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22

Research report

Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care

Experiences and service needs of children in out-of-home care 5-12 years of age with cognitive and/or behaviour problems

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Research Report No. 22

Experiences and service needs of children in out-of-home care 5-12 years of age with cognitive and/or behaviour problems

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About the information in this report
Analyses presented in this report are based on the September 2017 version of the Wave 1-3 unweighted data collected in face-to-face interviews with children, young people and caregivers; and FACS administrative data.

Pathways of Care Longitudinal Study Clearinghouse
All study publications including research reports, technical reports and briefs can be found on the study webpage www.facs.nsw.gov.au/resources/research/pathways-of-care

Study design by NSW Department of Communities and Justice (FACSIAR); Australian Institute of Family Studies; Professor Judy Cashmore, University of Sydney; Professor Paul Delfabbro, University of Adelaide; Professor Ilan Katz, University of NSW; Dr Fred Wulczyn, Chapin Hall Center for Children University of Chicago.

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Record linkage data custodians are required by the HREC to review all draft publications for approval prior to any dissemination and/or publication

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Preface

The Pathways of Care Longitudinal Study (POCLS) is funded and managed by the New South Wales Department of Communities and Justice (DCJ). It is the first large-scale prospective longitudinal study of children and young people in out-of-home care (OOHC) in Australia. Information on safety, permanency and wellbeing is being collected from various sources. The child developmental domains of interest are physical health, socio-emotional wellbeing and cognitive/learning ability.

The overall aim of this study is to collect detailed information about the life course development of children who enter OOHC for the first time and the factors that influence their development. The POCLS objectives are to:

- Describe the characteristics, child protection history, development and wellbeing of children and young people at the time they enter OOHC for the first time.
- Describe the services, interventions and pathways for children and young people in OOHC, post restoration, post adoption and on leaving care at 18 years.
- Describe children's and young people's experiences while growing up in OOHC, post restoration, post adoption and on leaving care at 18 years.
- Understand the factors that influence the outcomes for children and young people who grow up in OOHC, are restored home, are adopted or leave care at 18 years.
- Inform policy and practice to strengthen the OOHC service system in NSW to improve the outcomes for children and young people in OOHC.

The POCLS is the first study to link data on children's child protection backgrounds, OOHC placements, health, education and offending held by multiple government agencies; and match it to first-hand accounts from children, caregivers, caseworkers and teachers. The POCLS database will allow researchers to track children's trajectories and experiences from birth.

The population cohort is a census of all children and young people who entered OOHC over an 18 month period for the first time in NSW between May 2010 and October 2011 (n=4,126). A subset of those children and young people who went on to receive final Children's Court care and protection orders by April 2013 (2,828) were eligible to participate in the study. For more information about the study please visit the study webpage www.facs.nsw.gov.au/resources/research/pathways-of-care.

The POCLS acknowledges and honours Aboriginal people as our First Peoples of NSW and is committed to working with DCJ's Aboriginal Strategy, Coordination and Evaluation, and Ngaramanala (Aboriginal Knowledge Program), to ensure that Aboriginal children, young people, families and communities are supported and empowered to improve their life outcomes. The POCLS data asset will be used to improve how services and supports are designed and delivered in partnership with Aboriginal people and communities.

DCJ recognises the importance of Indigenous Data Sovereignty and Governance of all data related to Aboriginal Australians. The NSW Data Strategy (April 2021) includes the principles of Indigenous Data Sovereignty and Governance and provides provisions in regard to:

- Ensuring that our approach to data projects assesses the privacy, security and ethical impacts across the data lifecycle.
- Ensuring the controls are proportionate to the risks and that we consider community expectations and Indigenous Data Sovereignty.
- Guaranteeing a culture of trust between data providers and recipients, including Aboriginal people, through consistent and safe data sharing practices and effective data governance and stewardship.

Ngaramanala will be working with the Aboriginal Community of NSW in 2022 to co-create an Indigenous Data Sovereignty and Governance policy for DCJ including a position on reporting disaggregated data. The POCLS will continue to collaborate with Aboriginal Peoples and will apply the policy principles once developed.

In the interim, this publication contains data tables that provide direct comparisons between the POCLS Aboriginal and non-Aboriginal cohorts. Interpretation of the data should consider the factors associated with the over-representation of Aboriginal children in child protection and OOHC including the legacy of past policies of forced removal and the intergenerational effects of previous forced separations from family and culture. This erosion of community and familial capacity over time needs to be considered in any reform efforts as it continues to have a profoundly adverse effect on child development. The implications for policy and practice should highlight strengths, develop Aboriginal-led solutions and ensure that better outcomes are achieved for Aboriginal people.

The POCLS is subject to ethics approval, including from the Aboriginal Health & Medical Research Council of NSW.

Executive Summary

This paper examines the experiences and service needs of children in out-of-home care (OOHC) with cognitive and/or behavioural problems using information collected through the Pathways of Care Longitudinal Study (POCLS). The children's carers' experience, opinions and satisfaction with the support received and their role are also considered.

This paper is based on information that that was originally requested to support the NSW Their Futures Matter (TFM) reform which used a cohort approach to improve outcomes for vulnerable children and families. The TFM cohort of interest for this analysis involved high needs children and was defined as children aged 5 to 12 years-old with a disability impacting their cognition and/or behaviour, or showing early indications of having one, who are either living in OOHC, or have contact with the Justice system.

Children in the POCLS who were 5 to 12 years of age at their Wave 3 interview with clinical range behaviour problems and/or below average range language skills and/or non-verbal intelligence broadly met the criteria for the TFM cohort of interest relating to high needs children (hereafter referred to as the high needs cohort). In this paper, these children are compared with children in POCLS who were the same age and who were in the normal or borderline ranges across all of these domains (hereafter referred to as the comparison group).

Key findings

- Of the children in the POCLS who were 5 to 12 years of age at their Wave 3 interview around 40% were found to have high needs. Overall, behaviour problems were the most common issue followed by verbal ability and then non-verbal ability. However, amongst the older high needs children (9-12 years of age), non-verbal ability was the most frequent issue.
- Around a quarter of the high needs children had clinical range development issues in two domains and 5.6% had clinical range development issues in all three domains.
- Children in the high needs cohort tended to be older than the comparison group and given the criteria to be in the POCLS, they tended to have entered OOHC at an older age.
- Around half of the high needs children were Aboriginal which is an over-representation of children in OOHC.
- The high needs children generally had more child protection reports prior to their entry into OOHC and had been more frequently reported for issues involving psychological harm or risk of, carer issues such as prison, disability, financial and gambling issues and domestic violence.

OOHC experience

- Similar proportions of the high needs cohort and comparison group were in foster care and relative/kinship care.

- The placement stability experienced by the children was similar for the high needs children and the comparison group as was the time to exit OOHC for those that had exited. The use of respite care was higher for the high needs cohort.
- The vast majority of children reported feeling either happy or very happy in their placement for both the high needs cohort and the comparison.

Change in development issues over time

- One-third of the high needs cohort were in the clinical range for behaviour problems at Wave 1 and one-in-ten had been in the borderline range.
- One-third had below normal range language skills at Wave 1 and two-thirds had been in the normal range.
- Around one-quarter had below normal range non-verbal intelligence at Wave 1 and almost three-quarters had been in the normal range.

Education and learning

- The majority of children had not changed schools since they were placed with their current carer and most were attending government schools.
- Forty per cent of high needs children received special education, remedial services or attended a service class or special school.
- According to their carers, 40% of the high needs cohort experienced academic or other problems at school and over a third of the children had carers that were concerned or a little concerned about how the child was learning preschool or school skills.
- A small number of the children had been reported for educational neglect all of which related to habitual absence from school.
- Many of the high needs children were vulnerable or at risk on the Australian Early Development Census (AEDC) domains of language and cognitive ability and communication skills and general knowledge.
- Much larger proportions of high needs children were at or below the national minimum standard for numeracy and reading at Year 3 and Year 5 of school.
- The vast majority of children in the high needs cohort and the comparison indicated that they looked forward to going to school on most days.

Services and supports

- Over three-quarters of the children talked with members of their caregiver family when they felt worried or sad or angry.
- Children in the high needs cohort were more likely than those in the comparison group to have seen a paediatrician, attended counselling or psychologist services, seen a speech pathologist, seen an occupational therapist, seen an ear/nose/throat and attended behavioural management services. The high needs cohort were more likely than those in the comparison group to experience barriers in accessing services according to their carers.

Children’s relationships with household members and friends

- For the majority of children in the high needs cohort their carers stated that they were ‘very close’ to the children however it was lower than for the comparison group.

- Around a fifth of children in the high needs cohort reported they had no close friends and a further one in ten had only one close friend.

- Children in the high needs cohort were considered ‘worse’ than those in the comparison group in getting along with siblings, getting along with other children, behaviour with carers and playing or working alone.

Contact with birth family and maintenance of cultural identity

- Children in the high needs cohort were reported by carers to be less likely to have a good relationship with their birth mothers, birth fathers, maternal grandparents or paternal grandparents than their counterparts in the comparison group.

- There are little differences in cultural maintenance between the high needs cohort and the comparison group.

Carers’ perspective

- Carers of children in the high needs cohort were less satisfied with their working relationship with other agencies, their parenting role and support received from their caseworkers than those with children in the comparison group.

- Little difference in support was seen between the high needs cohort and the comparison group except that more of the high needs carers received respite care and more received transport.

- Respite care is still needed by significantly more carers of children in the high needs cohort than carers of children in the comparison group. Nearly of quarter of children in the high needs cohort and the comparison group reported that they still required access to before and/or after school hours programs. Transport was also a required service for carers for both groups of children. For around 30% of all children their carers reported that they would like greater access to support groups while about 10% felt they still required some assistance with counselling.

- The high needs cohort were significantly less likely to be perceived by their carers as going ‘very well’ than their counterparts. Less than half of the children in the high needs cohort were perceived to be going ‘very well’, compared to more than three quarters of children in the comparison group.

Children and carers’ experience with caseworkers

- For three-quarters of the high needs children, their carers were satisfied with their ability to reach their caseworker and this was similar to those in the comparison group.

- Similar proportions of the children the high needs cohort and the comparison group had carers that were satisfied (‘satisfied’ or ‘very satisfied’) with the assistance from their caseworker however a larger proportion of the comparison group were ‘very satisfied’ (52.2% vs 42.2% for the high needs cohort).

- The high needs children were less likely to have a case plan that addressed their needs ‘very well’ compared with the comparison group (46.9% vs 60.4%) according to their carers and were more likely to have case plans that met their needs not very well or not well at all.

- Most children in the high needs cohort reported receiving positive support from caseworkers with most stating that the caseworkers listened to them, helped them, explained decisions made about them and did what they said that would do.

Introduction

This paper examines the experiences and service needs of children in out-of-home care (OOHC) with cognitive and/or behavioural problems using information collected through the Pathways of Care Longitudinal Study (POCLS). The children's carers' experience, opinions and satisfaction with the support received and their role are also considered.

This paper is based on information that that was originally requested to support the NSW Their Futures Matter (TFM) reform which used a cohort approach to improve outcomes for vulnerable children and families. This involved analysing cohorts of children and young people using a strong evidence base including data analysis, before rolling out wrap around supports through an investment approach. NSW Government agencies worked together to target funding, effort and other resources to cohorts who have the greatest needs and where there are greater opportunities to improve outcomes.

The TFM cohort of interest for this analysis was children with high needs which was defined as children who are aged 5 to 12 years-old and have a disability impacting their cognition and/or behaviour, or show early indications of having one, who are either living in OOHC, or have contact with the Justice system.

The key research questions for the analysis are: how many children in the POCLS interview cohort aged 5-8 years and 9-12 years at Wave 3 data collection (approximately 5 years after entering OOHC) had below average range cognitive learning ability (verbal and non-verbal) and/or clinical range behaviour problems; what are the services and supports provided to this cohort; and how do they compare to POCLS children of the same age without high needs.

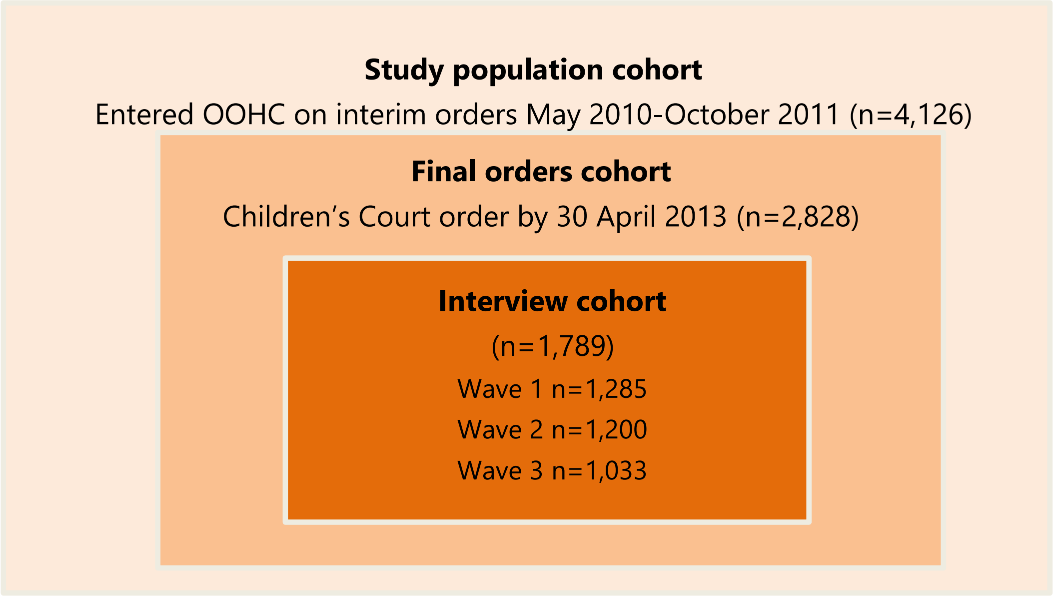
Questions that are answered about the high needs cohort using the POCLS data include:

- What are the demographic characteristics of the children with high needs?
- What are their child protection histories?
- At what age did the children enter OOHC and what has been their placement experience?
- How has the socio-emotional wellbeing and cognitive ability of the children changed since entry into OOHC?
- How are the children coping at school? What educational support do they receive?
- What services and support do the children receive? What additional services are needed? What are the barriers to receiving those services?
- How are family contact, relationships and cultural identity maintained? How well are these working? How are carers supported?
- What informal and professional supports and services do carers receive? What additional services are still needed? How satisfied are carers with their role and the support they receive?

Methods

This report uses information collected as part of the POCLS to provide insights for this cohort of children. The POCLS follows a population sample of all children who entered care for the first time between May 2010 and October 2011 and collects information from them and their carers at approximately 18 month intervals about their experiences and development while in OOHC and after exiting from OOHC until 18 years old. Figure 1 shows the POCLS cohorts. At the time the analysis was undertaken, three waves of survey/interview data had been collected and quality assured.

Figure 1: The POCLS cohorts showing the interview cohort as a sub-sample of the study population and final orders cohorts.



Children in the POCLS who broadly met the criteria for the TFM cohort of interest were included in the analysis and referred to the 'high needs cohort' or 'high needs children'. The high needs cohort is defined as children in the POCLS who were 5 to 12 years of age at their Wave 3 interview who have clinical range behaviour problems and/or below average range language skills and/or below average range non-verbal intelligence.

The comparison group is defined as children in the POCLS who were 5 to 12 years of age at their Wave 3 interview who do not have clinical range behaviour problems, below average range language skills or non-verbal intelligence.

This report identified clinical range behaviour problems using the following standardised measures of child development (see Appendix 1 for further details of the standardised measures):

- Child Behaviour Checklist (CBCL, Achenbach & Rescorla, 2000, 2001) was completed by the carer and asks over 100 questions about a range of child and adolescent behaviour problems and interpersonal competencies for children aged 18 months to 18 years. It provides empirically derived scales that have been extensively used in prior research. The CBCL also provides cut-offs to identify children showing differing levels of problems: a ‘clinical range’ score indicates that the child has high levels of problems of similar severity to children who are receiving clinical treatment for a diagnosed behavioural or mental disorder; a ‘borderline range’ score indicates that the child has elevated, but less severe, levels of problems; and a ‘normal range’ score indicates that the child is in the normal range of the general child population.

- The interviewer-administered Peabody Picture Vocabulary Test Version 4 (PPVT-IV) was used to assess language capacities in children aged 3 to 17 years. The PPVT-IV measures children’s understanding of spoken words (i.e., their receptive language skills) and can be used to assess growth in vocabulary acquisition over time. There are 228 items in the test, but covering a wide age range, so children complete a smaller number of items. The mean standard score for the US normative sample is 100 and the standard deviation is 15. Thus, scores below 85 may be interpreted as indicating language skills below the average range and scores above 115 as language skills above the average range. These would place children in the lowest and highest 15% of the normative US sample distribution.
- The interviewer-administered Matrix Reasoning Test (MR) from the Wechsler Intelligence Test for Children Version 4 (WISC-IV; Wechsler 2004) was used to assess general non-verbal intelligence among children aged 6 to 16 years. The 35 items in the MR sub-scale yields a standard score with a possible range of one to 19. The normative mean is 10 with a standard deviation of three. Thus scores below seven are indicative of ‘below average range’ cognitive abilities (i.e., in the lowest 15% of the normative population of children) and scores above 13 are indicative of ‘above average range’ cognitive abilities (i.e., in the highest 15% of the normative population of children).

The high needs cohort sample consists of 232 children and the comparison group contains 329 children. Numbers may change slightly across the analyses depending on the availability of data and the focus of the specific analysis. Some questions are only asked of children of particular ages. The high needs cohort and the comparison group includes children on Guardianship Orders but excludes children who have been restored to birth parents or adopted at the time of the Wave 3 interview (n=27 in the high needs cohort and n=68 from the comparison group).

This report draws on data extracted from multiple sources including the Key Information Directory System (KiDS), the child and carer survey data and record linkage data from both the NSW Department of Education (National Assessment Program Literacy and Numeracy -NAPLAN) and the Commonwealth Department of Education (Australian Early Development Census -AEDC) where available.

This report also describes the services and supports received by the high needs cohort based on carer’s responses to scales and questions, and relevant child (aged 7 years and older) responses to questions where available.

Appendix 2 shows the POCLS data collection timelines and multiple data sources for the study cohorts. For more information about the POCLS design and methodology visit the study webpage www.community.nsw.gov.au/pathways.

The analyses presented here are descriptive only and are based on unweighted data. The bivariate analyses provide evidence of associations only and do not indicate causality. Tests of statistical significance have been undertaken where possible (using Chi-squared tests) with significant results being reported. The analyses are presented by two age groups: 5-8 year olds and 9-12 year olds.

When interpreting the data, it is important to note that the POCLS sample entered OOHC for the first time during May 2010 to October 2011 and their outcomes may differ from same aged children who have been in OOHC for a longer period of time.

Findings about high needs children

1. Developmental issues

Children in the POCLS who broadly met the criteria for the TFM cohort of interest were defined as high needs children for this analysis. These were children 5 to 12 years of age at their Wave 3 interview with clinical range behaviour problems and/or below average range language skills and/or below average range non-verbal intelligence based on the standardised measures used in the POCLS (CBCL, PPVT-IV and WISC-IV respectively). More information about the standardised measures is found in Appendix 1. The comparison group was defined as children in the POCLS who were 5 to 12 years of age at their Wave 3 interview who do not have clinical range behaviour problems, below average range language skills or non-verbal intelligence.

Table 1 shows that there were a total of 232 children identified with high needs which was 41.4% of the children in the POCLS who were aged 5-12 years at Wave 3. The percentage was higher amongst the older children with just over half (54.5%) of those 9-12 years of age being identified with high needs compared with one-third (34.6%) of those who were 5-8 years of age.

Table 1: Children in the high needs cohort by type of development issue identified and age at Wave 3

Cohort	Age at Wave 3					
	5-8 years		9-12 years		Total	
	No.	%	No.	%	No.	%
High needs cohort	128	34.6	104	54.5	232	41.4
Comparison	242	65.4	87	45.5	329	58.6
Total	370	100.0	191	100.0	561	100.0

The most common developmental issue found at Wave 3 for the younger children was behaviour problems (59.4%), followed by issues with their verbal ability (43.0%) and then their non-verbal ability (28.1%). For the older children in the high needs cohort, over half (52.9%) had issues with their non-verbal ability (Table 2).

