Certainty
for Children,
Fairness for
Families?

Appendix 1:
Quantitative Analysis of CRIS Data
for the Permanency Amendments
Longitudinal Study

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Contents

Glossary

Censoring	The fact that some outcomes for cases are unobserved due to data extraction at a particular time is often referred to as administrative censoring. However, censoring can also occur in hidden ways that may become problematic, for example if data analysts ignore multiple possible outcomes for cases.
Cox proportional hazard model	A specific type of time-to-event analysis that enables one to control for multiple predictors of the event of interest simultaneously (see time-to-event model and multivariate regression).
CRIS	Client Relationship Information System
Cause-specific hazard	The instantaneous risk of transition to a specific outcome at a given time conditional on no transition to ANY outcome having occurred until that time (See also hazard rate).
Competing event	Alternative outcomes to which a case can transition from a state. For example, a child who is placed in OOHC can be reunified or placed in permanent or long-term care. These alternative outcomes can be seen as competing events (or pathways) because children can only experience one first event.
Cumulative incidence function	The cumulative incidence function of a particular event (or outcome) at a particular point in time describes the probability of experiencing the event (or outcome) prior to a specific time. For example, the probability of reunification before 12 months.
DHHS Division	The DHHS division recorded against each case during the protective intervention phase. Where this value was not available, the division at the end of the investigation phase was used instead.
Hazard (rate)	A rate that is often used in time-to-event models. It is a rate that expresses the progression towards an event at a particular time. More precisely the hazard rate is defined as the limiting probability of an event in a particular time interval, conditional on no event having occurred until that time interval, divided by the length of the time interval (see Cleves, Gould, & Marchenko, 2016).
Mean	The arithmetic mean (average)
Moving average	A filter (or smoother) used to reduce the variation (noise) in a time series to make the trends more visible. Moving averages can be based on using future and past values for each data point to calculate a (weighted) average and hence smoothen the series.
Multivariate regression	A statistical analysis method that enables the analyst to include multiple covariates at once, therefore, taking several associated factors into consideration in a single model.

Percentage point	The arithmetic difference between two percentage values. E.g., the difference between 10% and 5% is five percentage points.
Permanency outcome	An umbrella term used in this report to indicate that for a particular case where the child entered care: - A permanent care order was issued - A long-term care order or long-term guardianship to Secretary order was issued - Reunification or exit from OOHC (as defined in Addenda 2 and 3) was achieved.
Protection order phase	The phase of the child protection process following the protective intervention phase. This phase commences with the making of a first protection order.
Protective intervention phase	The phase of the child protection process that follows an investigation if a case is substantiated but prior to making of a protection order.
Proxy Out-Of-Home Care (OOHC) or proxy-OOHC	Proxy-OOHC is the term used in this appendix to refer to the approximate measure of OOHC durations derived from Children's Court order types as defined in Addenda 2 and 3. This is a measure of court-ordered duration that children spent out of parental care and/or custody. In some cases, it may overestimate actual OOHC durations (particularly during the pre-transition stage).[1]
Time-to-event model	A statistical model that is employed for durations and events where the outcome may not be observed due to (administrative) censoring.
Progression rate	For this study, the term progression rate is used to denote the cause-specific hazard rate (see cause-specific hazard and hazard rate) which describes the progression towards an event. In consultation with the Department, the term progression rate was chosen as the most appropriate description for the child protection context.

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[1] This measure has to be considered in light of the limitations outlined in Box 2.

Introduction

The quantitative analysis of the Client Relationship Information System (CRIS) data was one of the five components of the Permanency Amendments Longitudinal Study (PALS):

- Quantitative analysis of CRIS data
- Child Protection and contracted case management workforce survey
- In-depth interviews with birth parents, carers and children
- Court file analysis and Court observation and
- Focus group and key informant interviews.

The findings from the analyses presented here augment the insights provided by the other components to generate a holistic view of the effects of the permanency amendments throughout the child protection system.

This appendix provides details of key findings arising from the analysis of CRIS data referred to in the main report, as well as including some additional information. The findings described in this appendix are based on an analysis plan that was developed in collaboration between the research team and the Department of Health and Human Services. Based on the phases of the child protection process, the plan breaks the data analysis into key focus areas that are aligned with the intended outcomes of the permanency amendments as described in the main report. The focus areas of the analysis described in this appendix were as follows:

1. Timeliness of case planning;
2. Recording of case plans and provision to families;
3. Congruence between permanency objectives and Children's Court orders;
4. Cultural planning for Aboriginal children;
5. Court proceedings;
6. Timeliness of reunification; and
7. Timeliness of transition to alternate permanent care arrangements.

The analyses presented in this appendix employed data provided by the Department of Health and Human Services in the form of a CRIS extract created on 2 September 2019 and provided to the research team at the University of Melbourne on 1 October 2019. The extract contained data on all cases that were open between 1 July 2008 and 2 September 2019.

Given the complexity of the analysis of systems interventions such as the permanency amendments, the investigation of potential changes following the amendments included different approaches. Firstly, the analysis plan focused on a series of analytical outputs that described changes in the patterns of data at the systems level. However, as the data available for the analysis was complex and dynamic, interpretation of systems-level data is often ambiguous as cases move through the system and changes in outcomes for cases are often difficult to attribute to a single cause. To improve the interpretability of the patterns

in the data, this study also supplemented the systems-level analysis with findings from case-level and cohort-study analytical designs where data for such analyses allowed for such an approach. More detail on the analytical approach for this appendix as well as limitations to this study are provided in the Addenda to this appendix.

The permanency amendments to the *Children, Youth and Families Act 2005* came into effect on 1 March 2016. However, in anticipation of the changes to the child protection process, the period immediately prior to the commencement of the amendments was characterised by anticipatory actions by stakeholders, generating unusual patterns in the data (e.g. resolution of applications being sought before 1 March 2016 under pre-amendment provisions). Also, in the 12 months following the commencement of the amendments, early implementation effects during the roll-out of the changes along the child protection process have to be considered for the analysis (e.g. transition arrangements requiring case plans to be reviewed within 12 months of 1 March 2016, instead of all on that day). Consequently, the research team formulated the implementation process of the permanency amendments as a three-staged process (see Figure 1) described by a pre-transition stage (1 July 2008 – 31 August 2015), a transition stage (1 September 2015 – 28 February 2017) and a post-transition stage (1 March 2017 – 31 August 2019).

Figure 1

Staged description of the permanency amendment implementation for CRIS analysis
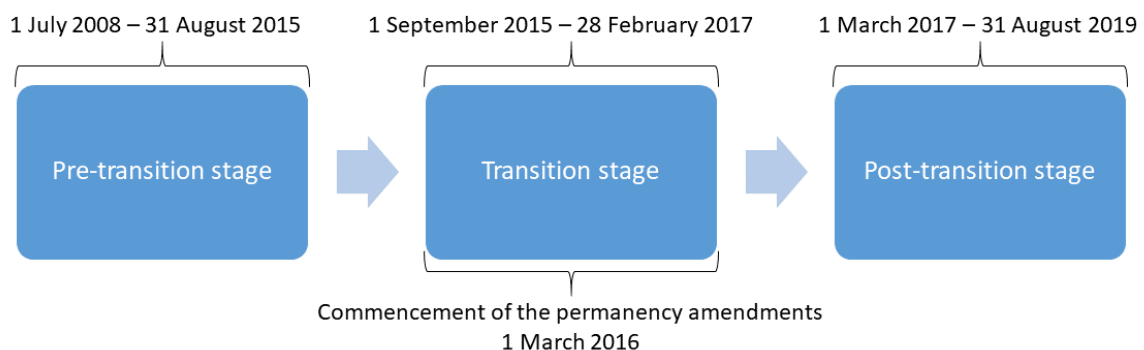
These three stages form the core of the analytical approach described below and especially the process analysis. However, for certain components of the analysis (e.g. case planning), substantial improvements were made to the data recording in CRIS following the amendments and data prior to the commencement of the amendments was not available at sufficient quality for a meaningful comparison to be made. In these sections, the analysis period focuses on a truncated process (see Figure 2) that starts on 1 March 2016, during the transition stage, and follows through the post-transition stage until the date of data extraction (2 September 2019).

Figure 2

Truncated process of the permanency amendments implementation

1 July 2008 – 31 August 2015   1 March 2016 – 28 February 2017   1 March 2017 – 31 August 2019

| Pre-transition stage | → | Transition stage | → | Post-transition stage |

Commencement of the permanency amendments
1 March 2016
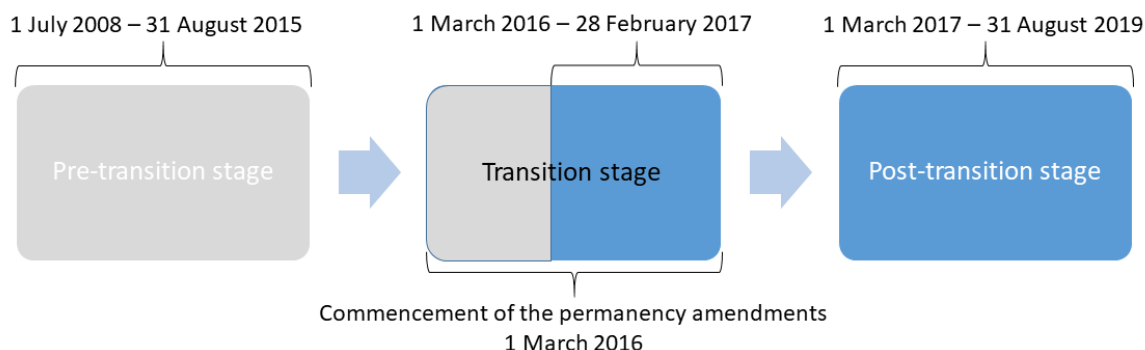
Finally, for some analyses, it was more appropriate or necessary to restrict the pre-transition stage to ensure that the figures in the analysis are comparable. In these cases, the compared periods focus on a comparison of the pre-transition and post-transition stages. In some cases, data for the transition stage is also shown but the main focus remained on a pre-post comparison (see Figure 3).

Figure 3

Pre-post representation of the permanency amendments implementation[2]

1 March 2013– 31 August 2015   1 September 2015 – 28 February 2017   1 March 2017 – 31 August 2019

| Pre-transition stage | → | Transition stage | → | Post-transition stage |

Commencement of the permanency amendments
1 March 2016
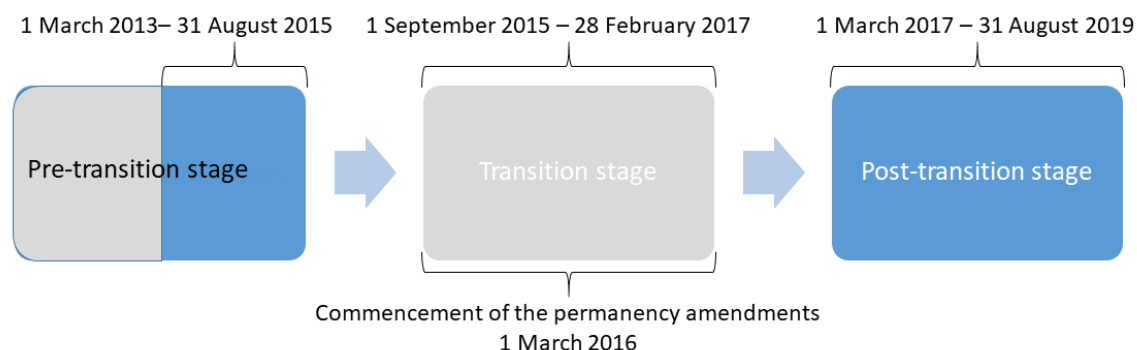
For some analyses, time periods were further refined to improve the interpretability of the analysis and findings. In these cases, a detailed description is provided in the respective sections. [3]

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[2] For some analyses, data for the transition period is also shown.

[3] For a detailed description of the analysis periods for cohort-based designs see Addendum 5.

Key findings from this analysis

In this section we provide a summary of the key findings of the analysis presented in this report. However, it is important to note that the findings from the quantitative analysis should only be considered within the context of the wider evidence provided by the other components of this report.

Timely case planning

- The mean (i.e. average) time from substantiation to endorsement improved by approximately five days from 33.5 days during transition to 28.9 days post transition for cases where an endorsed case plan was recorded. The median in both periods was 20 days, with less variation post-transition.

Recording of case plans and provision to families

- Case plan recording increased from 50.3% of cases in January 2016 to 59.3% in March 2016 and subsequently to 86.1% in March 2017. The rate continued to improve during the post-transition period to 90.5% in August 2019.
- Almost 95% of cases had a clearly defined permanency objective as part of their case plan. Just over 5% of cases had missing information on endorsed case plans during this period but these mostly consisted of recently substantiated open cases at the time of data extraction with a case plan due to be developed.

