Pathways of Care Longitudinal Study

Children with disability in OOHC – characteristics and outcomes

Australian Social Policy Conference,

Canberra

Zhiming Chen
Massimiliano Tani Bertuol
Ilan Katz

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

September 2023

Acknowledgement

We acknowledge the traditional owners of the land on which we meet; the Gadigal people of the Eora Nation; and pay our respect to Aboriginal Elders past, present and emerging.

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).

Acknowledgements

- **DCJ** 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 Adopt Change** for assisting during the study design stage and supporting participants
- **Stakeholders and experts** who have provided support, assistance and advice

Will cover

Definitional issues

Methods

Findings

Implications for policy and practice

The study

Background, Questions, Methods, Findings, Conclusions

Children with disability

- Children with disability are overrepresented in OOHC and tend to have worse outcomes in OOHC than children without disability.
- The literature indicates that these outcomes are likely to be driven by a range of factors which start early in life and include social structures, attitudes, resources and expectations as well as the care process.
- There are significant challenges defining and identifying children with disability, as well as supporting them to achieve their potential

Research Questions

- 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

- 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).

Measures of disability in POCLS

- 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

Disability Indicator	Wave 1	Wave 2	Wave 3	Wave 4
Administrative Indicator	x	x	x	x
ABS Indicator				x
Carer’s indicator	x	x		

→ Important limitation when comparing indicators: data not available in each wave

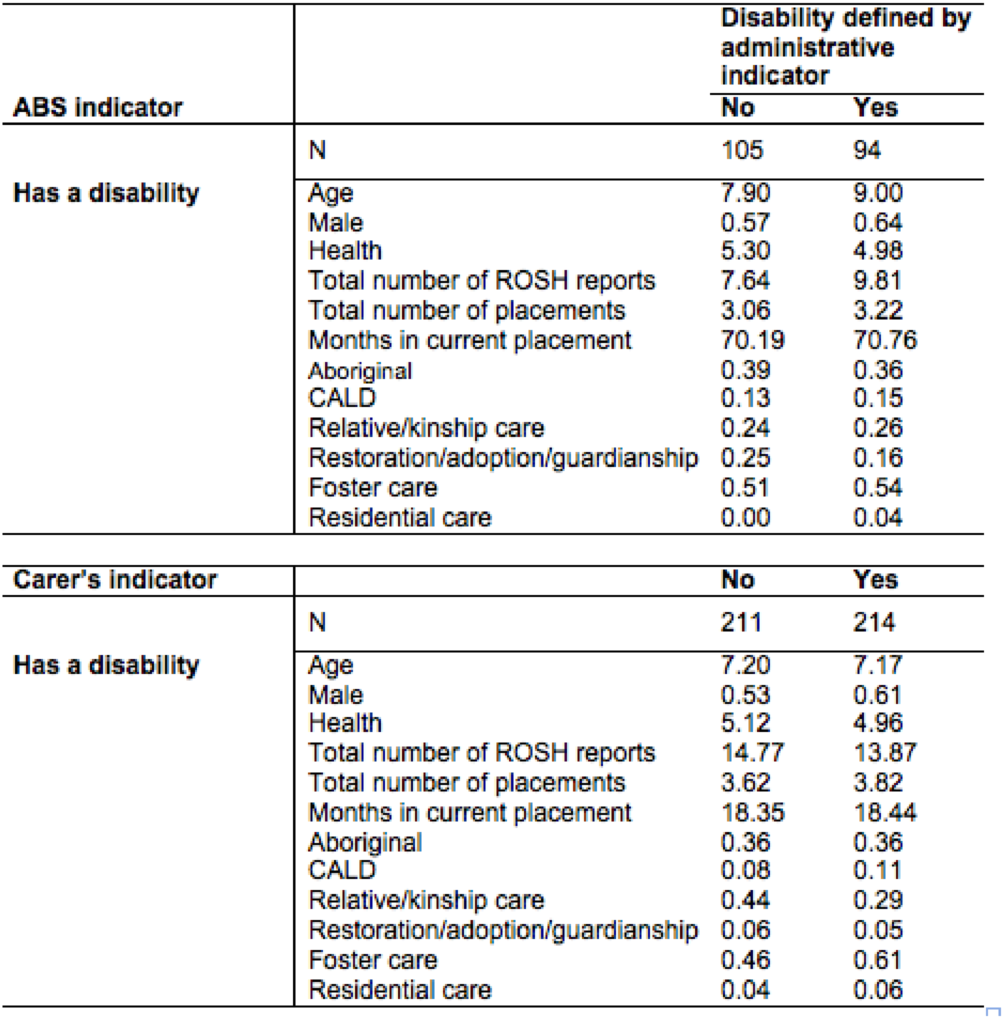
Measures of disability in POCLS

- Note that 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.
- % of children with disability in POCLS ranged from 18% in wave 1, using the administrative indicator. ABS indicator identifies 26% with a disability in wave 4.
- Different indicators provide different sub populations, but with similar characteristics and similar outcomes.
- Data for each indicators not available for each wave