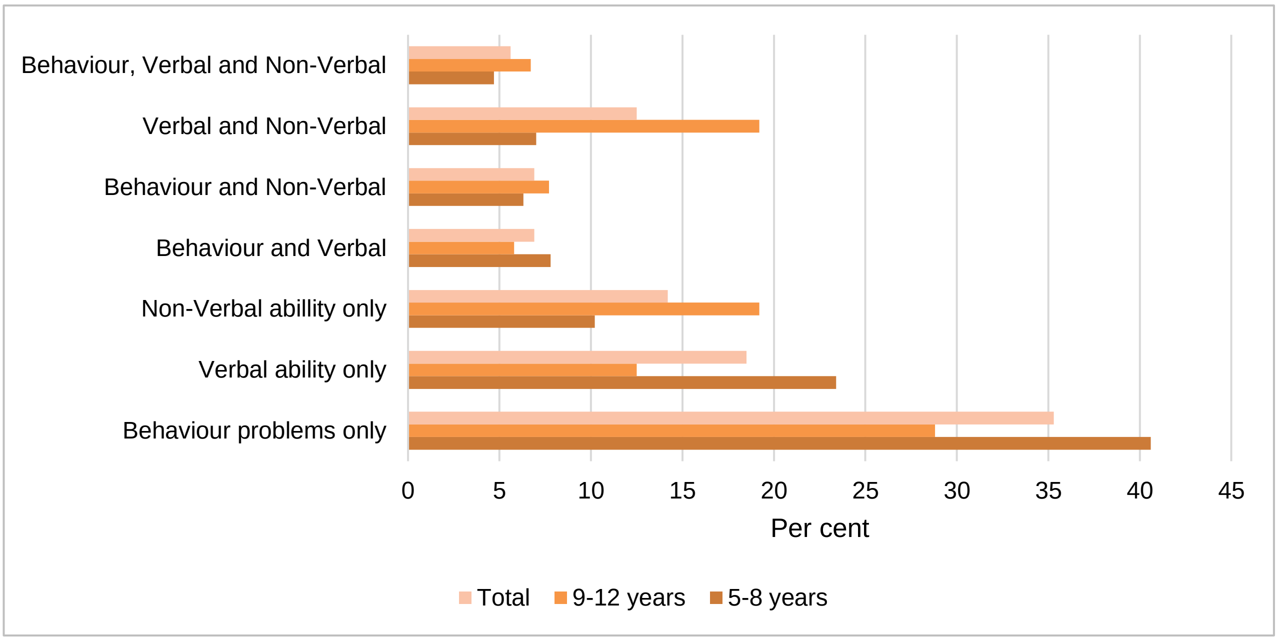
Table 2: Children in the high needs cohort by type of development issue identified and age at Wave 3

Developmental issues (multiple response)	Age at Wave 3					
	5-8 years		9-12 years		Total	
	No.	%	No.	%	No.	%
Behaviour problems	76	59.4	51	49.0	127	54.7
Verbal ability	55	43.0	46	44.2	101	43.5
Non-verbal ability	36	28.1	55	52.9	91	39.2
Total	128		104		232	

Many of the children in the high needs cohort had multiple development issues identified. Figure 2 shows the combinations of these issues. Approximately two thirds (68.0%) of children in the high needs cohort had developmental issues in one domain only: 35.2% have behaviour problems only, 18.5% have problems with language skills only, and 14.2% have problems with non-verbal intelligence only.

Around a quarter (26.3%) of children in the high needs cohort had developmental issues in two domains. Only a small proportion of children in the cohort (5.6%) have clinical range developmental issues in three domains.

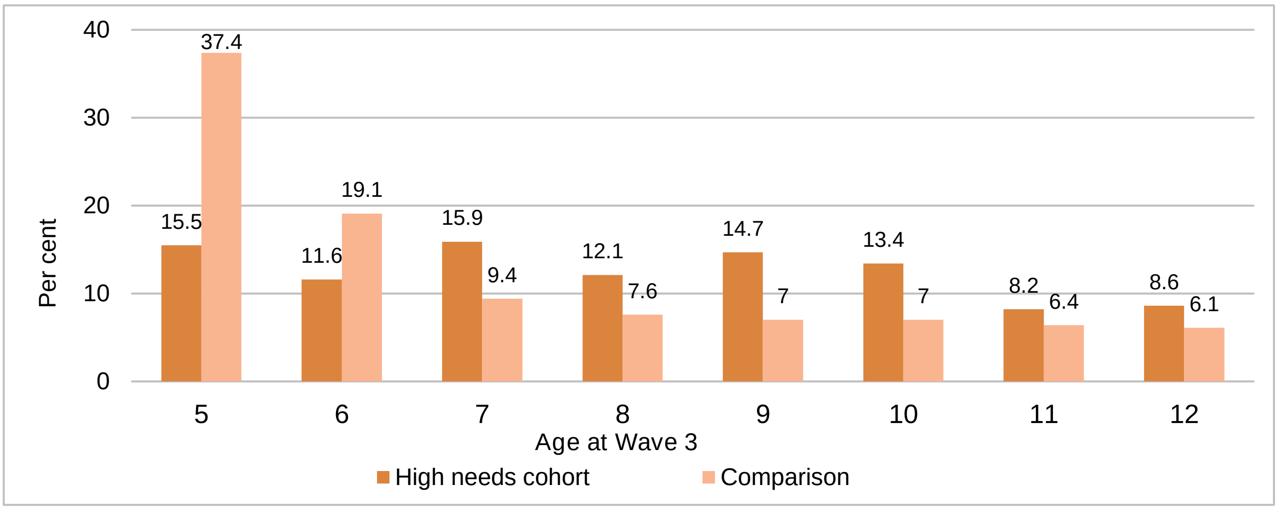
Figure 2: Children in the high needs cohort by developmental issues across domains and age at Wave 3



2. Demographic characteristics

The children in the high needs cohort had an older age profile than the comparison group with almost three-quarters (72.9%) over 6 years of age at Wave 3 compared with 43.5% of the comparison group. Over a third (37.4%) of the children in the comparison group were 5 years of age at Wave 3 compared with 15.5% of the high needs cohort as shown in Figure 3. As all of the children in the POCLS entered OOHC for the first time over the same period, this also means that the high needs cohort were older when they entered OOHC.

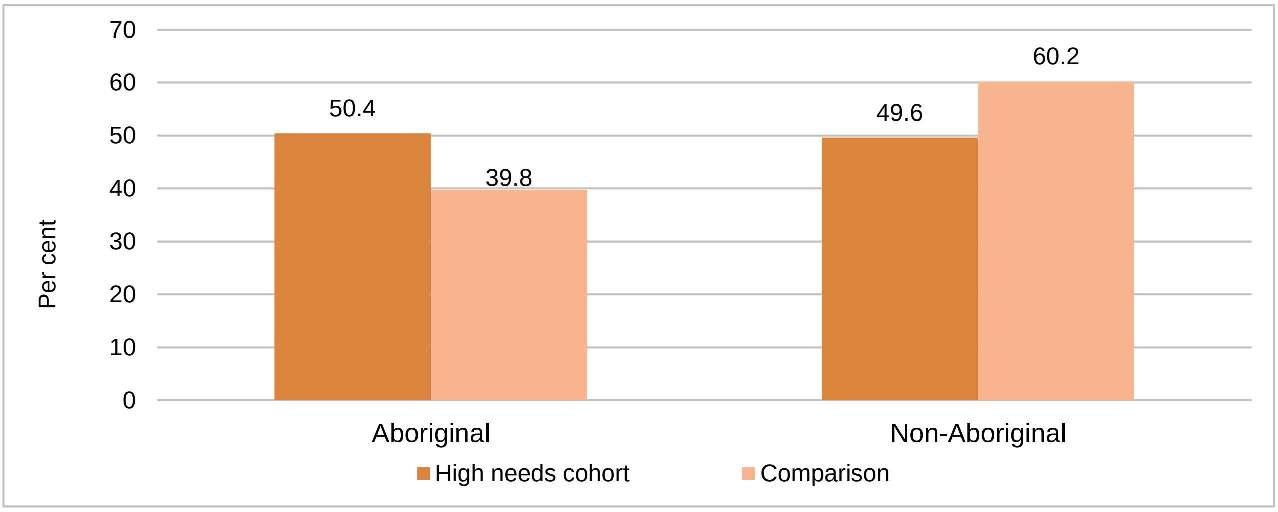
Figure 3: Children in the high needs cohort and the comparison group by age at Wave 3



Both the high needs cohort and the comparison group have an even split between males and females. This is also the case when disaggregated by age group.

The high needs cohort has a higher proportion of Aboriginal children than the comparison group with half of the high needs children identified as Aboriginal (50.4%) compared with 39.8% of the comparison as shown in Figure 4.

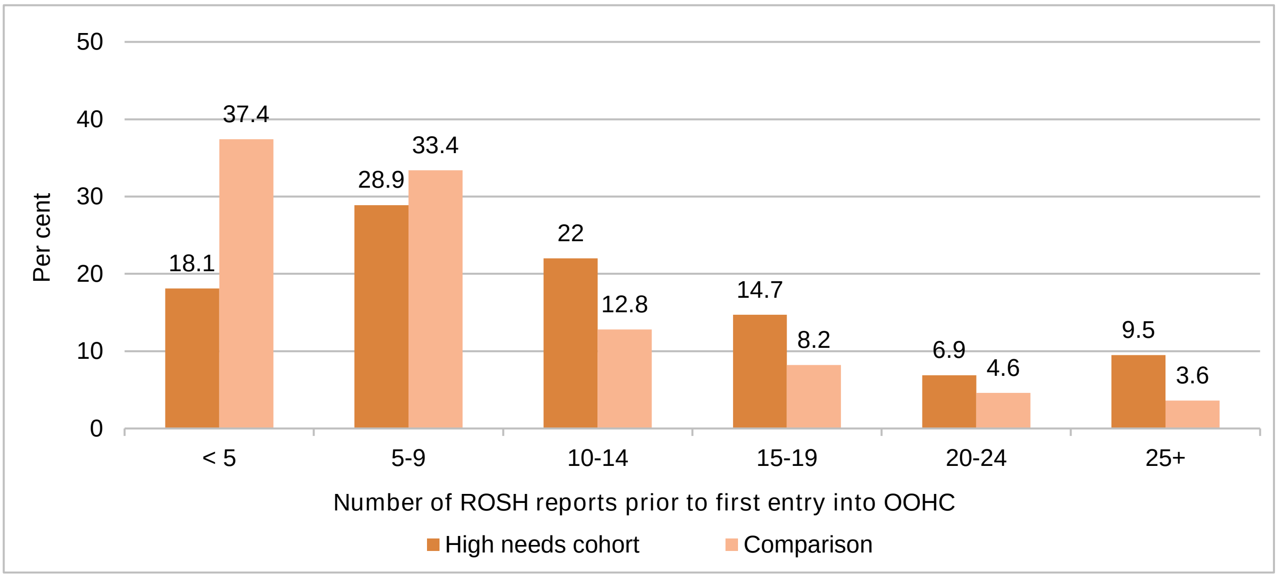
Figure 4: Children in the high needs cohort and the comparison group by Aboriginality



3. Child protection history

Children in the high needs cohort were likely to have more risk of significant harm (ROSH) reports prior to their first entry into OOHC compared to the comparison group (Figure 5). For the high needs cohort, 9.5% had 25 or more ROSH reports compared to 3.6% for the comparison group.

Figure 5: Children in the high needs cohort and the comparison group by the number of ROSH reports prior to child entering OOHC for the first time



Examining the type of issues recorded in child protection reports made about the children prior to their first entry into OOHC shows that high needs children were more likely to have been reported for risk of psychological harm (77.2% vs 55.0%), carer other issues (which includes prison, disability, financial and gambling issues) (49.1% vs 32.8%), psychological abuse (28.0% vs 17.0%) and domestic violence (78.0% vs 68.1%) than the comparison group (Figure 6). Table 3 shows that for the younger children, the high needs cohort and the comparison were fairly similar with the largest differences occurring for risk of psychological harm (66.4% vs 45.5%) and carer other issues (38.3% vs 26.4%). Children aged 9-12 years were also similar across the high needs cohort and the comparison group with the largest differences observed for carer other issues (62.5% vs 50.6%) and risk of psychological harm (90.4% vs 81.6%).

Figure 6: Children in the high needs cohort and the comparison group by the issues recorded in ROSH reports prior to child entering OOHC for the first time

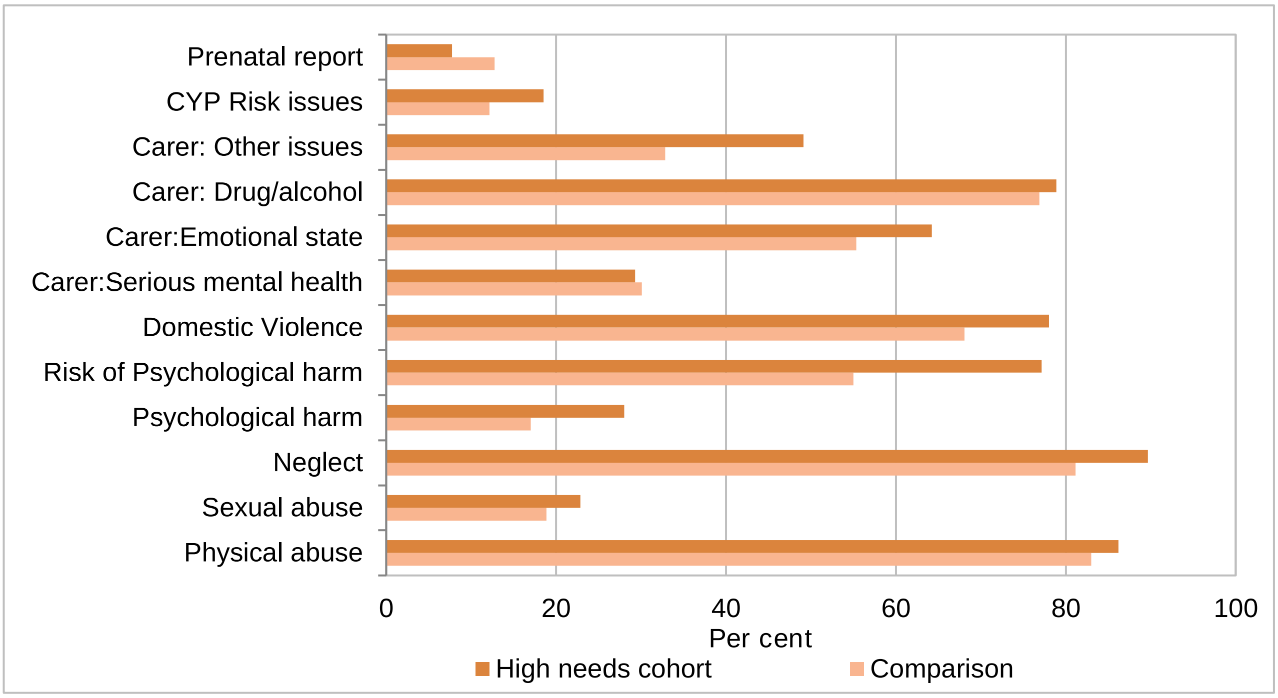


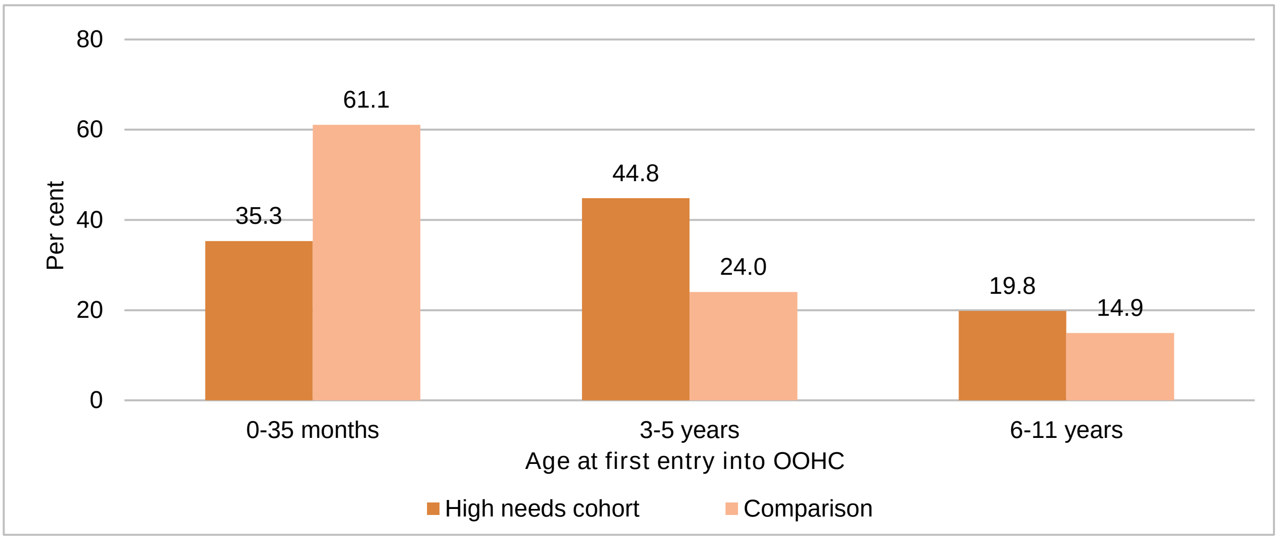
Table 3: Children in the high needs cohort and the comparison group by reported issues prior to the child entering OOHC for the first time and age at Wave 3

Reported issues prior to first entry into OOHC	High needs cohort						Comparison					
	Age at Wave 3						Age at Wave 3					
	5-8 years		9-12 years		Total		5-8 years		9-12 years		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Physical abuse	105	82.0	95	91.3	200	86.2	195	80.6	78	89.7	273	83.0
Sexual abuse	23	18.0	30	28.8	53	22.8	33	13.6	29	33.3	62	18.8
Neglect	108	84.4	100	96.2	208	89.7	184	76.0	83	95.4	267	81.2
Psychological harm	23	18.0	42	40.4	65	28.0	25	10.3	31	35.6	56	17.0
Psychological harm-risk	85	66.4	94	90.4	179	77.2	110	45.5	71	81.6	181	55.0
Domestic Violence	89	69.5	92	88.5	181	78.0	150	62.0	74	85.1	224	68.1
Carer: Mental health	36	28.1	32	30.8	68	29.3	71	29.3	28	32.2	99	30.1
Carer: Emotional state	72	56.3	77	74.0	149	64.2	117	48.3	65	74.7	182	55.3
Carer: Drug/alcohol	91	71.1	92	88.5	183	78.9	180	74.4	73	83.9	253	76.9
Carer: Other issues	49	38.3	65	62.5	114	49.1	64	26.4	44	50.6	108	32.8
CYP Risk issues	15	11.7	28	26.9	43	18.5	20	8.3	20	23.0	40	12.2
No. of children	128	-	104	-	232	-	242	-	87	-	329	-

4. Entry into OOHC and placement experience

More of the high needs children entered OOHC for the first time at an older age than the comparison group. Around a third (35.3%) of the high needs cohort entered OOHC for the first time aged between 0 and 35 months compared with 61.1% of the comparison group as shown in Figure 7.

Figure 7: Children in the high needs cohort and the comparison group by age at first entry into OOHC



In terms of placement stability, there was no significant difference between the high needs cohort and the comparison group in terms of the number of distinct placements[1] that children have had with one-quarter of children experiencing only one distinct placement. There was also no significant difference by age (Table 4).

Table 4: Children in the high needs cohort and the comparison group by the number of distinct placements and age at Wave 3

Number of distinct placements	High needs cohort						Comparison					
	Age at Wave 3						Age at Wave 3					
	5-8 years		9-12 years		Total		5-8 years		9-12 years		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1	38	29.7	24	23.1	62	26.7	68	28.1	19	21.8	87	26.4
2	33	25.8	32	30.8	65	28.0	91	37.6	27	31.0	118	35.9
3	28	21.9	18	17.3	46	19.8	40	16.5	17	19.5	57	17.3
4	13	10.2	12	11.5	25	10.8	23	9.5	14	16.1	37	11.2
5	7	5.5	11	10.6	18	7.8	9	3.7	0	0.0	9	2.7
6+	9	7.0	7	6.7	16	6.9	11	4.5	10	11.5	21	6.4
Total	128	100.0	104	100.0	232	100.0	242	100.0	87	100.0	329	100.0

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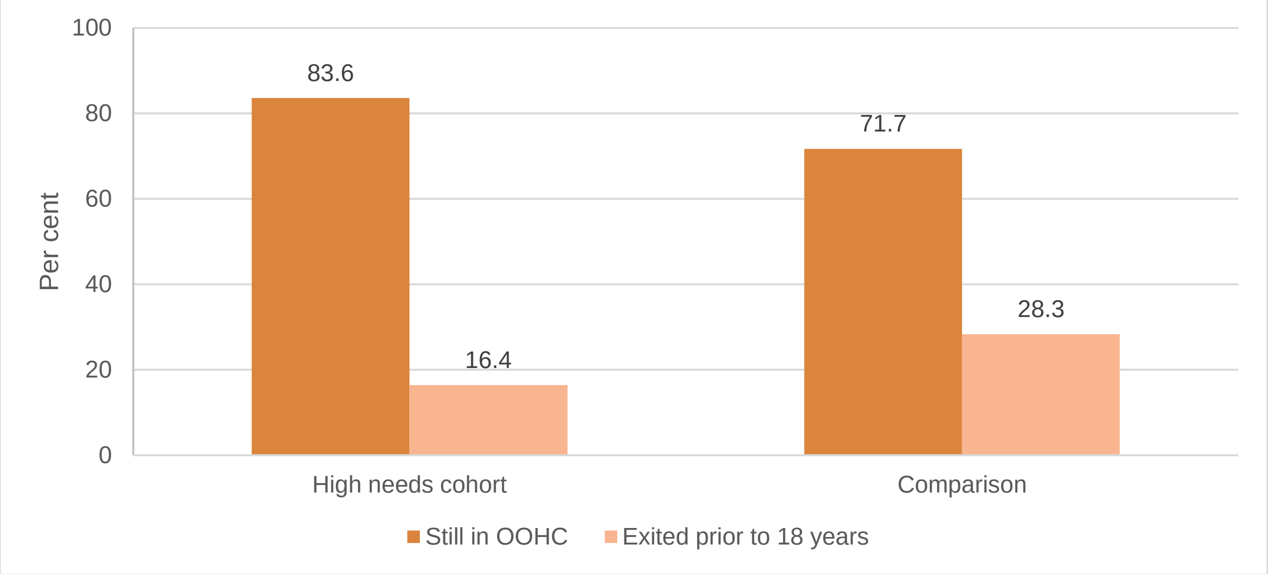
[1] A placement where a child returns to the same household is not counted as a distinct placement. Non-permanent placements (such as respite and emergency placements) of less than 7 days are also excluded.

A total of 38 children in the high needs cohort (16.4%) had exited care at some point before 30 June 2016 with 27 exiting to Guardianship Orders. This compares to 93 in the comparison group (28.3%) with 68 exiting to Guardianship Orders. There was no significant difference between the high needs cohort and the comparison group in terms of the length of time to their first exit.