Congruence between permanency objectives and Children's Court orders

- The alignment rate of the permanency objective in the case plan accompanying a protection application with the protection order issued in the June 2019 period was 72.1%, compared to 72.2% in the December 2016 period. The 28% of cases that were inconsistent would have required a new case plan prepared within eight weeks.
- Non-compliant rate,[4] within eight weeks of order issue, hovered between 16.0% and 17.3% in the earlier periods but rose to 19.5% in the December 2018 period, before declining to 16.9% in the June 2019 period.

Cultural planning for Aboriginal children

- The number of Aboriginal children placed in OOHC for more than 19 weeks with a cultural plan was 548 in March 2017, peaked at 749 in October 2018 and then dropped gradually after that to 715 in October 2019. As a result of increasing numbers of Aboriginal children in OOHC, the proportion of clients with a cultural plan was just below 40% in March 2017,

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[4] Non-compliant rate is the percentage of orders issued which fulfilled all of the following conditions: 1. Permanency objective of the original case plan was not aligned with the order issued; 2. Case plan was not modified within eight weeks to align the permanency objective with that of the order made; 3. No new application for the case was found in CRIS within eight weeks.

peaked at around 47% in April 2018, and gradually declined afterwards to about 40% in September 2019.

Court proceedings

- The median duration from protection application to arrive at the first protection order within cases for children with Aboriginal background increased by seven days when comparing the pre-transition stage with the post-transition stage, for cases where a protection order was made. For, non-Aboriginal children, the median duration increased by 3.5 days.
- Overall, the data shows that while the average number of IAOs per case has remained fairly stable, for cases with a protection order made during the post-transition stage, the average duration of individual IAOs that were issued for these cases during this period has increased by over 48% compared to the pre-transition stage, leading to an increase in the average overall duration that children spent on IAOs before the making of a protection order. The increase in the overall duration was from an average of 95.8 days pre-transition to 140.4 days post-transition, for cases where a protection order was made.
- When the initial protection order was issued, it can be seen that the proportion of first protection orders enabling the implementation of a case plan for alternate long-term or permanent care increased from 2.35% (guardianship to Secretary orders) to 6.29% (care by Secretary orders and long-term care orders).

Has reunification been achieved in a timely way?[5]

- Children spent less time in proxy-OOHC prior to the last FRO in a case ending after the transition phase (mean = 491.1 days = 16.4 months) than during the transition phase (740.59 days = 24.7 months), based on the time the FRO was made. Particularly when FROs were made during the transition phase, durations were inflated by lengthy periods the child had spent in proxy-OOHC subject to custody orders that were made prior to the amendments.
- When considering all cases where a child exited proxy-OOHC for the first time within the case after 28 February 2013, 60.1% of exits during the pre-transition stage occurred within six months (183 days) in proxy-OOHC, compared to 60.4% during the post-transition stage. When looking at first exits from first substantiated cases only, 62.5% of exits during the pre-transition stage occurred within six months, while 64.1% of children exited proxy-OOHC within six months post-transition.
- Considering all exits from proxy-OOHC, exits from care following interim accommodation orders were more often observed to re-enter OOHC during pre-transition and post-

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[5] The findings regarding durations in OOHC and the transition out of care through reunification or alternative permanent/long-term care arrangement have to be interpreted in consideration of the caveats to this study as explained in the relevant Addenda. Additionally, the particular definition of time in OOHC, exits from care and re-entry to OOHC used in the analyses presented in this report have to be considered when interpreting the findings above. For the analyses presented in this report, proxy-OOHC refers to the measure used to approximate OOHC durations derived from Court order types (Please see Box 2 and relevant Addenda).

transition stages. An analysis of re-entry based on a cohort comparison of children exiting proxy-OOHC for the first time, indicated no noticeable difference between the pre-transition and post-transition cohorts. Among included cases, the probability of re-entry within 12 months from exit was 26.7% for the pre-transition cohort while the re-entry probability for the post-transition cohort was 27.4%.

Transition to alternate permanent care arrangements

- On average, there were 22.8 PCOs made per month during the pre-transition stage (prior to 1 September 2015). This average increased to 41.3 PCO per month during the transition stage before dropping back to 35.5 per month during the period spanning March 2017 until August 2019. Prior to transition, there were less than 10 long-term guardianship to Secretary orders made each month. Following transition, this increased to about 30 long-term care orders, which was at least partially a result of age restrictions being removed.

- In total, about 26 children per month, or about 314 per year, were provided with enduring care arrangements under either of these orders prior to transition. Following transition, this had increased to about 58 children per month, or 698 children per year.

- With regards to the average time from intake to the issuing of a PCO, the data shows that the proportion of cases with average durations less than five years decreased from approximately 74% in 2008-09 to 56.6% in 2012-13, before increasing to its peak of 75.9% in 2018-19. The data indicates that for cases where a PCO was made during the observation period, the average duration until the making of the order has decreased.

- With regards to the duration before the issue of LTCOs (2016-17 to 2018-19), the proportion of cases with average durations less than five years increased from 37.0% in 2016-17 to 56.6% in 2018-19.

- Children spent substantial time in proxy-OOHC before a LTGSO, LTCO or PCO was made. For permanent care orders the averages were approximately 48 months (4 years) for the pre-transition, and about 44 months (3 years and 8 months) during the transition and post transition stages.

- For PCO, the average age of children being placed on a PCO was 6.5 years in the pre-transition stage, seven years in the transition stage, and just over seven years in the post-transition stage. A small number of children were subject to a PCO prior to one year of age and, overall, 50% of children were under six years old at the time the PCO was made during the pre-transition stage and under seven years during the post-transition stage.

- On average, children were 13.6 years old at the time of the making of the first LTGSO (pre-transition order) and the average age was very similar during the transition stage. Children were approximately 10 years old, on average, at the time the first LTCO (post-transition order) was made.

- For cases where a permanency outcome (first reunification or exit from proxy-OOHC[6], PCO, LTCO/LTGSO) was achieved during the post-transition stage, the time that children spent in proxy-OOHC prior to achieving this outcome has decreased for all permanency outcome

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[6] Reunification is understood here as reunification from proxy-OOHC as defined in Addenda 2 and 3.

types, compared to the pre-transition stage. However, based on the results from a cohort comparison, it is unclear to what extent these reductions in proxy-OOHC durations can be attributed to the permanency amendments.

1. Timely Case planning

Prior to the amendments, Child Protection was obliged by the Children, Youth and Families Act (CYFA) to provide a very brief draft case plan, if any, with a disposition report following a protection application to the Children's Court, and had to develop and provide to the family a fully documented case plan within eight weeks after a protection order was made.

Following the amendments, Child Protection is obliged by section 168(1) of the CYFA to prepare a case plan for a child it is satisfied to be in need of protection (CYFA 162). In practice this means Child Protection must prepare a case plan following substantiation of an investigated report. As a matter of policy, the department requires a case plan to be prepared, endorsed and provided to the family within 21 days of substantiation wherever possible. The previous obligation to provide a case plan within eight weeks of a protection order being made remains, but only if the order made is not consistent with the case plan and permanency objective accompanying the application.

Box 1: Interpreting the box graphs throughout this appendix

In order to increase the accessibility of the results from analyses, box graphs like the one in Figure 4 below are used instead of tables showing statistics. These graphs make comparison of groups easier. The top border of the box represents the 75th percentile (3rd quartile) of the distribution while the bottom border represents the 25th percentile (1st quartile). The line in the centre of the box represents the median. Finally, the number and marker inside the box represent the average (arithmetic mean) of the distribution. Looking at Figure 4 for example, one can see that the distribution of time to endorsement of first case plans, for cases that had a case plan endorsed, became narrower during the post-transition stage. This is marked by the box becoming smaller. However, the median values are identical. The fact that the mean is far above the median indicates that the durations are skewed, meaning that some very large values shifted the mean upwards. In these situations, it is often better to compare median values, as these are less impacted by a few extremely large (or small) values in the data.

Figure 4 below shows the time (in days) taken to achieve an endorsed case plan for cases that were substantiated after the introduction of the permanency amendments, and compares the transition stage of 12 months after the amendments were introduced (i.e. from 1 March 2016 to 28 February 2017) to the post-transition period from 1 March 2017 to 31 August 2019.[7] In the figure, the edges of the box for each of the periods indicates the 1st quartile, the median, and the 3rd quartile for the respective period. The dot symbols indicate the mean.

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[7] A comparison of processing times between cases that were substantiated before the amendments and cases that were substantiated after 1 March 2016 is not meaningful because the requirements were different, as described in the text, and because case plans were not reliably entered into the CRIS database in a manner that enabled analysis – often being uploaded as documents rather than being created in CRIS. This is also apparent from the pattern in Figure 5.

Figure 4

Time from Substantiation to Endorsement of First Case Plan, by Stage of Substantiation[8]
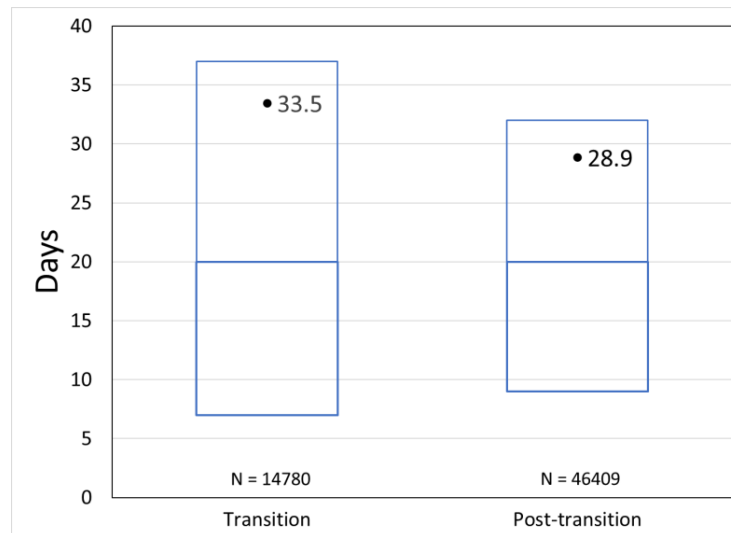
The mean (i.e. average) time from substantiation to endorsement improved by approximately five days from 33.5 days during transition to 28.9 days post transition. The median in both periods was 20 days, with less variation post-transition.

A factor potentially influencing the time it takes to endorse a case plan after substantiation is whether circumstances require the involvement of the Court and, consequently, whether a protection application is issued. Many interim accommodation orders or protection applications are contested in whole or in part, and the time and focus needed to prepare for and attend Court hearings can slow down the process of preparing a case plan.

Figure 5 illustrates the median time from substantiation to the first recorded date of case plan endorsement for cases where case plan information was available. It is important to keep in mind that during the pre-transition stage there was no legal requirement to provide a case plan to the family until up to eight weeks after a protection order had been made[9].

However, the data shows that for cases that had at least one endorsed case plan recorded, the first endorsed case plan was recorded after substantially longer periods during the pre-amendment periods than after the changes to CRIS were made (i.e., after the permanency amendments commenced), where the median was consistently around 20 days.

[8] It is important to note that for the analysis here, cases were only included if they were substantiated after 29 February 2016. Cases substantiated during the transition stage between 1 September 2015 and 29 February 2016 are excluded. Included are cases for which a case plan was endorsed.

