Pathways of Care Longitudinal Study (POCLS)

Trajectories for wellbeing and placement stability among children and young people who experience out of home care

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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

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Out-of-home care in NSW in June 2021

15,895 children in care in NSW, which is 9 per 1000 children

~43% are Aboriginal children

Source: AIHW (2022)

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Longitudinal outcomes for children in care

Children in out-of-home care are at greater risk of negative life outcomes

But many do well

Role of early risk and protective factors?

Role of the quality and consistency of care?

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Aims of this analysis

- Identify subgroups of children in OOHC distinguishable based on child and family demographic and personal factors identified by others as playing a role in longer term outcomes for children in OOHC
- Explore how these factors (i.e., via the subgroups) are associated with a range of outcomes, and trajectories of these outcomes over time

Method – the POCLS data

- Prospective longitudinal study of children and young people in out-of-home care
- Tracks 4,126 children and young people who entered care for the first time between May 2010 and October 2011 in NSW
- Links child protection, health, education and justice data with data collected from study children, their caregivers, caseworkers and teachers
- 5 waves so far, interview data (*n* = 1789) collected ~2 yearly intervals
- 962 children had Wave 4 interview data

Method – analysis

Cluster analysis

- Combinations of early factors, not just individually
- Clustered on measures of neighbourhood disadvantage, Aboriginality, disability, age of care entry

Latent Growth Curve Modelling

- Trajectories of change in cognitive functioning, socio-emotional wellbeing, health, placement stability
- Multiple group analyses for clusters

Results

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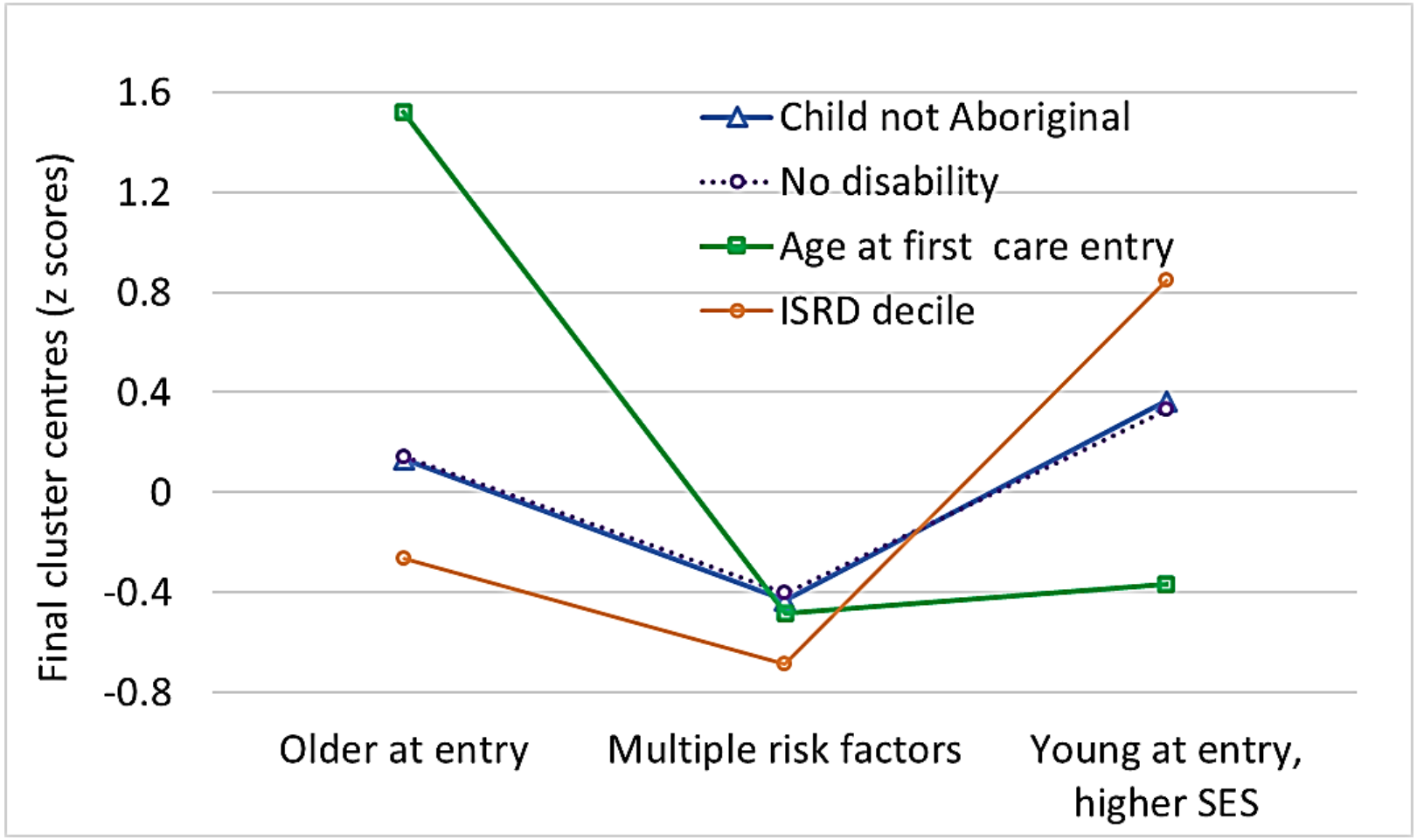
Child characteristics on care entry (*N*=962)