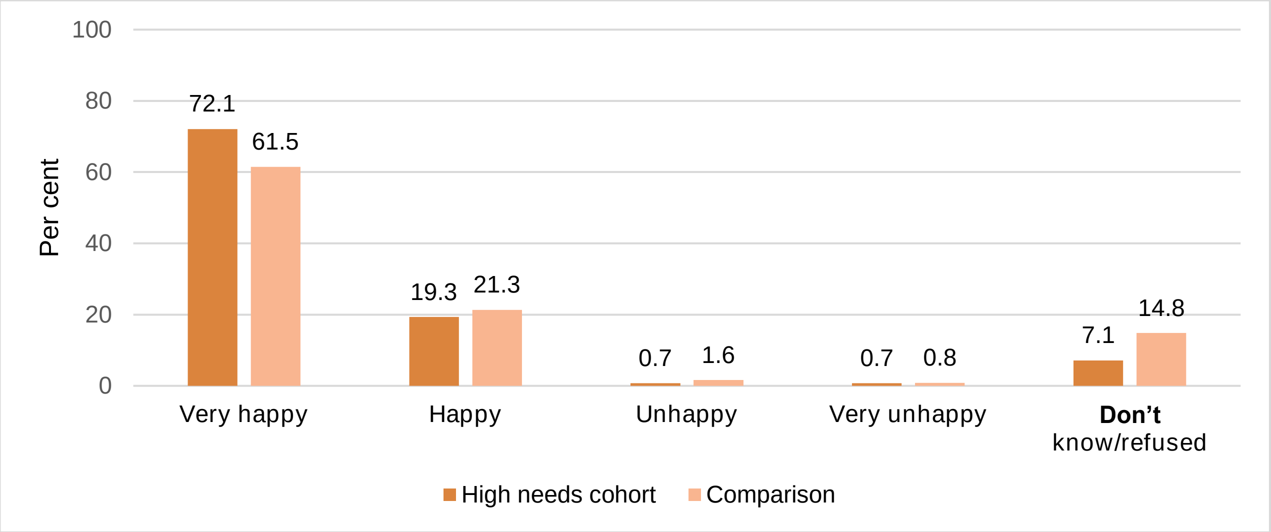
Figure 8: Children in the high needs cohort and the comparison group by exit status at 30 June 2016



Similar proportions of the high needs cohort and comparison group were in foster care and relative/kinship care. At Wave 3, 50.9% of the children in the high needs cohort were in foster care and 47.8% were in relative/kinship care while 46.5% of children in the comparison group were in foster care and 52.9% were in relative/kinship care. There were only a few children in the high needs cohort who were placed in residential care.

In response to the question ‘Are you happy living here?’ the majority of children in both the high needs cohort (91.4%) and the comparison group (82.8%) report feeling either happy or very happy in their current placement as shown in Figure 9. This was constant across the age groups.

Figure 9: Children in the high needs cohort and the comparison group by happiness in placement at Wave 3



Note: this question was only asked of children who were 7 years of age and over at Wave 3 who gave consent to participate in the child/young person questions.

Table 5 shows that the use of respite placements was higher amongst children in the high needs cohort than in the comparison group. Nearly two-thirds (62.5%) of the high needs children had at least one respite placement and almost half had been in multiple respite placements (46.1%). This compares with around one-third (36.2%) of the comparison group having at least one respite placement and 27.7% had multiple respite placements.

The difference in the use of respite was more noticeable in the 5-8 years age group with 43.0% of the high needs cohort having multiple respite placements compared with 22.3% in the comparison group.

Table 5: Children in the high needs cohort and the comparison group by number of respite placements and age at Wave 3

Number of respite placements	High needs cohort						Comparison					
	Age at Wave 3						Age at Wave 3					
	5-8 years		9-12 years		Total		5-8 years		9-12 years		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
None	49	38.3	38	36.5	87	37.5	167	69.0	43	49.4	210	63.8
One	24	18.8	14	13.5	38	16.4	21	8.7	7	8.0	28	8.5
Multiple	55	43.0	52	50.0	107	46.1	54	22.3	37	42.5	91	27.7
Total	128	100.0	104	100.0	232	100.0	242	100.0	87	100.0	329	100.0

5. Changes in developmental issues

5.1 Change in behaviour problems since Wave 1

Figures 10 and 11 show how children's behaviour problems have changed since Wave 1 for the high needs cohort and the comparison group based on the CBCL. It should be noted that the CBCL was only used for children aged 3 years and over at Wave 1 and for all ages from Wave 2. There were approximately 18-24 months between waves.

Figure 10: The high needs cohort - Change in carer reported CBCL behaviour problems by clinical status at baseline (n=168)

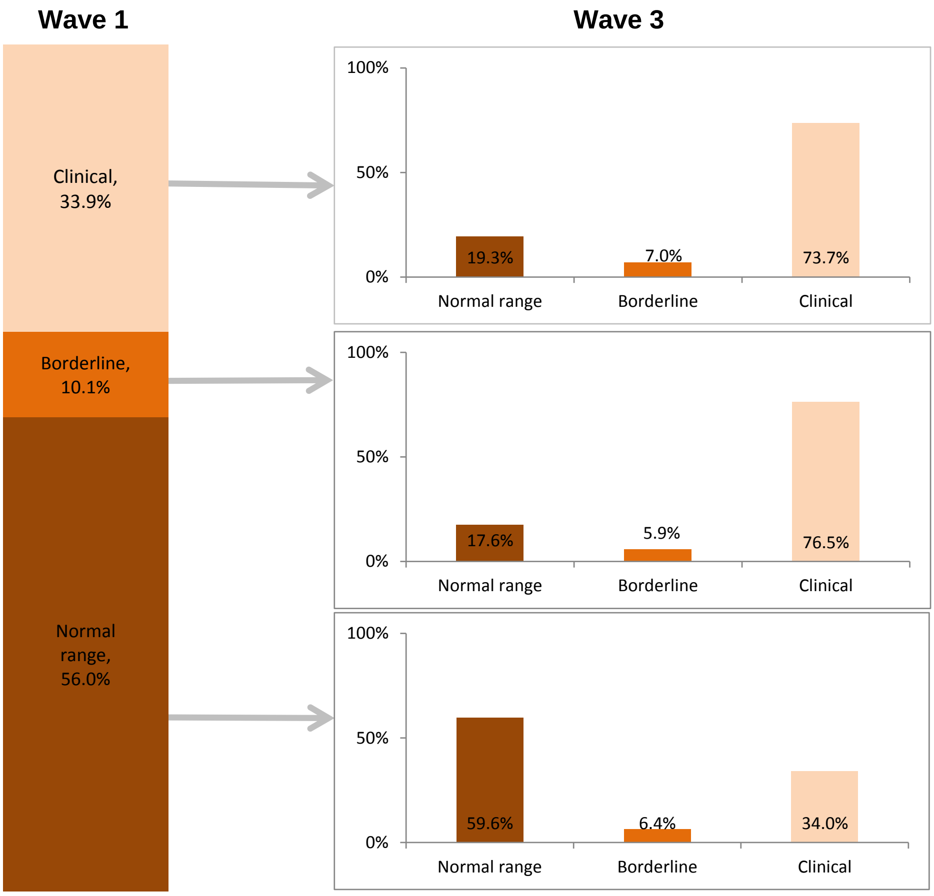


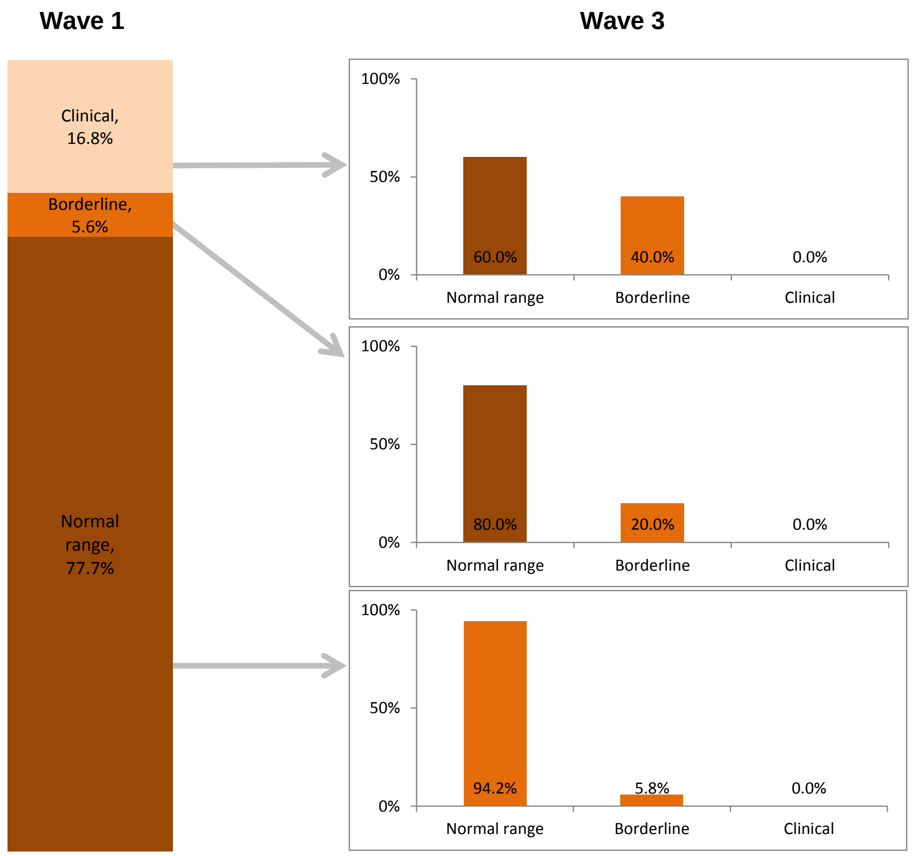
Figure 10 shows that 33.9% of the children in the high needs cohort were in the clinical range for behaviour problems on the CBCL at Wave 1. Of these children, 19.3% were classified as in the normal range by Wave 3 and 7.0% were borderline. This means that approximately one quarter had improved and moved out of the clinical range of behaviours by Wave 3 and three-quarters remained in the clinical range. Note, that to be classified as in the high needs cohort, these children who moved out of the clinical range for behaviours, must have been in the below average range for language skills and/or non-verbal intelligence at Wave 3.

A total of 10.1% of the children in the high needs cohort were in the borderline range for behaviour problems at Wave 1, and three-quarters of these children had deteriorated to the clinical range by Wave 3.

A total of 56.0% of the children in the high needs cohort were in the normal range for behaviour problems at Wave 1, and one-third had deteriorated by Wave 3 (Figure 10).

For the comparison group, 16.8% had clinical range behaviour problems at Wave 1 and, of these, 60.0% improved to normal range behaviours and 40.0% improved to borderline behaviours by Wave 3. The majority of comparison group children in the borderline and normal ranges of behaviour at Wave 1 were in the normal ranges of behaviour at Wave 3 (80.0% and 94.2% respectively) (Figure 11).

Figure 11: Comparison group - Change in carer reported CBCL behaviour problems by clinical status at baseline (n=179)

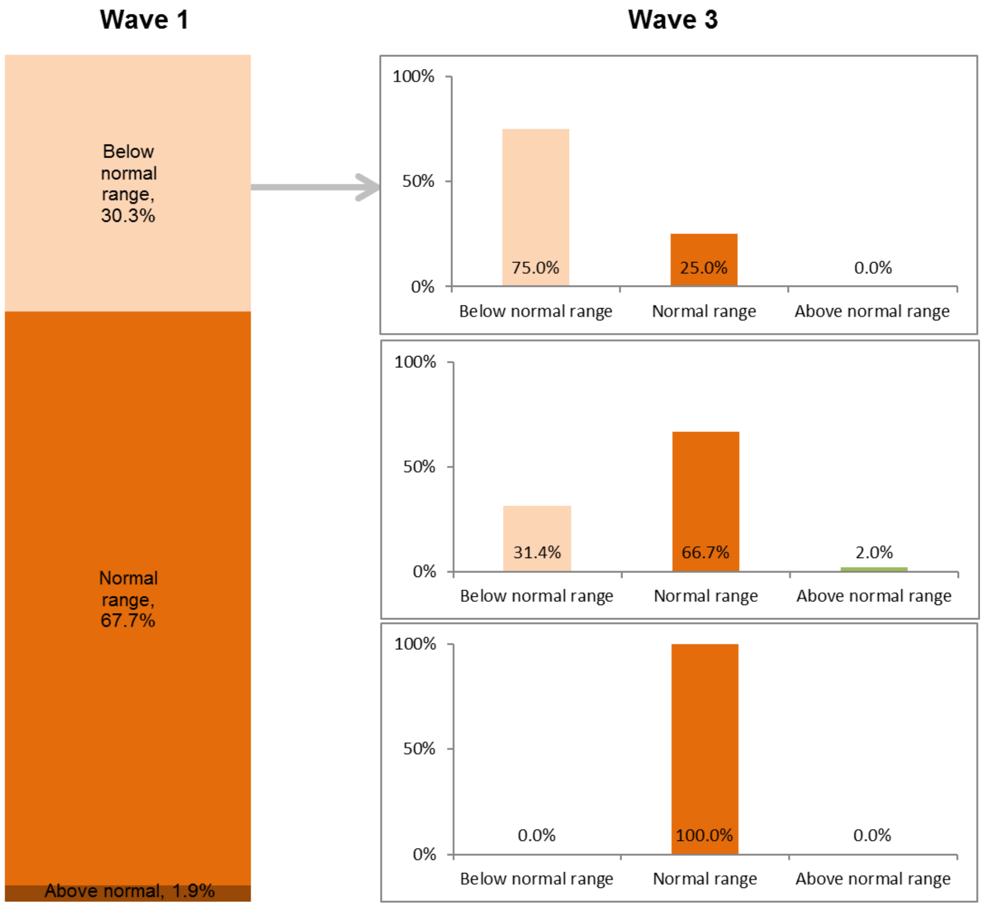


5.2 Change in language skills since Wave 1

Figures 12 and 13 show how children's language skills have changed since Wave 1 for the high needs cohort and the comparison group.

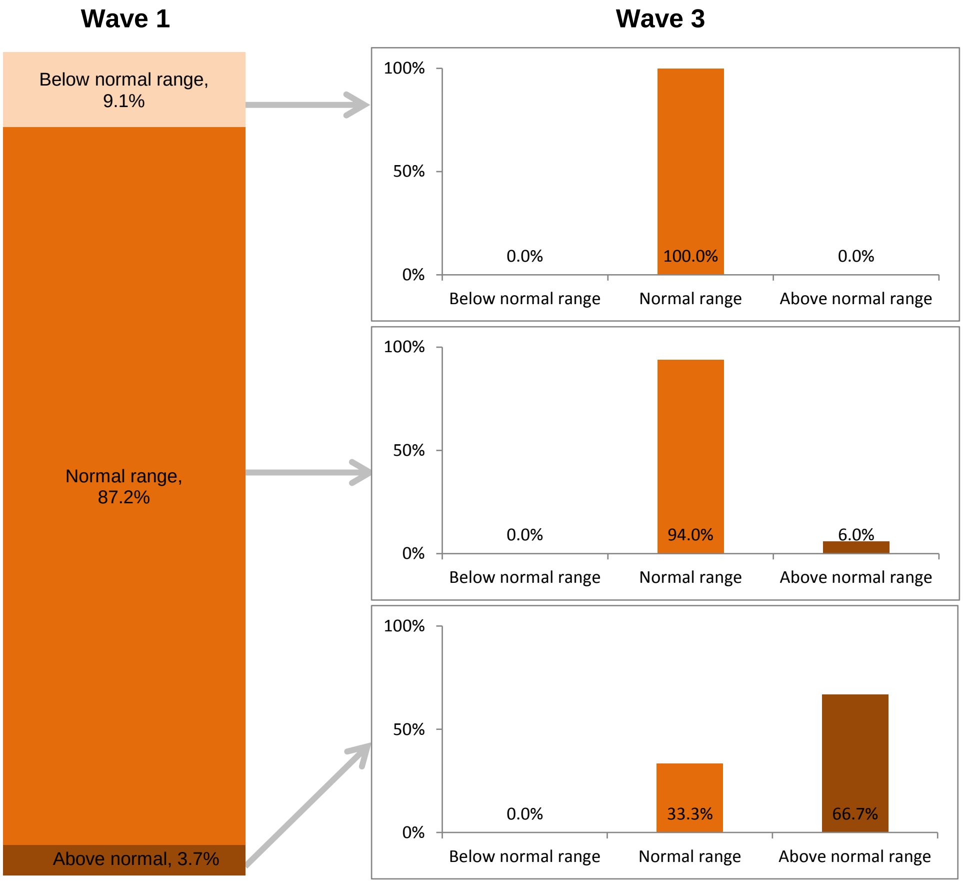
Figure 12 shows that 30.3% of the children in the high needs cohort had below normal range language skills at Wave 1. Of these, 25.0% had improved to the within normal range by Wave 3. However, of the 67.7% of the high needs cohort children who were in the within normal range at Wave 1, 31.4% had experienced a deterioration in relative ability by Wave 3.

Figure 12: The high needs cohort - Change in language skills on the PPVT-IV by baseline result (n=155)



For the comparison group, 9.1% of children were in the below average range of language skills at Wave 1, however all the children in the comparison group were in the normal range or above normal range of language skills by Wave 3 (Figure 13).

Figure 13: Comparison - Change in language skills on the PPVT-IV by baseline result (n=164)

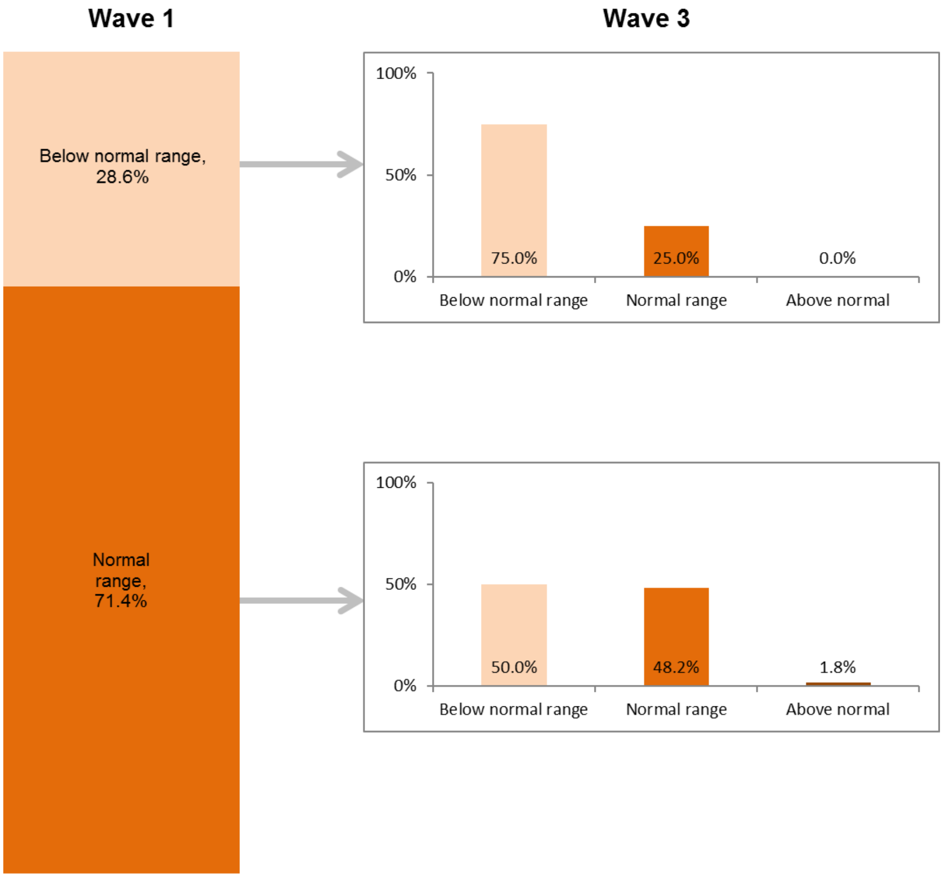


5.3 Change in non-verbal intelligence since Wave 1

Figures 14 and 15 show how children’s non-verbal intelligence has changed since entry to OOHC for the first time for the high needs cohort and the comparison group.

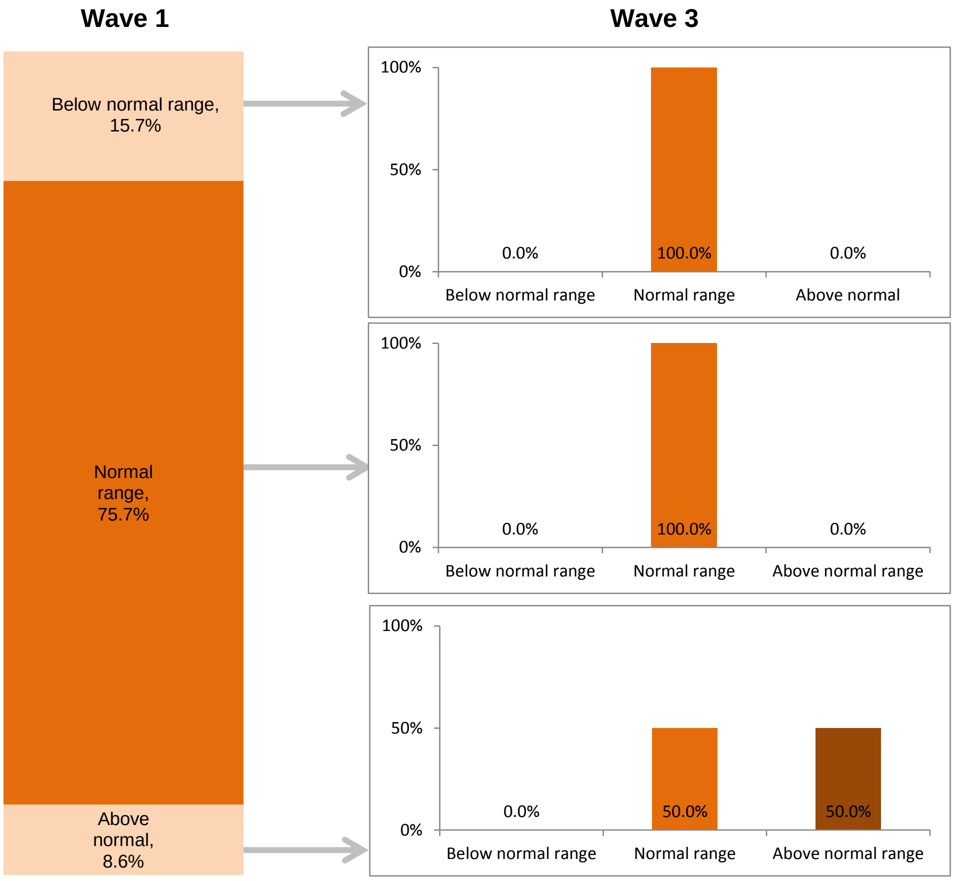
Figure 14 shows that 71.4% of the high needs cohort were within the average range of non-verbal intelligence at Wave 1 and 28.6% were below the average range. No children in the high needs cohort were above the average range at Wave 1. Of the children who were below the average range at Wave 1, a quarter (25.0%) were within the average range at Wave 3 and 50% of those within average range at Wave 1 were below average range at Wave 3.

