Pathways of Care Longitudinal Study

The artist is a young person who grew up in care.

"The banner shows many pathways through the care system with a carer or caseworker acting as a guide, ultimately leading to independence for every young person. Whether we live with family or strangers, study, work, or just try our best, the paths we choose and are guided through in our youth are what we use to prepare ourselves for the happiest adulthood we can achieve" Billy Black

Study design and overview

Institute for Open Adoption Studies

August 2018

Marina Paxman and Johanna Hopkins (presenters)

Merran Butler , Sharon Burke, Toula Kypreos, Johanna Watson, Albert Zhou (FACS Insights Analysis and Research) and Michelle Townsend (University of Wollongong)

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Acknowledgement

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

We remember the Stolen Generations – Aboriginal and Torres Strait Islander children forcibly removed from their families, communities and culture under past government practices.

Outline

1. **Study design**
2. **Data sources**
3. **Examples of analysis**

POCLS study design

Ethics approval

Human Research Ethics Committee

University of New South Wales HREC (HC10335 & HC16542).

Aboriginal Ethics Committee

Approval from Aboriginal Health & Medical Research Council (AH&MRC) of NSW Ethics Committee (766/10).

NSW Department of Education

State Education Research Applications Process (SERAP) (2012260).

NSW Population & Health Services Research Ethics Committee

Cancer Institute New South Wales (HREC/14/CIPHS/74).

Aims of the study

To describe children's pathways

- **into care:** characteristics, child protection history, early intervention
- **through care:** eg access to services, placements, development, family contact, casework, friends and school
- **out of care:** eg restoration, adoption, leaving care at 18 years

To understand factors influencing child outcomes

- physical health, socio-emotional wellbeing, cognitive/learning ability

To inform policy and practice to improve the service system

Who is conducting this study?

NSW Department of Family & Community Services with assistance from:

- Professor Judy Cashmore (University of Sydney)
- Professor Paul Delfabbro (University of Adelaide)
- Professor Ilan Katz (University of NSW)
- Dr Fred Wulczyn, Chapin Hall, University of Chicago
- Australian Institute of Family Studies
- Sax Institute
- I-view, experts in social research data collection

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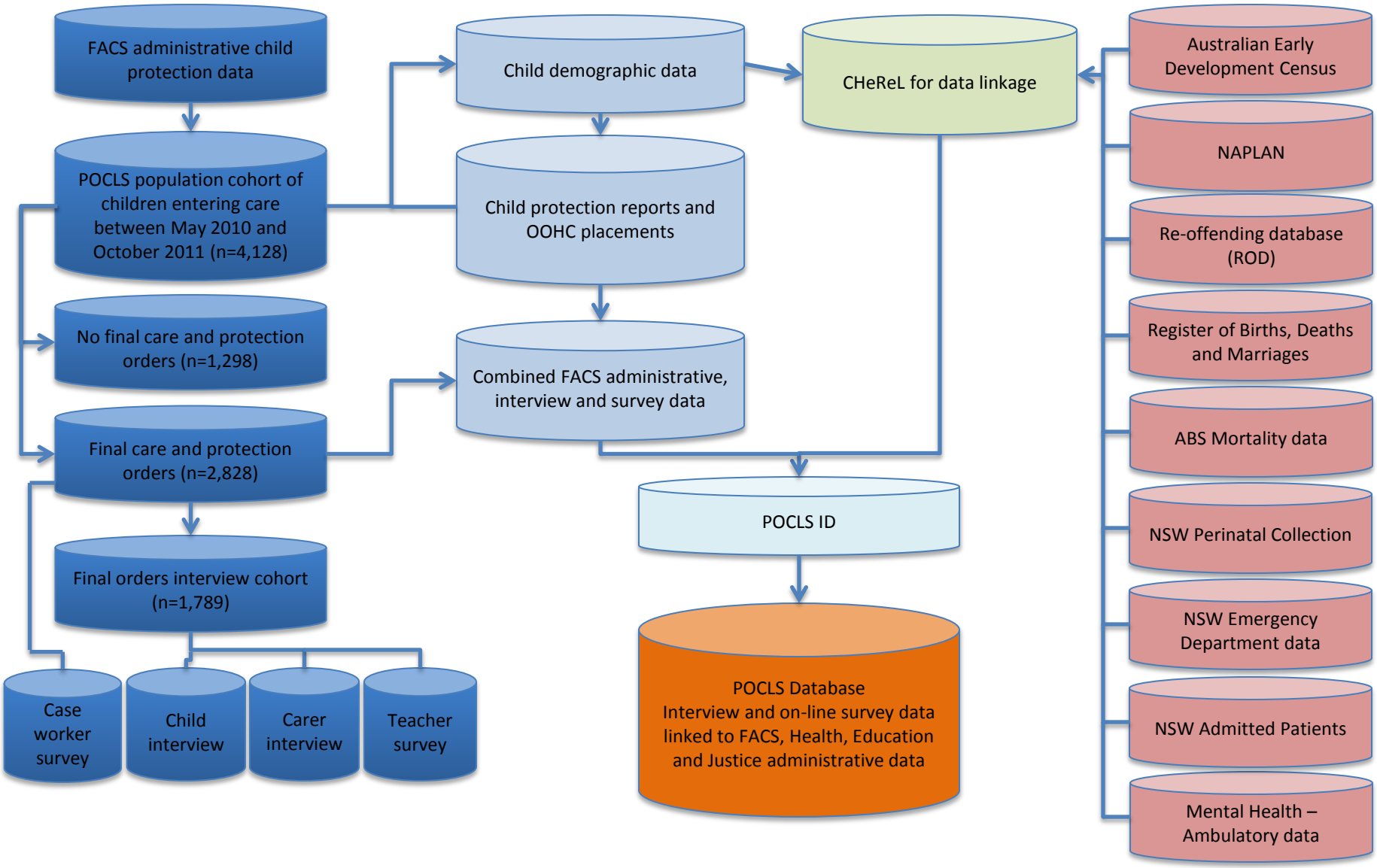
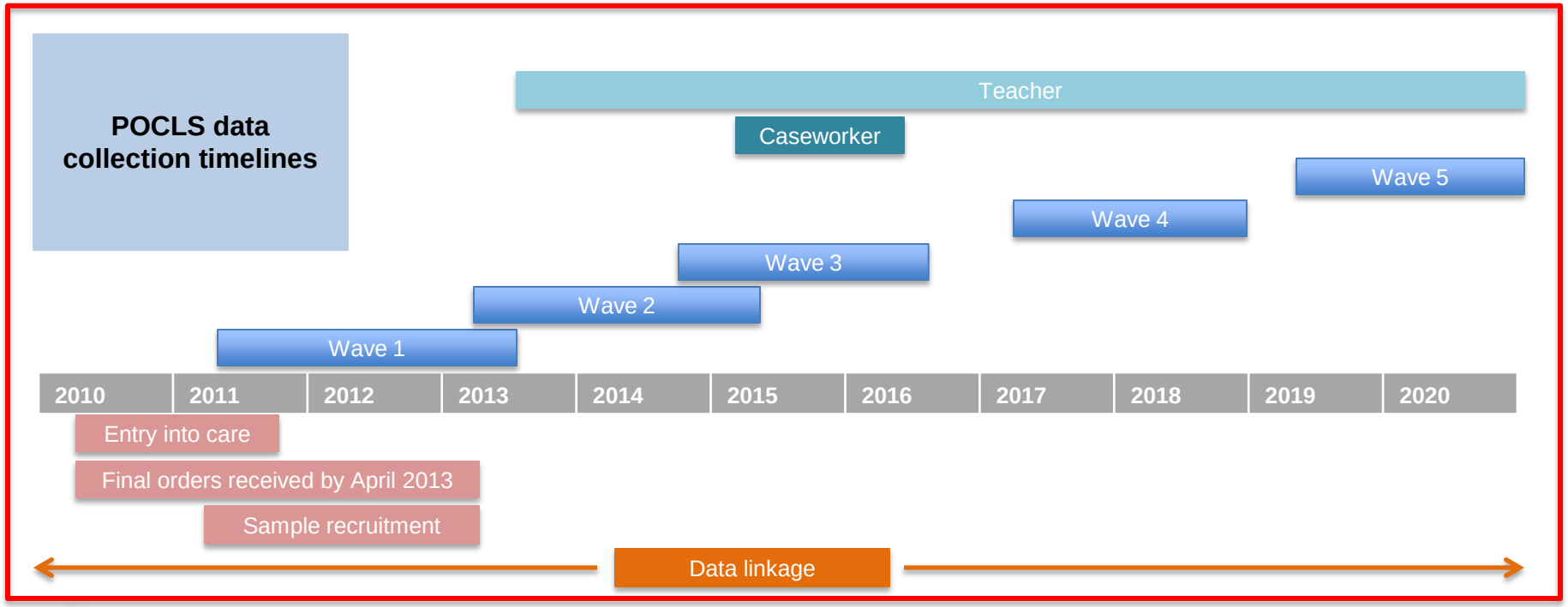
The POCLS data asset



POCLS data collection timelines

- To date, 4 waves of data collection have been undertaken at 18-24 month intervals
- By the end of Wave 5 (due to commence in 2019) the POCLS will have 10 years of in-depth data on children's OOHC experiences (including exits and re-entries) and developmental outcomes.



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Study cohorts

Study population cohort
Entered OOHC on interim orders May 2010-October 2011
(n=4,126)

Final orders cohort
Children's Court order by April 2013 (n=2,828)

Interview cohort
(n=1,789)

Wave 1 n=1,285
Wave 2 n=1,200
Wave 3 n=1,033
Wave 4&5 ongoing

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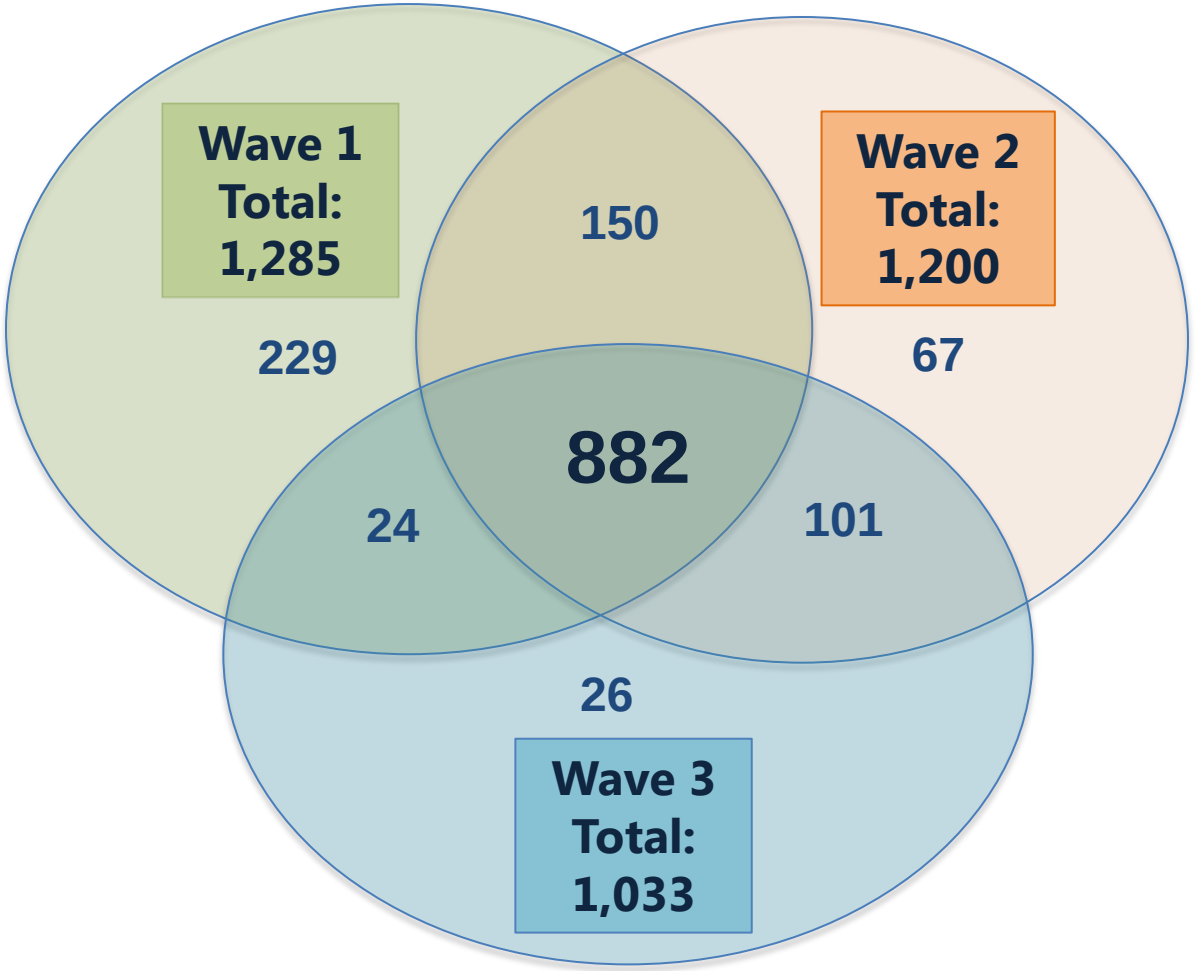
Participation in the interview cohort: Wave 1-3



Child & caregiver Wave 1 to 3 data collection involved 8,500 hours of in-depth interviewing, plus 5,000 hours travelling over 265,000kms. Total number of children participating in any wave is **1,479**.