[9] More than 77% of all pre-transition cases did not have any information regarding case plans recorded: mainly because cases closed without a protection order were not required to have a case plan and partly because case plans were not always properly documented in CRIS. Prior to March 2016, the data therefore includes large numbers of missing values. Also it is not clear that, in instances where a case plan is recorded prior to 1 March 2016, it is in fact the first case plan.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 15

Figure 5

Median durations from substantiation to first case plan being recorded in CRIS[10]
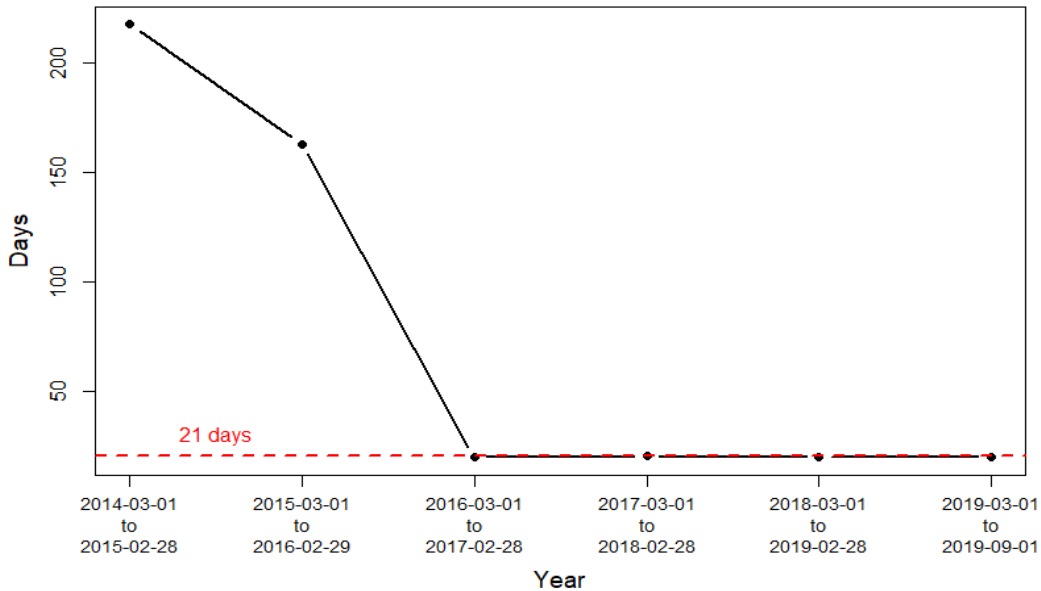
Figure 6 below shows the distribution of durations (in days) from substantiation to first endorsed case plan once the amendments had been implemented, categorised by whether or not a protection application (PA) had been issued. As can be seen, during both stages of implementation (transition after 29 February 2016, post-transition after 28 February 2017), cases for which a protection application was issued within 21 days from substantiation experienced longer durations until a case plan was endorsed, compared to those substantiated cases where there was no protection application. The difference in average durations observed between the two groups was 6.4 days during the transition stage and improved to 4.7 days post transition.

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[10] For cases substantiated before 2016 March 1, case plans were often recorded in CRIS without an associated data field. For these cases the duration from substantiation to first case plan endorsement was calculated using endorsement date of first old case plan recorded in CRIS. If there was no record of first old case plan, endorsement date of first case plan that was recorded in the new system was used. As more than 77% of these cases had no case plan recorded at all, the duration prior to March 2016 must be interpreted with care.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 16

Figure 6

Duration (days) from substantiation to first endorsed case plan, by stage of implementation and presence of a protection application within 21 days[11]
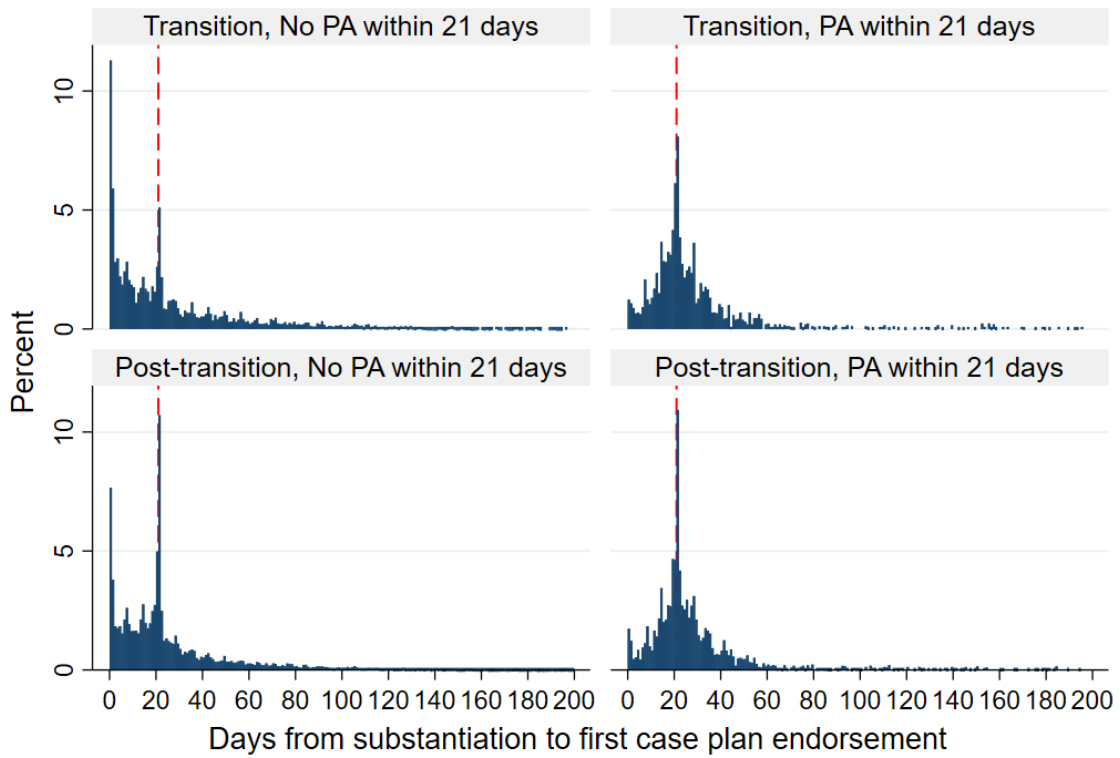
Figure 7 shows the results from an analysis that also included cases that have not yet had a case plan endorsed by the date of data extraction. The analysis shows the estimated probability of having an endorsed case plan recorded by the number of days since the case was substantiated. The results are shown for the first 365 days (1 year) following substantiation.[12]

Overall, the two curves are very similar indicating only minimal differences in the probabilities of having an endorsed case plan recorded. Of all cases that were substantiated during the transition stage, the probability of having a case plan endorsed within 39 days was 75%. For cases that were substantiated during the post-transition stage, the probability of having an endorsed case plan recorded within 34 days from substantiation was 75%. The

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[11] Vertical dashed line indicates 21 days from date of substantiation. Included are cases with endorsed case plans.

[12] The remainder of this section shows the results from time-to-event (or duration) analysis (see Addendum 5). The analysis includes all children who had a substantiated case after 29 February 2016. For 2.90% of all cases that were substantiated after 29 February 2016, case plan information was missing despite the case being closed. These cases were excluded from the analysis. Where children were subject to multiple substantiated cases during the observation period, only the earliest substantiated case was included. Overall this resulted in 50,217 cases being included in the analysis.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 17

two curves indicate a slight increase in the probability of endorsement of a first case plan for durations of more than 21 days.

Durations from substantiation to endorsement of the first case plan were found to be similar across age-groups and implementation stages. Age groups were chosen in line with advice from DHHS team members as well as considerations of children's developmental transitions. Consequently, children were assigned to one of the age categories (0 years, 1-2 years, 3-5 years, 6-11 years, 12-18 years) according to their age at the end of the investigation phase. The only exceptions in the findings appear to be children who were under the age of 1 year at the time of substantiation, where case plans for a small number of these children took considerably longer. This difference decreases during the post-transition stage but was still evident.[13] Overall, the time taken to provide a case plan to families reduced across all age groups in the post transition stage.

Figure 7

Comparison of the probabilities of case plan endorsement between transition and post-transition stage[14]

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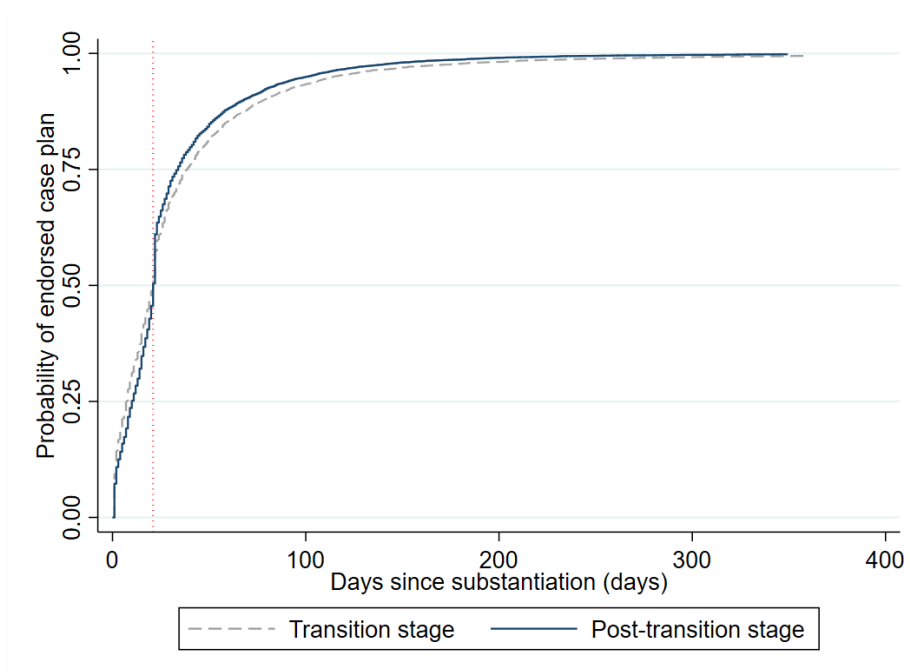
[13] Additional analyses revealed that this pattern was mainly due to the longer periods to case plan endorsement for children who were born during the intake phase.

[14] Graph shows estimates of the probability that case plan endorsement occurs before a particular point in time for each group, taking cases into account that did not yet have a case plan endorsed. Hence, all children that were subject to a substantiated case on or after 1 March 2016 were included. Where children had multiple substantiated cases during the observation period, only the earliest case was included. Closed cases with missing case plan information were excluded from the analysis. The vertical red dotted line shows the 21 day point. Stage of implementation is based on substantiation.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 18

Figure 8 presents data on the duration to case plan endorsement by children's Aboriginal status. During the first twelve months following the commencement of the amendments, the probability of having a case plan recorded within 21 days was 54.2% for non-Aboriginal children and 37.6% for Aboriginal children. The probability of having had a case plan recorded within 100 days was approximately 94.5% for non-Aboriginal children during the first twelve months of the implementation of the amendments. For Aboriginal children, this probability was 86.3%. This difference decreased during the post-transition stage, where the probabilities of having the first case plan endorsed within 21 days was 51.4% for non-Aboriginal children and 42.7% for Aboriginal children. The probability of case plan endorsement within 100 days was 95.5% and 90.9% for non-Aboriginal and Aboriginal children respectively. This shows that case planning became timelier during the post-transition stage and particularly for Aboriginal children. However, there remains a difference between Aboriginal and non-Aboriginal children, with case plans for Aboriginal children continuing to take longer.

Figure 8

Comparison of time to first endorsed case plan between transition and post-transition stage, by Aboriginal status[15]
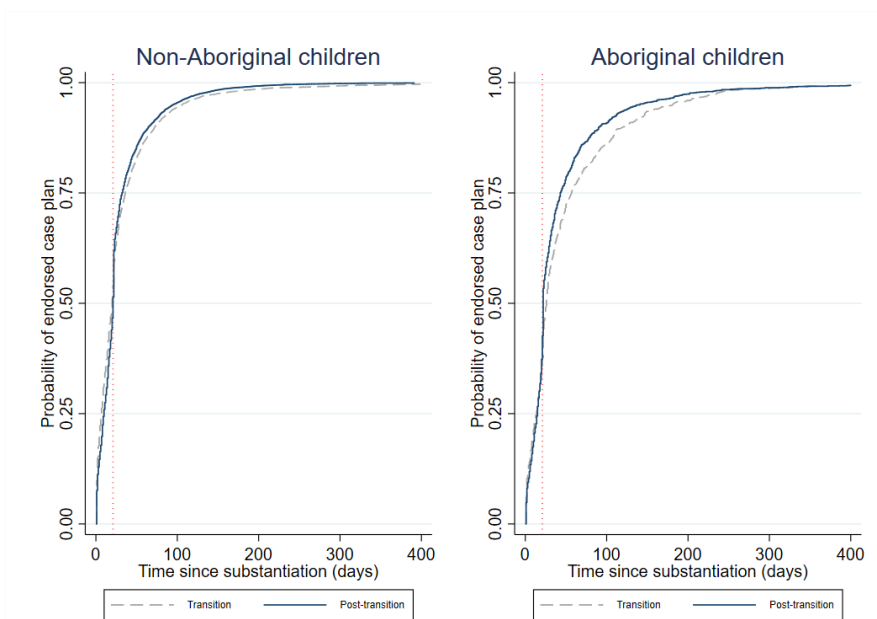
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[15] Graph shows estimates of the probability that case plan endorsement occurs before a particular point in time for each group, taking cases into account that did not yet have a case plan endorsed. Hence, all children who were subject to a substantiated case on or after 1 March 2016 were included. Where children had multiple substantiated cases during the observation period, only the earliest case was included. Closed cases with missing case plan information were excluded from the analysis. The vertical red dotted line shows the 21-day point. Stage of implementation is based on date of substantiation.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 19

Figure 9 displays the estimated probability of case plan endorsement and the length of time in days since substantiation for each DHHS division. In general, case planning durations were very similar across divisions, with the exception of the North Division. Here, case planning durations were generally longer with the median and 75th percentile durations being 28 days and 56 days during the 12 months following the introduction of the permanency amendments compared to 19 days (median) and 33 days (75th percentile) across the other divisions. While the difference between divisions decreased during the post-transition period, the probability of longer case planning durations remained generally higher in the North division than across other divisions (48 days vs. 30 days for the 75th percentile).