Figure 14: The high needs cohort - Change in non-verbal intelligence on the MR test (WISC-IV) by baseline result (n=84)



For the comparison group, 15.7% were below the average range at Wave 1. At Wave 3, all of these children had improved in their non-verbal intelligence and were in the average range. All of the children in the average range at Wave 1 remained in the average range at Wave 3 (Figure 15).

Figure 15: Comparison group - Change in non-verbal intelligence on the MR test (WISC-IV) by baseline (n=70)



6. Education and learning

6.1 Childcare experiences

Of the 14 children in the high needs cohort who were aged 5-6 years and who had not started primary school, six were attending formal childcare or family day care and ten were attending preschool at Wave 3. At Wave 1, 96.0% of the children who were aged 4-5 years participating in the POCLS interviews were attending some type of childcare or preschool.

6.2 School experiences

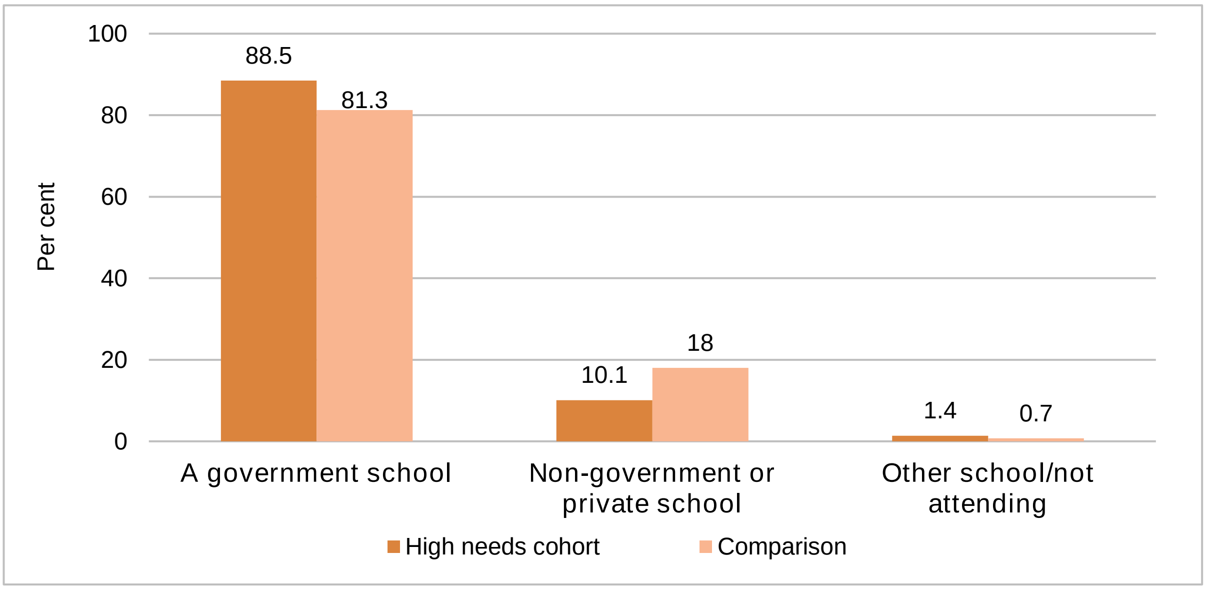
The majority of children in both the high needs cohort (88.8%) and the comparison group (93.7%) had not repeated a grade according to the carer. There was no significant difference between these groups.

The majority of children had also not changed school since they were placed with the current carer household – 82.4% of the high needs cohort and 84.8% of the comparison group. Again, there was no significant difference between groups.

For the children who had changed school since they were placed with the current carer household, the most common reasons provided were moving house and transitioning from primary to secondary school. This was consistent across both the high needs cohort and the comparison group.

Most children were attending a government school regardless of whether they were in the high needs cohort (88.5%) or the comparison group (81.3%) as shown in Figure 16.

Figure 16: Children in the high needs cohort and comparison group by carer reports on the type of school the study child attends at Wave 3



Around two in five children had an OOHC education plan – 45.4% of the high needs cohort and 37.3% of the comparison group (noting that these proportions are not significantly different). There was no difference across the age groups (Table 6).

Table 6: Children in the high needs cohort and comparison group by carer reports on whether the study child has an OOHC education plan developed by the learning support team, or similar, at his/her school or college and age at Wave 3

OOHC education plan for study child	High needs cohort						Comparison					
	Age at Wave 3						Age at Wave 3					
	5-8 years		9-12 years		Total		5-8 years		9-12 years		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	50	47.2	43	43.4	93	45.4	66	36.5	32	39.0	98	37.3
No	56	52.8	56	56.6	112	54.6	115	63.5	50	61.0	165	62.7
Total	106	100.0	99	100.0	205	100.0	181	100.0	82	100.0	263	100.0

Table 7 shows that children in the high needs cohort were significantly more likely to receive special services at school than those in the comparison group (40.1% vs 17.0%). In both groups, older children were more likely to receive special services at school.

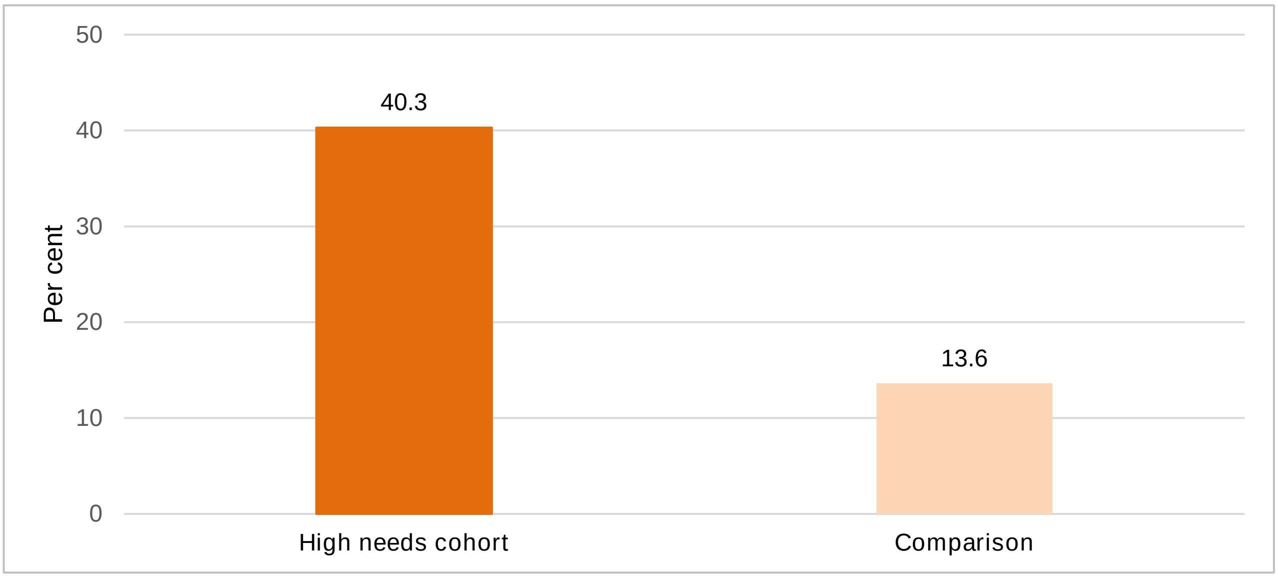
Table 7: Children in the high needs cohort and comparison group by the carer reports on whether the study child receives special education or remedial services or attend a special class or special school at Wave 3 and age at Wave 3

Receives special services at school	High needs cohort						Comparison					
	Age at Wave 3						Age at Wave 3					
	5-8 years		9-12 years		Total		5-8 years		9-12 years		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	42	32.8	51	49.0	93	40.1	33	13.6	23	26.4	56	17.0
No	86	67.2	53	51.0	139	59.9	209	86.4	64	73.6	273	83.0
Total	128	100.0	104	100.0	232	100.0	242	100.0	87	100.0	329	100.0

The majority of children did not receive additional help or tutoring from outside the household and there was no significant difference between the high needs cohort and the comparison group (86.1% and 92.3% respectively).

Not surprisingly, children in the high needs cohort were more likely to have academic problems (40.3%) compared with those in the comparison group (13.6%) (Figure 17). There was no difference across the age groups.

Figure 17: Children in the high needs cohort and comparison group by carer reports on academic or other problems in school at Wave 3



Eight of the children in the high needs cohort had been reported at ROSH for Educational neglect with all of these reports relating to habitual absence from school. For the comparison group, nine of the children had been reported at ROSH for Educational neglect (habitual absence or not enrolled).

Children in the high needs cohort and the comparison group reported no differences in terms of whether they: enjoy being at school; understand the work in class; try hard; get on well with their teachers; and find someone to have lunch with. However, it appears that there are some differences between the groups in terms of how often they manage school rules and routines with 81.3% of children in the high needs cohort ‘always’ or ‘often’ managing compared to 91.1% of the comparison group. A small number (<5) of children in the high needs cohort indicated that they ‘rarely’ or ‘never’ manage school rules of routines.

The vast majority of children look forward to going to school on most days – 91.6% of children in the high needs cohort and 96.1% of children in the comparison group.

6.3 Carer’s involvement with the child’s education

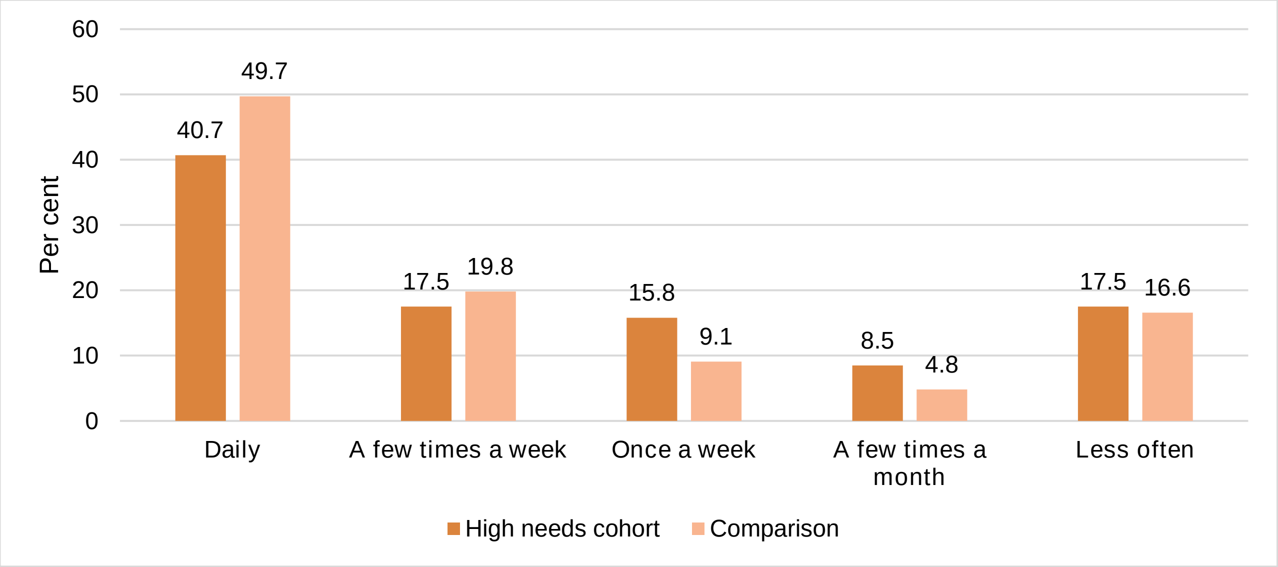
Table 8 shows that most of the carers had a high degree of involvement in the child’s schooling. Carers of children in the high needs cohort were more likely to have contacted the child's teacher, year co-ordinator or principal than carers in the comparison group (92.0% vs 86.1%) and more likely to have contacted the school counsellor (41.5% vs 29.2%). There were no significant differences across the age groups.

Table 8: Children in the high needs cohort and comparison group by carer reports on participation in the child's schooling at Wave 3

	High needs cohort		Comparison	
Carer school contact	No.	%	No.	%
Contacted child's teacher, year co-ordinator, principal	196	92.0	242	86.1
Contacted the school counsellor	88	41.5	82	29.2
Attended an individual parent-teacher meeting	185	86.9	246	87.5
Attended an education planning meeting for the child	141	66.2	163	58.4
Attended an event in which the child participated	194	91.1	255	90.7

Figure 18 shows there was no difference between the high needs cohort and the comparison group in terms of help the children received from the household with their homework. A total of 83.0% of children in both the high needs cohort and the comparison group received help with homework at least a few times a month and a significant proportion on a daily basis.

Figure 18: Children in the high needs cohort and comparison group by carer reports on help from household with homework at Wave 3



6.4 Satisfaction with education meeting the child's needs

Table 9 shows that while the vast majority of carers were satisfied (either 'very satisfied' or 'satisfied') in terms of the school meeting the child's needs, the proportion was higher for the comparison group (97.9% for the comparison group vs 92.6% for the high needs cohort). Around three quarters (76.4%) of carers of children in the high needs cohort were 'very satisfied' compared to 85.1% of carers of children in the comparison group. There is no difference across the age groups.

Table 9: Children in the high needs cohort and comparison group by carer reports on satisfaction that the school or college meets the child's needs at Wave 3

Satisfaction with school meeting child's needs	High needs cohort		Comparison	
	No.	%	No.	%
Very satisfied	165	76.4	240	85.1
Satisfied	35	16.2	36	12.8
Neither/dissatisfied/very dissatisfied	16	7.5	6	2.1
Total	216	100.0	282	100.0

Carers of children in the high needs cohort have significantly more concerns about how the child is learning preschool or school skills compared to the carers in the comparison group. Over a third (35.7%) of children in the high needs cohort had carers that were either concerned or a little concerned compared with 16.5% of the comparison group (Table 10).

Table 10: Children in the high needs cohort and comparison group by carer reports of concerns about how the study child is learning preschool or school skills at Wave 3

Concerns about how the child is learning preschool or school skills	High needs cohort		Comparison	
	No.	%	No.	%
Yes	39	18.6	13	4.2
A little	36	17.1	38	12.3
No	135	64.3	258	83.5
Total	210	100.0	309	100.0

6.5 Australian Early Development Census

The Australian Early Development Census (AEDC) measures how well children are faring across five domains and is collected by teachers in the child's first year of school. These provide an overall picture of a child's development and are predictive of later health, wellbeing and education outcomes. The AEDC is not conducted every year. It was undertaken in 2009, 2012 and 2015.

The five domains are:

- Physical health and wellbeing
- Social competence
- Emotional maturity
- Language and cognitive skills
- Communication skills and general knowledge.

For each of the domains the outcomes show whether the children are considered to be developmentally on track, developmentally at risk (11-25th percentiles) or developmentally vulnerable (10th percentile or lower).

Table 11 shows the number of children in the high needs cohort and the comparison group that were matched with the AEDC in 2009, 2012 and 2015.

Table 11: Number of children in the high needs cohort and comparison group matched with the AEDC in 2009, 2012 and 2015 by age at Wave 3

	High needs cohort			Comparison		
	Age at Wave 3			Age at Wave 3		
Year AEDC was conducted	5-8 years	9-12 years	Total	5-8 years	9-12 years	Total
2009	0	17	17	0	22	22
2012	20	14	34	20	9	29
2015	31	0	31	66	0	66
Total	51	31	82	86	31	117

As expected, given the definition, a higher proportion of children in the high needs cohort are vulnerable or at risk in the AEDC domains of language and cognitive ability, and communication skills and general knowledge. Across the other three domains (physical health & wellbeing, social competence, emotional maturity) the proportion of children that are vulnerable or at risk was similar for the high needs cohort and the comparison group (Table 12).

Table 12: Children in the high needs cohort and comparison group who were vulnerable (10th percentile or lower) or at risk (11-25th percentile) for each AEDC domain by age at Wave 3

	High needs cohort			Comparison		
	Age at Wave 3			Age at Wave 3		
AEDC Domains	5-8 years %	9-12 years %	Total %	5-8 years %	9-12 years %	Total %
Language and cognition	35.9	34.6	35.4	11.8	27.6	16.2
Communication & general knowledge	33.3	46.2	38.5	27.6	34.5	29.5
Physical development	28.2	42.3	33.8	31.6	31.0	31.4
Social competence	43.6	50.0	46.2	47.4	44.8	46.7
Emotional maturity	46.2	46.2	46.2	43.4	51.7	45.7

6.6 Literacy and numeracy (NAPLAN)

Table 13 shows the number of children in the high needs cohort and the comparison group that were able to be matched with National Assessment Program – Literacy and Numeracy (NAPLAN) data for Years 3 and 5. The analysis is based on the child's most recent NAPLAN result. Note that the proportions are based on relatively small numbers and should be interpreted with caution.

Due to the age restriction of the cohort (5-12 years), the vast majority of children were not old enough to have completed the Year 7 NAPLAN. It should also be noted that a large proportion of children in the high needs cohort and comparison were too young to have completed NAPLAN with 43.0% being less than 8 at Wave 3 of POCLS (65.9% of the comparison group).

Table 13: Children in the high needs cohort and comparison group by the number of children who participated in NAPLAN

Grade at school when participated in NAPLAN	High needs cohort		Comparison	
	No.	%	No.	%
Year 3	57	72	42	62
Year 5	22	28	26	38
Total	79	100	68	100

There were eight children in the high needs cohort and less than five in the comparison group who were exempt from NAPLAN. Students may be exempt from testing if they have significant disabilities or if they arrived from overseas less than a year ago from a country with a language background other than English. These students are considered to be below national minimum standard in the Table 14. Less than five children from the high needs cohort were absent or withdrawn from NAPLAN (similar to the comparison group).

Over half of the high needs cohort with a Year 3 NAPLAN result were at, or below, the national minimum standard for numeracy and reading [2] as shown in Table 14. This is a much higher proportion than for the comparison group.

By Year 5, around two thirds (68.2%) of the children in the high needs cohort with a Year 5 NAPLAN result were at, or below, the national minimum standard for numeracy and just over half (57.1%) for reading, with these proportions being much higher than for the comparison group.

Table 14: Proportion of children who were at or below national minimum standard for NAPLAN results at Year 3 and Year 5

	High needs cohort	Comparison
	%	%
Year 3 – Reading	55.6	31.7
Year 5 – Reading	57.1	45.5
Year 3 – Numeracy	52.8	28.6
Year 5 – Numeracy	68.2	38.1

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[2] Definition of at or below national minimum standard -The second lowest band on the achievement scale reported for each year level represents the national minimum standard expected of students at that year level. The national minimum standard is the agreed minimum acceptable standard of knowledge and skills without which a student will have difficulty making sufficient progress at school. Students whose results are in the lowest band for the year level have not achieved the national minimum standard for that year. These students are likely to need focused intervention and additional support to help them achieve the skills they require to progress in schooling.

7. Services and support for children in the high needs cohort

7.1 Who the child turns to for support

Children and young people were asked who they turn to for support. Table 15 shows that children in the high needs cohort most often talked with members of the caregiver family when they felt worried, sad or angry (78.7%). About half (50.4%) had also talked with their friends and half (49.2%) had talked to a teacher or school counsellor. Other people whom the child talked with include caseworker (48.3%) and his/her own family members (37.3%). There are no significant differences between the high needs cohort and the comparison group in terms of whom they approached for support when experiencing negative emotions.

Table 15: Children in the high needs cohort and comparison group by child reports of people spoken to when feeling worried, sad or angry at Wave 3

Who spoken with when feeling worried, sad or angry	High needs cohort		Comparison	
	No.	%	No.	%
People I am living with now	96	78.7	70	76.9
My friend	62	50.4	43	47.3
Teachers/school counsellor	59	49.2	40	44.4
Caseworker	57	48.3	32	36.8
My own family	44	37.3	32	36.8
Other person or group	17	14.8	11	12.5

Most children in the high needs cohort thought the support they received was ‘very’ (49.5%) or ‘quite’ helpful (36.7%). Only a small proportion of children in the high needs cohort felt it had been only ‘somewhat’ or ‘not at all’ helpful. This is not significantly different to the comparison group (Table 16).

Table 16: Children in the high needs cohort and comparison group by child reports of how helpful the support had been at Wave 3

How helpful the support was	High needs cohort		Comparison	
	No.	%	No.	%
Very helpful	54	49.5	41	50.6
Quite helpful	40	36.7	25	30.9
Somewhat helpful/not at all helpful	15	13.8	15	18.5
Total	109	100.0	81	100.0

Overall, there are no significant differences in children’s health conditions between the high needs cohort and the comparison group. Not many carers of children in the high needs cohort reported health conditions that have lasted longer than six months and have been diagnosed by a health professional. Only those conditions with at least five children experiencing the health condition are reported here. Eyesight problems were the most common condition reported (7.4% for the high needs cohort and 7.6% for the comparison group), followed by problems with teeth/oral hygiene (4.8% vs 3.0%) and asthma (3.9% vs 3.0%) (Table 17).

