400 (all children with high needs)

High needs cohort vs comparison



- **Higher proportion of Aboriginal children** (47.8% vs 36.0%)
- **More likely to have entered OOHC for the first time at an older age** (42.8% at 0-35 months vs 67.6%)
- **More ROSH reports prior to their first entry into OOHC** (13.8% with 20+ ROSH reports vs 7.1%)
- **Carers were more likely to experience barriers in accessing services.** Long waiting lists (28.3% vs 15.4%), difficulty in getting approval from the Department/agency (14.9% vs 6.5%) and find the cost to be an issue (14.3% vs 6.7%)
- **Were just as likely to have multiple episodes in OOHC** (5.1% vs 4.9%)

Contact with justice system cohort



Contact with the justice system refers to offences that were proven in court, unproven in court and police cautions or conferences.

Justice system cohort

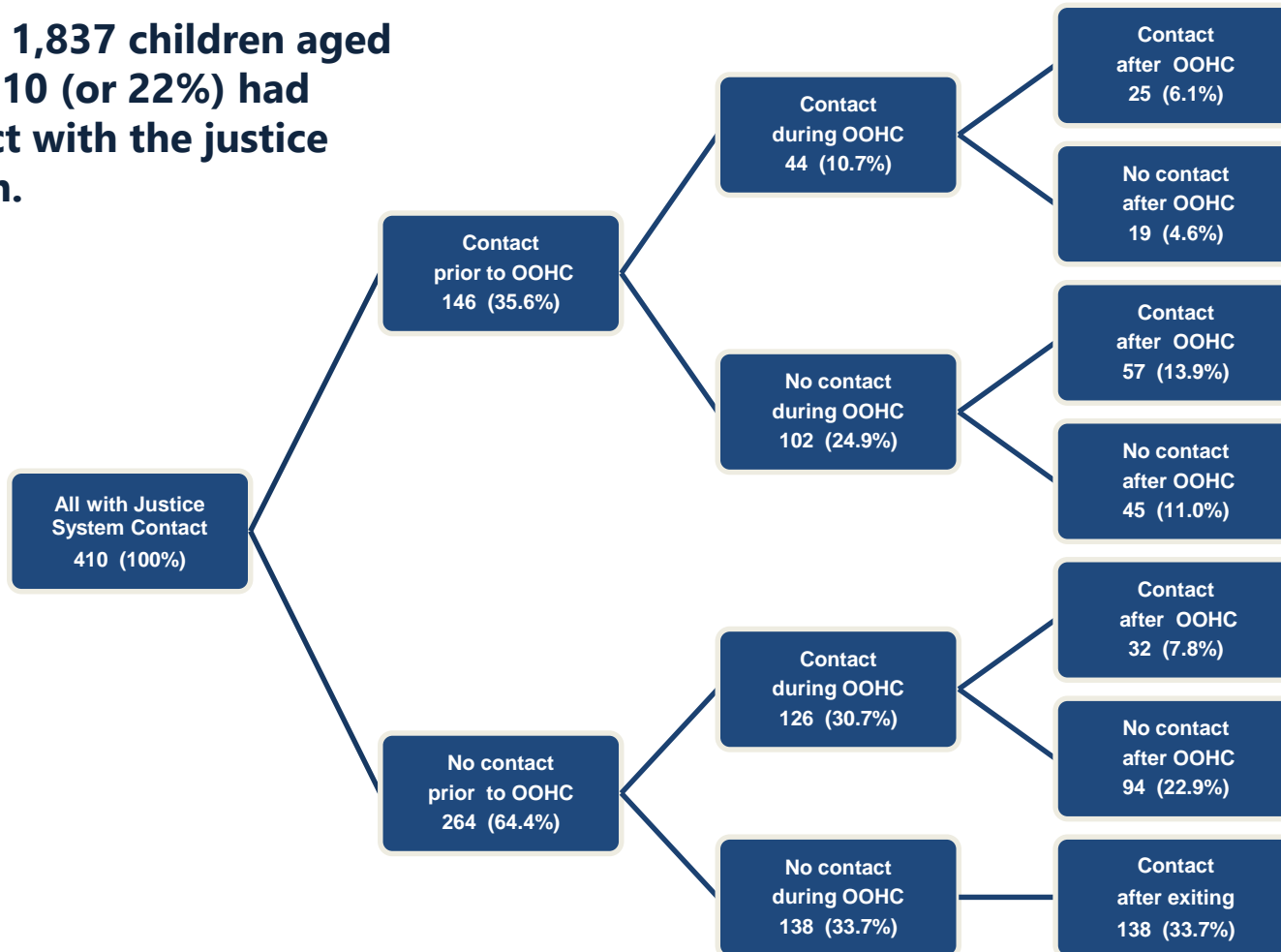
The justice system cohort includes children who were aged 10-15 years at the time of their first contact.