Figure 9

Comparison of time to first endorsed case plan for DHHS divisions, by stage of implementation.[16]

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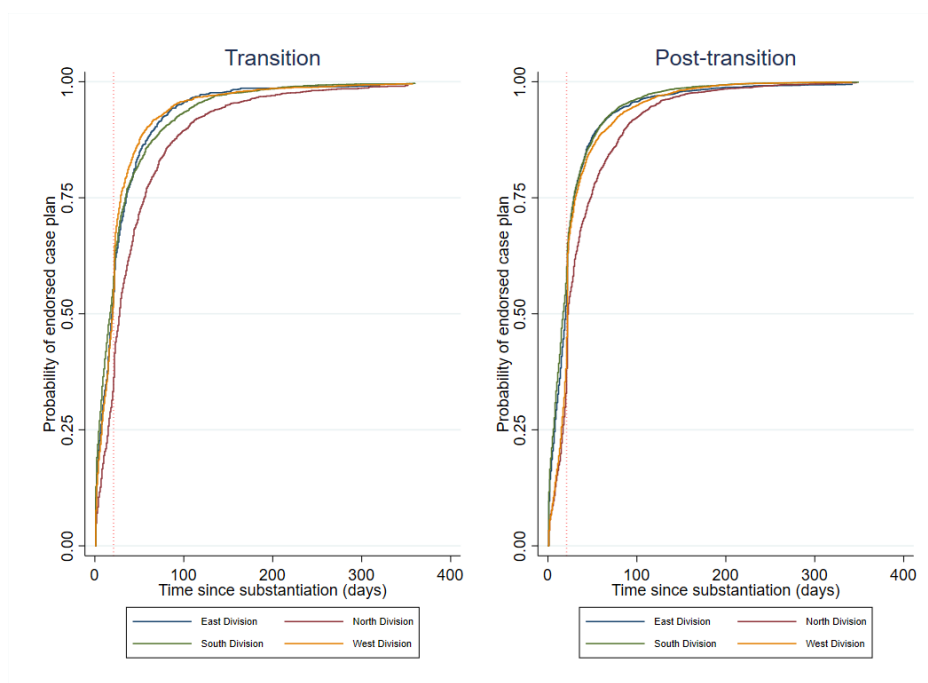
[16] Graph shows estimates of the probability that case plan endorsement occurs before a particular point in time for each group, taking cases into account that did not yet have a case plan endorsed. Hence, all children who were subject to a substantiated case on or after 1 March 2016 were included. Where children had multiple substantiated cases during the observation period, only the earliest case was included. Closed cases with missing case plan information were excluded from the analysis. The vertical red dotted line shows the 21-day point. Stage of implementation is based on date of substantiation. DHHS division is based on office responsible for case during protective intervention phase. Where this value was missing, the division responsible at the end of investigation was used.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 20

2. Recording of a case plan and provision to families and children

The permanency amendments introduced a requirement for earlier case planning following substantiation. A number of major updates to the CRIS data system were introduced to promote earlier case planning and accurate recording. These changes included moving the case automatically to protective intervention phase upon substantiation and introducing a case planning module with features to drive and support case planning compliance. Prior to 1 March 2016, case plan requirements arose later in the intervention process and recording was different and less consistent.

Table 1 presents information on the number of missing and unrecorded case plans for cases that were substantiated during each 12-month period from 1 March 2014 until 28 February 2019. It is easy to see that consistency of data recording during the pre-transition stage was problematic with data on case plans missing for over 70% of cases.[17] After the introduction of the amendments and the changes made to CRIS, the share of cases with missing case plan information dropped to 2% by 2019. Cases from March 2019 to August 2019 are excluded from the analysis because some cases were still awaiting an initial case plan when the data was extracted.

Table 1

Missing values analysis for case plans recorded in CRIS, 1 March 2014 – 1 September 2019

	2014-03-01 to 2015-02-28	2015-03-01 to 2016-02-29	2016-03-01 to 2017-02-28	2017-03-01 to 2018-02-28	2018-03-01 to 2019-02-28
Total number of cases	13915	15158	15678	18505	20115
% with missing CP date	77.4%	71.6%	5.7%	2.8%	2.0%

Figure 10 presents information on case plan recording over time. The graph shows the proportion of open cases during each month that had a recorded case plan in CRIS. In other words, the data counts all post-substantiation cases (in either protective intervention or protection order phase) that were open each month from March 2013 until August 2019 and calculates the ratio of cases that had a recorded and endorsed case plan during the respective month.[18]

The time series in Figure 10 clearly shows that the recording of case plan information improved significantly over time. In particular, there was a clear break in the trend of case

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[17] While these data indicate that information on case planning was not available on a substantial number of cases prior to the introduction of the amendments, legislation prior to the amendments did not require an endorsed case plan to be prepared and provided until eight weeks after the issue date of the first protection order.

[18] This means that open cases would be counted in each month until the end of the month of case closure. A case would only contribute to the count of being recorded and endorsed beginning from the month it is endorsed to the month it is closed or date of data extraction.

plan recording following the introduction of the amendments. More precisely, case plan recording increased from 50.3% of cases in January 2016 to 59.3% in March 2016 and subsequently to 86.1% in March 2017.[19] The rate has continued to improve during the post-transition period to 90.5% in August 2019.

Figure 10

Ratio of open cases with recorded case plans, 1 March 2013 – 31 August 2019[20]
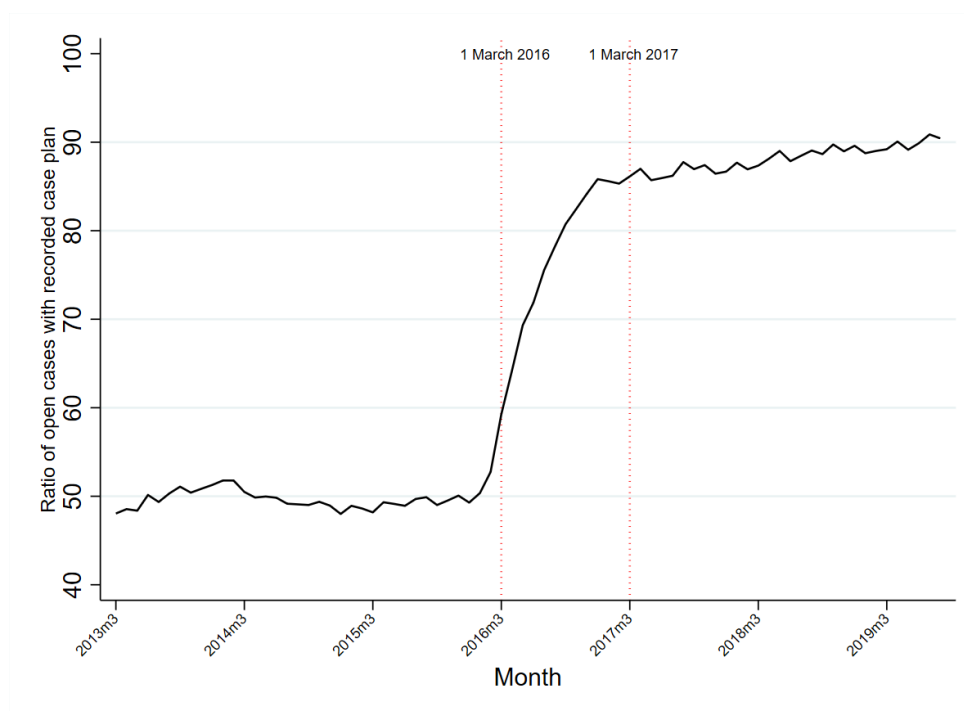
Figure 11 stratifies the previous analysis by children's Aboriginal status. It can be seen that, in general, cases of Aboriginal children had higher ratios of endorsed case plans recorded each month than cases of non-Aboriginal children. While ratios for Aboriginal children remained higher than the ones for non-Aboriginal children, this gap narrowed substantially, from an average difference of 8.3 percentage points, for the period March 2013 to February 2016, to an average difference in ratios between groups of 2.6 percentage points during the post-transition stage.

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[19] It was during the period March 2016 to February 2017 that all cases transitioning with a protection order were required to have the case plan reviewed.

[20] Figure includes all open substantiated cases, including children subject to protective intervention and to interim and protection orders, during a particular month for each group. Ratio is expressed in per cent of open cases.

Figure 11

Ratio of open cases with recorded case plans, by Aboriginal status (1 March 2013 – 31 August 2019)[21]
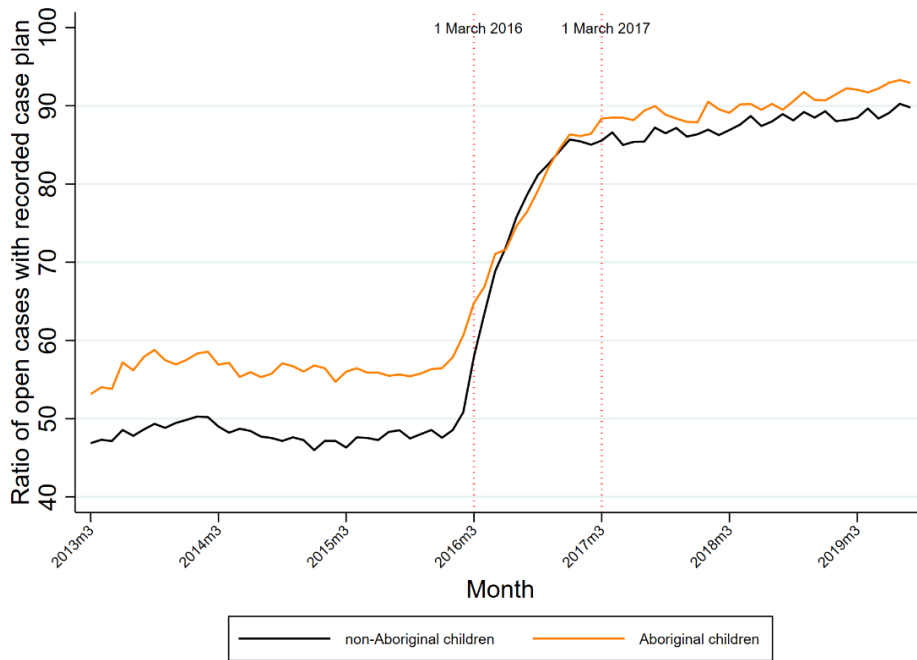
Figure 12 shows the trends of endorsed case plan ratios for each age group. All age groups showed a similar trend increase triggered by the changes associated with the amendments, with the proportion with a recorded case plan tending to be a bit higher for younger age groups. Again, the ratios converge during the post-transition stage. However, the oldest age-group remained the cohort with the lowest ratio of case plans to open cases each month.

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[21] Figure includes all open substantiated cases, including children subject to protection orders, during a particular month for each group. Ratio is expressed in per cent of open cases.