Table 17: Children in the high needs cohort and the comparison group by carer report of children's health conditions that had lasted six months or more

	High needs cohort		Comparison	
Health condition	No.	%	No.	%
Problems with eyesight	17	7.4	25	7.6
Problems with teeth/oral hygiene	11	4.8	10	3.0
Asthma	9	3.9	10	3.0
Developmental delay - physical	8	3.5	<5	NA
Problems with hearing	5	2.2	<5	NA

Note: small cell sizes have been supressed to maintain confidentiality

7.2 Children's access to services to professional services

Table 18 shows that children in the high needs cohort were more likely than those in the comparison group to have seen a paediatrician (53.4% vs 31.6%), attended counselling or psychologist services (47.8% vs 20.7%), seen a speech pathologist (31.5% vs 20.8%), seen an occupational therapist (24.1% vs 10.1%), seen an ear/nose/throat specialist (21.6% vs 12.5%) and attended behavioural management services (15.9% vs 4.6%).

Younger children in both the high needs cohort and the comparison group were more likely to have seen a paediatrician, a speech pathologist and an ear/nose/throat specialist compared to older children. Younger children in the high needs cohort were also more likely to have seen an occupational therapist than older children in the high needs cohort. In the comparison group the proportions seeing an occupational therapist were similar.

Table 18: Children in the high needs cohort and comparison group by carer reports of professional services attended by the child at Wave 3 and age at Wave3

	High needs cohort						Comparison					
	Age at Wave 3						Age at Wave 3					
	5-8 years		9-12 years		Total		5-8 years		9-12 years		Total	
Professional service	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
General practitioner	109	85.8	87	83.7	196	84.8	223	92.1	75	86.2	298	90.6
Dental hospital or local dentist	106	82.8	85	81.7	191	82.3	180	74.4	73	83.9	253	76.9
Eye specialist	83	64.8	61	58.7	144	62.1	141	58.3	50	57.5	191	58.1
Paediatrician	76	59.4	48	46.2	124	53.4	81	33.5	23	26.4	104	31.6
Hearing test	78	61.4	42	40.4	120	51.9	125	51.7	38	44.2	163	49.7
Counselling/ psychologist	62	48.4	49	47.1	111	47.8	45	18.6	23	26.4	68	20.7
Speech pathology	48	37.5	25	24.0	73	31.5	59	24.5	9	10.5	68	20.8
Occupational therapist	36	28.1	20	19.2	56	24.1	26	10.8	7	8.0	33	10.1
Hospital ED (or casualty)	33	25.8	17	16.3	50	21.6	52	21.5	13	14.9	65	19.8
Ear, nose and throat specialist	34	26.6	16	15.4	50	21.6	35	14.5	6	7.0	41	12.5
Behaviour management services	22	17.2	15	14.4	37	15.9	11	4.5	<5	NA	*	NA
Aboriginal Medical Service	19	14.8	16	15.4	35	15.1	29	12.0	7	8.0	36	10.9
Hospital (overnight stay or longer)	17	13.3	6	5.8	23	9.9	23	9.5	<5	NA	*	NA
Physiotherapist	10	7.8	6	5.8	16	6.9	8	3.3	<5	NA	*	NA
Early intervention services	16	12.5	0	0.0	16	6.9	10	4.1	0	0.0	10	3.0

Note: small cell sizes have been suppressed to maintain confidentiality (<5). Consequential suppression has also been used to avoid re-calculation of suppressed figures (*).

Carers of children in the high needs cohort were more likely than those in the comparison group to experience barriers in accessing services. In particular they were more likely to experience long waiting lists (25.8% vs 15.3%), difficulty in getting approval from the Department/agency (14.4% vs 7.7%) and find the cost to be an issue (13.9% vs 7.7%) (Table 19).

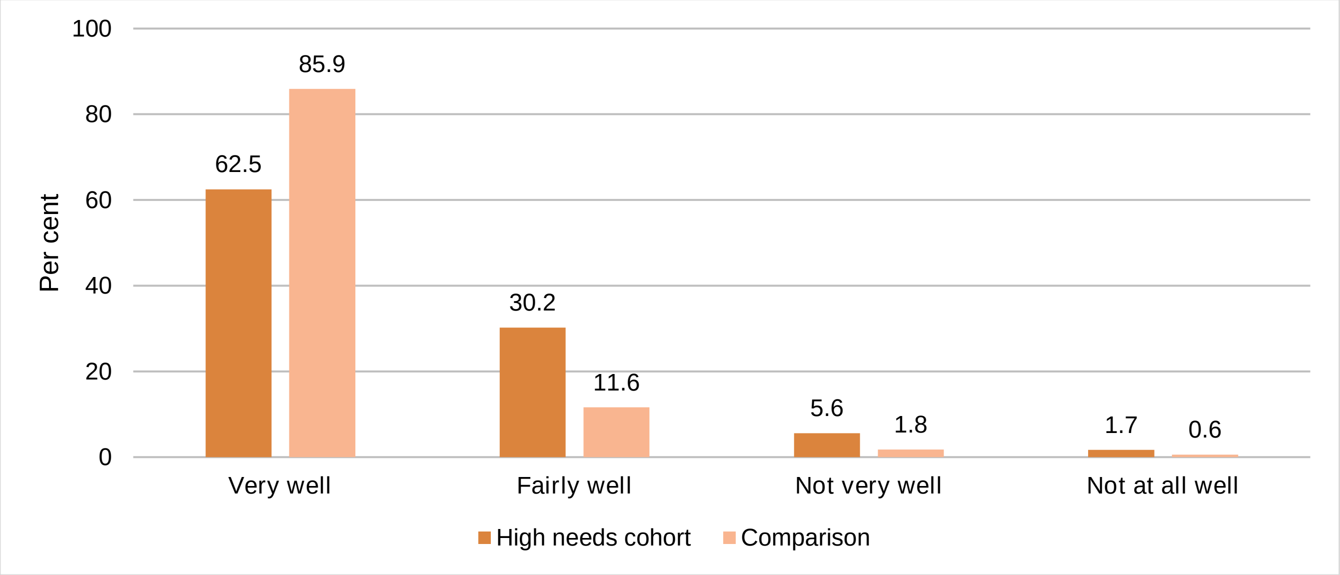
Table 19: Children in the high needs cohort and comparison group by carer reports on what makes it hard for the child to receive the professional attention needed at Wave 3

Barrier	High needs cohort		Comparison	
	No.	%	No.	%
Long waiting lists	50	25.8	34	15.3
Too hard to get approval	28	14.4	17	7.7
Cost of the service	27	13.9	16	7.2
Not aware of services	22	11.3	7	3.2
No appropriate services	11	5.7	0	0.0
Child won't attend/engage	9	4.6	<5	NA
Problems with transport	6	3.1	6	2.7
Something else	8	4.1	<5	NA

Note: small cell sizes have been suppressed to maintain confidentiality (<5).

Children in the high needs cohort were less likely to have carers' that feel that the children's needs had been 'very well' met by professional services (62.5% vs 85.9%) and were more likely to think the children's needs have been 'fairly well' met (30.2% vs 11.6%) as shown in Figure 19.

Figure 19: Percentage of children in the high needs cohort and comparison group by carer reports on how well the child's need for professional services are being met at Wave 3

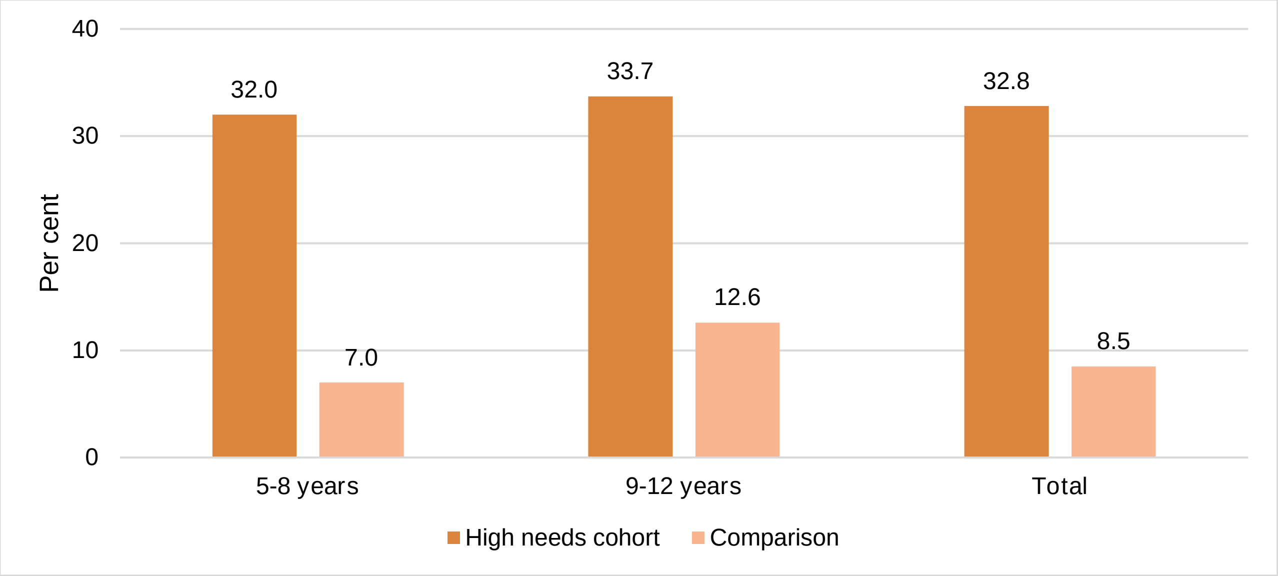


Note: includes for child's health, emotions, behaviour, learning or for any other needs

7.3 Psychotropic medication

Almost a third (32.8%) of children in the high needs cohort were taking prescribed medication to control behaviour while the proportion was much lower (8.5%) in the comparison group. The pattern was consistent across age groups (Figure 20).

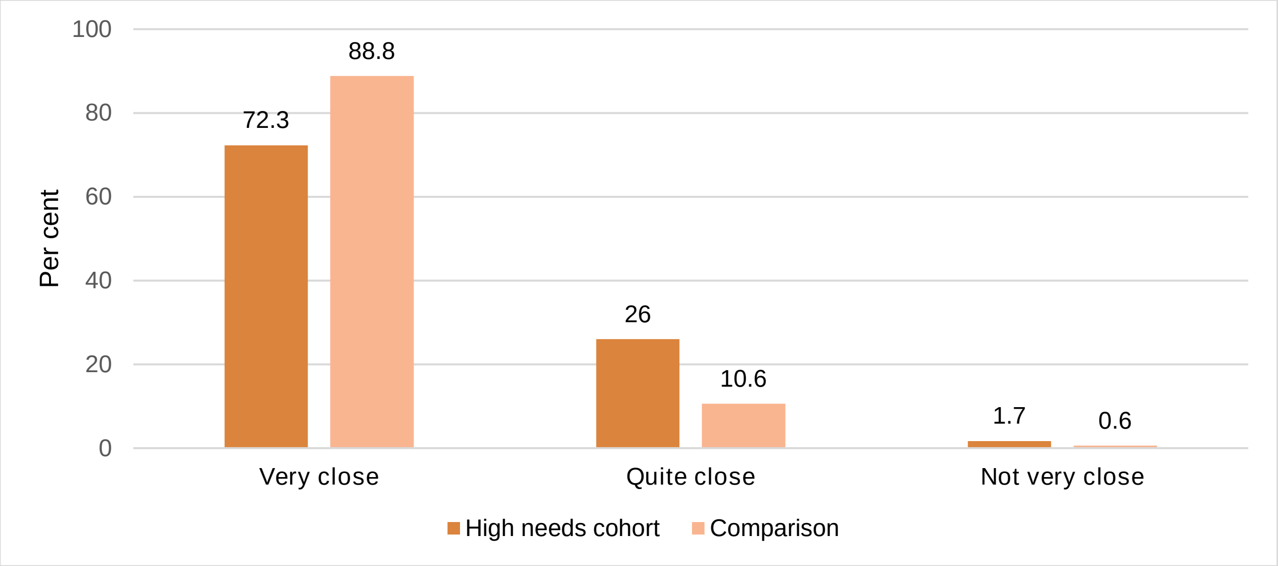
Figure 20: Percentage of children in the high needs cohort and comparison by carer reports that the children have been prescribed medication to control behaviour at Wave 3 and age at Wave 3



8. Children's relationships with household members and friends

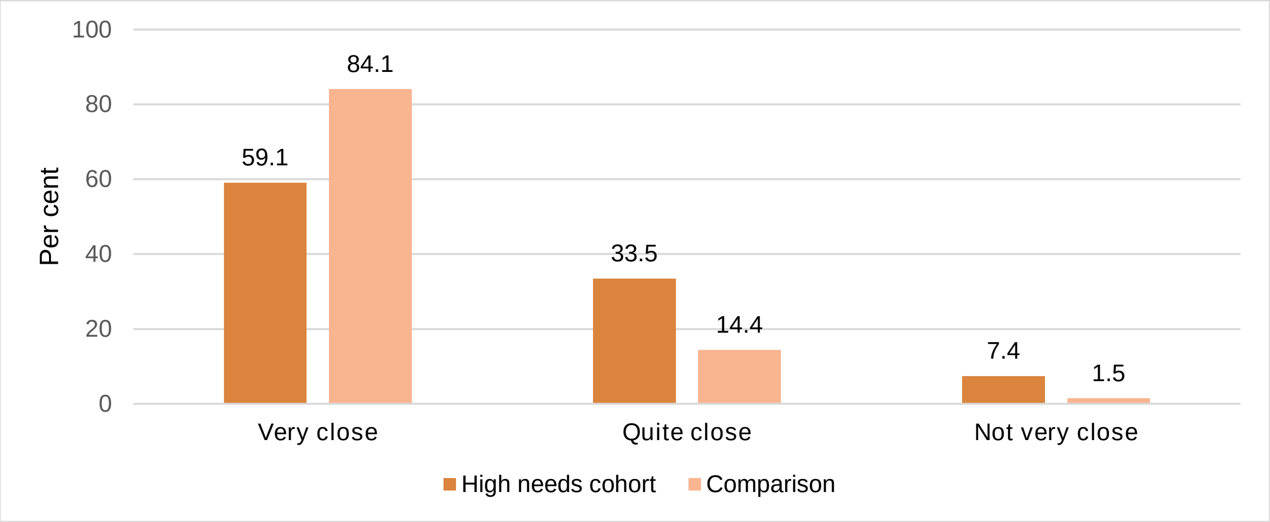
While for the majority children in the high needs cohort their carer stated that they were 'very close' to the child (72.3%) it was lower than for the comparison group (88.8%). However, relatively few described their relationship as 'not very close' for the high needs cohort (1.7%) or the comparison group (0.6%) (Figure 21).

Figure 21: Children in the high needs cohort and comparison group by carer reports on their relationship with child at Wave 3



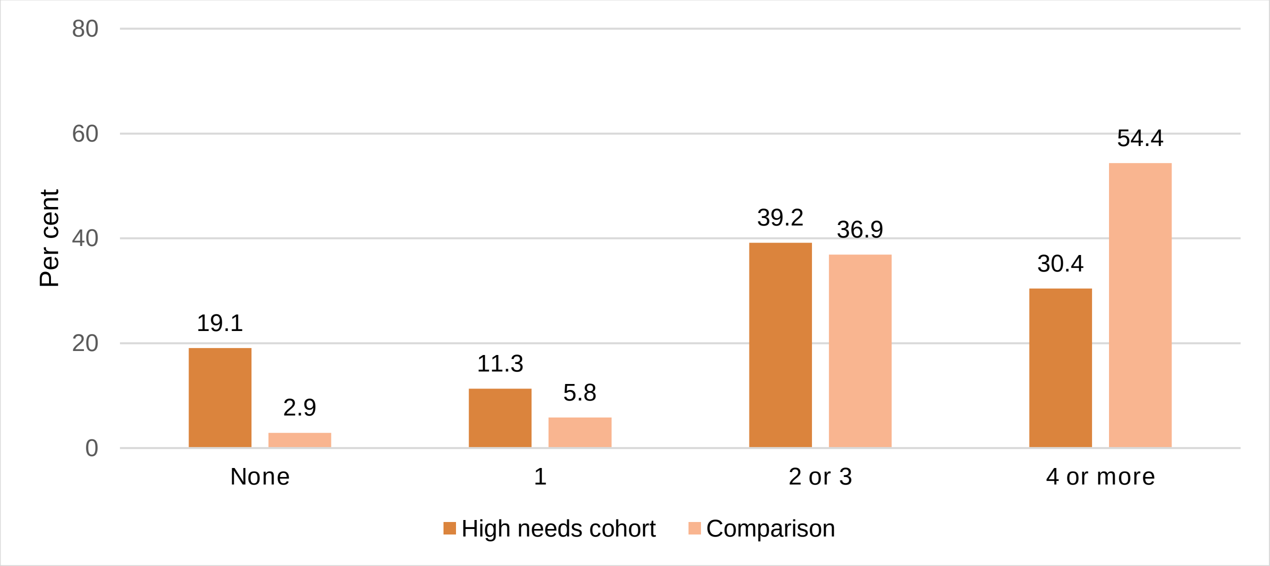
More than half (59.1%) of children in the high needs cohort were 'very close' to other household children compared with 84.1% of children in the comparison group. Substantially more of the children in the high needs cohort were described as 'not very close' to the other household children (7.4% compared with 1.5% for the comparison group) (Figure 22).

Figure 22: Children in the high needs cohort and comparison group by carer reports of child's relationship with other household children at Wave 3



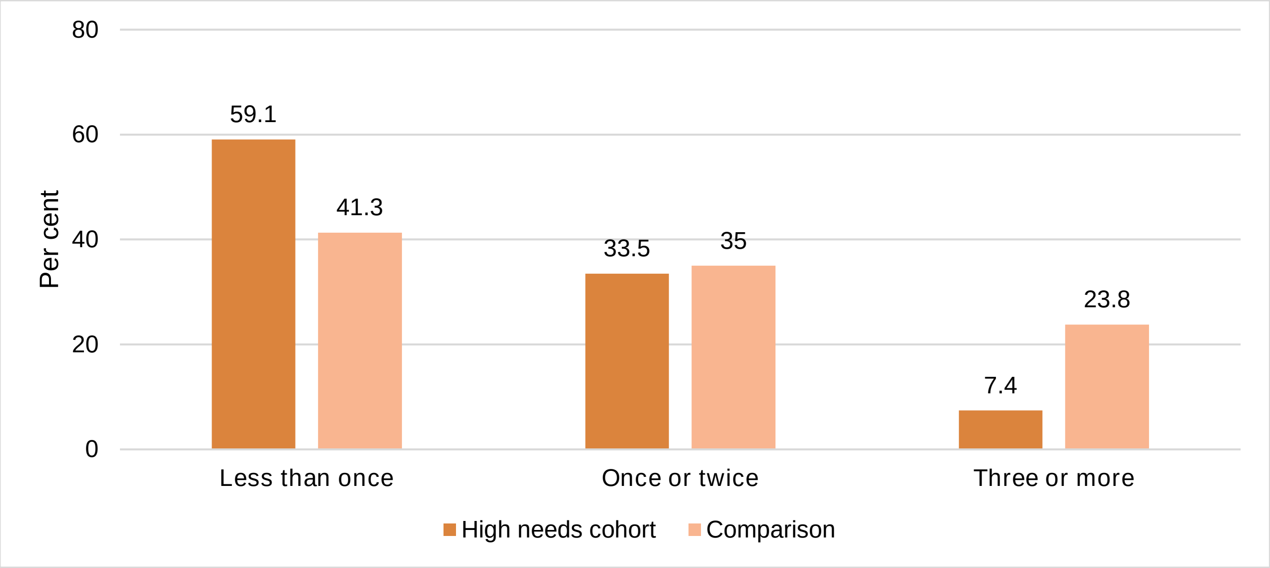
Around a fifth (19.1%) of the children in the high needs cohort had no close friends and a further 11.3% had only one close friend. The majority of children in the comparison group (91.3%) had two or more close friends (Figure 23).

Figure 23: Children in the high needs cohort and comparison group by carer reports of the number of close friends the child had at Wave 3



Children in the high needs cohort were more likely to see their friends outside of school less than once a week than children in the comparison group (54.1% compared with 41.3%). Only 16.8% of children in the high needs cohort saw their friends three or more times per week compared with almost a quarter (23.8%) of children in the comparison group (Figure 24).

Figure 24: Children in the high needs cohort and comparison group by carer reports of the frequency the child sees friends outside of school per week at Wave 3



For children in the high needs cohort their carers were more likely to state that compared with children of the same age, the child in their care was ‘worse’ than others in getting along with siblings (8.2% vs 5.4%), getting along with other children (21.6% vs 4.9%), behaviour with carers (17.0% vs 2.9%) and playing or working alone (22.1% vs 8.8%) as shown in Figure 25.