Teacher on-line survey on their perspective of the child's wellbeing – one survey per child. To date **670** surveys have been completed.

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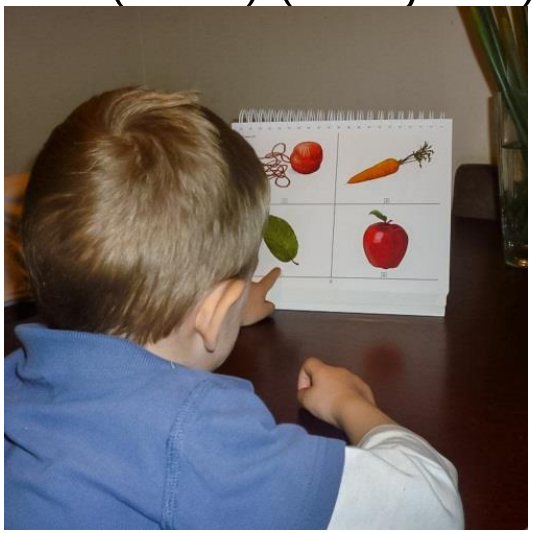
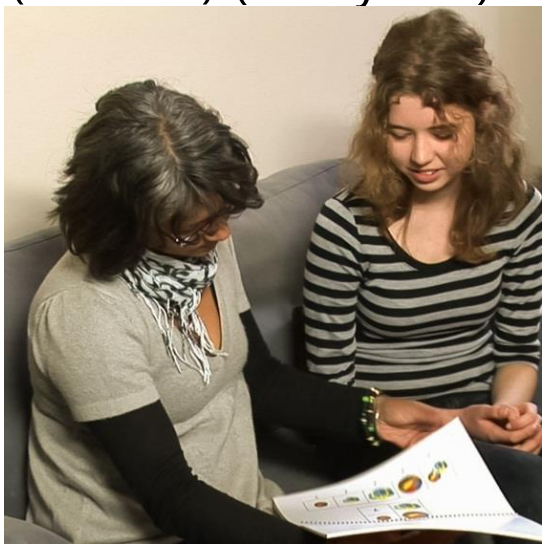
POCLS survey data

Child direct assessments (3-17 years)

Peabody Picture Vocabulary Test (PPVT) (3-17years)



Matrix Reasoning Test (WISC IV) (6-16years)



Felt security/ closeness activity (7-17years)

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Child interview (7-17 years)

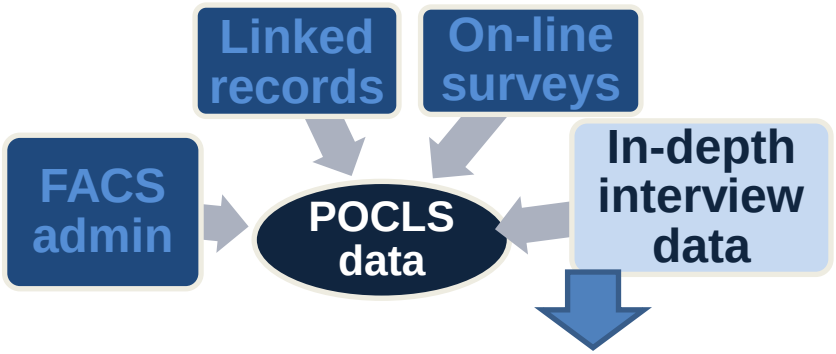
Short face-to-face interview (7-11 years)

ACASI iPad interview (12-17 years)
- Audio by young person in care

Age appropriate questions/ scales
- School & friends
- Health, behaviour & feelings
- Where they are living
- Casework and support
- Other comments

Gifts for participating
- Picture book (3-6 years)
- $20-$30 gift voucher (7-17 years)

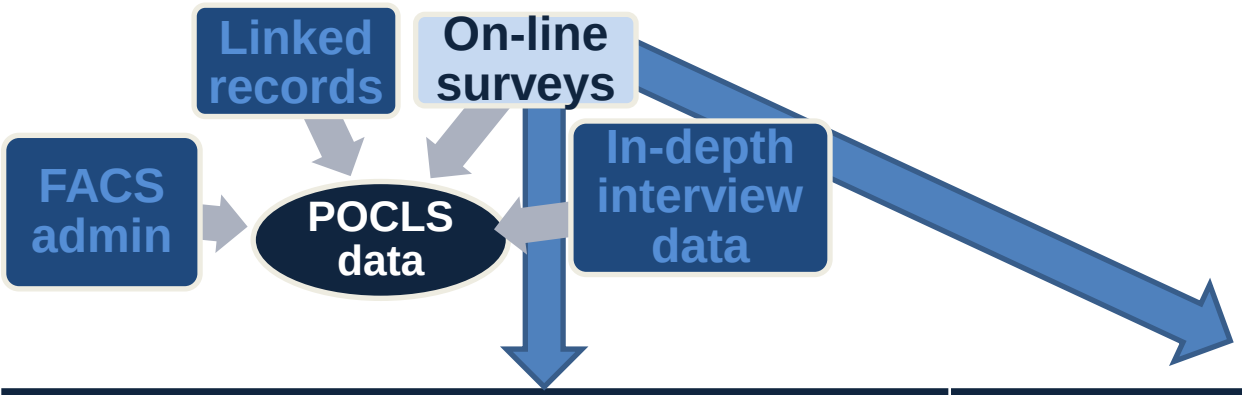
In-depth carer interview (CAPI)



About the child	About the caregiver
• Physical heath • Socio-emotional wellbeing • Cognitive development • Settled • Temperament • Activities & friends • Education & work (15+) • Services & support • Casework • Birth family contact	• Relationship with child • Parenting style • Carer experience & training • Informal support network • Casework support • Satisfaction being a caring • Health/ mental health • Relationship with partner • Household grid • Finances & housing • Neighbourhood

Child developmental outcomes measured in the POCLS

On-line surveys

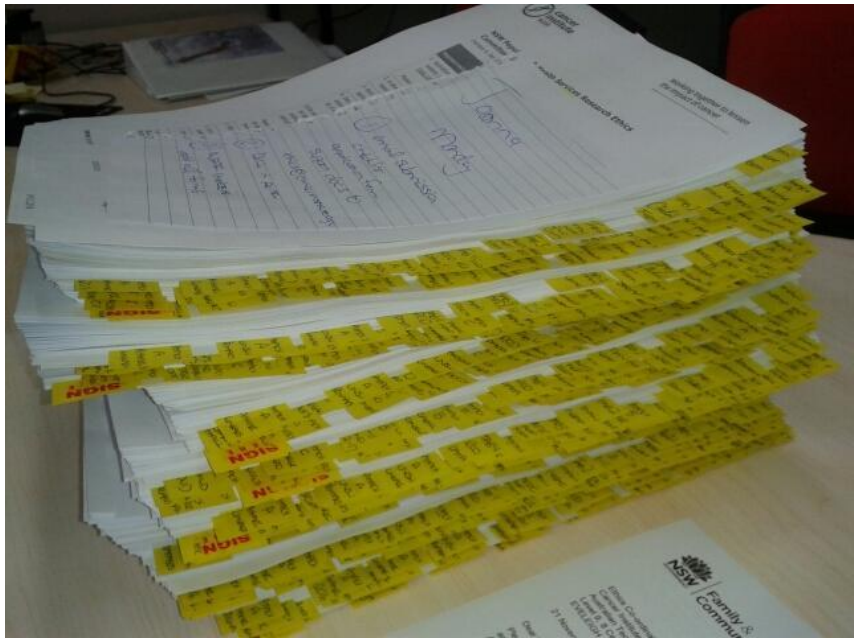


Caseworker	Teacher (Childcare/Preschool/School)
• Current involvement • How well they know the child • Placement and child needs • Child's birth family • Birth family contact • Case plan (adoption/restore)	• Socio-emotional well-being (CBCL) • School attendance • Education plans • Progress with schoolwork • Extra activities • Friends

POCLS linkage data

Challenges in accessing administrative data

- **Dealing with many people across different agencies** – forms need to be signed by data custodians, chief investigator, those approved to access the data
- **Selecting variables** – link to research question, any changes need to go back to ethics, multiple analysts
- **Lots of forms to fill out** – each data custodian, accredited linkage agency, ethics
- **Data custodian concerns** – re-identification, statistical competence, breaches
- **Time-frames** – takes longer than you anticipate! Try and get it right the first time!
- **Change of personnel**
- **Processing** – data needed to be matched, cleaned, value labels added, some data had errors and had to be re-requested
- **Interpretation** – some are easy to understand while others more difficult especially if no data dictionary



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Outcome domains and linked data

- ‘Safety’ domain
  - FACS risk of significant harm (ROSH) reports
  - FACS substantiated reports
  - NSW Emergency Department data collection
  - NSW Admitted Patient data collection

- ‘Cognitive’ domain
  - AEDC
  - NAPLAN

Outcome domains and linked data

- ‘Socio-emotional’ domain
  - FACS ROSH reports (suicide risk, runaway, drug/alcohol misuse)
  - AEDC (emotional maturity and social competence)
  - Mental Health – Ambulatory data collection
  - Admitted Patient data collection (psychiatric issue, pregnancy/childbirth)
  - Emergency Department data collection (psychiatric issue)
  - Offending

- ‘Physical health’ domain
  - Admitted Patient data collection
  - Emergency Department data collection
  - AEDC (Physical health domain)

In-depth analysis on policy & practice applications

- The POCLS database has only been available to a small number of experienced researchers until early 2019 and a number of conference presentations, roundtables and publications have been completed.
- Effort has mainly concentrated on design, implementation, record linkages and data quality assurance.
- Longitudinal studies need a minimum of three waves of data, data weights and test-runs to ensure the data is high quality and publications are first class.
- The POCLS data asset will be made more broadly available through interactive dashboards and access to unit record data with appropriate privacy and governance procedures in place.

In-depth analysis on policy & practice applications

- In-depth analysis has commenced
  - Professor Judy Cashmore – contact and felt security
  - Professor Paul Delfabbro – placement type
  - Professor Paul Delfabbro – Aboriginal children and carers
  - Settlement Services International – CALD children in OOHC
  - Professor Ilan Katz – needs, services & support
  - Dr Fred Wulczyn – placement stability
  - Dr Fred Wulczyn – exits from OOHC
  - Dr Michelle Townsend – educational outcomes

Accessing the POCLS data asset

Aggregated POCLS data is (or will soon be) available through:

- Publications and journal articles eg
  - Wave 1 Baseline Statistical Report
  - Caseworker Survey Statistical report
  - Teacher Survey Statistical report
  - Range of research reports on policy topics
- On-line interactive dashboards

Unit record data will also be made available to researchers and policy makers within FACS and more broadly.

A range of technical material is available to assist in using and understanding the POCLS data. This includes data dictionaries and data use guides as well as papers on statistical power, selection bias and cross-sectional and longitudinal weighting.