Figure 12

Ratio of open cases with recorded case plans, by age-group (1 March 2013 – 31 August 2019)[22]
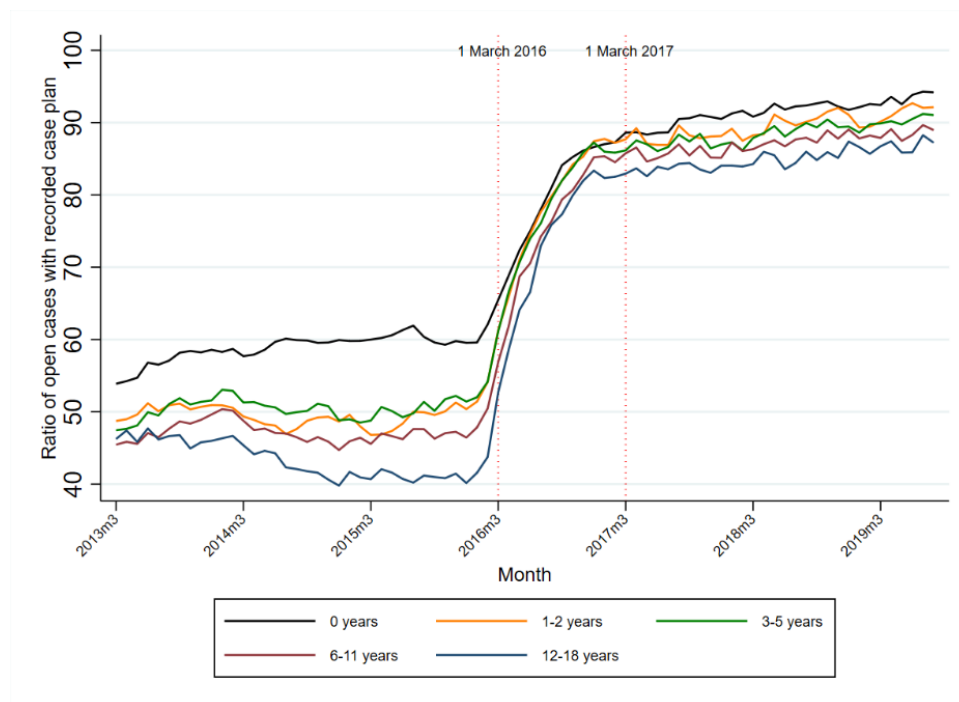
Finally, Figure 13 provides an analysis of case plan recording ratios, stratified by the DHHS division that was responsible for the case during the protective intervention phase.[23] It can be seen that there existed differences between case plan recording ratios across divisions. However, as was the case for previous analyses, these differences became smaller during the post-transition stage.

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[22] Figure includes all open substantiated cases, including children subject to protection orders, during a particular month for each group. Records of 24 children were excluded due missing age values. Ratio is expressed in per cent of open cases.

[23] Where division was not available for the protective intervention phase, the division responsible at the end of the investigation was used.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 24

Figure 13

Ratio of open cases with recorded case plans, by DHHS division (1 March 2013 – 31 August 2019)[24]
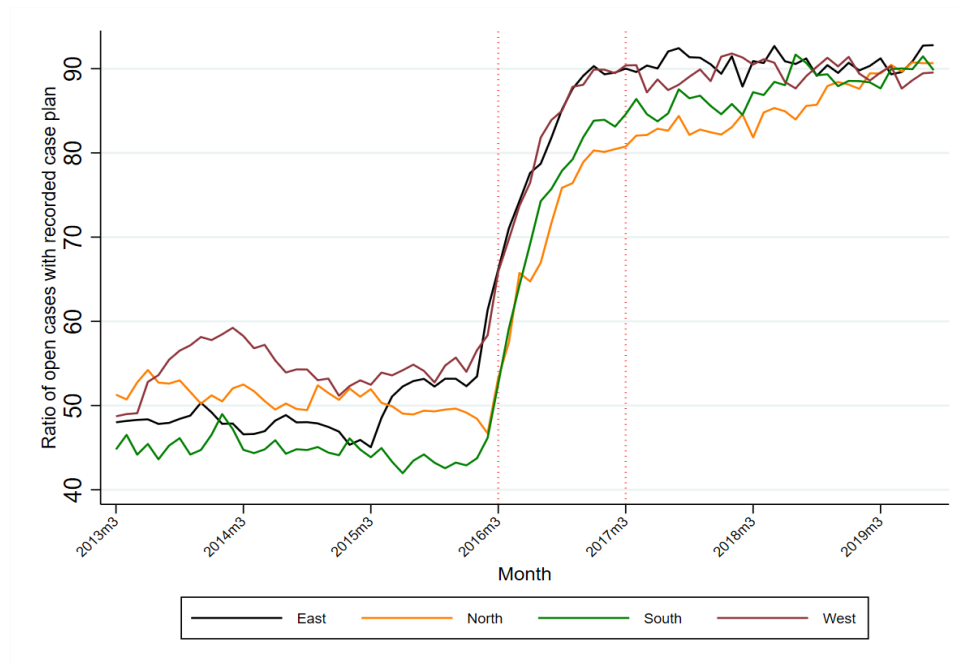
2.1 Case planning and permanency objectives

Another change that occurred in relation to case planning was the replacement of the former 'overall case plan directions' as defined in policy with more specific and legislated 'permanency objectives', to improve clarity about the case plan's intention.

Table 2 shows each of the case plan directions that were in use prior to March 2016 as well as the new permanency objectives introduced as part of the amendments. Also shown in the table is a classification of whether the case plan direction provided unambiguous information on the planned permanency outcome.

The table highlights the intended clarity and simplicity of the newer permanency objectives, and that the new classifications clearly indicate the planned outcome for children if the objective is achieved.

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[24] Figure includes all open substantiated cases, including children subject to protection orders, during a particular month for each group. Division refers to the DHHS division recorded against the case during the protective intervention phase. Where this value was missing, the division at the end of the investigation was used. Ratio is expressed in per cent of open cases.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 25

Table 2

Case plan directions / permanency objectives and clarity of purpose[25]

Case Plan Directions (Prior to 1 March 2016)	Clear	Partially Clear	Unclear
Adoption[26]	X		
Closure Plan			X
Long-term placement - no return to family anticipated		X	
Long-term placement with view to permanent care	X		
Long-term placement with view to permanent care (no return to family anticipated)	X		
Not stated			X
Order to expire at term			X
Permanent Care	X		
Remaining with family through provision of support services	X		
Return to family within one month	X		
Return to family within six months	X		
Reunification (indicate how many months)	X		
Time Limited assessment			X
Case Plan Permanency Objectives (From 1 March 2016)			
Family Preservation	X		
Family Reunification	X		
Adoption	X		
Permanent Care	X		
Long-term Out of Home Care	X		

Based on the definitions above, the focus of the following analysis is on whether children and families were likely to be clear about the intended permanency outcomes based on the case plan direction or permanency objective. Table 3 shows the distribution of case plan directions and permanency objectives based on the classification of clarity above. To

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[25] The top panel shows case plan directions used prior to March 2016 (not all were in use at the same time) while the bottom panel lists permanency objectives introduced with the amendments. Clarity of objective/direction is with regard to the intended outcome for children if the direction or objective is achieved.
[26] Adoption was a legitimate case plan direction before the amendments and permanency objective after the amendments. Government policy was, and is, to pursue adoption only with the informed consent of parents.

improve comparability of data from different stages of implementation, the pre-transition period was restricted to include cases that were substantiated after 28 February 2013.

Table 3

Clarity of intended permanency outcome for children based on endorsed case plan, by stage of implementation[27]

Clarity of definition	Pre-transition	Transition	Post-transition
First case plan direction/ permanency objective			
Unclear	3.50%	0.25%	N/A
Partially clear	1.10%	0.07%	N/A
Clear	18.29%	74.03%	94.79%
No case plan recorded	77.11%	25.66%	5.21%
Last recorded permanency goal / case plan direction			
Unclear	2.20%	0.15%	N/A
Partially clear	0.39%	0.00%	N/A
Clear	20.30%	74.18%	94.79%
No case plan recorded	77.11%	25.66%	5.21%

The information summarised in Table 3 highlights that the majority of substantiated cases during the pre-transition stage did not have a case plan recorded.[28] Overall, only 18.29% of all cases during this period had a clearly defined case plan direction recorded in the first case plan. As can be seen from the bottom panel of Table 3, this slightly improved to 20.3% when assessing the direction of the last recorded case plan.

For cases substantiated during the transition stage, the situation improved substantially, mostly because of the amendments requiring case planning to commence at the time of substantiation from 1 March 2016 onwards, and policy requirements to record case plans,

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[27] Included are all cases that were substantiated from March 2013 onwards. Top panel shows clarity of intended outcome of first case plan direction/permanency objective recorded in the case. Bottom panel shows information with reference to the last objective/direction recorded for the case at time of data extract. Please note that for the post-transition stage, columns are expected to be identical for first and last case plans, by the definitions of Table 2.

[28] For many cases, a case plan would not have been legislatively required, as noted in earlier comments.

with a permanency objective, in CRIS. During this stage approximately 74% of all cases had a clear intended outcome stated for children in the case plan.

The final column in Table 3 shows the results for cases substantiated after 28 February 2017. The data paints a clear picture as almost 95% of cases had a clearly defined permanency objective as part of their case plan. Just over 5% of cases had missing information on endorsed case plans during this period but these mostly consist of recently substantiated open cases at the time of data extraction with a case plan due to be developed.[29]

3. Alignment of case plan objectives with protection orders when made

An important aspect of the permanency amendments is to ensure that the permanency objective of a child's case plan is consistent with orders issued by the Children's Court, so that delays previously caused by inconsistencies[30] are reduced. Where a protection order is issued that is inconsistent with the case plan permanency objective, a reviewed case plan is to be prepared within eight weeks. To evaluate how often this occurs, the permanency objectives of the endorsed case plans accompanying the application and immediately preceding the order issue dates were matched against the protection orders issued, using the matching principles shown in Table 4.[31]

Table 4

Matching of permanency objective (endorsed plan) and protection order type

Protection Order type	Permanency Objective (endorsed plan)
Family preservation order	Family preservation
Family reunification order	Family reunification
Care by Secretary order	Family reunification (in exceptional circumstances)/Adoption/Permanent care/Long-term out of home care
Long-term care order	Adoption/Permanent care/Long-term out of home care
Permanent care order	Permanent care

Figure 14 shows the trend in the proportion of cases for which the permanency objective in the case plan accompanying the application and immediately preceding the order issue dates was consistent with the protection order issued. The orders are aggregated over half-yearly periods. In addition to the trend for all application types (black solid curve), the data

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[29] Overall, 2% of cases that were substantiated during the post-transition stage had missing case plan information in the data set (for endorsed case plans) despite having been closed.

[30] As identified by the Stability Planning and Permanent Care Project, particularly in relation to custody to Secretary orders.

[31] As case planning following substantiation was not required prior to March 2016 and case planning data prior to this date was unreliable, the analyses presented in this chapter focus on cases that were substantiated after 29 February 2016.

were further classified into protection applications (PAs, blue short-dashed curve) and other (secondary) application types (other applications, orange long-dashed curve). It can be seen that with all application types, the proportion of orders with aligned permanency objectives fluctuated between 70.5% and 74.2% across the time series. The alignment rate in the June 2019 period was 72.1%, compared to 72.2% in the December 2016 period. The 28% of cases that were inconsistent would have required a new case plan prepared within eight weeks.

Figure 14

Proportion of cases with aligned permanency objectives and orders[32]
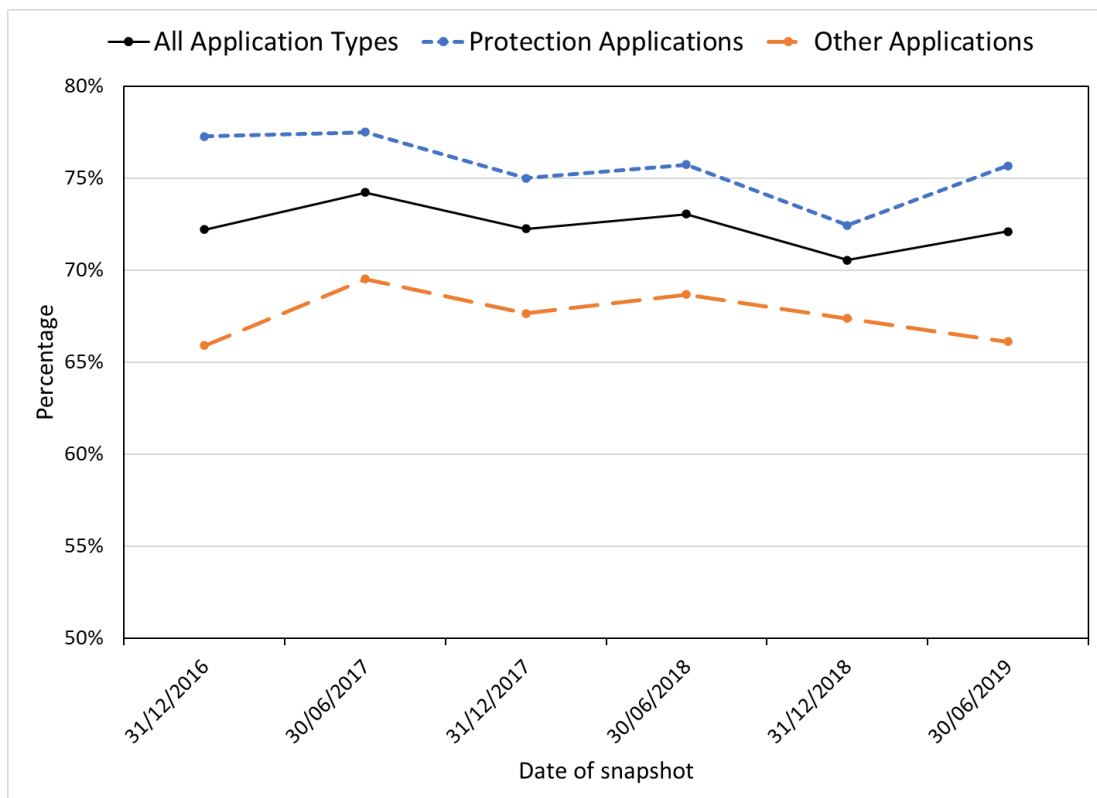
Further analyses were conducted, stratified by children's Aboriginal status. However, the results did not show any clear differences (results not shown). Furthermore, the data was also analysed by age and by DHHS division. Again, there was also little variation in the results (results not shown).