Figure 25: Children in the high needs cohort and comparison group who their carer reported were ‘worse’ than others in specified relationships at Wave 3

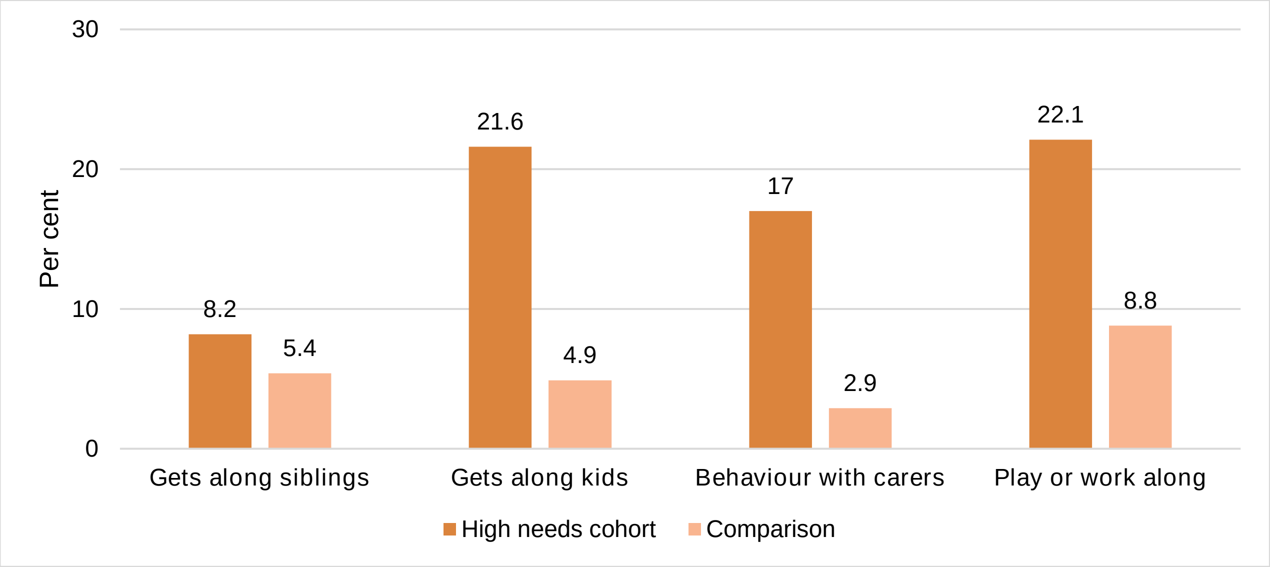
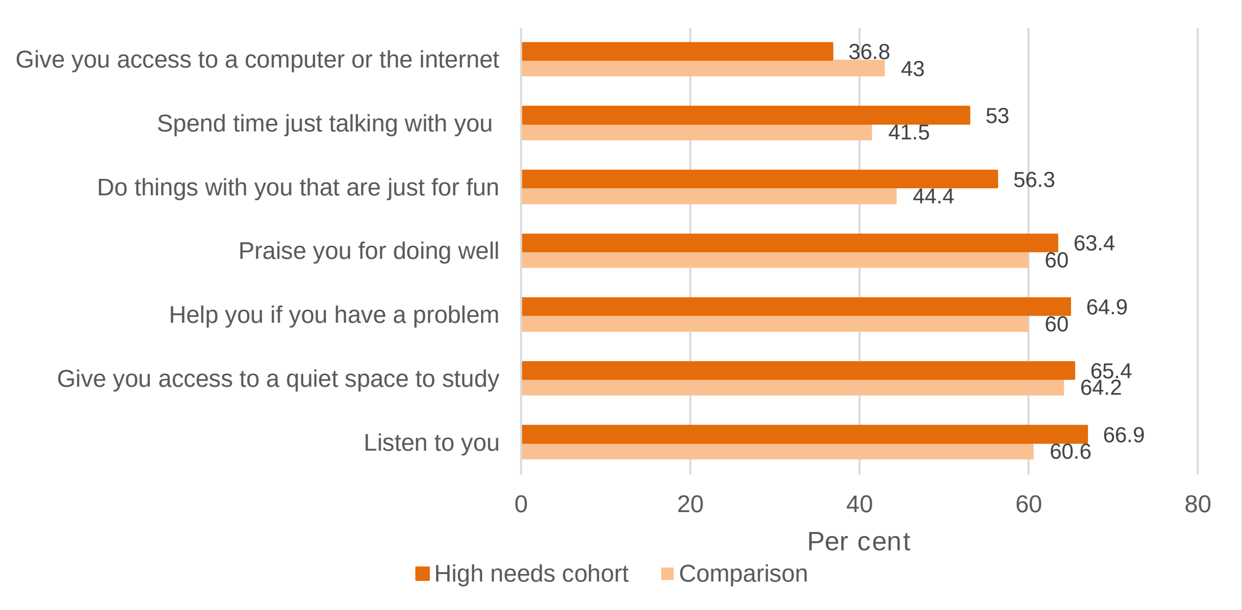


Figure 26 shows children’s perceptions on aspects of carers’ parenting. Around two-thirds of the high needs children reported that the caregiver ‘always’ listened to them (66.9%); ‘always’ gave them access to a quiet space to study (65.4%); ‘always’ helped them if they had a problem (64.9%); and ‘always’ praised them for doing well (63.4%). The pattern of responses between the high needs cohort and the comparison group is similar, except the high needs children reported that their carers were more likely to do things with them that were just for fun (56.3% compared to 44.4%).

Figure 26: Children in the high needs cohort and comparison group by child reports on aspects of carers' parenting as being 'always' at Wave 3



9. Contact with birth family

Carer’s were asked about the child’s relationship with his/her birth family members who they were not living with. Children in the high needs cohort were significantly less likely to have a good relationship with their birth mothers, birth fathers, maternal grandparents or paternal grandparents than children in the comparison group (Table 20).

Table 20: Children in the high needs cohort and comparison group by carer reports of who the child had a good relationship with their birth family at Wave 3

Birth family member	High needs cohort		Comparison	
	No.	%	No.	%
Siblings	130	58.0	159	50.2
Mother	64	28.6	123	38.8
Cousins	55	24.6	101	31.9
Maternal grandparents	48	21.4	93	29.3
Father	45	20.1	101	31.9
Maternal aunts/uncles	42	18.8	76	24.0
Paternal grandparents	38	17.0	79	24.9
Paternal aunts/uncles	8	3.6	20	6.3

Note: excludes family members that the child lived with.

As to the extent to which the child’s needs in maintaining family relationships were being met, more than three quarters of the high needs children had their needs met ‘very well’ or ‘fairly well’ (79.4%) according to their carer. This is not significantly different to children in the comparison group (Figure 27).

Figure 27: Children in the high needs cohort and comparison group by how well the child’s needs are being met with maintaining family relationships at Wave 3

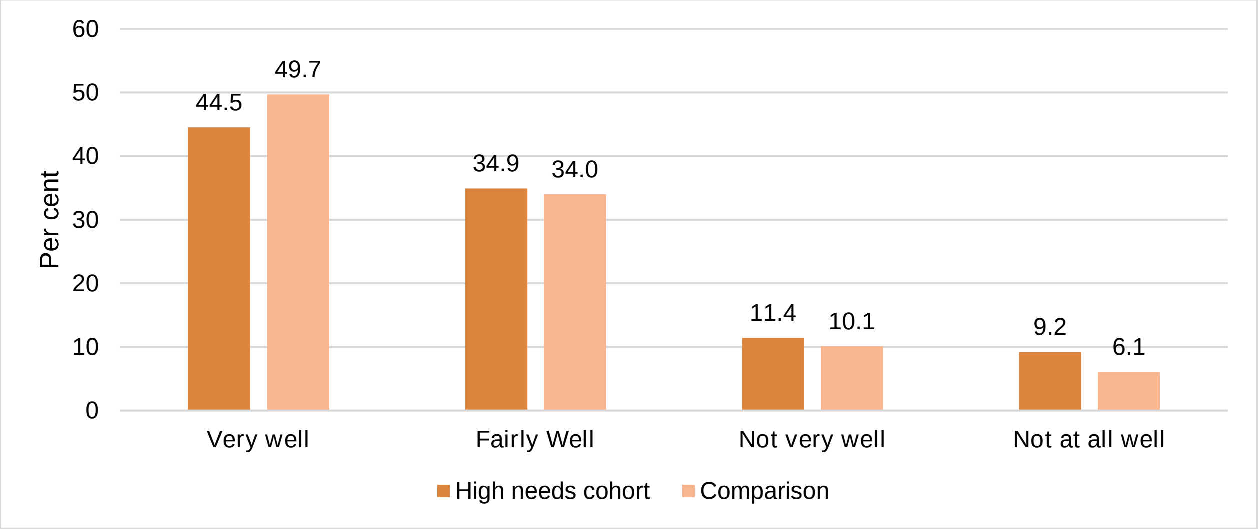


Table 21 shows that three quarters (75.9%) of children in the high needs cohort had contact with their birth mothers, while 59.1% were in contact with siblings. Less than half were in contact with birth fathers (47.0%). Cousins and maternal aunts/uncles were the two most common extended family relatives that children in the high needs cohort had contact with (46.2% and 37.5%, respectively). There are no significant differences in children's contact with their birth family between the high needs cohort and the comparison group.

Table 21: Children in the high needs cohort and comparison group by carer reports of birth family members' contact with the child at Wave 3

Birth family member	High needs cohort		Comparison	
	No.	%	No.	%
Mother	176	75.9	258	78.4
Siblings	137	59.1	174	52.9
Father	109	47.0	164	49.8
Cousins	152	46.2	96	41.4
Maternal aunts/uncles	87	37.5	124	37.7
Maternal grandparents	75	32.3	114	34.7
Paternal grandparents	56	24.1	84	25.5
Paternal aunts/uncles	50	21.6	92	28.0
Maternal great grandparents	22	9.5	33	10.0
Paternal great grandparents	8	3.4	17	5.2

Note: excludes family members that the child lived with.

10. Maintenance of cultural background

Carers were asked a series of questions that relate to the maintenance of the child's cultural identity. As Table 22 shows, almost all children in the high needs cohort used their birth name (99.1%); the majority possessed photos of their birth family (92.2%) and their carers had discussed with them their cultural identity and heritage (81.0%). Other frequently reported means to maintain the child's cultural identity for children in the high needs cohort include attending key cultural and religious festivals and celebrations (76.7%), consumption of food appropriate to culture and religion (68.1%), and use of the child's birth language (67.2%). Understanding of religion and religious practice were the two least frequently reported activities among the high needs children. There are little differences in cultural maintenance between the high needs cohort and the comparison group.

Table 22: Children in the high needs cohort and comparison group by carer reports of maintenance of the child's cultural background at Wave 3

Maintenance of child's cultural background	High needs cohort		Comparison	
	No.	%	No.	%
Birth name is maintained	115	99.1	137	94.5
Child has photos of birth family	214	92.2	310	94.2
Cultural identity and heritage is discussed	94	81	115	79.3
Attend key cultural and religious festivals and celebrations	89	76.7	111	76.6
Food is appropriate to culture and religion	79	68.1	101	69.7
Birth language is practiced	78	67.2	89	61.4
Life story book created/updated	149	64.8	209	63.7
Socialise with community of birth culture	73	62.9	95	65.5
Religious practice is observed	32	27.6	50	34.5
Maintain an understanding of his/her religion	26	22.4	34	23.4

Table 23 shows that for the vast majority of high needs children, their carers believed they had the ability to support them in maintaining their cultural links either 'very well' (57.7%) or 'fairly well' (41.7%). However, it appears that having the ability to support cultural links doesn't always translate into the child identifying with his/her birth family's cultural background. More than one third of the children in the high needs cohort did not strongly (i.e. 'not very much' or 'not at all') identify with their birth family's cultural background. No significant differences were found between the high needs cohort and the comparison group in terms of carers' support for cultural links.

Table 23: Children in the high needs cohort and comparison group by carer reports of support for cultural links at Wave 3

	High needs cohort		Comparison	
	No.	%	No.	%
Ability to support Study Child to maintain links with culture				
Very well	64	55.7	98	69.0
Fairly Well	48	41.7	37	26.1
Not very well / Not at all well	<5	NA	*	NA
Not at all well	<5	NA	<5	NA
Total	115	100	142	100
Extent to which Study Child identifies with birth family's cultural background				
Very much	36	31.6	53	37.1
A fair amount	38	33.3	45	31.5
Not very much	27	23.7	29	20.3
Not at all	13	11.4	16	11.2
Total	114	100	143	100

Note: small cell sizes have been suppressed to maintain confidentiality (<5). Consequential suppression has also been used to avoid re-calculation of suppressed figures (*).

Carers of children with a cultural plan were asked questions about whether they received support from other people/organisations in maintaining the child's cultural links and carrying out the cultural plan. Table 24 shows that the top three sources of support for children in the high needs cohort were the child's childcare centre/school (75.9%), carer's family members helping (69.0%), and the child's caseworker (34.5%). Carers of children in the high needs cohort were significantly more likely than those of the comparison group to receive support from an Aboriginal or multicultural worker or organisation (32.8% vs. 18.1%) and less likely to receive support from the child's birth family members (22.4% vs. 37.5%).

Table 24: Children in the high needs cohort and comparison group by carer reports of other people who helped child to link to culture and carry out cultural plan at Wave 3 and age at Wave 3

Other people who helped link the child to culture	High needs cohort						Comparison					
	Age at Wave 3						Age at Wave 3					
	5-8 years		9-12 years		Total		5-8 years		9-12 years		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Child's childcare centre/school	46	74.2	42	77.8	88	75.9	79	70.5	20	62.5	99	68.8
Carer's family members	41	66.1	39	72.2	80	69.0	88	78.6	22	68.8	110	76.4
Child's caseworker	20	32.3	20	37.0	40	34.5	29	25.9	10	31.3	39	27.1
Aboriginal/multicultural worker/organisation	19	30.6	19	35.2	38	32.8	20	17.9	6	18.8	26	18.1
Child's community	16	25.8	18	33.3	34	29.3	32	28.6	9	28.1	41	28.5
Child's birth-family members	11	17.7	15	27.8	26	22.4	45	40.2	9	28.1	54	37.5

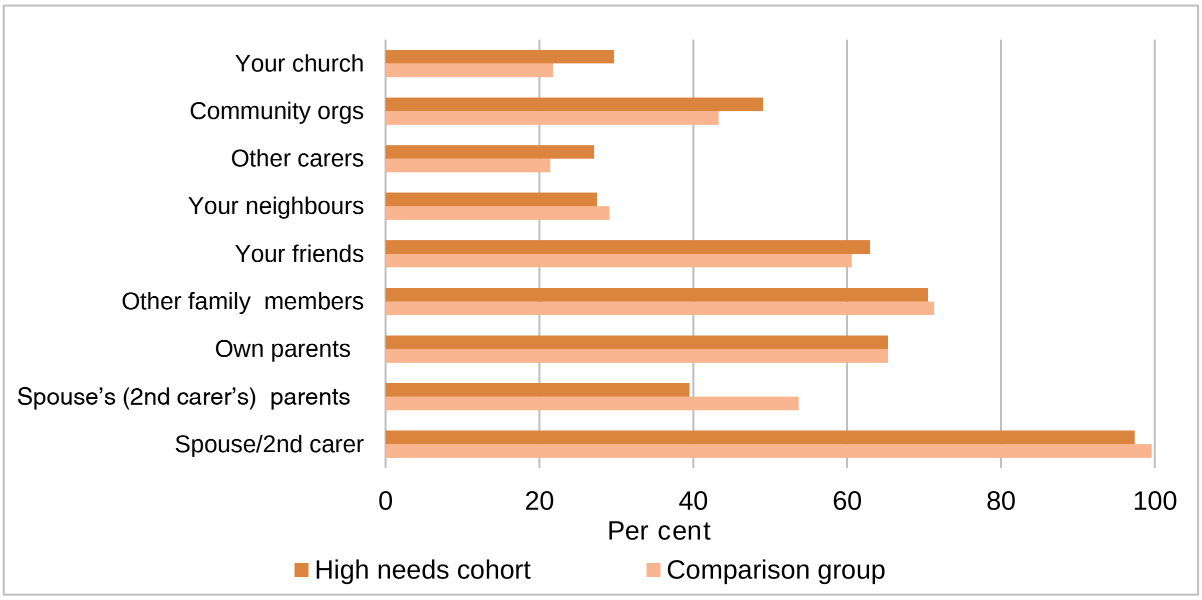
11. The carers' perspective

11.1 Informal support received by carers

There was very little difference between the supports provided to carers of children as a function of the child's vulnerability. The other carer was 'always' there to help in 95.5% cent of these families regardless of whether the child was in the high needs cohort or the comparison group as shown in Figure 28.

Over 60% of the children's primary carers (either 'always' or 'often') received help from their parents and their friends regardless of the cohort status of the child. The other carer's parents were a source of support with 53.7% being 'often' or 'always helpful' for the comparison group and 39.5% being 'often' or 'always helpful' for the high needs cohort although this difference is not significant. More than two thirds (70.5-71.3%) of other family members were 'always' or 'often helpful' regardless of vulnerability status. Other sources of support were neighbours and other carers. More of the high needs cohort had carers who found community organisations to be 'always' or 'often helpful' than primary carers of children in the comparison group.

Figure 28: Children in the high needs cohort and comparison group with carers who reported they received support (always and often) from specified sources at Wave 3



11.2 Professional support used by carers

About a third of the children in both the high needs cohort and the comparison group had carers who used support organisations (Table 25). More than a quarter (28.6%) of the high needs children used respite care and this was significantly higher than the comparison group (19.7%). Before or after school care and childcare (for the younger children who were 5 years of age) was used by a similar proportion of the high needs cohort and comparison groups (20.3% and 21.5%). Usage of transport was higher amongst the high needs children (19.8%) than in the comparison group (14.8%).

Table 25: Children in the high needs cohort and comparison group by professional support accessed by their carer at Wave 3

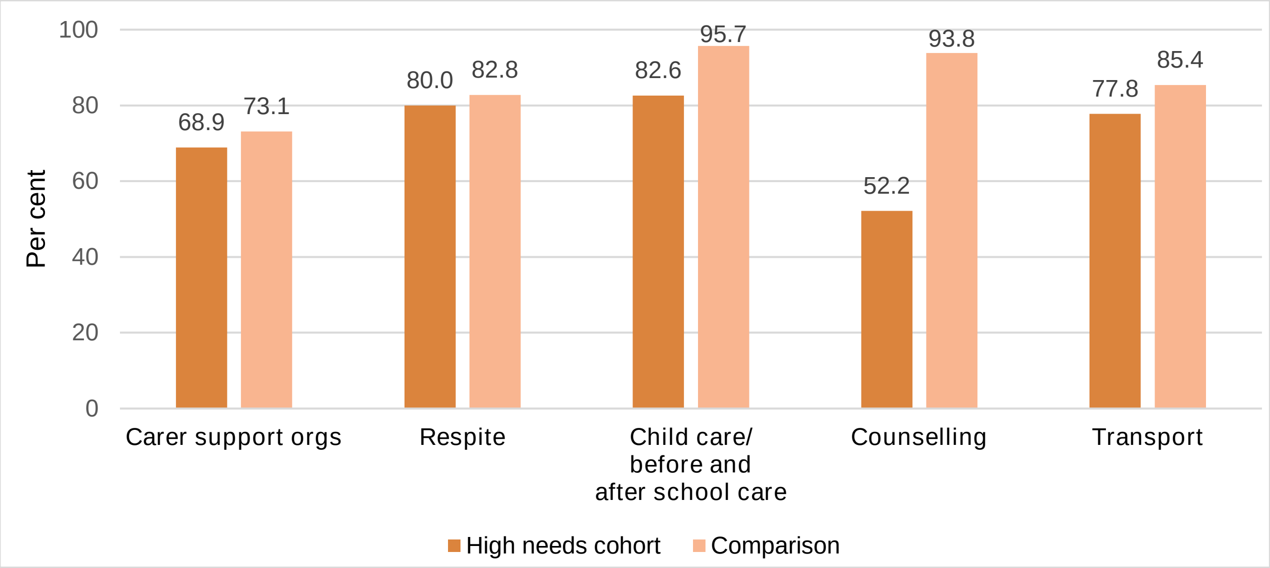
Professional support received by carer	High needs cohort		Comparison	
	No.	%	No.	%
Carer support teams	0	0.0	<5	NA
Support organisations	74	32.6	104	32.0
After hours crisis help	10	4.4	8	2.5
Respite care	65	28.6	64	19.7
Childcare/ before or after school care	46	20.3	70	21.5
Counsel/ psychologist	23	10.1	32	9.8
Transport	45	19.8	48	14.8
Financial advice	0	0.0	<5	NA
Cultural competency training	<5	NA	<5	NA
Supervision contact	11	8.0	17	7.1
Financial support	<5	NA	<5	NA
Other support	7	3.1	10	3.1

Note: small cell sizes have been suppressed to maintain confidentiality (<5).

The helpfulness of the support services used was also examined. The majority of the services used were found to be very helpful by both the high needs cohort and the comparison group. For only one or two children per service type the carers found the professional service received unhelpful or not at all helpful. This held for each professional support service received across all age groups and vulnerability status.

It is clear that the most helpful services are the practical services (transport, respite and before and after school care) as shown in Figure 29. These were found to be very helpful by between 81% and 90% of those who used them. Before and after school hours programs were found to be significantly more helpful for children in the comparison group. Although the small numbers who accessed counselling services mean that results should be treated with some caution, the carers of children in the comparison group found this most helpful.

Figure 29: Children in the high needs cohort and comparison group by their carers reporting they found the service 'very helpful' at Wave 3

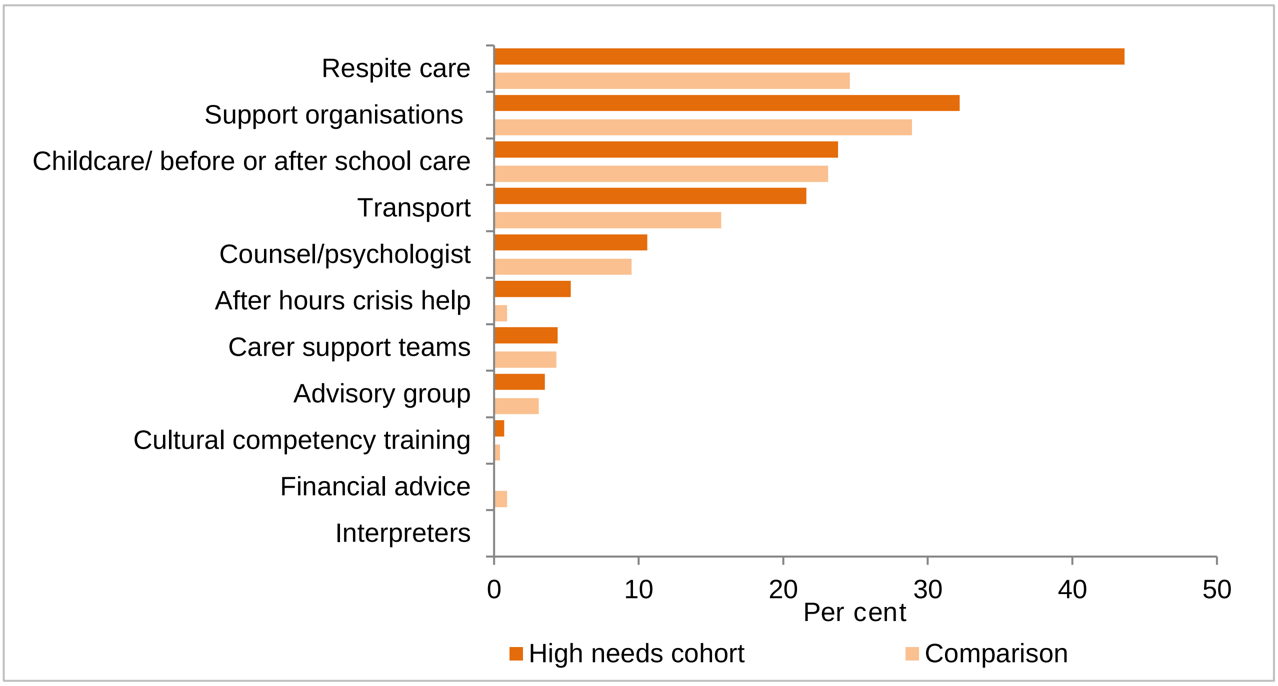


When looking at the services still required, the same pattern emerges where practical assistance represents the greatest need. The need for respite care is very clear with significantly more children in the high needs cohort having carers who still require access to this service compared with children in the comparison group (43.6% vs 24.6%) as shown in Figure 30. Nearly a quarter of children had carers that reported that they still required access to before and/or after school hours programs regardless of the cohort status of the child. Transport was also still a required service for carers for both groups of children.