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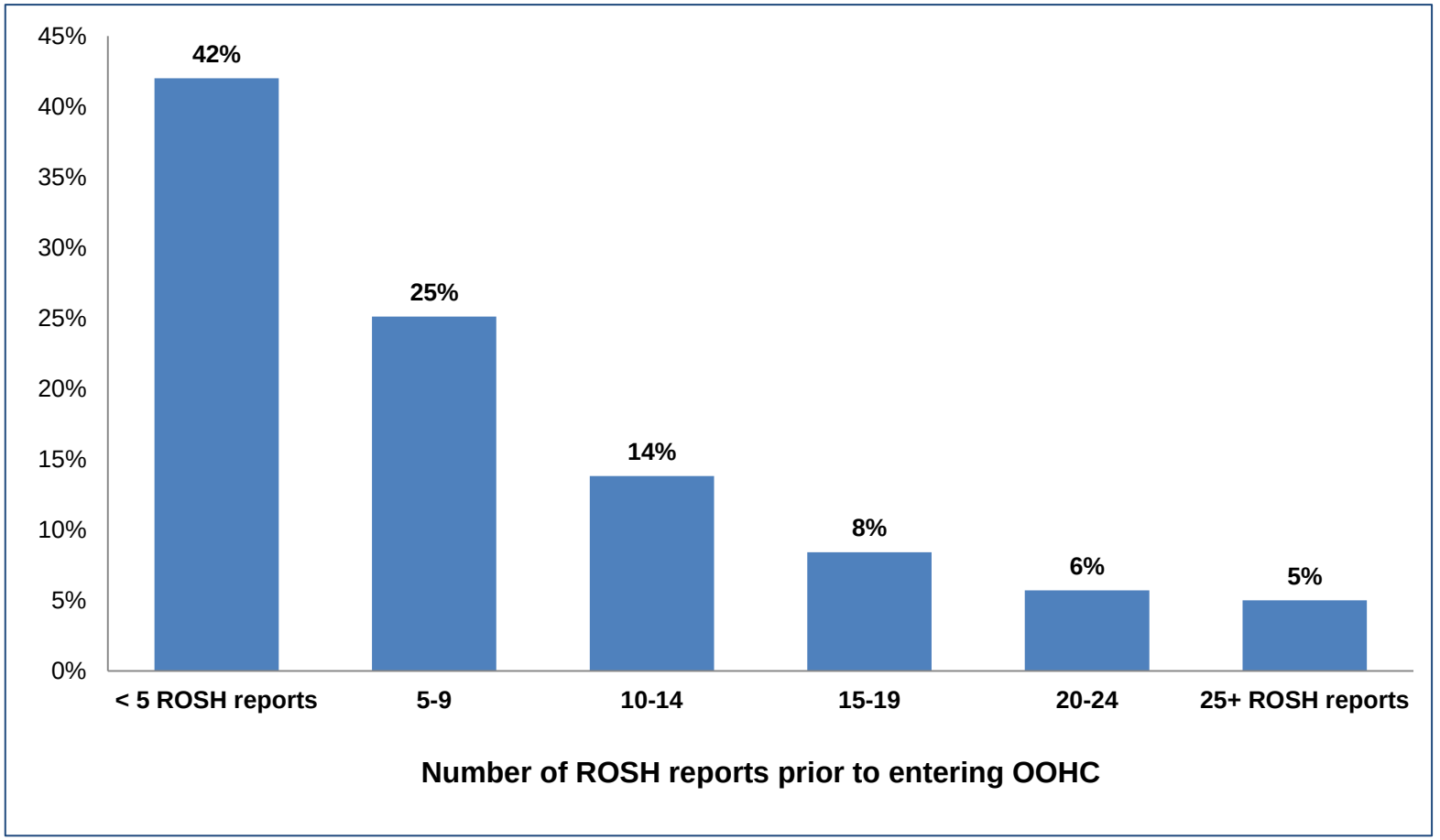
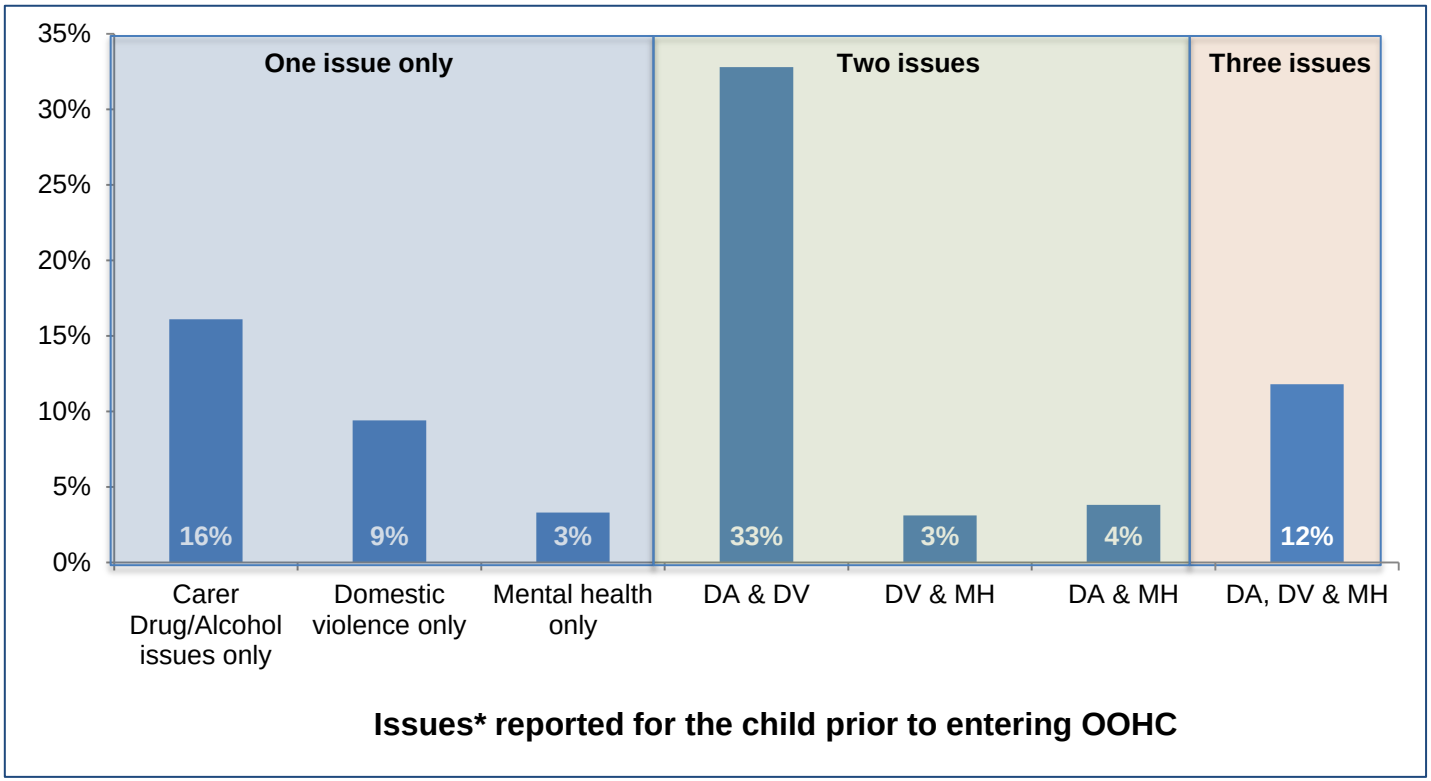
Overview of the POCLS cohort – examples of analysis

ROSH reports prior to entering OOHC



n= 2,828
Final Order Cohort
Data Source: FACS Administrative Data Extracts

Parental issues reported prior to entering OOHC



Issues* reported for the child prior to entering OOHC

Total with:	
Drug/Alcohol	**65%**
Domestic Violence	**57%**
Mental Health	**22%**

- Up to 3 reported issues can be recorded on KiDS. Includes any ROSH report about the child prior to entry into OOHC.
- 'Mental Health' includes reported issues of 'Psychiatric disability of carer' and 'Suicide risk/attempt of carer'. Does not include 'emotional state of carer'.

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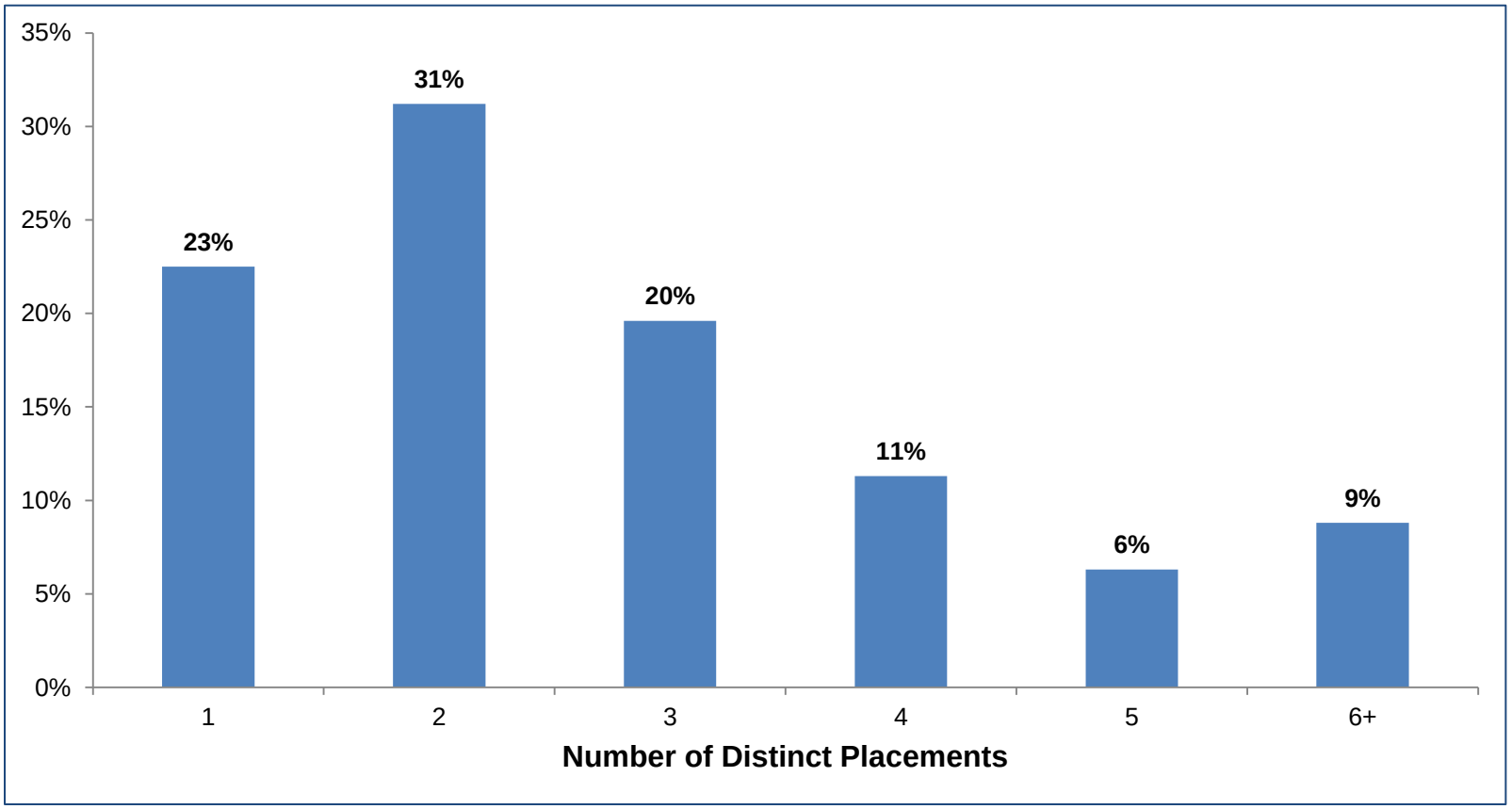
n= 2,828
Final Order Cohort
Data Source: FACS Administrative Data Extracts