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[32] Included are all orders from the "protection order" category from July 2016 to June 2019. Case plans were matched to the orders by matching case plan create dates and application issue dates, with 91.1% of all orders matched with a case plan. For orders with no matched case plan before the application issue dates, case plans created within 21 days after the application issue dates and before the order issue dates were used. The permanency objective of the matched case plan was checked against order type, using the principles shown in Table 1.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 29

Figure 15 shows the consistency of permanency objective and protection order for each of the protection order types issued. There are two distinct groups, with the alignment rates being above 90% on average for care by secretary orders (CBSO) and long-term care orders (LTCO), and below 70% on average for family preservation orders (FPO) and family reunification orders (FRO). In June 2019, the percentages of orders with aligned objectives were 68.1%, 64.7%, 90.4%, and 93.6% for FPO, FRO, CBSO, and LTCO, respectively. The higher rates for CBSO and LTCO are to be expected given that both of these orders are consistent with more than one permanency objective.

Figure 15

Proportion of cases with aligned permanency objectives and orders, by protection order issued.
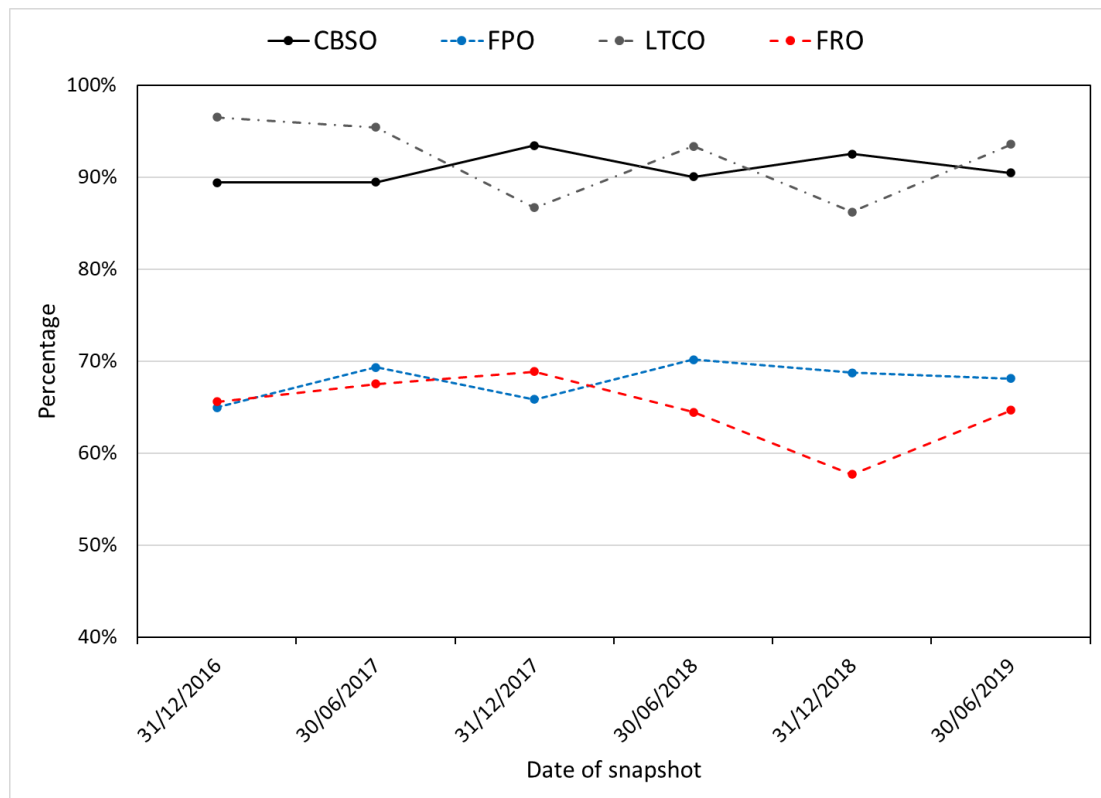
3.1 Orders with non-aligned permanency objective and Court decision

The above section analyses the proportion of orders with aligned permanency objectives and protection orders. This section examines orders for which the permanency objective in the case plan and Court decision were not aligned. For such orders, three scenarios can be identified:

1. As a result of a protection order made by the Children's Court, a revision is made to the permanency objective and case plan, endorsed within eight weeks of order issue to ensure compliance.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 30

2. An application is issued to change the order to be consistent with the permanency objective (mainly for FPO and FRO).
3. No revision is made to the case plan and no new application is recorded in CRIS.

The first two scenarios are deemed compliant. The third scenario is deemed non-compliant. The following analysis examines the proportion of all orders which were not compliant (hereafter "non-compliant rate") within eight weeks after the orders were issued, i.e. with no revision to the permanency objective and no further primary or secondary application recorded in CRIS within eight weeks.

Figure 16 shows the trends in the proportion of orders with non-compliant case plan permanency objectives.[33] As in the analysis in the previous section, the orders were aggregated over half-yearly periods. It can be seen that the non-compliant rate hovered between 16.0% and 17.3% in the earlier periods but rose to 19.5% in the December 2018 period, before declining to 16.9% in the June 2019 period.

Figure 16

Proportion of non-aligned and non-compliant orders[34]

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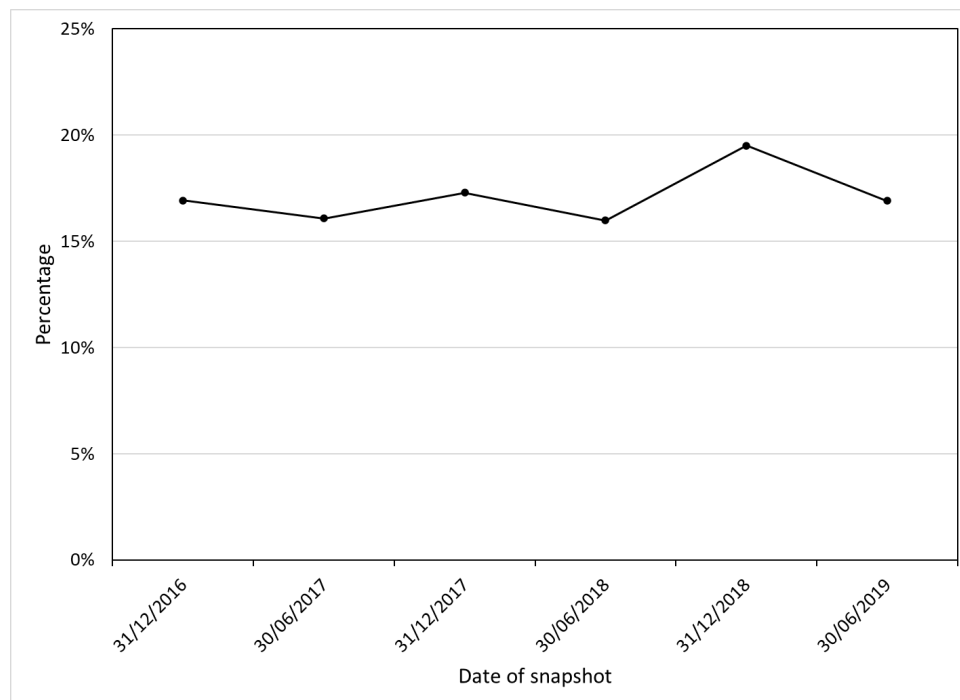
[33] Non-compliant rate is the percentage of orders issued which fulfilled all of the following conditions: 1. Permanency objective of the original case plan was not aligned with that in the order issued; 2. Case plan was not modified within eight weeks to align the permanency objective with that of the order issued; 3. No new application for the case was found in CRIS within eight weeks. Non-compliant rates were calculated using the number of orders with non-compliant case plans divided by the total number of orders.

[34] Note that non-compliant cases identified using the definitions in this analysis might include cases which had a delay in meeting the 8-week timeline.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 31

As in the previous section, further analyses were conducted by Aboriginal status, age-group and DHHS division (results not shown). When the rates were calculated by age group, the non-compliant rate fluctuated between 11.2% and 23.0%. In the June 2019 period, the 12-18 age group had the lowest non-compliant rate (12.8%) while the 1-2 age group had the highest rate (19.0%). There was no significant difference between Aboriginal and non-Aboriginal compliance rates and nor was there any significant difference between DHHS divisions.

4. Cultural plans[35]

To ensure that the right of Aboriginal children to be connected to their own culture is respected, and acknowledging that cultural connection is a protective factor, an Aboriginal child or young person in OOHC must be provided with a cultural plan. As a matter of policy, this case plan must be ready for endorsement no later than 19 weeks after the child enters care.

The number and proportion of Aboriginal children in OOHC for more than 19 weeks with a cultural plan recorded are plotted in Figure 17. The black solid curve, plotted against the left vertical axis, shows the monthly number of clients with a cultural plan; the red dashed curve, plotted against the right vertical axis, shows the corresponding proportion of clients with a cultural plan.

The number of clients placed in OOHC for more than 19 weeks with a cultural plan rose from 548 in March 2017, peaked at 749 in October 2018 and then dropped gradually after that to 715 in October 2019. The proportion of clients with a cultural plan rose from just below 40% in March 2017, peaked at around 47% in April 2018, and gradually declined afterwards to about 40% in September 2019.

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[35] Unlike the other sections in this appendix, the analysis here is based on a separate data set specifically generated for this purpose by DHHS. The data for this analysis was extracted by DHHS for 1 October 2019.

Figure 17

Clients in OOHC for more than 19 weeks with a cultural plan

Clients in OOHC for more than 19 weeks with a cultural plan
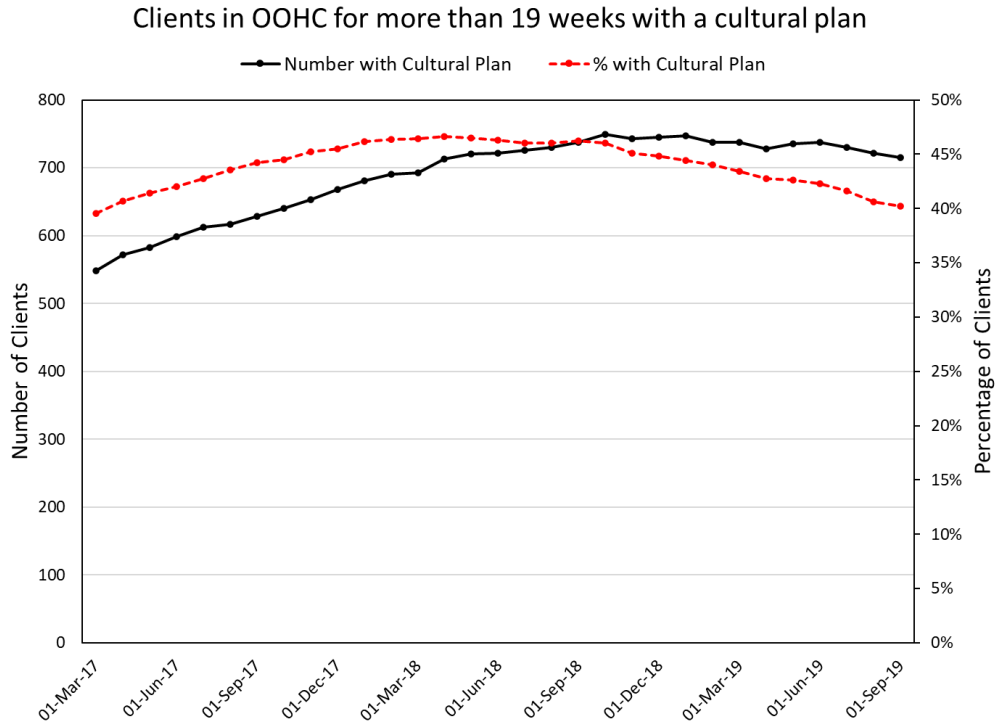
Figure 18 shows the proportion of Aboriginal children with a cultural plan for each of the four divisions – North, East, South, and West. Among the four divisions, the West division had the highest level of Aboriginal children with a cultural plan between March 2017 and September 2019 (73.4%), followed by the North division (53.7%) and the East division (33.4%). The South division had the lowest level of Aboriginal children with a cultural plan (23.6%).