For around 30% of all children their carers reported that they would like greater access support groups while about 10% felt they still required some assistance with counselling. There was no difference due to the cohort status of the child.

After hours crisis help was significantly more in demand for children in the high needs cohort compared to carers of children in the comparison group although numbers were very small (12 children in the high needs cohort compared with less than 5 children in the comparison group).

Figure 30: Children in the high needs cohort and comparison group by professional support still required by their carer at Wave 3



11.3 Barriers to carers using professional support

The main barriers to carers using professional support services, particularly affecting those caring for high needs children were long waiting lists (23.2%), lack of respite or childcare (18.9%), lack of caseworker support (24.4%) and the cost of services (15.2%). These created significantly more difficulties for children in the high needs cohort compared to the comparison group.

Around 10-12% of older children in both the high needs cohort and the comparison group experienced difficulty due to the distance required to travel to these services.

Table 26: Children in the high needs cohort and comparison group by carer reports of difficulty in obtaining services by age and reason at Wave 3

Reasons for difficulty in obtaining professional support services	High needs cohort		Comparison	
	No.	%	No.	%
Lack of time	5	3.0	11	5.0
Lack of services	16	9.8	12	5.5
Too far to travel	14	8.5	12	5.5
Transport problems	<5	NA	<5	NA
Long waiting lists	38	23.2	20	9.1
Cost of the service	25	15.2	16	7.3
No childcare/respite care	31	18.9	13	5.9
Lack of caseworker support	40	24.4	34	15.5
Don't know how to access	21	12.8	18	8.2

Note: small cell sizes have been suppressed to maintain confidentiality (<5).

11.4 Carer satisfaction

For around two thirds (67.3%) of the high needs children, their carers' were 'very satisfied' with the working relationship they have with other agencies related to the child (early childhood education, counsellors, etc) which was substantially less than for the comparison group (78.5%). Children in the high needs cohort were more likely to have carers who were unsure or dissatisfied (Figure 31).

Figure 31: Children in the high needs cohort and comparison group by their carers' satisfaction with other agencies related to the child at Wave 3

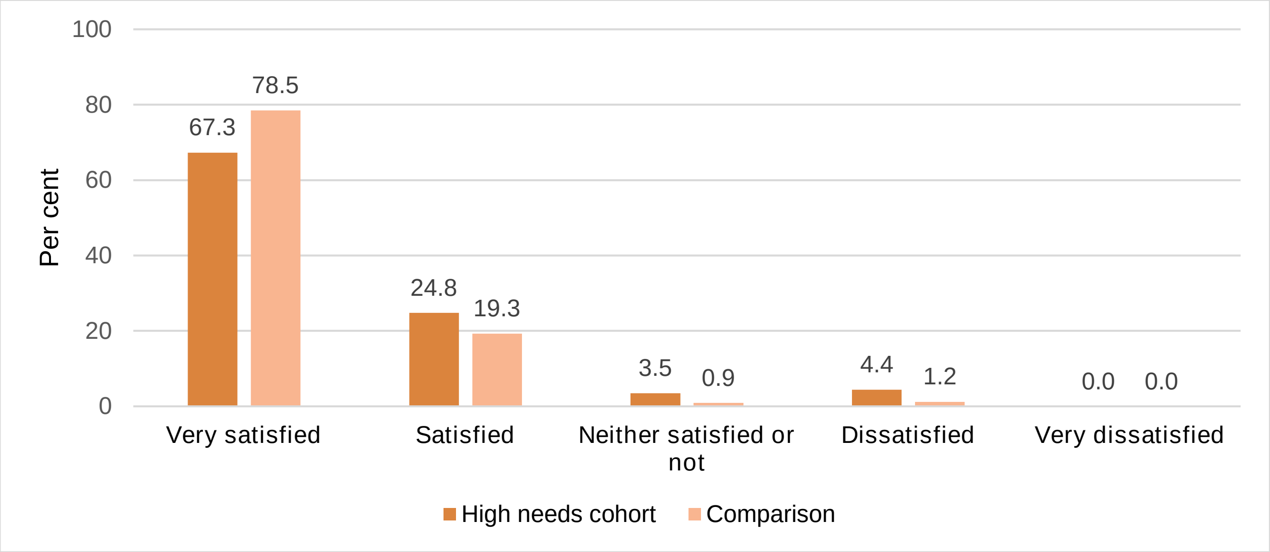
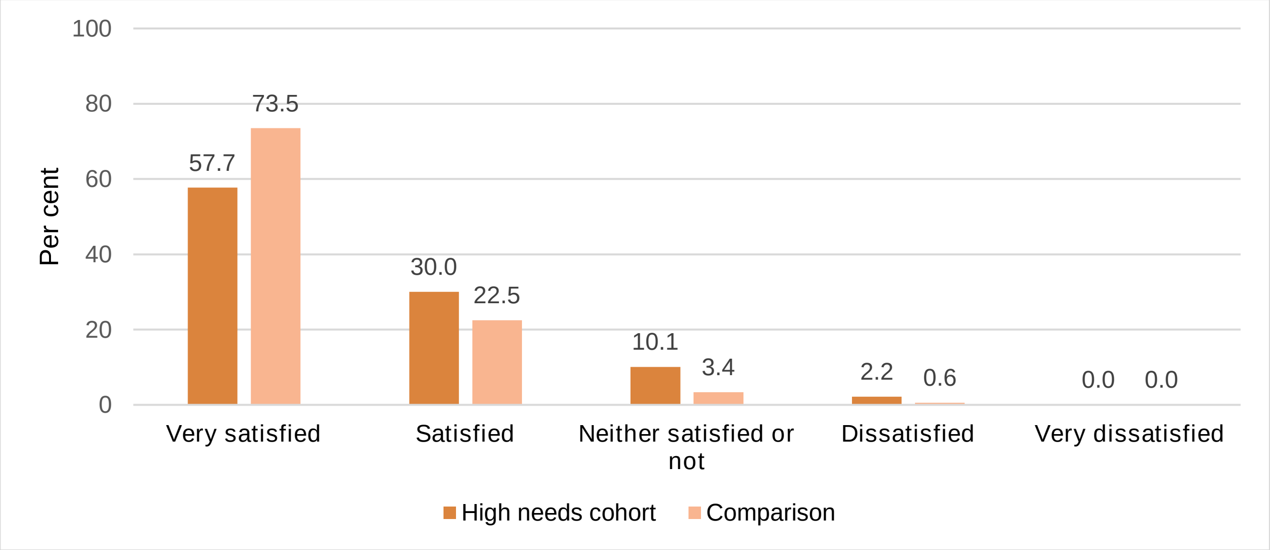


Figure 32 shows that while the majority children (87.7%) in the high needs cohort had carers that were satisfied ('very satisfied' or 'satisfied') with their parenting role this was significantly lower than for the comparison group who's carers were almost all satisfied (96.0%). In terms of the proportion of children with 'very satisfied' carers, just over half of the high needs children had very satisfied carers (57.7%) compared with almost three-quarters 73.5%) of the comparison.

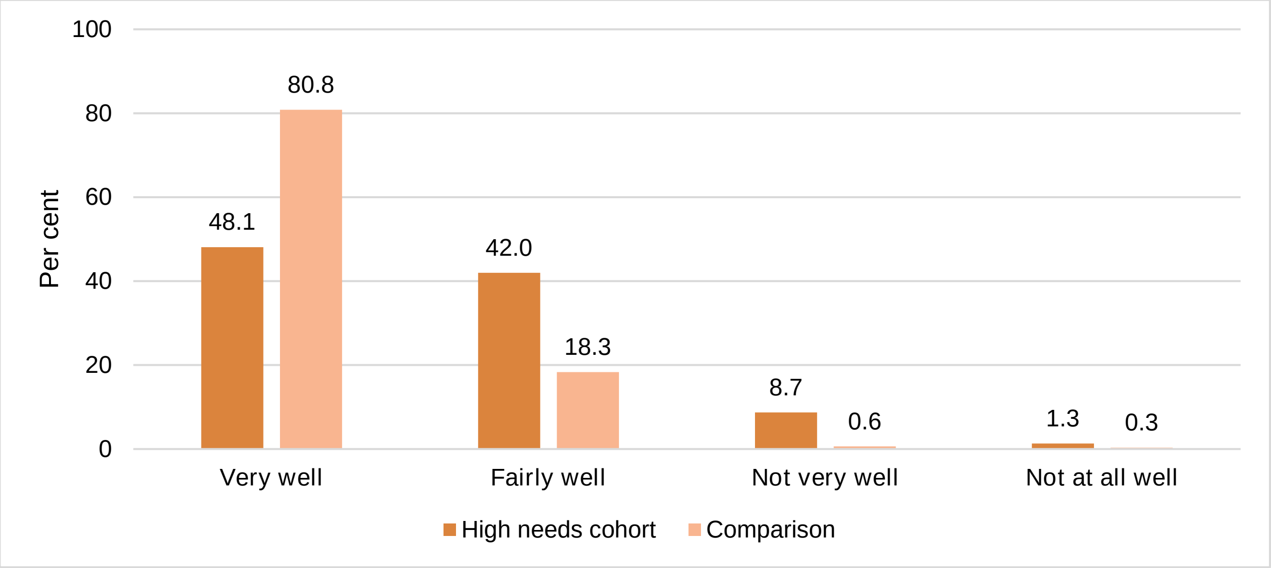
Figure 32: Children in the high needs cohort and comparison group by their carers' satisfaction with the parenting role at Wave 3



11.5 Carers' perceptions of how the children are going

In terms of the carers' general perception of how the child was going, less than half (48.1%) of the children in the high needs cohort were perceived to be going 'very well', compared to 80.8% of children in the comparison group. Ten per cent of the children in the high needs cohort were believed to be going 'not very well' or 'not at all well'. This is compared to only less than one per cent in the comparison group (Figure 33).

Figure 33: Children in the high needs cohort and comparison group by the carers' perceptions of how the child is going



12. Children and carers' experience with caseworkers

According to the carers, children in the high needs cohort were more likely to have seen a caseworker since they were placed (94.3% vs 84.7%) than those in the comparison group. Children in the high needs cohort were also more likely to have seen multiple caseworkers with one quarter (27.4%) having seen three or more caseworkers compared to children in the comparison group (21.4%)

Figure 34: Children in the high needs cohort and comparison group by carer reports on how many caseworkers seen since the child's placement

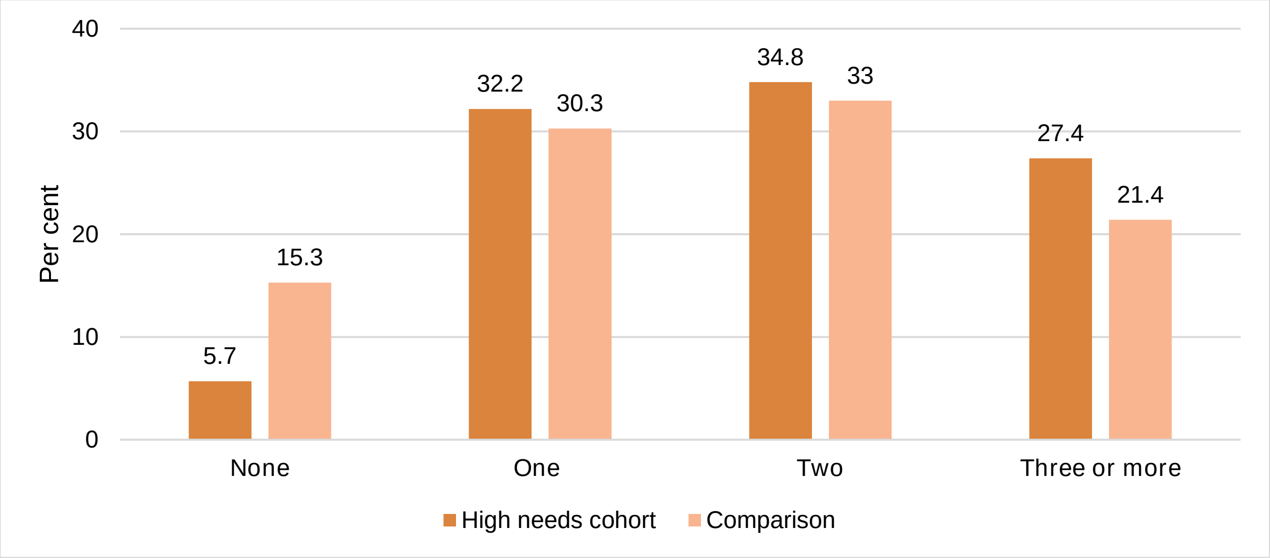


Figure 35 shows children in the high needs cohort were more likely to have face-to-face contact with the child's caseworker at least weekly (7.8%) or about once a fortnight (9.1%) than those in the comparison group (3.4% and 5.8% respectively). Children in the high needs cohort were also less likely to never have contact with their caseworker (7.4% vs 16.5%) according to the carers.

Figure 35: Children in the high needs cohort and comparison group by carer reports of face-to-face contact with caseworker at Wave 3

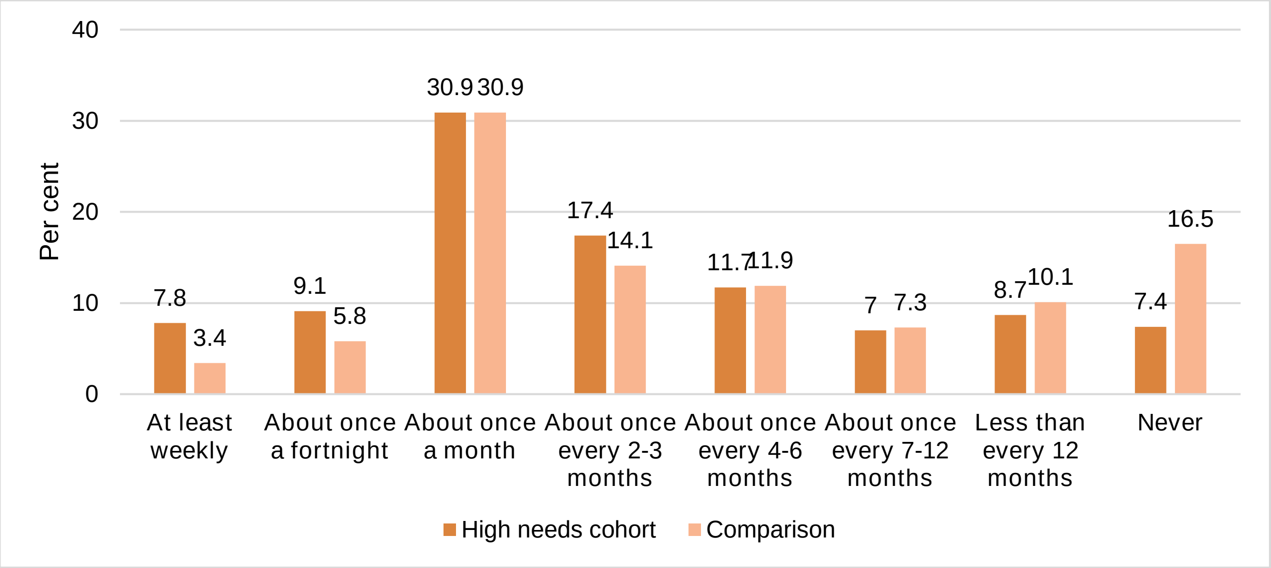
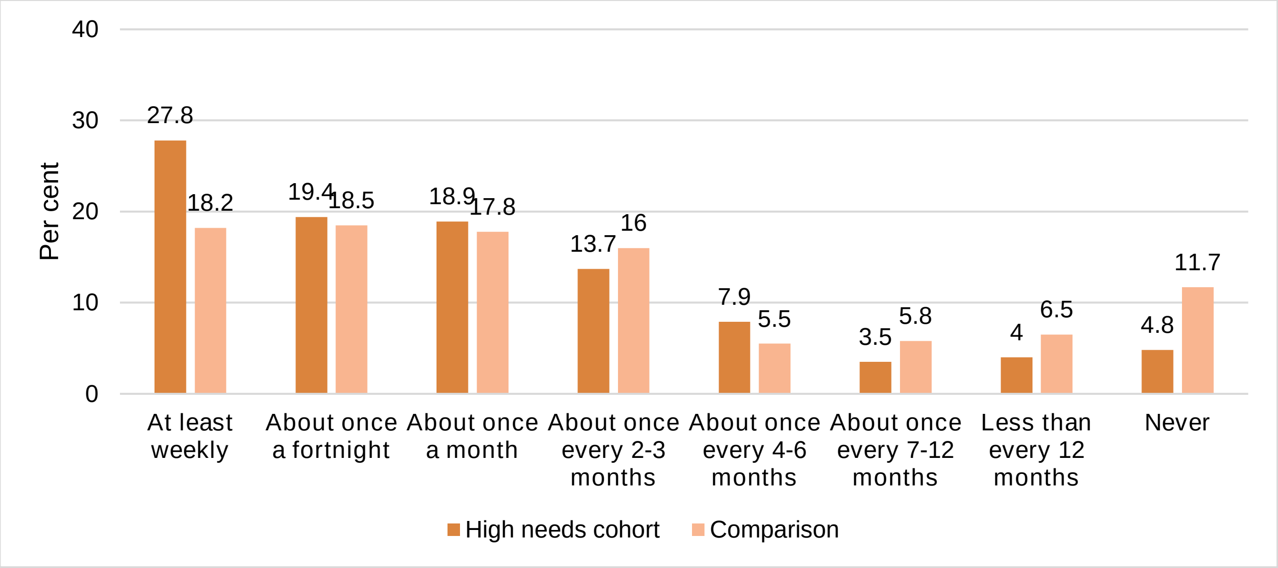


Figure 36 shows a similar pattern for phone or email contact. Children in the high needs cohort were more likely to have contact at least weekly (27.8%) with the child's caseworker than those of children in the comparison group (18.2%). Again, carers of children in the high needs cohort were also less likely to never have contact (4.8% vs 11.7%).

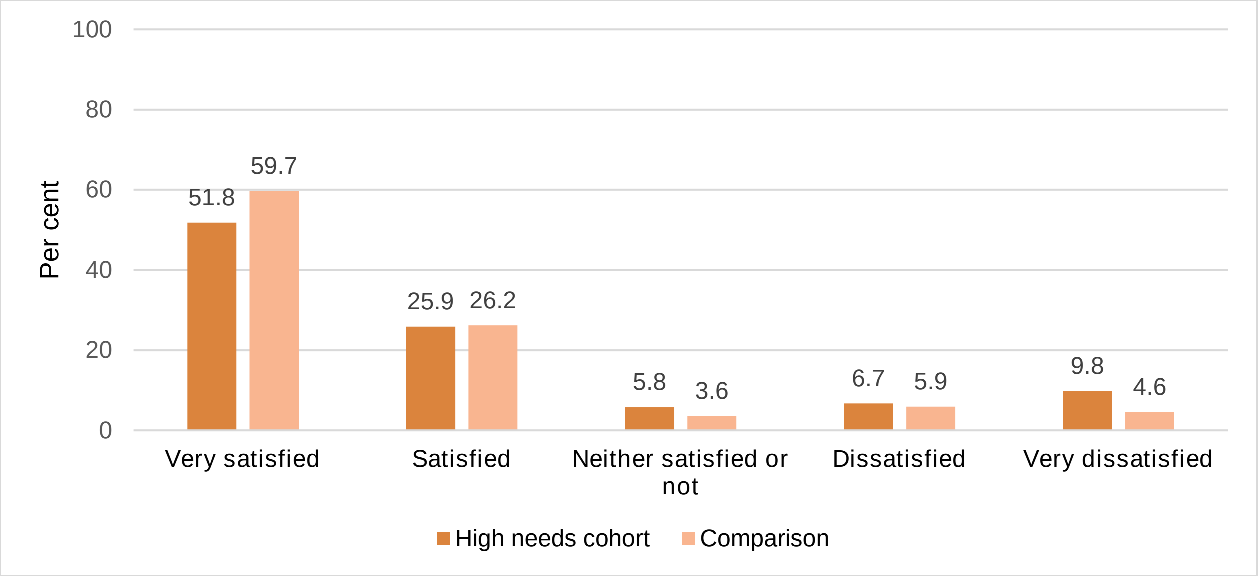
Figure 36: Children in the high needs cohort and comparison group by carer reports of phone or email contact at Wave 3



12.1 Carers' satisfaction with caseworkers

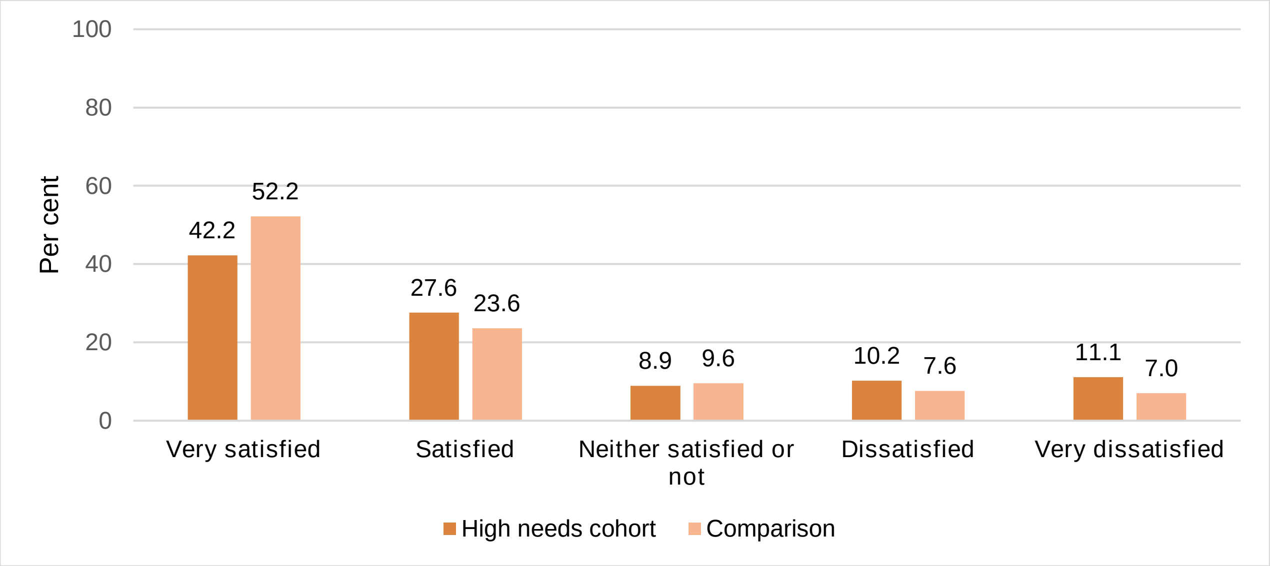
Figure 37 shows that the carers' satisfaction with the ability to reach their caseworker was similar for the children in the high needs cohort and the comparison group (51.8% vs 59.7% very satisfied).