Placement stability since entering OOHC

Final Orders Cohort at 30 June 2016



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

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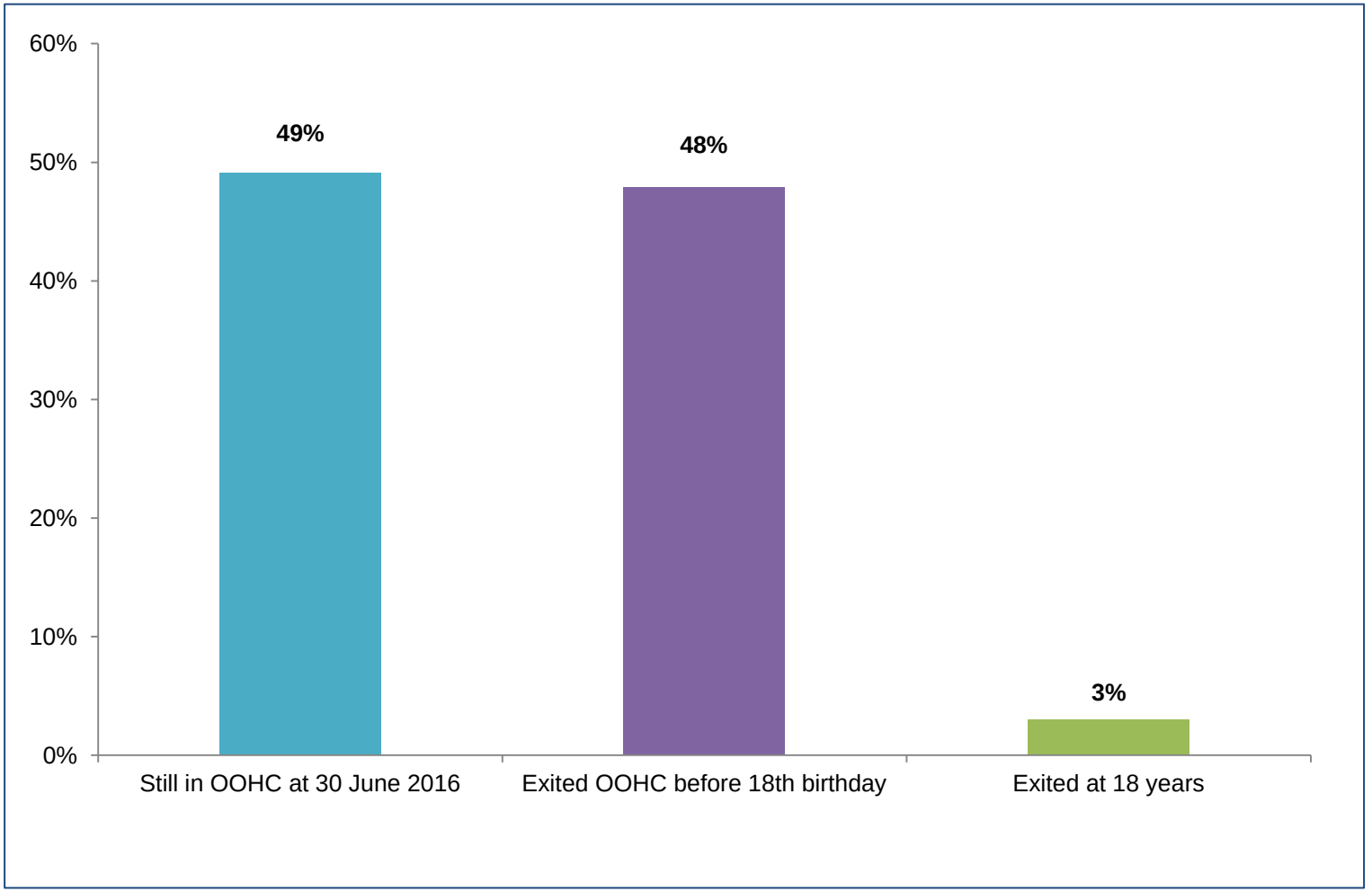
n= 2,828
Final Order Cohort
Data Source: FACS Administrative Data Extracts

OOHC exit status

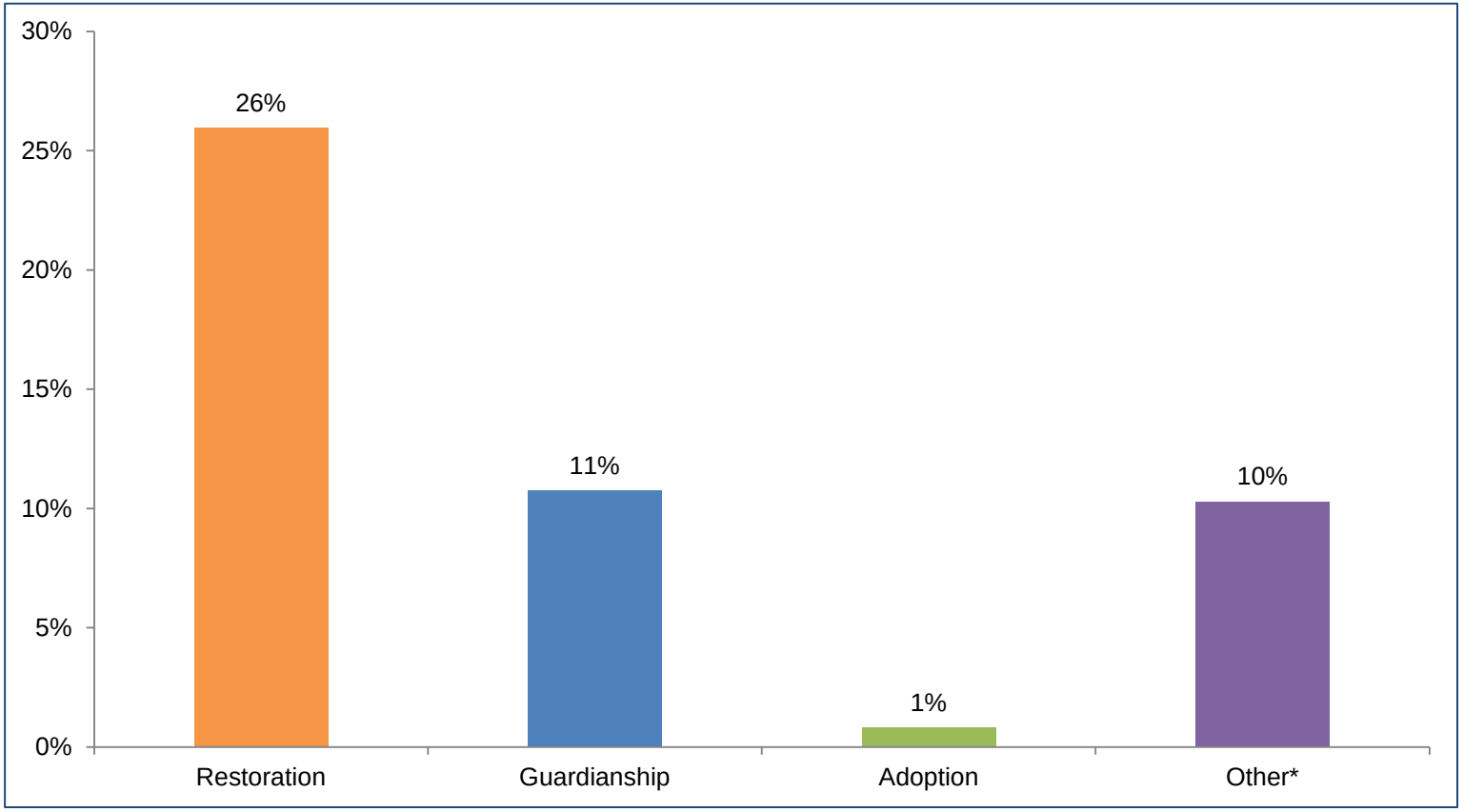
Final Orders Cohort at 30 June 2016



n= 2,828
Final Order Cohort
Data Source: FACS Administrative Data Extracts

OOHC exit reason

Final Orders Cohort by 30 June 2016



* Other includes: Child transfer of order interstate, child incarcerated, child missing, child has self restored, child deceased, court order/PR to Relative, planned move, carer circumstances changed.

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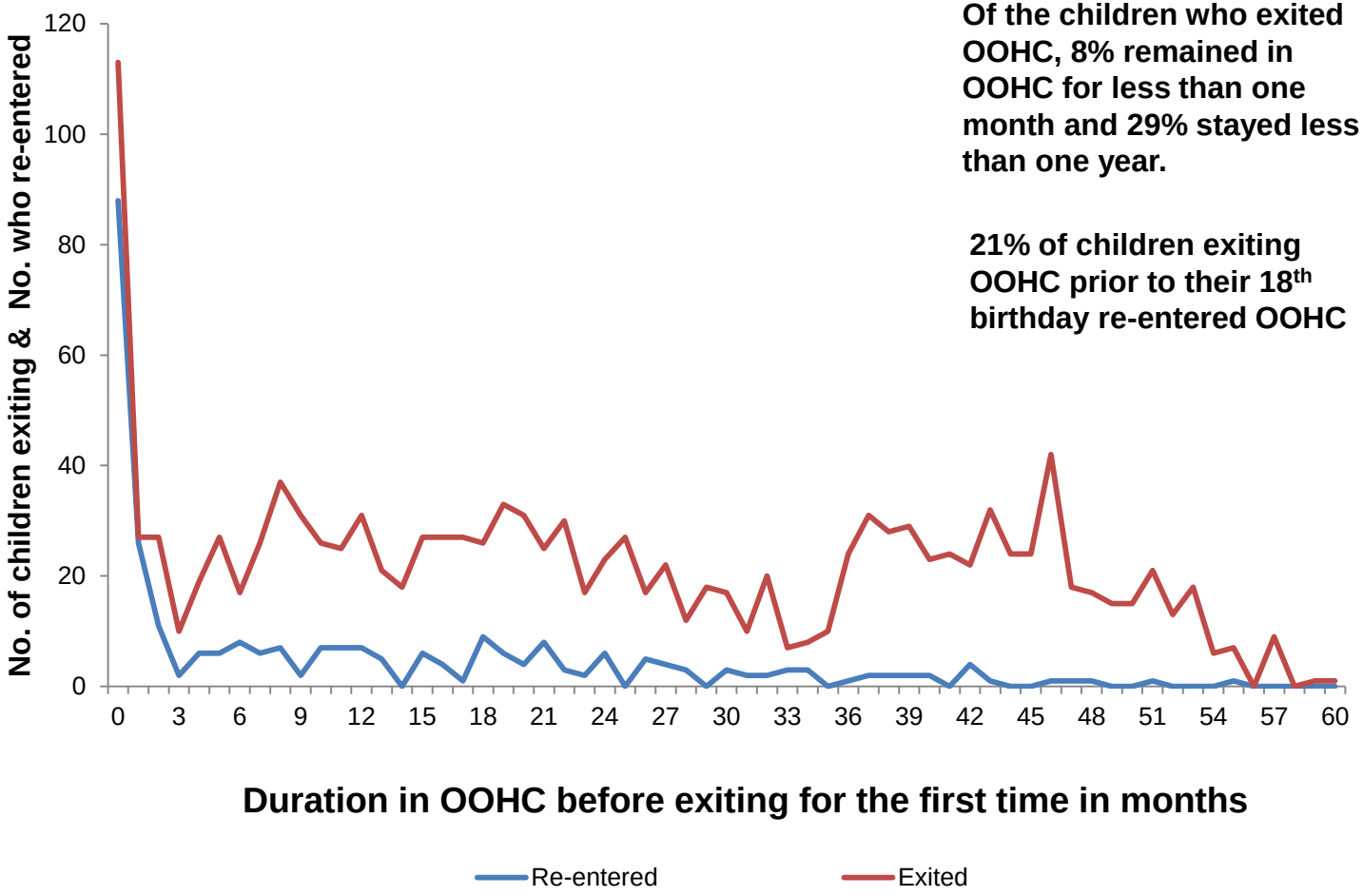
n= 2,828
Final Order Cohort
Data Source: FACS Administrative Data Extracts