Figure 18

Percentages of Aboriginal children in OOHC for more than 19 weeks with a cultural plan by DDHS division
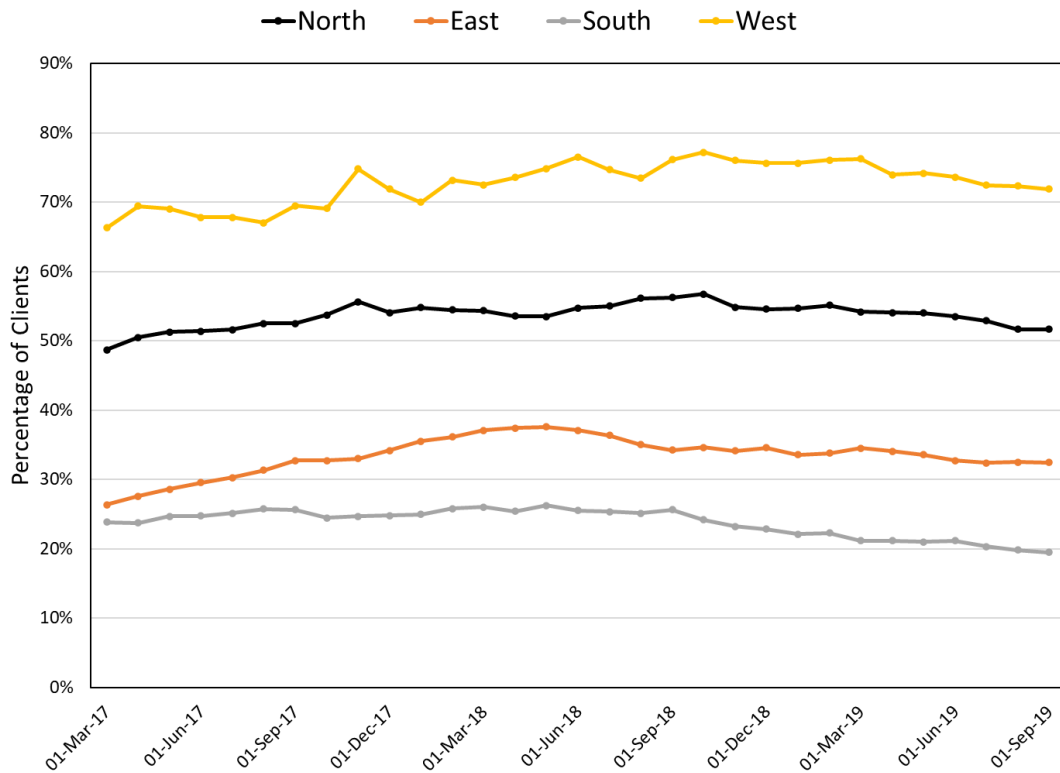
Figure 19 shows the number of Aboriginal children with a cultural plan across the divisions. In March 2017, most of the Aboriginal children with a cultural plan in the data provided were in the North division (187), followed by the South division (86), the East division (74), and the West division (55). By September 2019, the North division still had the largest number of Aboriginal children with a cultural plan (232). This was followed by the West division (171), the East division (106), and the South division (94).

Figure 19

Number of clients in OOHC for more than 19 weeks with a cultural plan by DHHS division
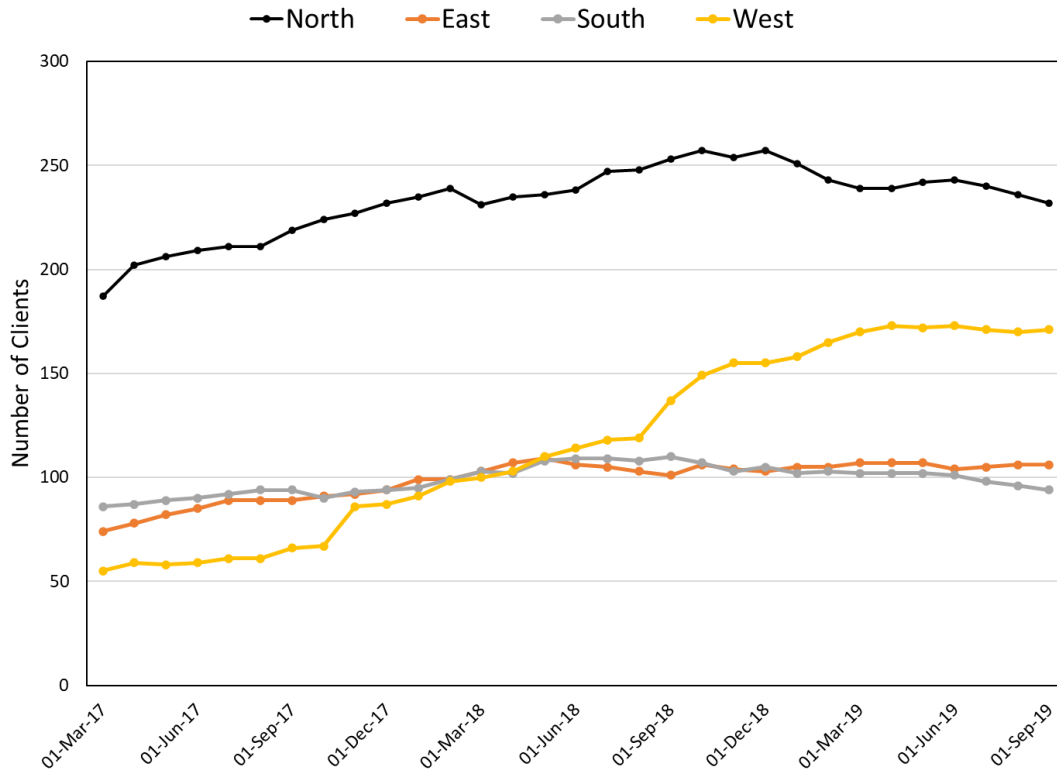
5. Court proceedings

5.1 Case progression through child protection process

A major goal of the permanency amendments was to minimise delays in decision making and this goal was supported by earlier case planning, as covered above, with timeframes for when family reunification is an appropriate permanency objective, and also by amendments designed to reduce the time taken to resolve Children's Court applications, particularly protection applications, and by placing time limits on the duration of family reunification orders. This section will provide the results from an analysis of the time taken from the issuing of a protection application to the making of a first protection order.

To provide some context about cases moving into and through the child protection process from investigations onwards, Figure 20 illustrates the monthly trends in several key indicators of the protective intervention phase – cases entering the protective intervention phase, protection applications issued, and cases transitioning to the protection order phase.

Figure 20

Trends in new investigations, new protective interventions, first protection applications, and cases transitioning to protection order phase, September 2008 – August 2019[36]

The top time series (black) in Figure 20 shows new investigations each month from September 2008 to the end of August 2019. The time series below it (emerald) represents cases moving into the protective intervention phase each month. The number of cases transitioning into the protective intervention phase showed an upwards trend between September 2010 and March 2016.[37] At this point, the time series shows a sudden increase in the number of cases transitioning to the protective intervention phase. This increase resulted, at least partially, from a change in the CRIS phase structure accompanying the amendments, which saw low risk substantiated cases transition to protective intervention phase for closure planning, where they had previously closed at the end of an investigation without moving phase.

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[36] To reduce the noise in the raw data series, twelve-month centred moving average smoothing was applied (Bowerman et al., 2005), the results of which are represented by the solid lines in the graph. Data shown as numbers of cases each month. Dashed lines represent raw data series. The dotted vertical lines indicated the start of the transition stage (1 September 2015), the introduction of the permanency amendments (1 March 2016) and the start of the post-transition (post-amendments) stage (1 March 2017).

[37] Due to the 12 months smoothing of the time series, the sudden jump in the raw data is brought forward to September 2015 in the smoothed time series.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 36

The third (blue) time series in Figure 20 shows the smoothed trend in protection applications issued each month.[38] Again, the series shows an upwards trend but the increase is substantially less pronounced than was the case for protective interventions. Overall, this resulted in an increasing difference between the number of new protective interventions and protection applications indicating a decreasing proportion of cases receiving a protection application over time.

Finally, the bottom time series (red) shows cases that transitioned to the protection order phase each month. The pattern is very similar to the time series of protection applications until approximately March 2017. After that, there appears to be an increasing difference in the trends of both time series. However, due to the scale of Figure 20, it is difficult to investigate the time series in more detail, which is the focus of Figure 21.

Figure 21

Trends in new protection applications and cases transitioning to protection order phase each month, September 2008 – August 2019[39]

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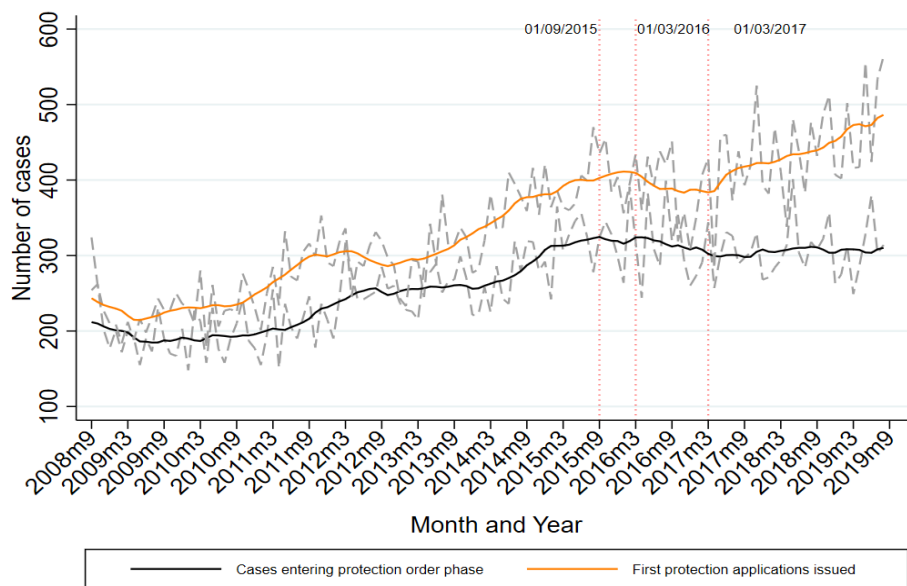
[38] To align with the notion of case transitions, only the first protection application for each case was included. In some cases, there were more than one protection application recorded for a case. For example, if the first protection application was withdrawn and later a second application issued.

[39] Included are the number of first protection applications issued for a case (some cases had a protection application issued, which was withdrawn and then a new protection application issued) and the number of cases transitioning to protection order phase. Dashed lines represent raw data series. Solid lines show 12 months centred moving average smoothed time series (Bowerman et al., 2005). The dotted vertical lines indicate the start of the transition stage (1 September 2015), the introduction of the permanency amendments (1 March 2016) and the start of the post-transition stage (1 March 2017).

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 37

Figure 21 only shows the numbers of (first) protection applications and first protection orders made each month. The data in Figure 21 shows an upward overall trend in both series prior to September 2015. The series on protection orders follows the pattern of protection applications with a lag of approximately six months, indicating the time taken to resolve applications. Both curves show a decrease in numbers following the introduction of the permanency amendments. However, while the number of cases moving to protection order phase stabilised at just over 300 cases per month during the post-transition stage, the trend in the monthly number of protection applications increased from March 2017 onwards.

5.1.1 Has the overall time taken to resolve protection applications changed?

An analysis of the overall time it took to process protection applications was conducted by comparing the issue date of a protection application to the issue date of a resulting protection order in a case.[40]

Figure 22 compares data on the time from issuing a protection application to the issue date of the first protection order, conditional on a protection order being issued.[41] In other words, if a protection order was issued, did it take more or less time to arrive at this protection order? The stage of implementation in the table is based on the time at which the protection order was made.

The information in Figure 22 shows that for protection orders that were made in the post-transition stage, the average time from the date that a first protection application was issued until the first protection order was made, was longer by approximately 5.3 days (148.6 days increasing to 153.9 days) when compared to the pre-transition stage. As average durations may be influenced by very long follow-up time[42], a more reliable representation of durations in such a case is the median in Figure 22. The difference in median durations from protection application to the first protection order between the two implementation stages was five days (112 days increasing to 117 days).