Measures of disability in POCLS

Findings 1

- Although the differences in characteristics are generally not statistically significant, the overlap is small: only about half of children with disability are identified by the both the administrative and ABS indicators.
- A similar finding was evident when the cross-tabulation is applied to the administrative and carer's indicator.



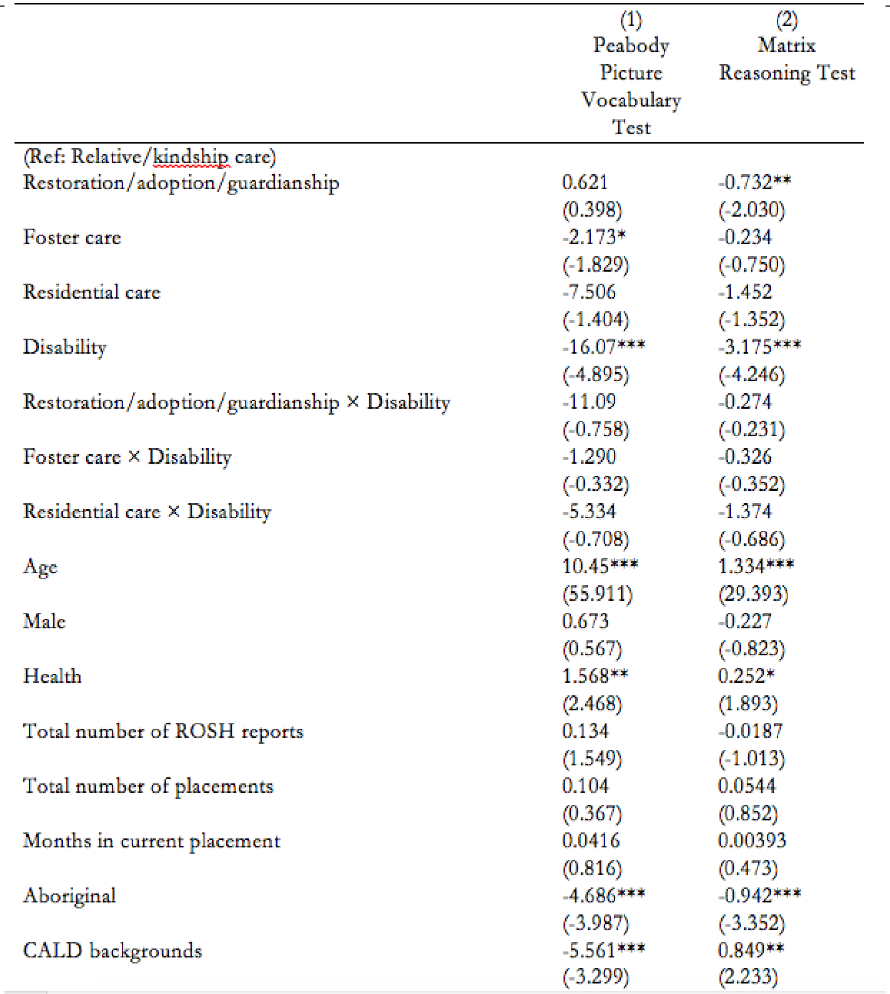
		Disability defined by administrative indicator	
ABS indicator		**No**	**Yes**
	N	105	94
Has a disability	Age	7.90	9.00
	Male	0.57	0.64
	Health	5.30	4.98
	Total number of ROSH reports	7.64	9.81
	Total number of placements	3.06	3.22
	Months in current placement	70.19	70.76
	Aboriginal	0.39	0.36
	CALD	0.13	0.15
	Relative/kinship care	0.24	0.26
	Restoration/adoption/guardianship	0.25	0.16
	Foster care	0.51	0.54
	Residential care	0.00	0.04