Duration of first OOHC care period

Final Orders Cohort who exited OOHC by 30 June 2016



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

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

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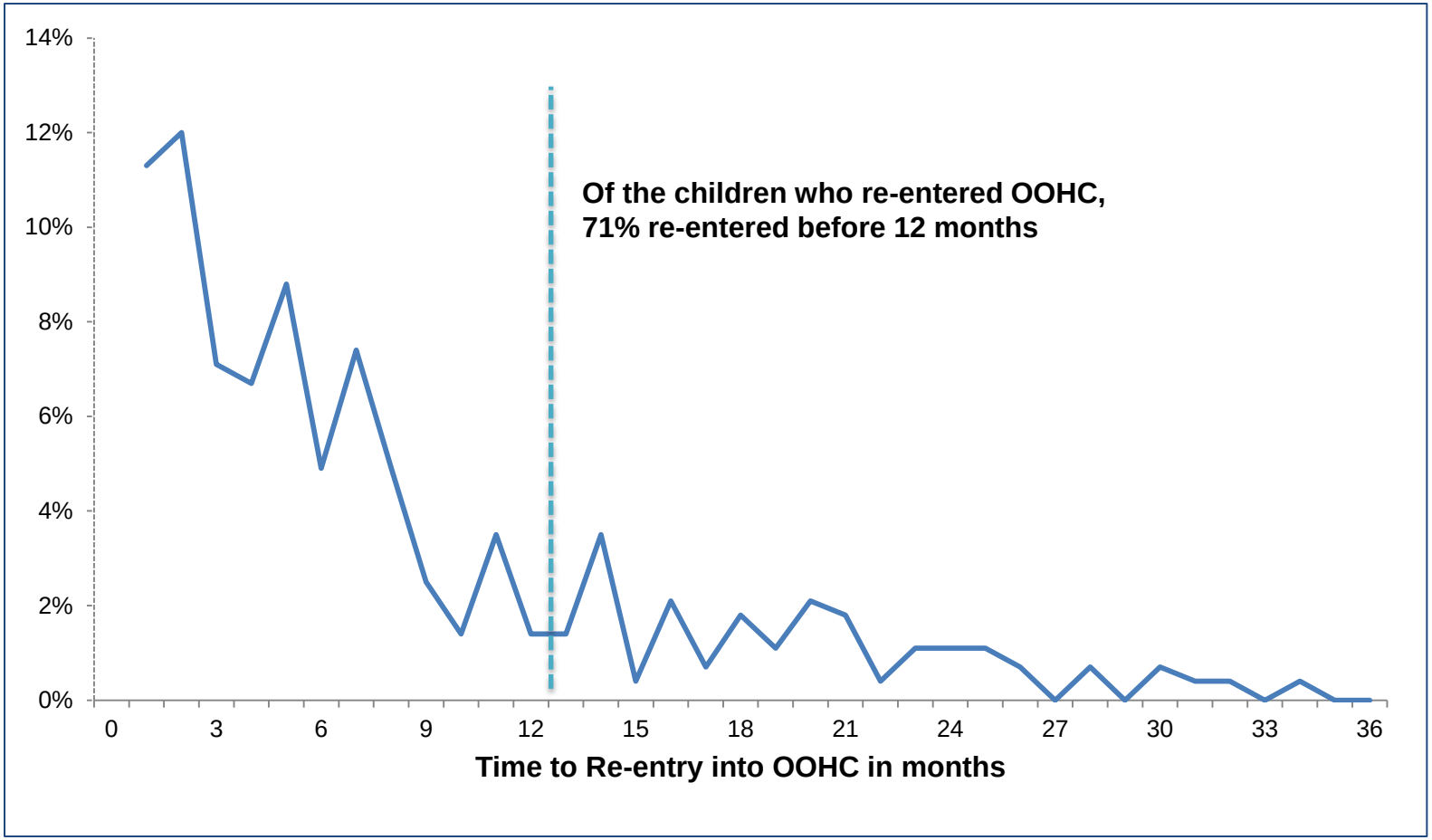
n= 1,437
Final Order Cohort who exited OOHC by 30 June 2016
Data Source: FACS Administrative Data Extracts

Time to re-entry into OOHC

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



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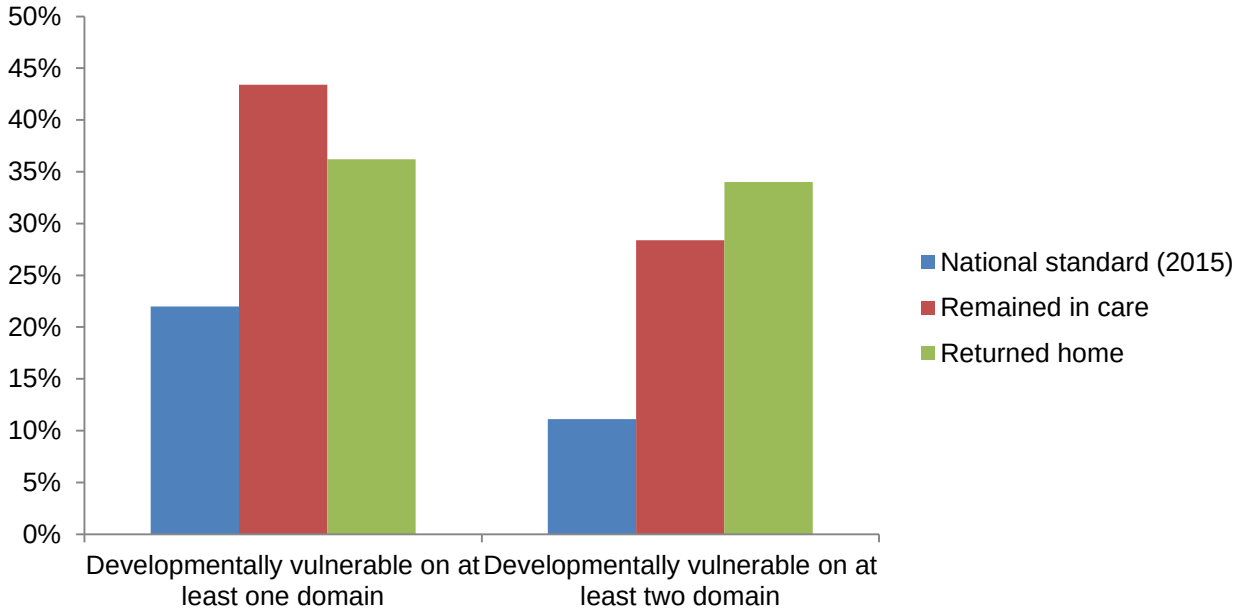
n= 1,352
Final Order Cohort who exited before 18th birthday
Data Source: FACS Administrative Data Extracts

AEDC

Developmental vulnerability: comparison to national data (2015)



Both groups (in care, returned home) are at significantly higher risk than the general population ($p<.001$)

Note: Data presented is for children who completed AEDC in 2015 (N=289)

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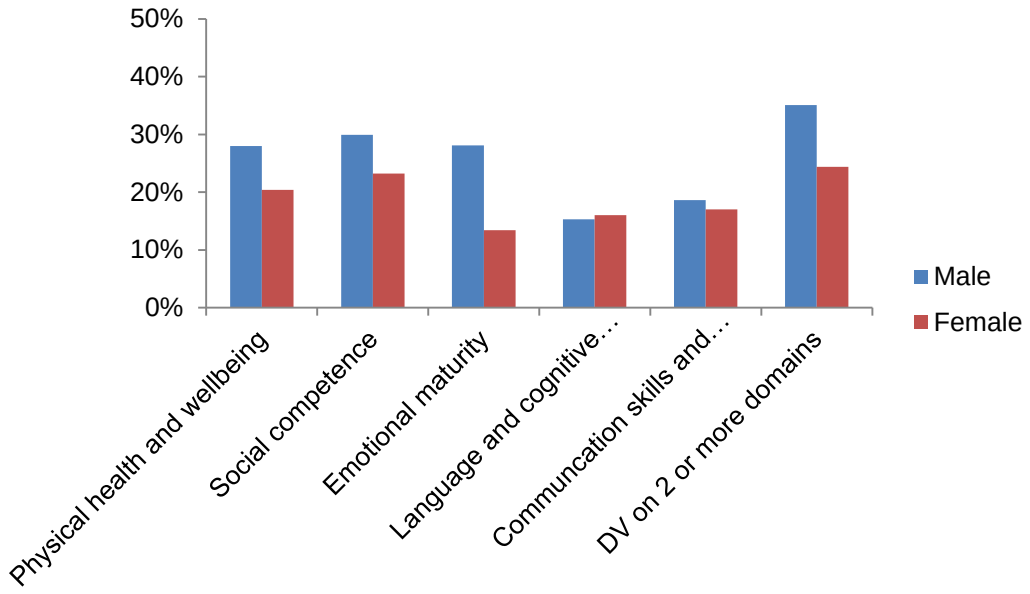
AEDC

Developmentally vulnerable boys (n=327-328) and girls (n=357-358)



Boys are at significantly higher risk than girls ($p<.001$) at being developmentally vulnerable in several domains – physical health and wellbeing, emotional maturity, social competence, developmentally vulnerable in 2 or more domains. Note: Data presented is for all POCLS children who completed AEDC in 2015 (N=289)

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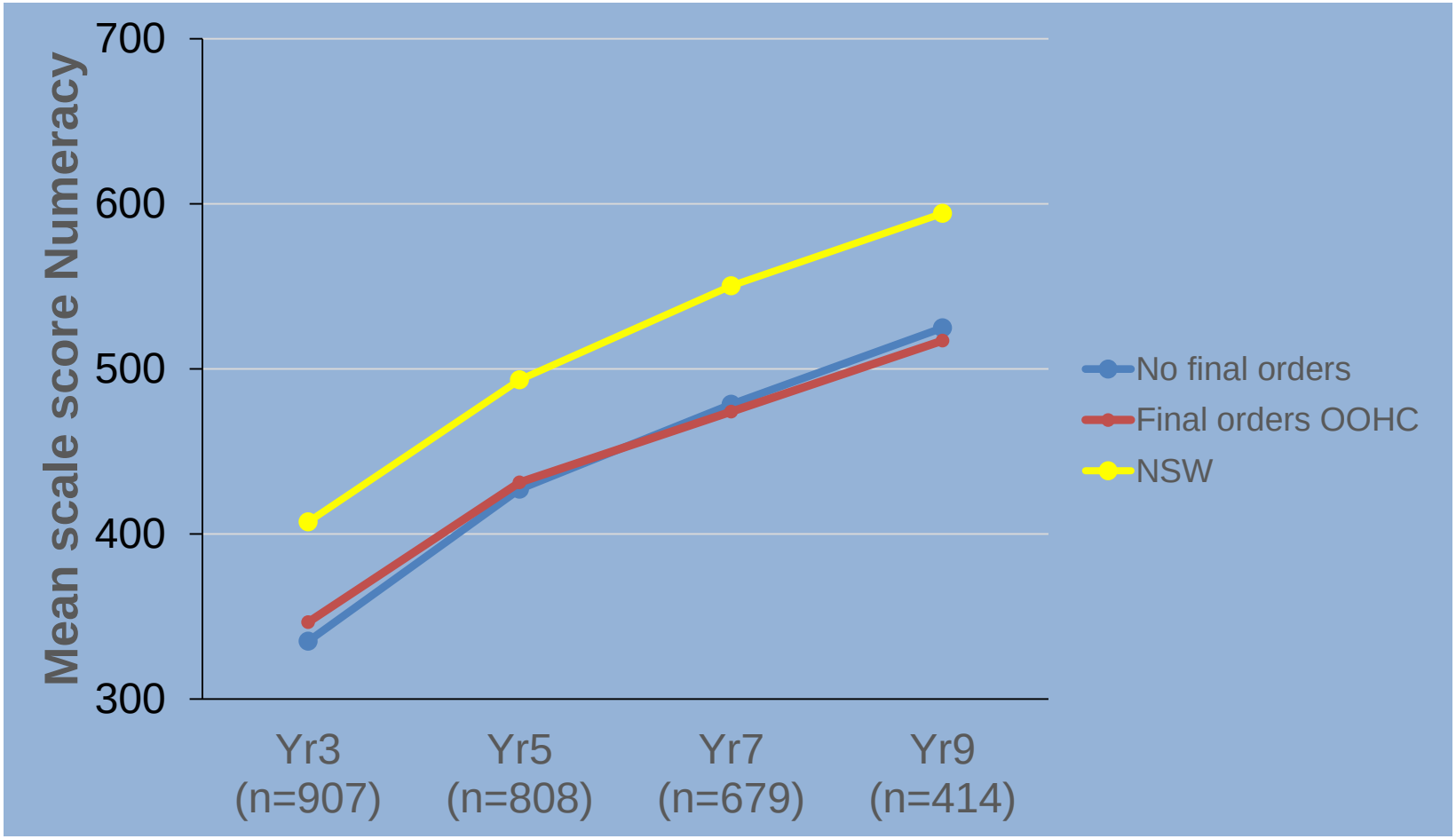
Achievement in Numeracy from Year 3 to Year 9