Figure 37: Children in the high needs cohort and comparison group by their carers' satisfaction with ability to reach caseworker at Wave 3



Similar proportions of children in the high needs cohort and the comparison group had carers that were satisfied ('satisfied' or 'very satisfied') with the assistance from their caseworker (69.8% vs 75.8%) however a larger proportion of the comparison group were 'very satisfied' (52.2% vs 42.2% for the high needs cohort).

Figure 38: Children in the high needs cohort and comparison group by their carers' satisfaction with assistance from caseworker at Wave 3

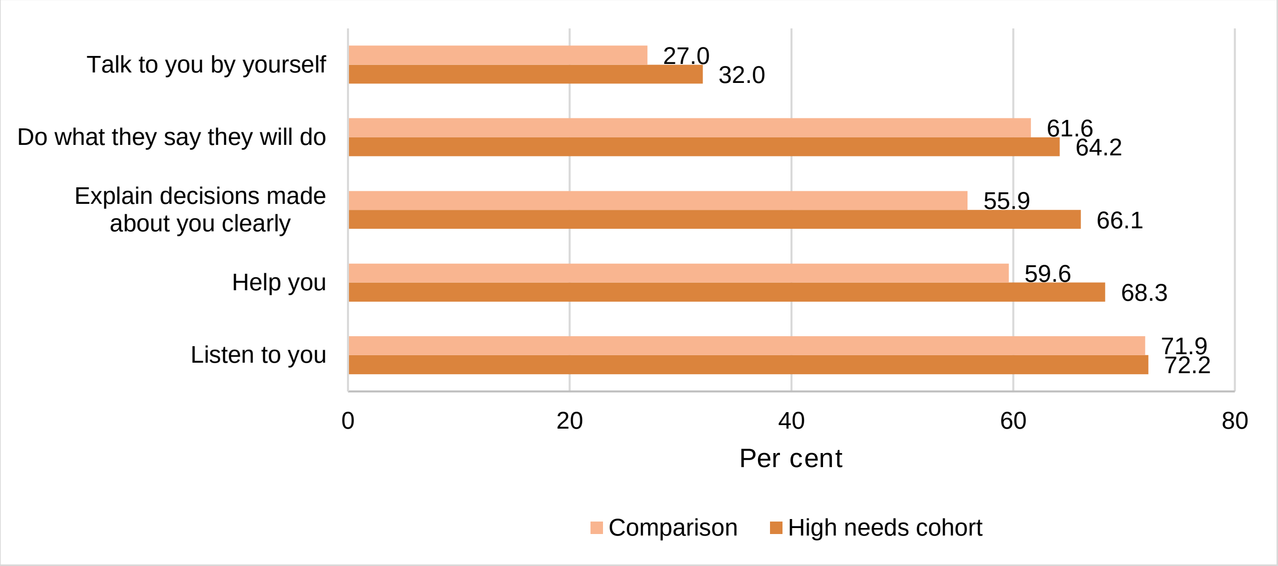


12.2 Children's experiences with caseworkers

Figure 39 shows that most children in the high needs cohort and the comparison group reported receiving positive support from caseworkers. For children in the high needs cohort, almost three-quarters (72.2%) thought that the caseworker 'always' or 'often' listened to them. Around two-thirds of the high needs children felt caseworkers supported them by 'always' or 'often' helping them (68.3%), explaining decisions made about them

(66.1%) and doing what they say they will do (64.2%). There were no significant differences in children's perceptions of caseworker support between the high needs cohort and the comparison group.

Figure 39: Children in the high needs cohort and comparison group by child reports of 'Always' or 'Often' receiving support from caseworker at Wave 3



12.3 Child's case plan

The high needs children were less likely to have a case plan that addressed their needs 'very well' compared with the comparison group (46.9% vs 60.4%) according to their carers and were more likely to have case plans that met their needs not very well or not well at all (17.7% vs 10.2%) (Table 79).

Table 27: Children in the high needs cohort and comparison group by carer reports on how well the case plan is addressing study child's needs at Wave 3

How well case plan is addressing needs	High needs cohort		Comparison	
	No.	%	No.	%
Very well	98	46.9	160	60.4
Fairly well	74	35.4	78	29.4
Not very well	23	11.0	13	4.9
Not well	14	6.7	14	5.3
Total	209	100.0	265	100.0

Conclusions and recommendations

Around 40% of children in the POCLS who were aged 5 to 12 years at their Wave 3 interview were found at to have high needs in terms of having clinical range behaviour problems, below average range language skills and/or non-verbal intelligence. The children with high needs tended to have entered OOHC at a later age and Aboriginal children were over-represented. These children had in general been the subject of more ROSH reports prior to their entry into OOHC indicating the high level of trauma this group has experienced and three quarters had been reported for issues involving risk of psychological or domestic violence.

Children in the high needs cohort and the comparison group had contact with similar birth family members, although children in the high needs cohort were significantly less likely to have a good relationship with their birth mothers, birth fathers, maternal grandparents or paternal grandparents than children in the comparison group. The poorer relationships particularly with their birth parents has implications for family restoration and the child's overall wellbeing.

In terms of relationships with peers, a larger proportion of the high needs cohort had no close friends or only one close friends. The majority of children in the comparison group had two or more close friends. According to their carers, the high needs cohort children had more difficulties at getting along with siblings, getting along with other children, playing or working alone and worse behaviour with carers than other children.

Children in the high needs cohort were more likely to have accessed services such as a paediatrician, attended counselling or psychologist services, seen a speech pathologist, seen an occupational therapist, seen an ear/nose/throat specialist, and attended behavioural management services. However, they were also more likely to have experienced barriers in accessing services. In particular they were more likely to experience long waiting lists, difficulty in getting approval from the Department and find the cost to be an issue.

The high needs children were performing below the comparison group in numeracy and literacy and the child's education and learning was a matter of concern for many carers. Over a third of nigh needs children had a carer who were at least a little concerned about how the child was learning at preschool or school and for 40% their carer reported academic or other problems at school. However, less than half of the children had an OOHC education plan developed by the learning support team or similar and 60% did not receive special services at school. These seem low given the cohort and an area for possible improvement.

Many of the high needs children were vulnerable or at risk on the AEDC domains of language and cognitive ability and communication skills and general knowledge. This would seem to be an opportunity to better support children struggling in preschool and at the start of kindergarten.

While most carers were satisfied with their parenting role, satisfaction was lower for those carers with high needs children than for those carers with children in the comparison group. Carers were generally satisfied with their ability to be able to reach their caseworker but those with high needs children were less likely to be very satisfied with the assistance received. Carers also indicated that they still required more access to respite, before and/or after school care, transport for the child, support organisations and counselling. According to their carers, children with high needs were also less likely to have case plans that addressed their needs very well. Improvements in these areas could assist with better supporting the carers.

Appendix 1: Details of the POCLS measures of child wellbeing reported

Children's Wellbeing	Measure used in POCLS	Study age range	Information about the measure
Physical health and development	Ages and Stages Questionnaire[1]	9–66 months	The ASQ-3 completed by caregivers measures child development across five domains: communication, gross motor skills, fine motor skills, problem solving and personal-social capacities based on 30-items that are rated on a scale as: 10 (yes), 5 (sometimes), 0 (not yet). The measure has 19 different versions to assess development at differing ages. Normative cut-offs are provided which enable differentiation of children developing typically from those who are not.
Socio-emotional development	Brief Infant Toddler Social Emotional Assessment Scale[2]	12–35 months	The BITSEA completed by caregivers assesses social-emotional/behavioural problems and social-emotional competencies and yields a total problem behaviour score and a total competency score based on 42-items that are rated on a scale from 0 to 2: 0 not true/rarely, 1 somewhat true/sometimes, 2 very true/often. Normative cut-offs are provided which enable identification of children showing very high levels of behaviour problems, or very low levels of competencies: - A total behaviour problem score that is in the highest 25% of the US normative sample may be used to identify a child as being in the possible problem range - A total competency score in the lowest 15% of the US normative sample indicates the child is in the possible deficit/delay range.

Socio-emotional development	Child Behaviour Checklist[3]	3–17 years	The CBCL completed by caregivers measures a range of childhood/adolescent externalising and internalising behaviour problems and interpersonal competencies and provides composite internalising, externalising and total problems scales. The CBCL has two versions: 99-items for $1^{1/2}$–5 year olds; 138-items for 6–18 year olds (including a Competence scale). Both versions are rated on a scale from 0 to 2: 0 not true, 1 somewhat or sometimes true, 2 very true or often true. The CBCL provides eight syndrome scales for $1^{1/2}$–18 year olds, five DSM-Oriented Scales for the $1^{1/2}$–5 year olds, and six DSM-Oriented Scales for the 6–18 year olds. The cut-offs to identify children showing differing levels of problems are: - ‘clinical range’ score indicates that the child has high levels of problems of similar severity to children who are receiving clinical treatment for a diagnosed behavioural or mental disorder - ‘borderline range’ score indicates that the child has elevated, but less severe, levels of problems - ‘normal range’ score indicates that the child is in the normal range of the general child population.
Cognitive and language development	Communication and Symbolic Behaviour Scales Infant and Toddler Checklist[4]	9–23 months	The CSBS-ITC completed by caregivers measures language development based on 24 item checklist and consists of three sub-scales (social, speech and symbolic) which combine to form a total score. The scales yield standard scores and percentiles, with percentile scores at or below the 10th percentile considered of concern.
Cognitive and language development	Macarthur-Bates Communicative	24–35 months	The MCDI-III assesses child communication skills and has two versions: MacArthur Communicative Development Inventories Short Form for children aged 24–29 months; and MacArthur-Bates Communicative Developmental Inventories for children aged 30–35

	Developmental Inventories III[5]		months. For both versions, caregivers were asked, using the list provided, which words they had heard the child use in daily speech. This measure consists of 100 vocabulary words for children aged 24–35 months (plus one item about word combinations for 24–29 month olds). The number of words is summed to give a total out of 100 which can be converted to percentile ranks. Caregivers of the older group of children (30–35 months) were also asked whether children used sentences varying in complexity. Percentiles are provided that can be used to identify children showing slower than average language development. The recommendation of Heilman, Weismer, Evans and Hollar (2005) has been followed in applying a cut-off of ‘below the 15th percentile’ to identify children as having significantly poorer language skills.
Cognitive and language development	Peabody Picture Vocabulary Test Version 4[6]	3–17 years	The PPVT-IV completed by children measures understanding of spoken words (receptive language skills) based on 228–items, but covering a wide age range so children complete a smaller number of items. The mean standard score for the US normative sample is 100 and the standard deviation is 15 (placing children in the lowest and highest 15% of the normative US sample distribution): - scores below 85 may be interpreted as indicating language skills below the normal range - scores above 115 may be interpreted as language skills above the normal range.
Cognitive and language development	Matrix Reasoning Test (MR) from the Wechsler Intelligence	6–16 years	The MR completed by children measures general non-verbal intelligence based on 35-items, but covering a wide age range so children complete a smaller number of items, and yields a standard score with a possible range of one to 19.

	Test for Children Version 4 [7]		The normative mean is 10 with a standard deviation of 3: - Scores below 7 are indicative of ‘below normal range’ cognitive abilities (i.e., in the lowest 15% of the normative population of children) - Scores above 13 are indicative of ‘above normal range’ cognitive abilities (i.e., in the highest 15% of the normative population of children).

[1] ASQ-3; Squires & Bricker, 2009.

[2] BITSEA, Briggs-Gowan & Carter, 2006.

[3] CBCL, Achenbach & Rescorla, 2000, 2001.

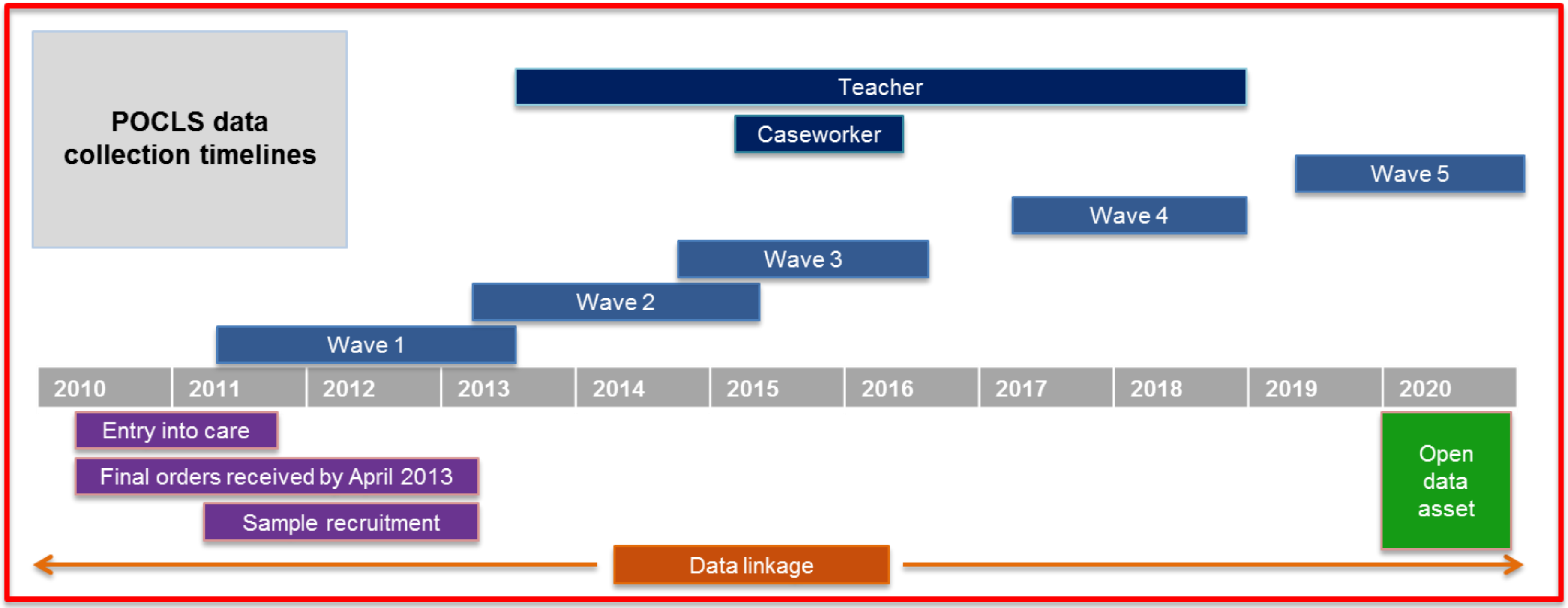
[4] CSBS-ITC; Wetherby & Prizant, 2003.

[5] MCDI-III; Fenson, Marchman, Thal, Dale, Bates & Reznick, 2007; Fenson, Pethick, Renda, Cox, Dale & Reznick, 2000.

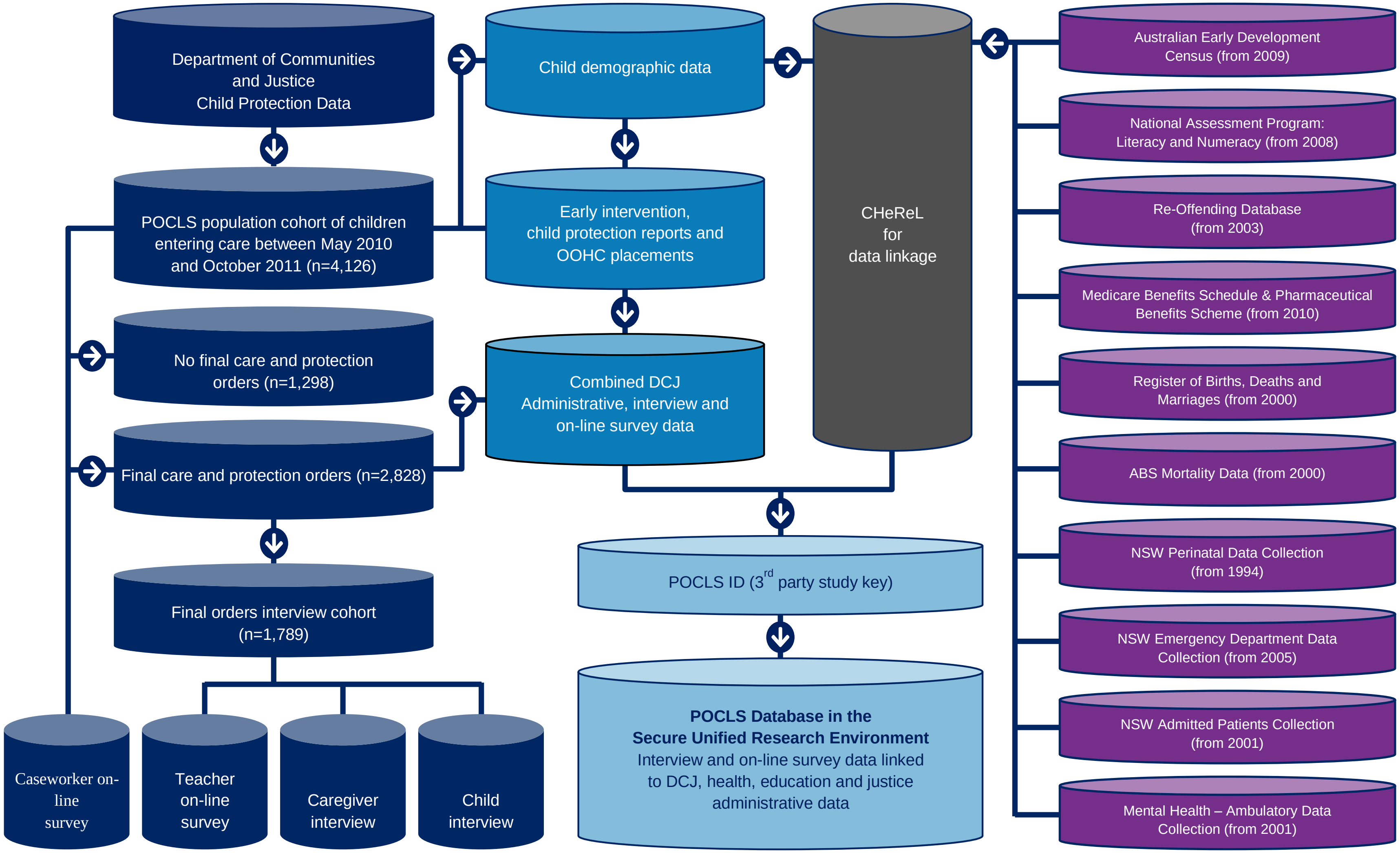
[6] PPVT-IV; Dunn & Dunn, 2007.

[7] WISC-IV; Wechsler, 2003.

Appendix 2: The POCLS data collection timelines and record linkage diagram



POCLS data asset



Department of Communities and Justice Child Protection Data

POCLS population cohort of children entering care between May 2010 and October 2011 (n=4,126)

No final care and protection orders (n=1,298)

Final care and protection orders (n=2,828)

Final orders interview cohort (n=1,789)

Caseworker on-line survey

Teacher on-line survey

Caregiver interview

Child interview

Child demographic data

Early intervention, child protection reports and OOHC placements

Combined DCJ Administrative, interview and on-line survey data

CHeReL for data linkage

POCLS ID (3rd party study key)

POCLS Database in the Secure Unified Research Environment
Interview and on-line survey data linked to DCJ, health, education and justice administrative data

Australian Early Development Census (from 2009)

National Assessment Program: Literacy and Numeracy (from 2008)

Re-Offending Database (from 2003)

Medicare Benefits Schedule & Pharmaceutical Benefits Scheme (from 2010)

Register of Births, Deaths and Marriages (from 2000)

ABS Mortality Data (from 2000)

NSW Perinatal Data Collection (from 1994)

NSW Emergency Department Data Collection (from 2005)

NSW Admitted Patients Collection (from 2001)

Mental Health – Ambulatory Data Collection (from 2001)

NSW
GOVERNMENT