Comparison

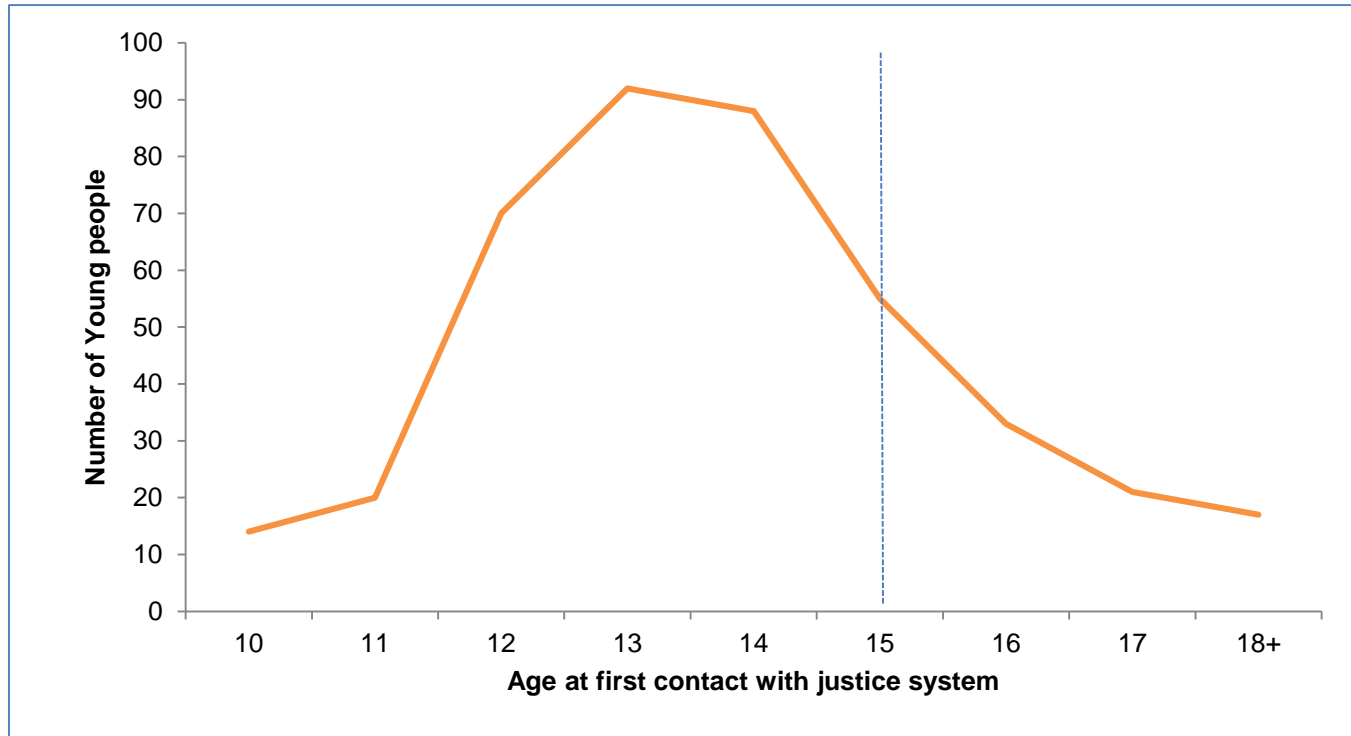
The comparison group includes children aged 10+ years who have not had contact with the justice system.

Contact with the justice system & OOHC status

Of the 1,837 children aged 10+, 410 (or 22%) had contact with the justice system.