Characteristic	Value
Age at entry into care (years), *M* (*SD*)	2.47 (2.977)
Male, *n* (%)	484 (50.3%)
Aboriginal or Torres Strait Islander, *n* (%)	344 (35.8%)
Neighborhood disadvantage (IRSD[a] score), *M* (*SD*)	966.79 (72.719)
Has a disability, *n* (%)	181 (18.8%)
Age first reported for maltreatment concerns prior to entry into care (years), *M* (*SD*)	0.17 (1.571)
Number of ROSH reports prior to first entry into care, *M* (*SD*)	7.85 (7.643)

a IRSD = Index of Relative Socio-economic Disadvantage, higher scores indicate greater socio-economic status (SES)

Profile of each cluster



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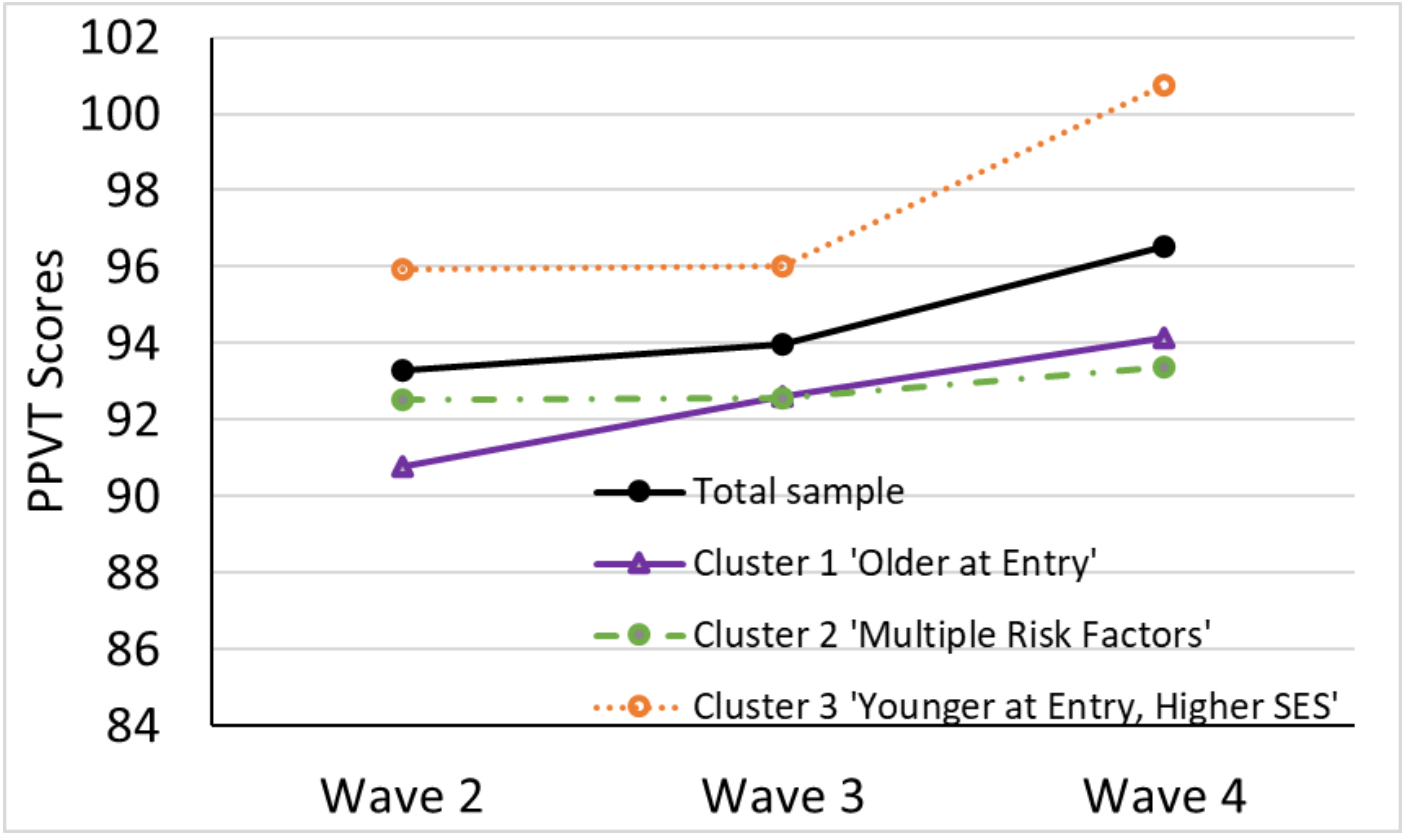
Cognitive functioning