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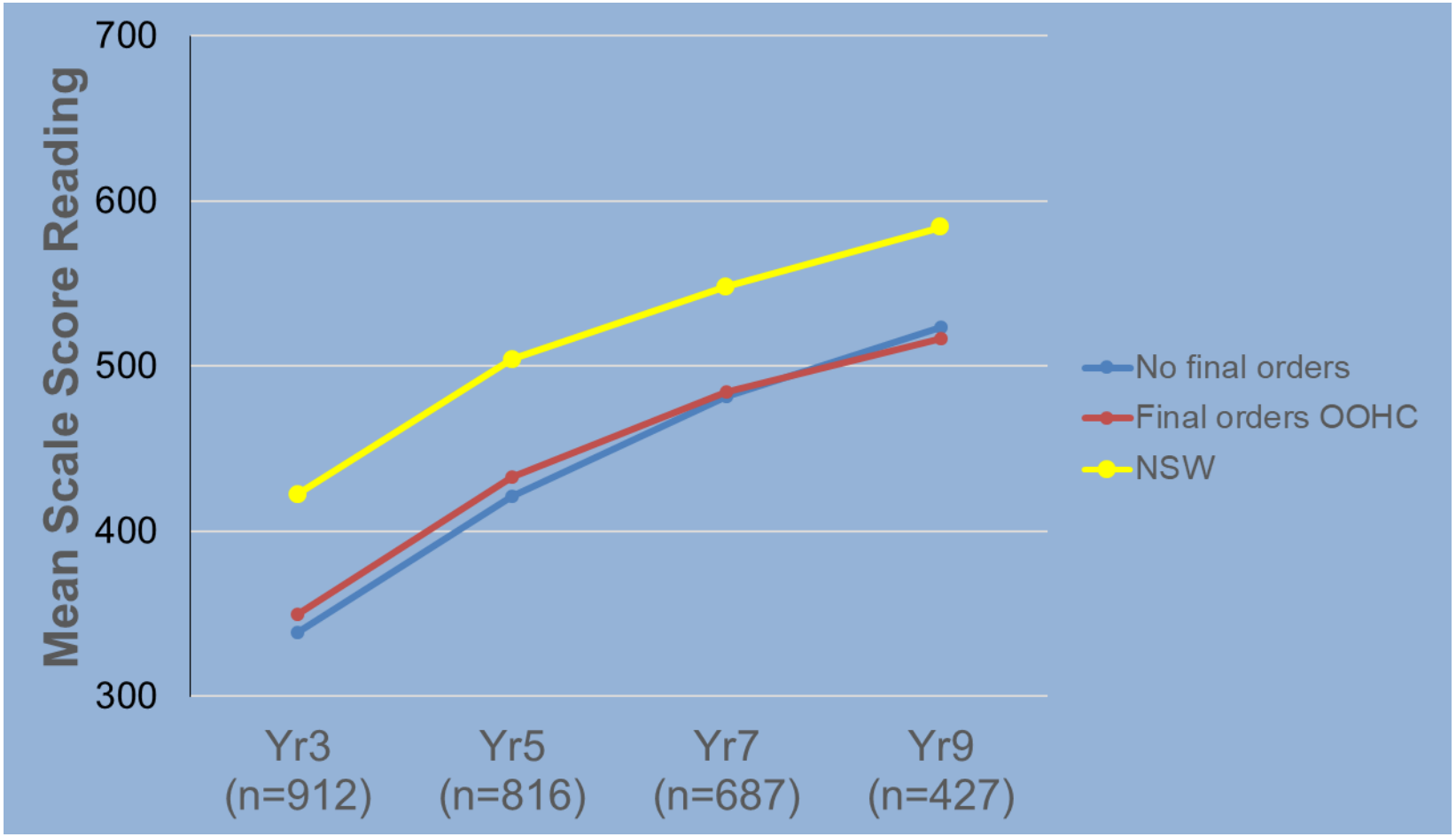
Achievement in Reading from Year 3 to Year 9



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Contact with justice system cohort

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

Justice system cohort

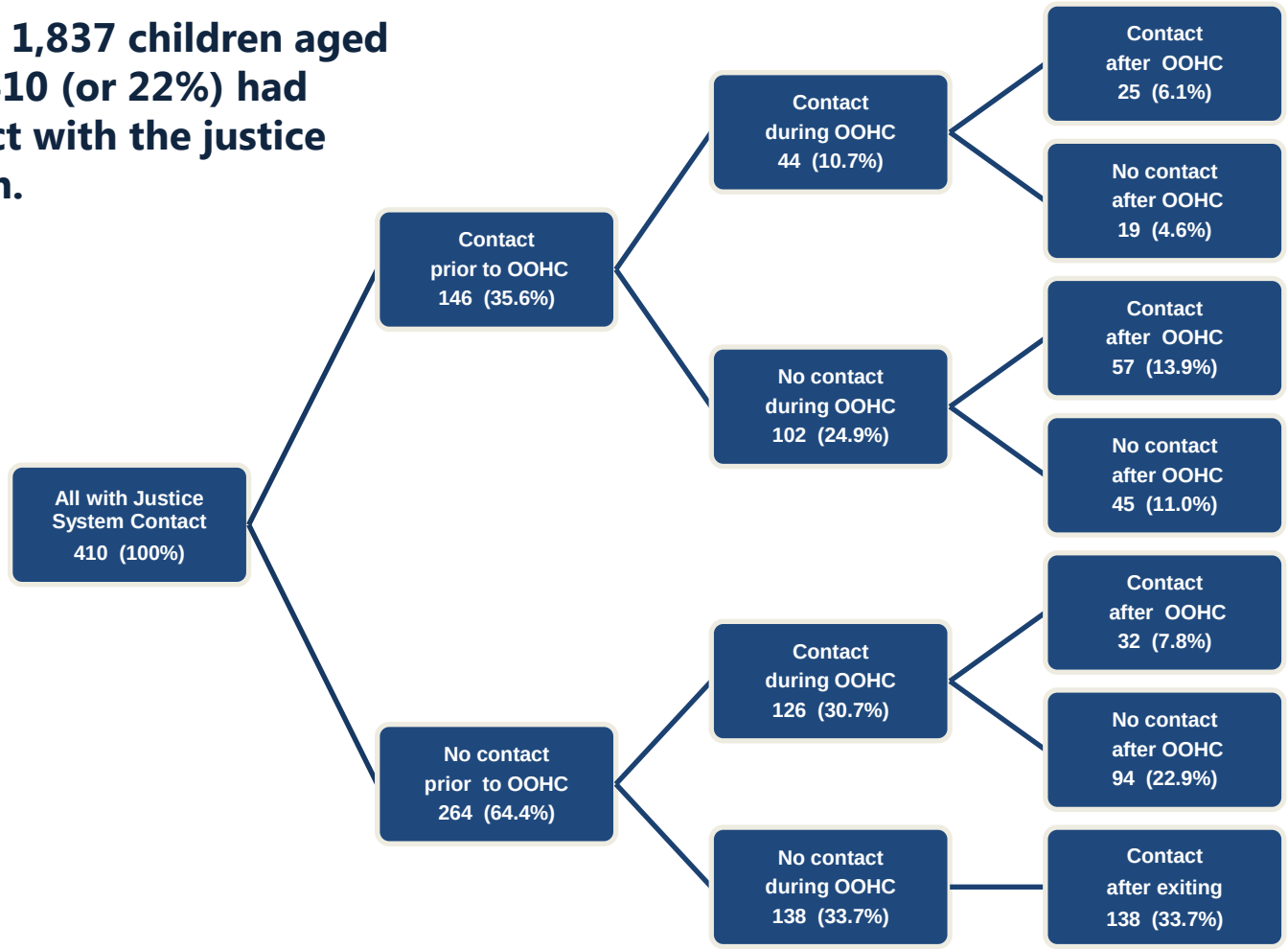
The justice system cohort includes children who were aged 10-15 years at the time of their first contact.

Comparison

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

Contact with the justice system & OOHC status

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



High needs cohort (aged 5-12 years)

High needs cohort (aged 5-12 years) :

Children aged 5-12 years in the Wave 3 interview who have clinical range behaviour problems and/or below average range language skills and non-verbal intelligence.

n=232 (41.4%)

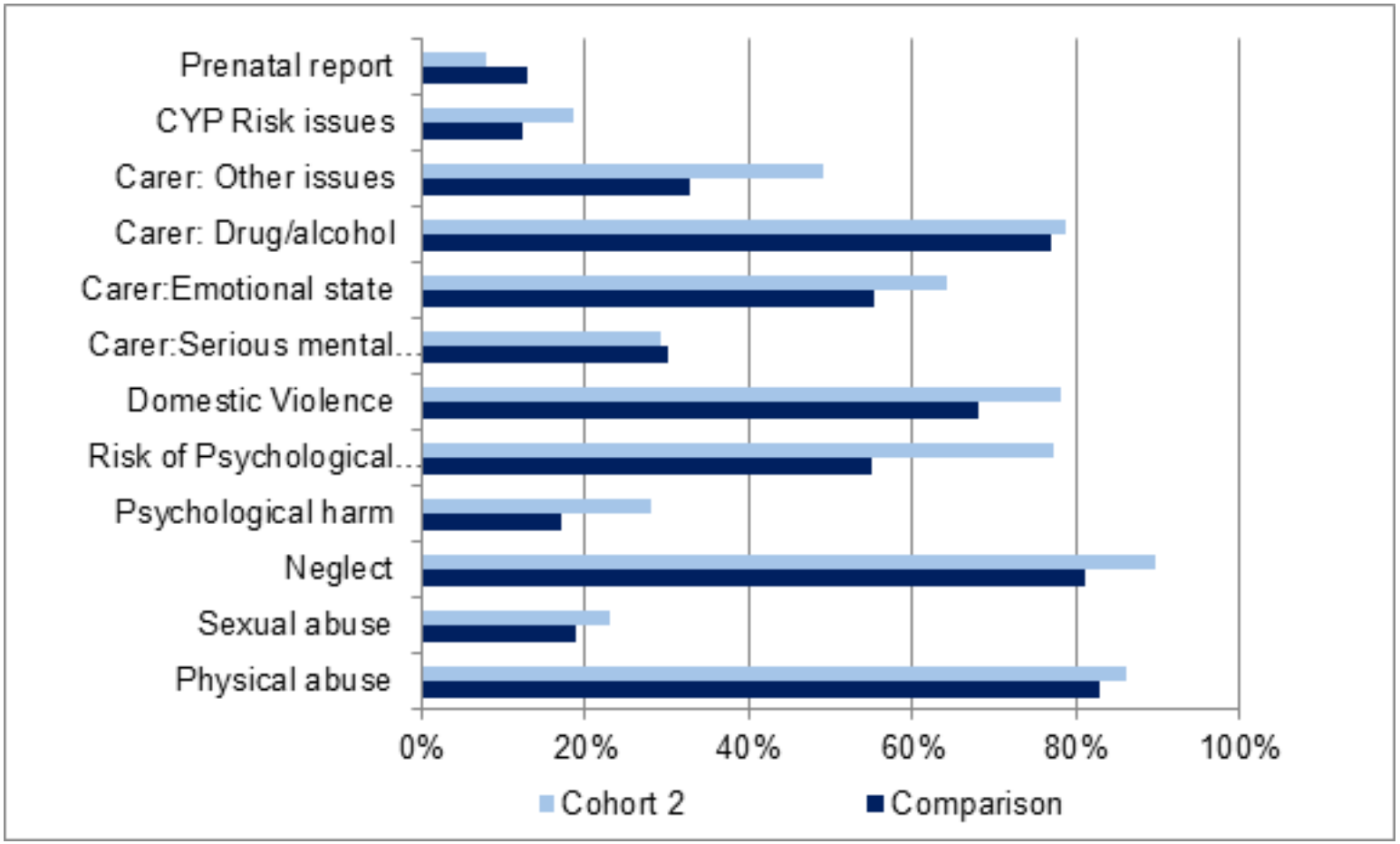
Comparison:

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

n=329 (58.6%)

High needs cohort (aged 5-12 years)

– reported issues prior to entering care



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High needs cohort (aged 5-12 years) - NAPLAN

- In regards to the National Assessment Program Literacy and Numeracy (NAPLAN) results
  - over half of the POCLS high needs cohort with a year 3 NAPLAN result were at, or below, the national minimum standard for numeracy and reading – much lower than the comparison group.
  - up to around two thirds 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 reading – again much lower than the comparison group.