Carer's indicator		**No**	**Yes**
	N	211	214
Has a disability	Age	7.20	7.17
	Male	0.53	0.61
	Health	5.12	4.96
	Total number of ROSH reports	14.77	13.87
	Total number of placements	3.62	3.82
	Months in current placement	18.35	18.44
	Aboriginal	0.36	0.36
	CALD	0.08	0.11
	Relative/kinship care	0.44	0.29
	Restoration/adoption/guardianship	0.06	0.05
	Foster care	0.46	0.61
	Residential care	0.04	0.06

Measures of disability in POCLS

- Findings 2
- A high proportion of children and young people in OOHC have a disability, no matter how and at what point the disability is defined. Nevertheless, the way disability is defined does make a difference to the prevalence rate.
- Careful consideration should be given to how disability should be defined for this population, and also when in the care trajectory disability should be identified, noting that children can become impaired at any stage
- Irrespective of the definition, children with disability are quite similar to children without disability in a range of characteristics including Aboriginal status, CALD background and time in the current placement.
- On the other hand children and young people with disability are more likely to be male, placed in foster care and especially residential care, and their number of placements is higher than children without disability.
- All these characteristics are likely to have an impact on children’s experience of the care system and their wellbeing while they are in care

A focus on outcomes: regression results: vocabulary and reasoning



	(1) Peabody Picture Vocabulary Test	(2) Matrix Reasoning Test
(Ref: Relative/kindship care)		
Restoration/adoption/guardianship	0.621	-0.732**
	(0.398)	(-2.030)
Foster care	-2.173*	-0.234
	(-1.829)	(-0.750)
Residential care	-7.506	-1.452
	(-1.404)	(-1.352)
Disability	-16.07***	-3.175***
	(-4.895)	(-4.246)
Restoration/adoption/guardianship × Disability	-11.09	-0.274
	(-0.758)	(-0.231)
Foster care × Disability	-1.290	-0.326
	(-0.332)	(-0.352)
Residential care × Disability	-5.334	-1.374
	(-0.708)	(-0.686)
Age	10.45***	1.334***
	(55.911)	(29.393)
Male	0.673	-0.227
	(0.567)	(-0.823)
Health	1.568**	0.252*
	(2.468)	(1.893)
Total number of ROSH reports	0.134	-0.0187
	(1.549)	(-1.013)
Total number of placements	0.104	0.0544
	(0.367)	(0.852)
Months in current placement	0.0416	0.00393
	(0.816)	(0.473)
Aboriginal	-4.686***	-0.942***
	(-3.987)	(-3.352)
CALD backgrounds	-5.561***	0.849**
	(-3.299)	(2.233)

Findings from the regressions

- 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.
- Demographics (gender, Aboriginality, CALD background) were also not significant factors determining outcomes for children with disability.
- Children with physical impairments appear to have better outcomes than children with cognitive or psychological impairments

Implications

- The literature indicates that outcomes are likely to be driven by a range of factors which start early in life and include social structures, attitudes, resources and expectations.
- The implications are that 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.
- Because there are few demographic differences between children with disability and those without a disability, it is not appropriate to focus interventions or policies on particular ‘risk factors’, but each child should be assessed individually.
- 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 implications

- It is important to recognise that children are disabled by society and therefore that, to the extent that children in OOHC are not reaching their potential and not participating fully, this is not because of their impairments but because of the challenges they face and the lack of adequate supports and services to enable them to participate fully and maximise their potential.
- Caseworkers should have an understanding of the social construction of disability and casework should not focus on the child's impairment but on their capacities and strengths, and addressing the barriers they face to participate fully.
- Further research should focus on:
- The voice of children with disability and their experiences and views of OOHC
- Further examination of sub-populations of children with disability
- Evaluations of initiatives to prevent children with disability from coming into OOHC and improving their outcomes if they do come into care.

Article

Cheng, Z. Tani, M. and Katz, I. (2023) Outcomes for children with disability in out-of-home care: Evidence from the pathways of care longitudinal study in Australia *Child Abuse & Neglect* Vol. 143 Pages 106246

DOI: https://doi.org/10.1016/j.chiabu.2023.106246

Further information

Pathways of Care Longitudinal Study Team:

Phone: 1800 997 960

Email: Pathways@facs.nsw.com.au

POCLS Webpage: www.community.nsw.gov.au/pathways

Study information and publication clearinghouse

Ilan.katz@unsw.edu.au