- Children entering care younger and with higher SES (orange) have higher cog. functioning scores at all waves
- Children entering care older had low scores to begin with, but showed steady incline, & trajectory at later stage aligned with total sample
- Little growth in scores for multiple risk cluster



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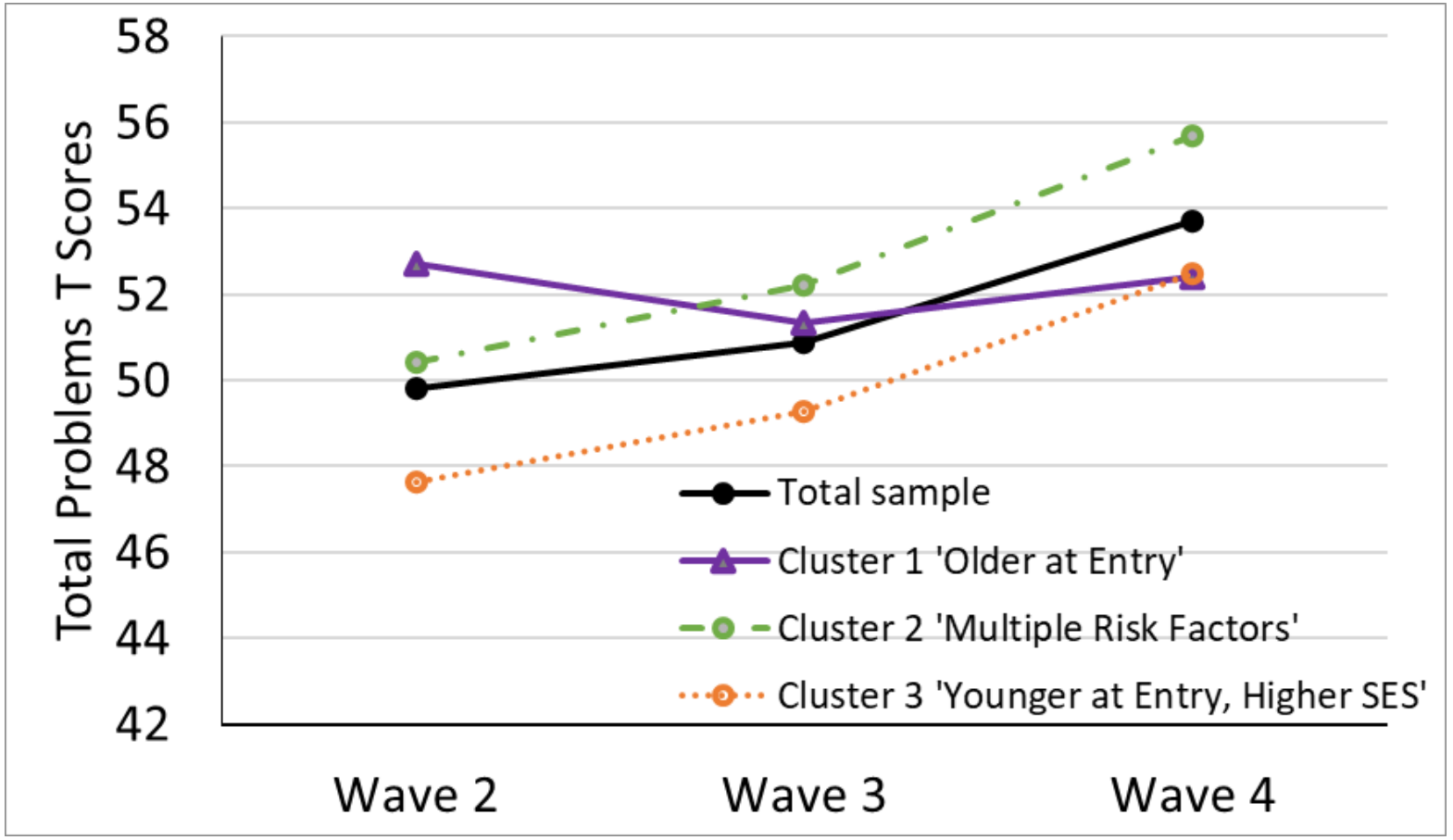
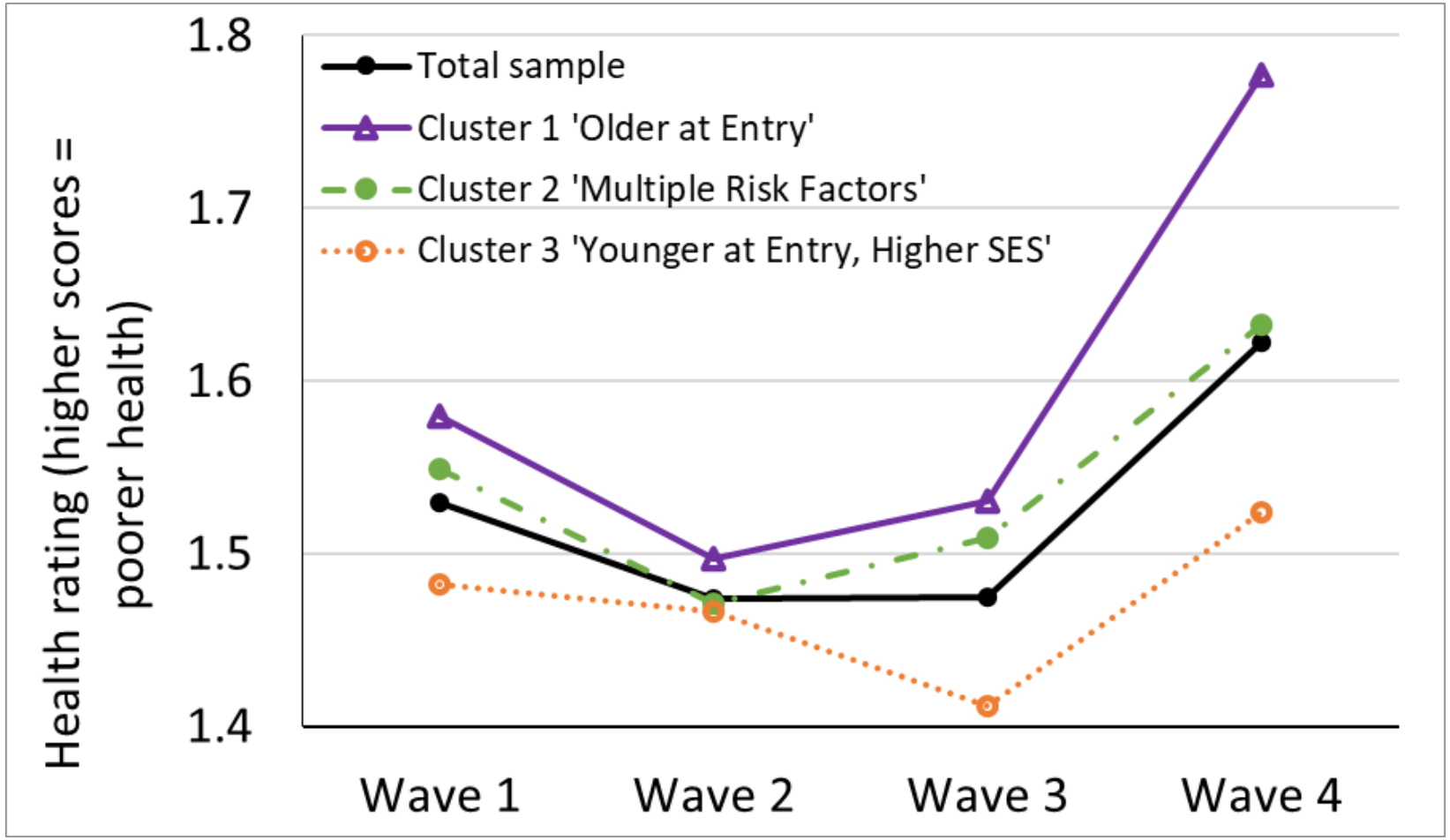
Socio-emotional wellbeing