High needs cohort (aged 5-12 years) - AEDC

AEDC domain	Cohort	Comparison	
Language and cognition	35%	16%	Experience a number of challenges in reading and writing and with numbers
Communication and General knowledge	39%	30%	Will have poor communication skills and articulation
Physical development	34%	31%	May experience a number of challenges that interfere with ability to physically cope at school.
Social competence	46%	47%	May experience a number of challenges with poor overall social skills.
Emotional maturity	46%	46%	May experience a number of challenges related to emotional regulation, behaviour, being distracted, inattentive and impulsive.

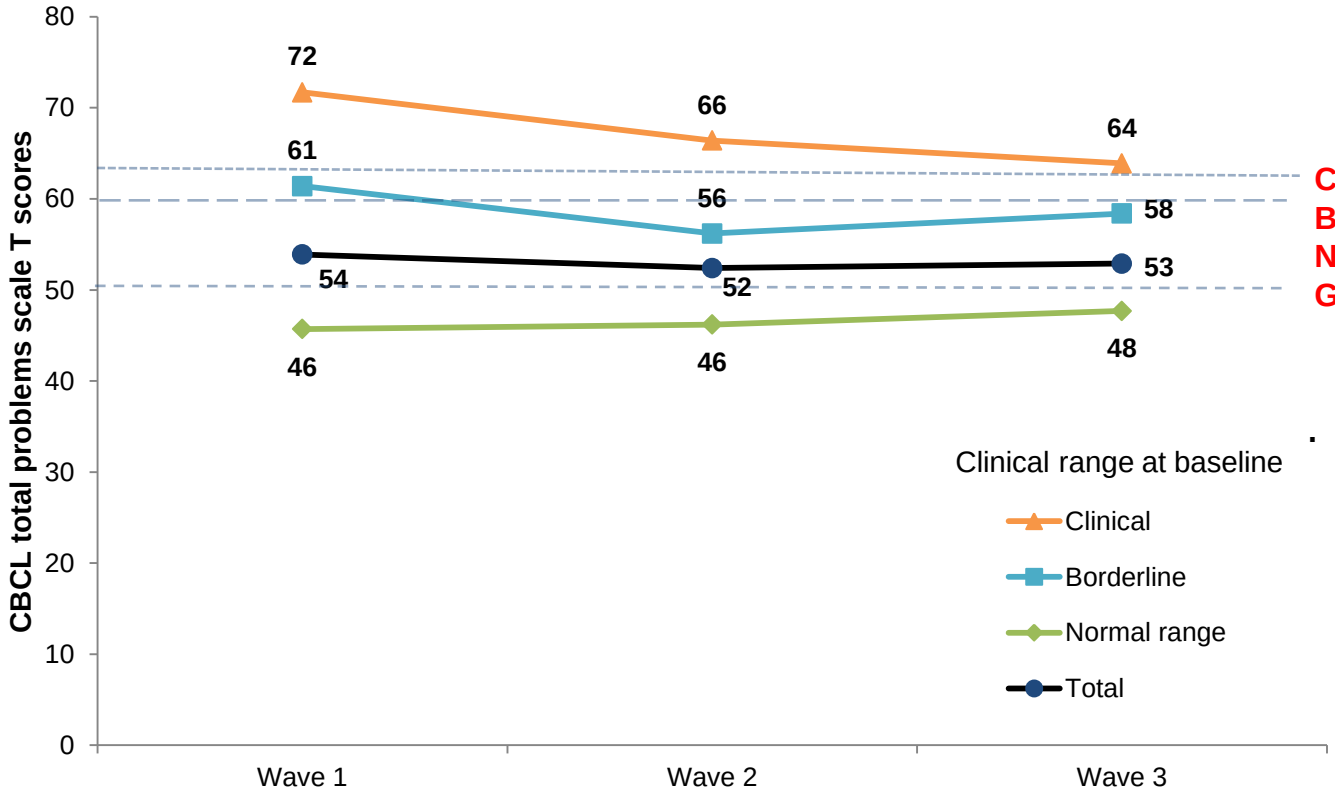
- a larger proportion of the high needs cohort are ‘vulnerable’ (below 10th percentile) or ‘at risk’ (between the 10th and 25th percentiles) than the comparison group in the language, cognition, communication and general knowledge domains

Socio-emotional wellbeing

Child Behaviour Checklist (CBCL) was used for children aged **3 to 17 years** at Wave 1 and for all ages from Wave 2.

- Total problem scores are reported: population mean of 50 and standard deviation of 10. Higher scores reflect greater behaviour problems.

Trends in behaviour problems by baseline clinical status



Clinical range: >=64
Borderline range: 60-63
Normal range: <60
Gen. Population average: 50

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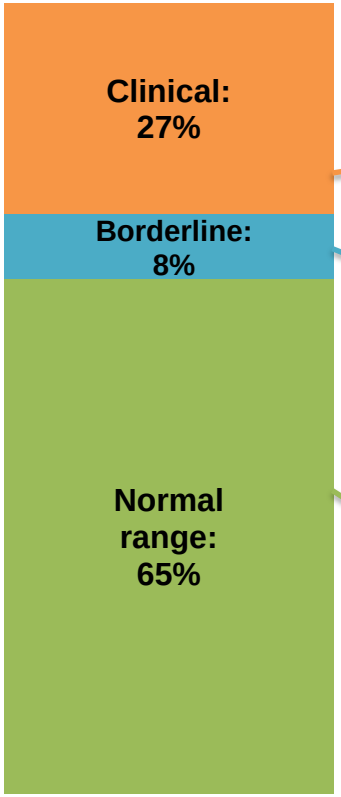
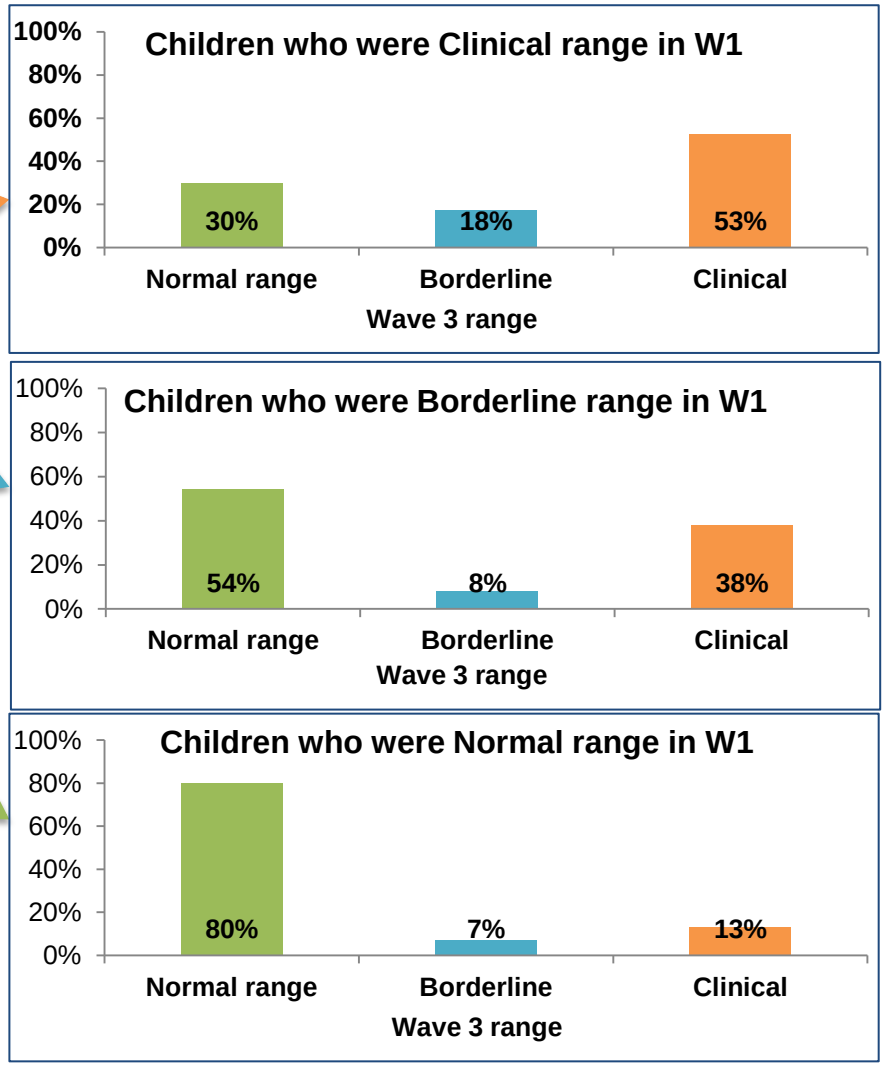
Change in behaviour problems by clinical status at baseline

Wave 1 Results



Wave 3 Results



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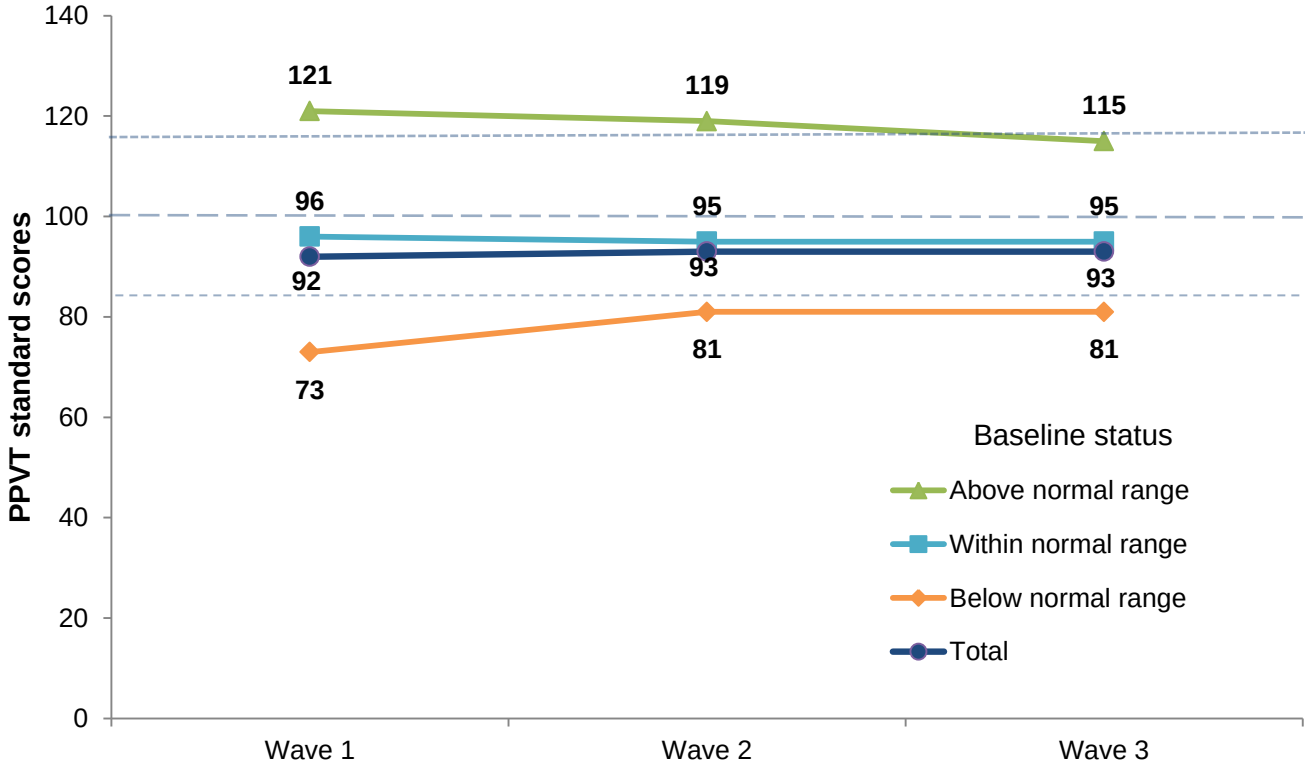
Cognitive development: verbal ability

- **Peabody Picture Vocabulary Test** (PPVT-IV) was used for children aged **3 to 17 years** to measure verbal ability.

- The PPVT raw scores were converted to age-based standard scores based on the age norms. If the standard score has increased, then the child has improved faster than average (for that age).