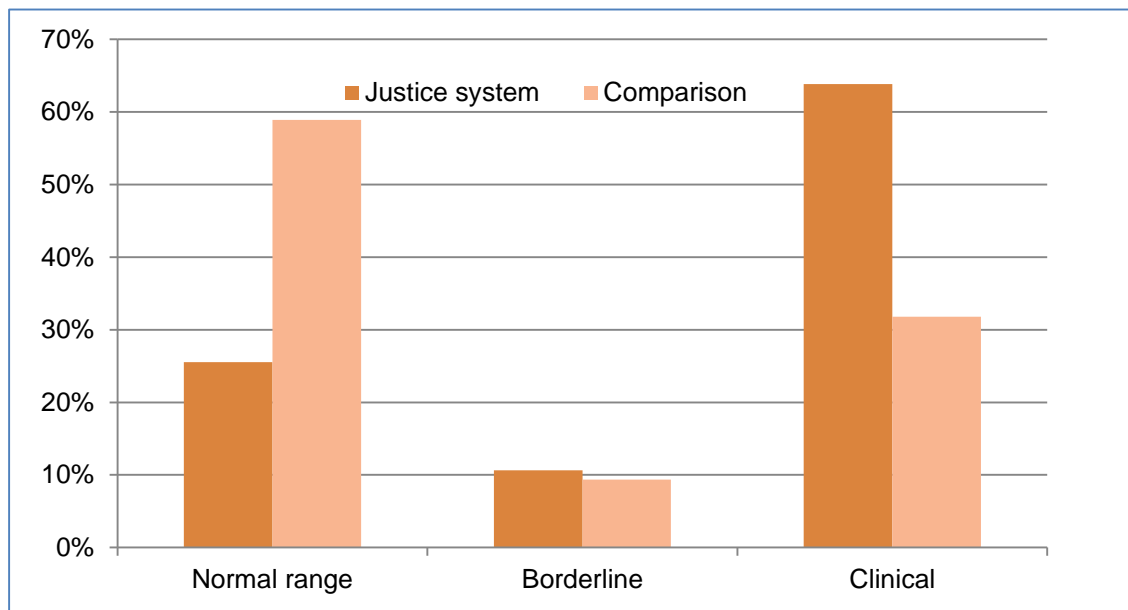


Age at first contact with the justice system



Of the children with justice system contact, 82% had their first contact at 10-15 years

Justice system cohort and comparison behaviour problems at baseline



Note: Includes only children and carers who participated in Wave 1 Survey and who answered these questions.

Cohort 5: n=47, Comparison: n=321

Approximately two-thirds (63.8%) of the justice system cohort were in the clinical range for behaviour problems compared with 31.8 per cent of the comparison group.

Children in OOHC with young parents at their birth (15-19 years) compared 20-24 years and 25+ years



- Aboriginal children were more likely to have teenage mothers and fathers than non-Aboriginal children
- Children with Aboriginal mothers had similar rates of restoration attempts across age groups
- Children of non-Aboriginal teenage mothers were less likely to have had a restoration attempt than children of non-Aboriginal mothers in other age groups

Children in OOHC with young parents at their birth (15-19 years) compared 20-24 years and 25+ years parents



- Children with Aboriginal teenage mothers were more likely to have contact with their birth mother than children with Aboriginal mothers in other age groups. This declined over time but at W3 teenage mothers were still relatively higher than other mothers.
- No significant difference in contact for children with non-Aboriginal mothers at W1. At W3, contact remained relatively high for non-Aboriginal teenage mothers.

Conclusion

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 children restored re-entered care.

Summary of findings (2)



- 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.
- Almost 40% of the children in the Wave 3 interview had clinical range behaviour problems and/or below average range language skills and non-verbal intelligence.

Summary of findings (3)



- Of the 1,837 in the population cohort aged 10+, 22% had contact with the juvenile justice system before, during or after care.

Accessing the POCLS data asset



- Aggregated POCLS data is (or will soon be) available through:
 - Wave 1 Baseline Statistical Report
 - On-line interactive dashboards
 - Caseworker Survey Statistical report
 - Teacher Survey Statistical report
- Unit record data will also be made available to researchers and policy makers within FACS and more broadly.
- A range of technical material is available to assist in using and understanding the POCLS data. This includes data dictionaries and data use guides as well as papers on statistical power, selection bias and cross-sectional and longitudinal weighting.

Accessing the data asset (cont'd)



A range of research papers and briefs have been (or are soon to be) published from the POCLS on:

- Relative/kinship and foster care
- Placement changes
- Children's family relationships
- Aboriginal children and young people
- CALD children and young people
- Services and supports
- Birth family contact
- Casework support
- Carer parenting practices and children's relationships with carer families
- Childcare and learning experiences
- Factors that influence developmental outcomes
- Children and young people with high needs
- Child and young person perspective
- Caseworker perspective
- Teacher perspective



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



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POCLS Webpage: www.community.nsw.gov.au/pathways
Study information and publication clearinghouse