- Younger at entry/higher SES and multiple risk cluster show worsening behaviour over time
- Children entering care older show decrease in behaviour problems



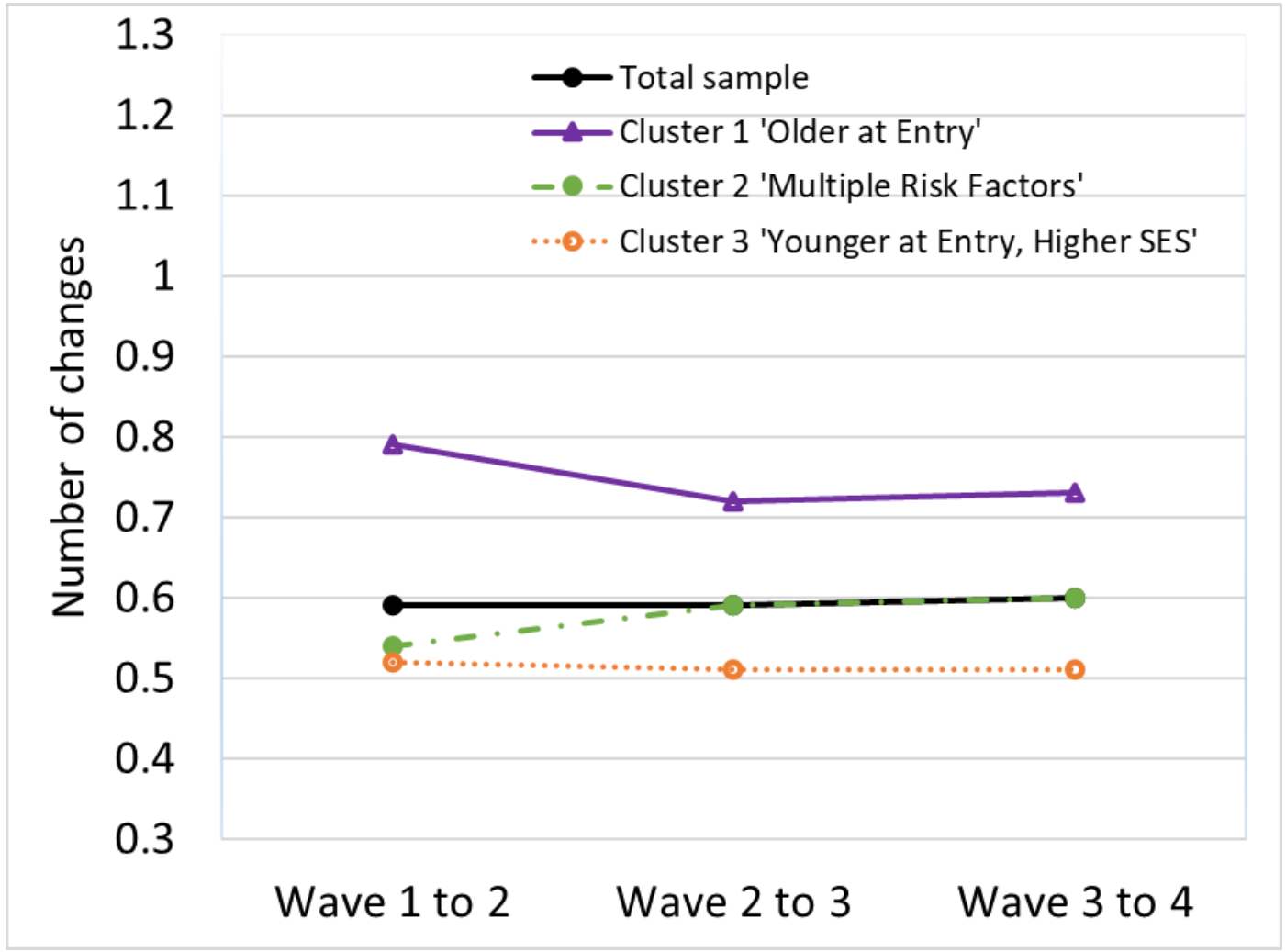
Carer rating of child health

- Rate of change over time for clusters was similar
- Poorer health at Wave 4 for all clusters, despite initial improvements at Wave 2



Placement stability

- Children who enter care older experience more placement changes



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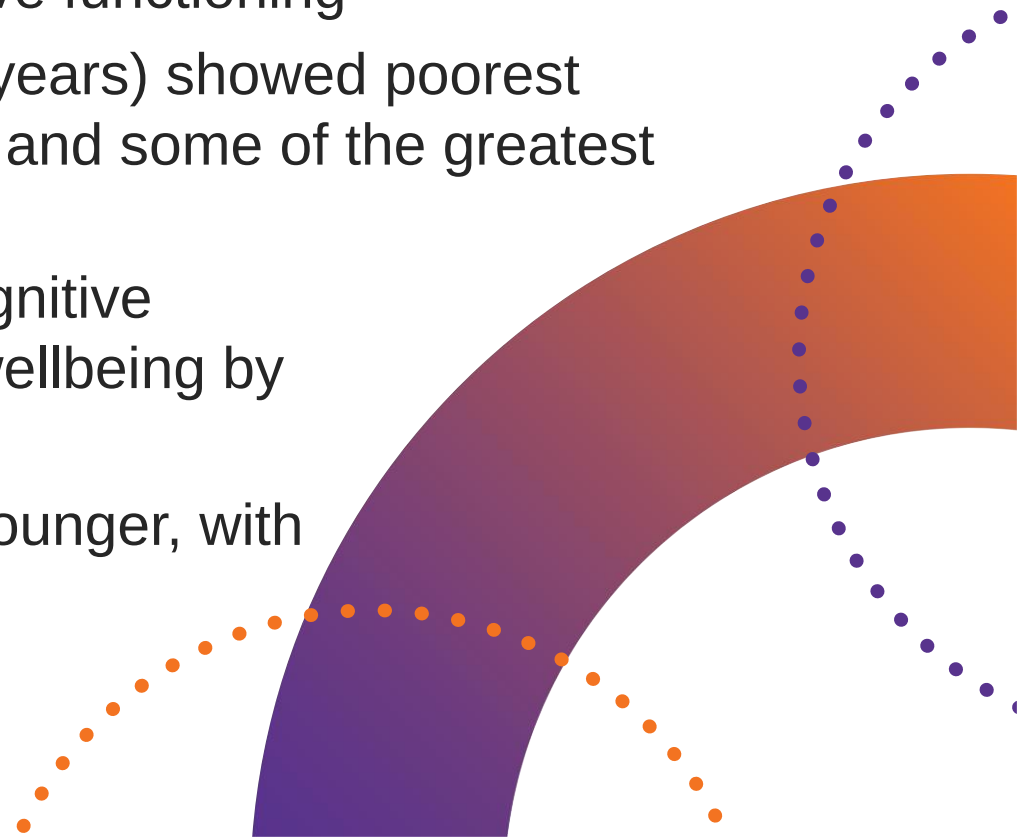
Summary of key findings

- Differing trajectories for cognitive and socio-emotional outcomes across clusters, but not for child health
- Younger at care entry/higher SES cluster started better and improved at a steeper rate than other clusters of children in cognitive functioning
- But, children who were older on care entry (M = 7.6 years) showed poorest socio-emotional and cognitive functioning at Wave 2 and some of the greatest improvements by Wave 4
- Multiple risk cluster showed little improvement in cognitive functioning over time and poorest socio-emotional wellbeing by Wave 4
- Fewer placement changes for those entering care younger, with fewer risks



Implications

- Understand how combinations of risk & protective factors early in care impact on later wellbeing
- Placement/preservation decision making, particularly for those entering care from primary school age
- Interventions needed that support placement stability
- NSW policy reforms: Safe Home for Life, Their Futures Matter, Permanency Support Program

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Limitations & future directions

- Disentangling relative role of pre-care and during care influences
- Missing data at Wave 2 for some variables
- Cases could opt in/out at each wave
- Includes children who had been restored
- Other factors that influence long-term outcomes?
- Other outcomes?