Trends in verbal ability by baseline status



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

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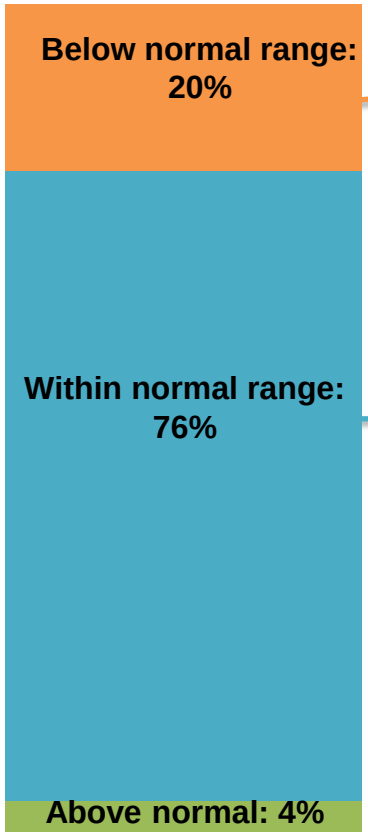
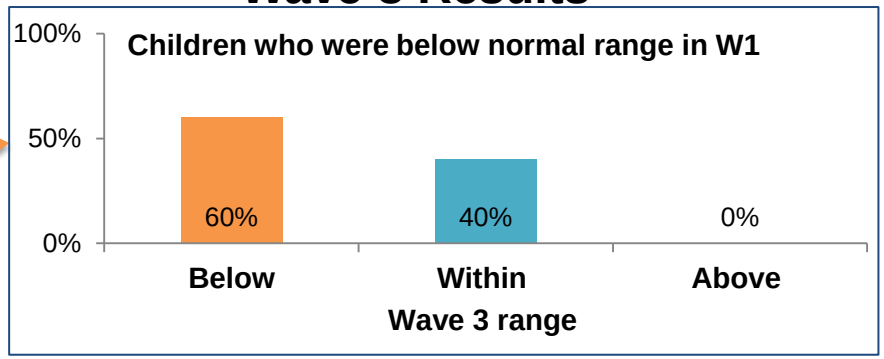
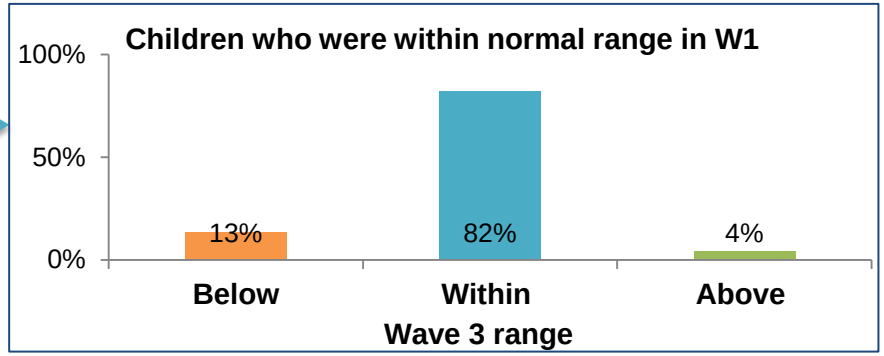
Change in verbal ability by baseline result

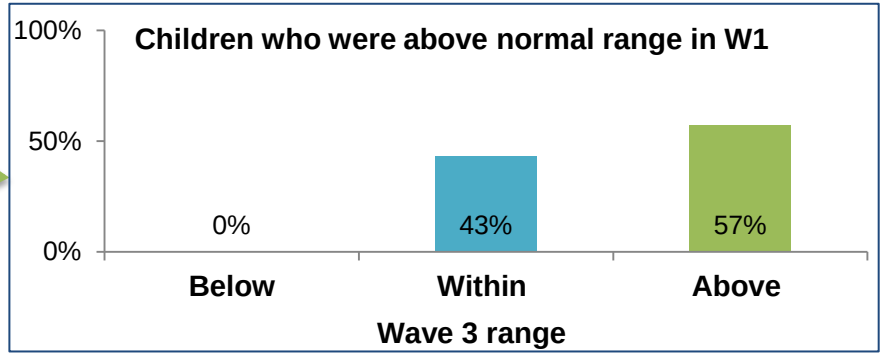
Wave 1 Results



Wave 3 Results







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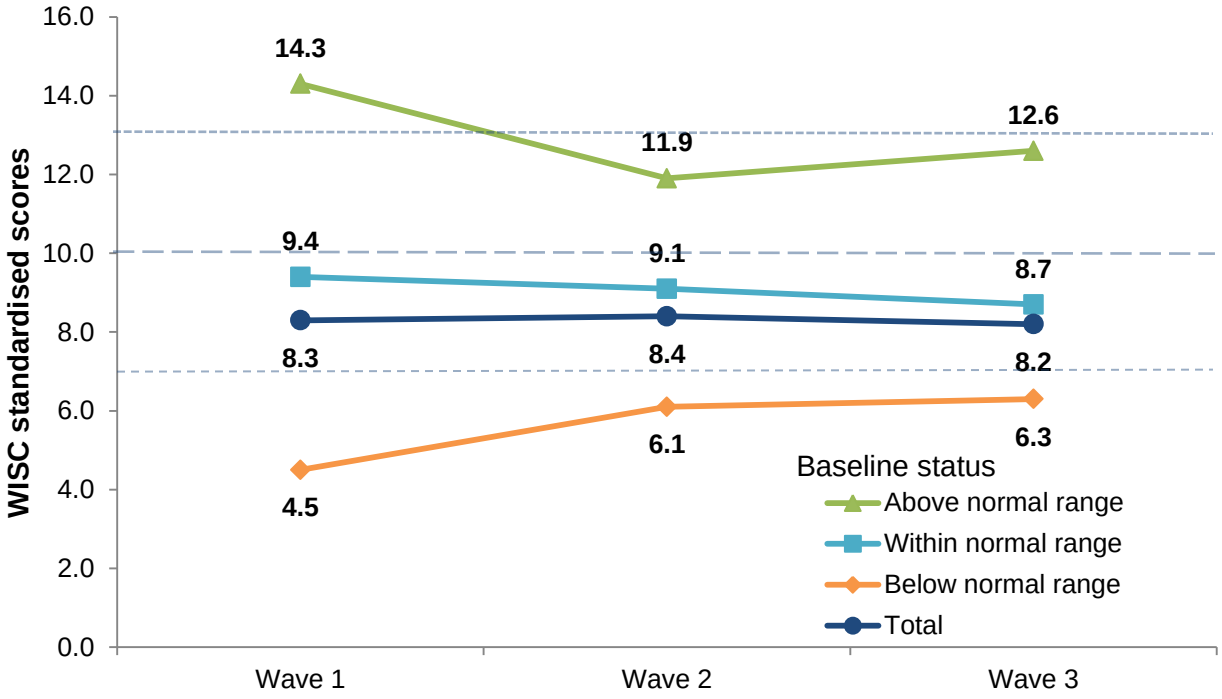
Cognitive development: non-verbal ability

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

- Higher scores reflect greater non-verbal reasoning ability.

Trends in non-verbal ability by baseline status



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

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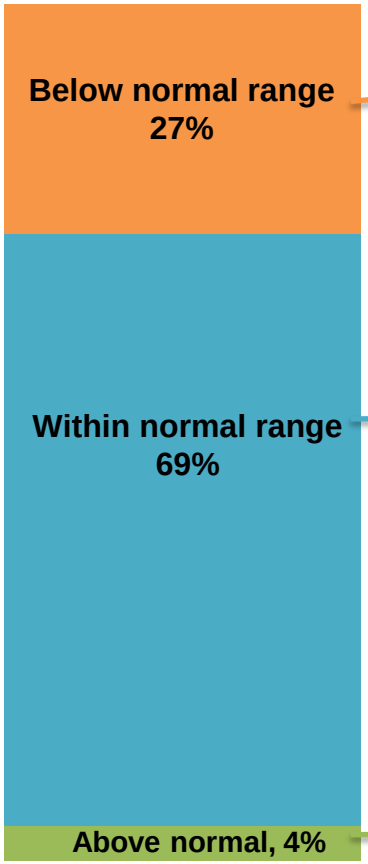
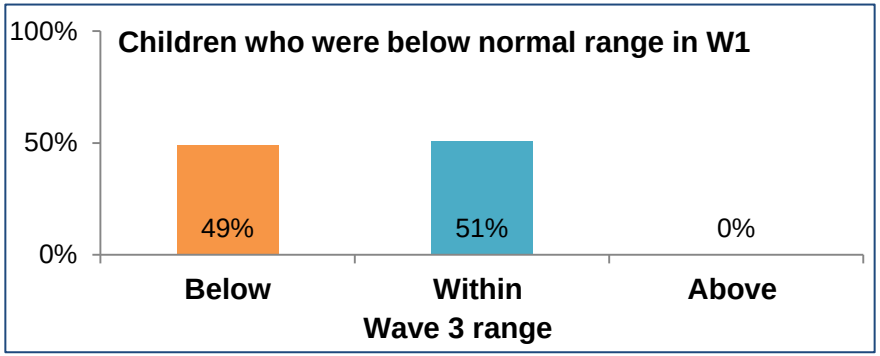
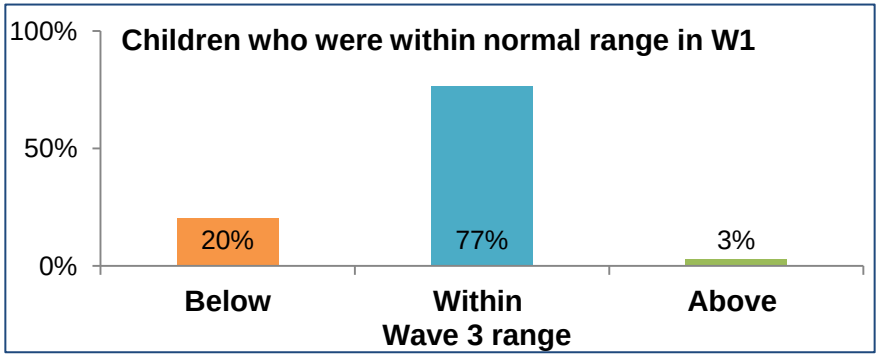
Change in non-verbal ability by baseline result

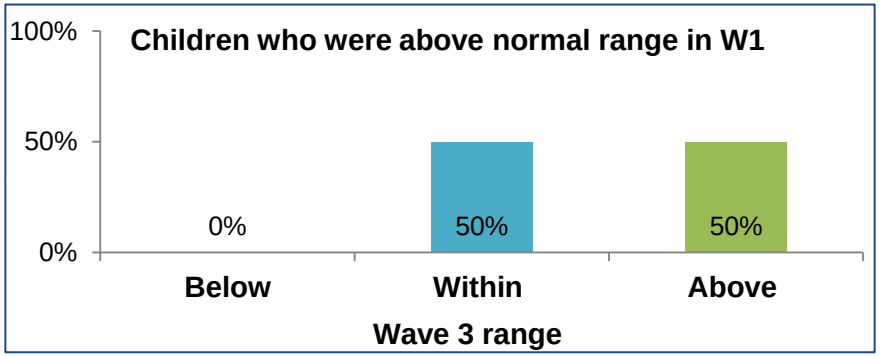
Wave 1 Results



Wave 3 Results







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Summary of findings (1)

- Approximately two-thirds of children in the final orders cohort had <10 risk of significant harm reports before entering OOHC for the first time.
- Approximately three-quarters of the children had three or less placement changes from the time of entering OOHC for the first time and 30 June 2016. Placement changes increased with age at entry to care.
- Almost half of the final orders cohort exited OOHC by 30 June 2016 and before they turned 18 years old.
- Of the children who re-entered OOHC, 71% re-entered before 12 months.
- 23% of children restored re-entered care.

Summary of findings (2)

- Analysis showed overall little apparent change on verbal ability, non verbal ability and behaviour problem standardised scores from Wave 1 to Wave 3.
  - Closer examination indicates that some children developing below the normal range at baseline made positive change by Wave 3.
  - The children developing in the normal range at baseline generally maintained developmental progress however there were some exceptions.
- Almost 40% of the children in the Wave 3 interview had clinical range behaviour problems and/or below average range language skills and non-verbal intelligence.

Summary of findings (3)

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

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Further Information

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