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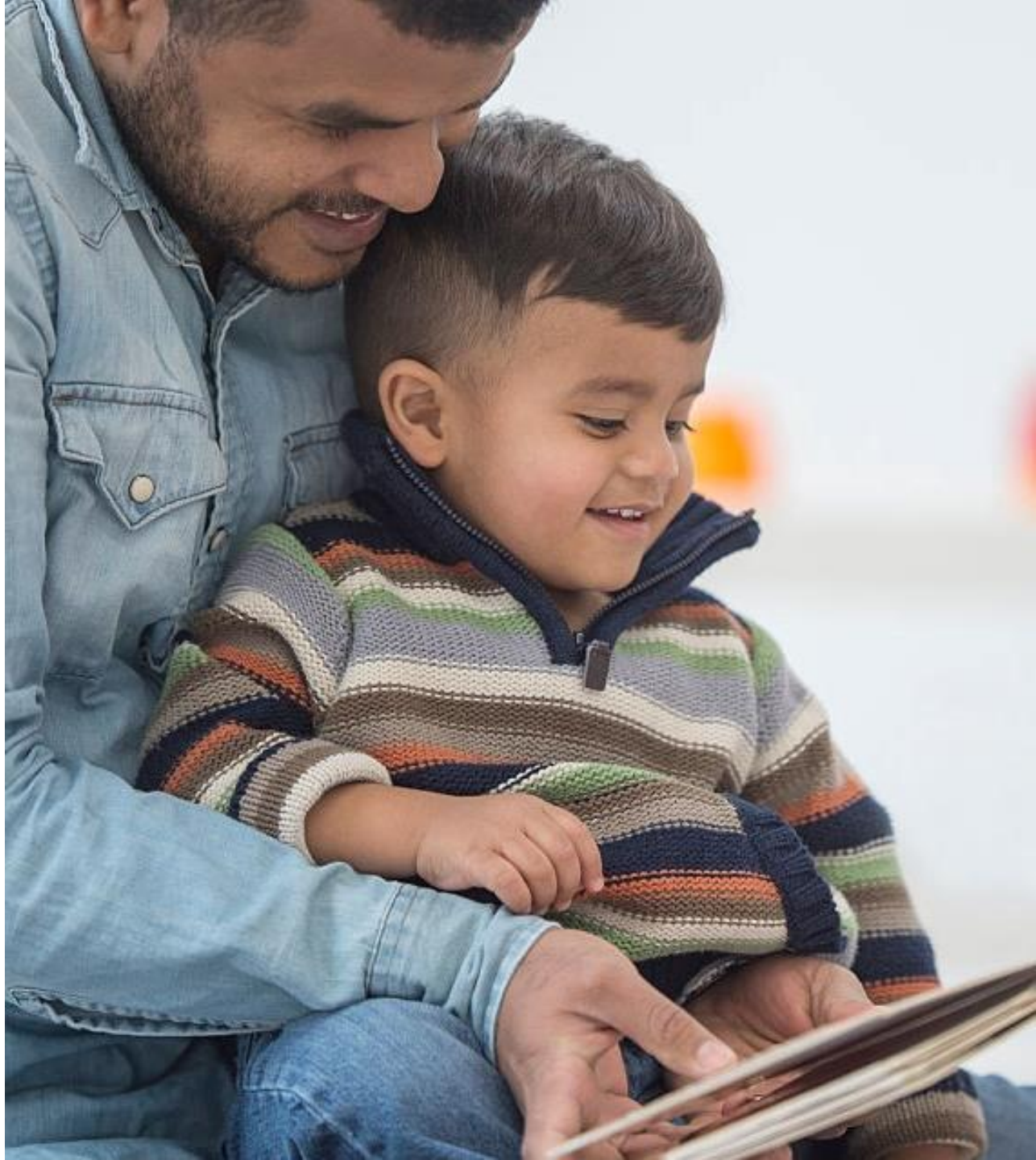

Acknowledgements

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Data custodians (linked datasets)

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