Additional analyses were conducted to investigate whether outliers (extremely long or short durations) were driving these results. As part of these analyses the trimmed distributions, with the 1st and 99th percentiles of the durations in each implementation stage dropped,

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[40] This section summarises data for issued protection orders, providing a retrospective view on processing durations for protection orders that were made within the observation period. While this approach provides information on orders that were made in a particular period, it makes it difficult to attribute any changes to the permanency amendments, especially for very long-running applications that have been unresolved for some time. Please refer to the limitations section in Addendum 7 of this appendix.

[41] For 16 cases, the protection order could not be matched to a protection application based on the data provided by DHHS. These cases are excluded from the analysis in this section.

[42] In other words, protection orders that were made during the post-transition stage could have resulted from protection applications that were issued during the pre-transition stage as is highlighted by the difference between median and mean in Figure 22. However, only very few orders (0.4%) were made during the post-amendments phase that resulted from applications issued during the pre-transition stage (approximately 15% of protection orders resulted from applications issued during the transition stage).

were compared. Results showed that the difference in mean durations remained very stable (4.9 days) and the difference in median durations dropped from five to four days, due to an increase in the median duration during the pre-transition period. Overall, these findings indicate a small increase in the overall duration it took to arrive at the first protection order following a protection application, at least for cases where a protection order was made.

Figure 22

Duration (Days) from Protection Application to First Protection Order where made within Case, by Implementation Stage, 1 March 2013 – 31 August 2019[43]
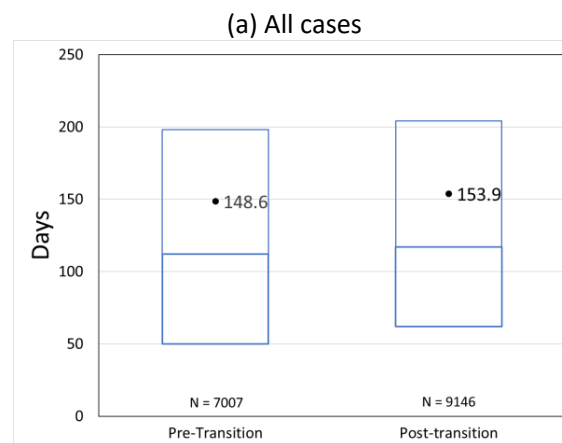
The middle and bottom panels of Figure 22 shows the results of an analysis stratified by children's Aboriginal background. The results highlight that the increase in mean durations from protection application to first protection order was mainly due to the larger increase observed for cases of Aboriginal children. For these cases, the average duration increased by almost 20 days, compared to 1.5 days for non-Aboriginal children. However, when looking at the median durations, the difference between the two groups decreases, indicating that outliers may impact the average durations. The difference in median durations for Aboriginal children amounted to seven days between pre-transition (111 days) and post-transition stage (118 days). For non-Aboriginal children, the difference in median durations between pre-transition (113 days) and post-transition stage (116.5 days) was 3.5 days.[44]

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[43] Implementation stage is defined by date of making of the first protection order in a case. Included are cases where a protection order was issued following a protection application in the case. Pre-transition period is restricted to include orders made after 28 February 2013 to facilitate a better comparison of the figures in the table. While the definition of protection orders technically included interim protection orders, the analysis here *does not include pre-amendment IPOs* to increase the comparability between durations observed in each stage. Shown are number of cases. Some children may have had multiple cases over time.

[44] When conducting an analysis of the trimmed distributions, as described above, the average duration for children with Aboriginal background increased by 6.2 days (three days for median duration) from the pre-transition to post-transition stage. The difference in average durations between pre-transition and post-transition was only 0.3 days (0 days) for non-Aboriginal children when extreme values were removed.

Figure 22 (continued)

Duration (Days) from Protection Application to First Protection Order where made within Case, by Implementation Stage, 1 March 2013 – 31 August 2019[45]

(b) Aboriginal Children

(c) Non-Aboriginal Children

A similar analysis was also conducted, stratified by age group.[46] While the analysis of the raw durations from protection application to first protection order showed some changes across age-groups, these differences were not observed once extremely long and short durations were removed. As a matter of fact, the maximum difference in median durations

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[45] Implementation stage is defined by date of making of the first protection order in a case. Included are cases where a protection order was issued following a protection application in the case. Pre-transition period is restricted to include orders made after 28 February 2013 to facilitate a better comparison of the figures in the table. While the definition of protection orders technically included interim protection orders, the analysis here *does not include pre-amendment IPOs* to increase the comparability between durations observed in each stage. Shown are number of cases, not children, and therefore, children may have had multiple cases over time.

[46] Again, children were assigned to one of five age categories (0 years, 1-2 years, 3-5 years, 6-11 years, 12-17 years) according to their age at the end of the investigation phase.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 40

when using the trimmed data was one day across all groups. However, it is worth mentioning that in the untreated data, median durations for children aged between one and two years actually decreased by two days from the pre-transition stage to the post-transition stage. For all other age groups, median durations increased by two days for children under the age of 1 year, 11 days for children aged three to five years, seven days for children aged six to 11 years, and four days for children aged 12 to 17 years.

Figure 23 further disaggregates the information in Figure 22 and shows quarterly median durations from protection application to first protection order for cases where a protection order was made. The dotted vertical lines indicate the different implementation stages. The trend for all children (black solid line), non-Aboriginal (orange line) and Aboriginal children (emerald dashed line) can be seen to be one of gradual increase in durations prior to the amendments, with a small reduction during the transition stage and a more significant increase post-transition. Overall, the increase in median durations over time was more pronounced for cases of Aboriginal children, who experienced larger increases during the post-transition stage.

Figure 23

Median duration from protection application to first protection order, by quarter Q1-2009 – Q1-2019[47]
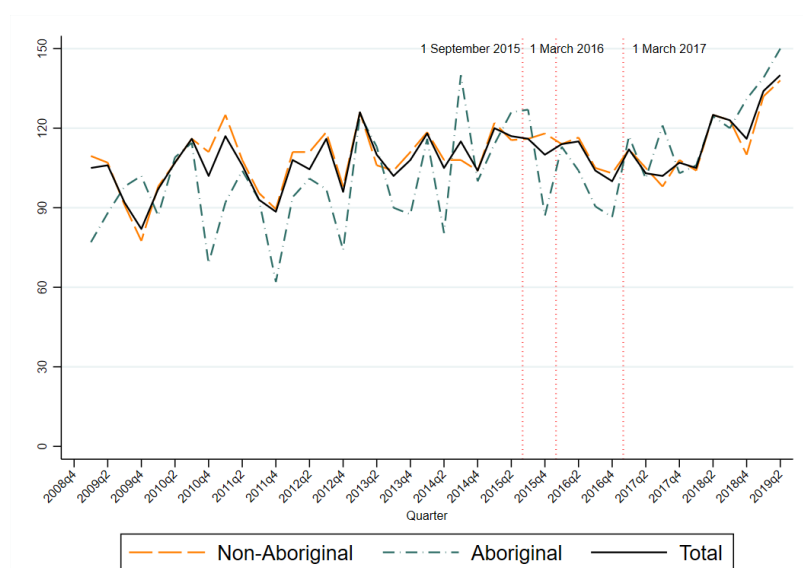
From the information in Figure 22 and Figure 23, it appears that in the post-transition stage, if a protection order was issued, it was made in slightly longer time frames following a

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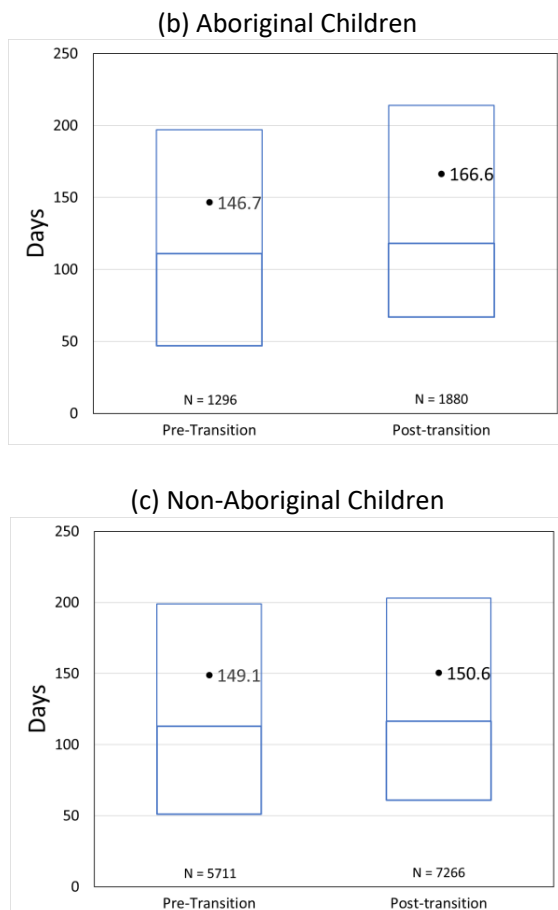[47] Implementation stage is defined by date of making of the first protection order in a case. Included are cases where a protection order was issued following a protection application in the case. Duration measures total time from date of protection application to date the first protection order is made. Shown are median durations for applications issued in each quarter. For the purpose of this analysis, protection orders *do not* include IPOs.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 41

protection application in the case. When looking at Aboriginal children, there appears to be a larger increase in durations between protection application and first protection order compared to non-Aboriginal children.

Finally, it is important to note a caveat of the analysis presented so far. The presented findings only include cases where a protection order was made. Consequently, these figures may not accurately represent the actual average and median durations following a protection application for all cases, during the post-transition stage, if there was a large number of protection applications that were still awaiting an outcome at the time of data extraction. These unresolved protection applications were more likely to be issued during the post-transition period, closer to the data extraction date[48]. The findings presented here would underestimate the true durations from protection application to protection order if the unresolved applications would have been open for long periods of time. This would be especially problematic if these cases would represent specific vulnerable groups of children. On the other hand, the retrospective nature of the analyses presented here may have also resulted in overestimation of the durations presented in this section since some cases where a first protection order was made during the post-transition stage may have had a protection application issued prior to the amendments. However, as discussed, sensitivity analyses showed that the qualitative conclusions drawn from the analysis remained unchanged. Unfortunately, the complexity of the process and data did not allow the development of a case-level time-to-event model that would be able to account for the complexity of the process of protection applications to protection order while considering unresolved applications at the same time (see Addendum 7).

5.2 Outcomes of protection applications

Another possible driver of diverging protection application and protection order trends could be a shift in the outcomes of protection applications themselves. As shown in Figure 21, the growth rate in the monthly number of protection orders has generally been below the growth rate in protection applications since the last quarter of the year 2013. One explanation of this phenomenon could be that the number of orders issued would lag the number of protection applications issued by the number of months needed to resolve the application. But it could also be that protection applications were dismissed, cancelled or withdrawn at increasingly higher rates.

Figure 24 shows the outcomes for all protection applications issued between March 2013 and September 2019. The graph shows applications "proven" as an outcome, not "order issued", although these two categories were almost identical. As can be seen, the number of protection applications with "proven" as an outcome increased from 2013 to 2016 before stabilising around 300 per month during the post-transition stage. At the same time the number of dismissed or withdrawn applications increased slightly. The relative shares of each outcome class are shown in Figure 25. The proportion of protection applications

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[48] 9.4% of all PAs issued after February 2013 remained unresolved at the date of data extraction. However, most of these would have been issued closer to the extraction date.

resulting in the making of a protection order decreased slightly during the post-transition stage while the share of withdrawn or dismissed protection applications increased.

Figure 24

Outcomes of all protection applications, by type of outcome March 2013 – August 2019[49]
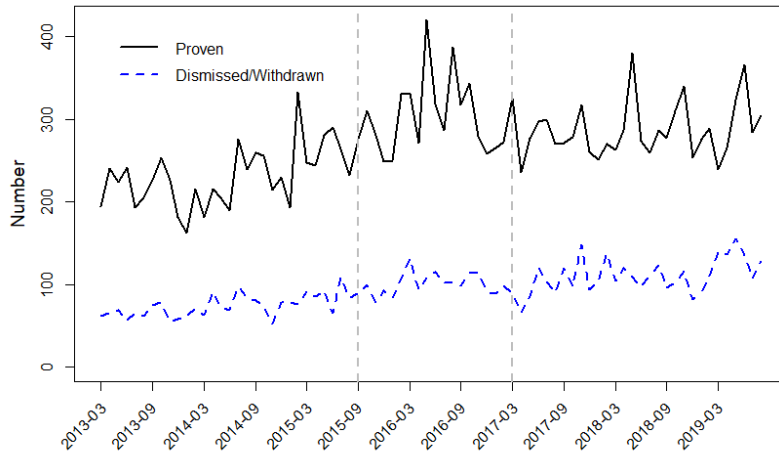
Figure 25

Outcomes of all protection applications, by whether proven or not. March 2013 – August 2019[50]

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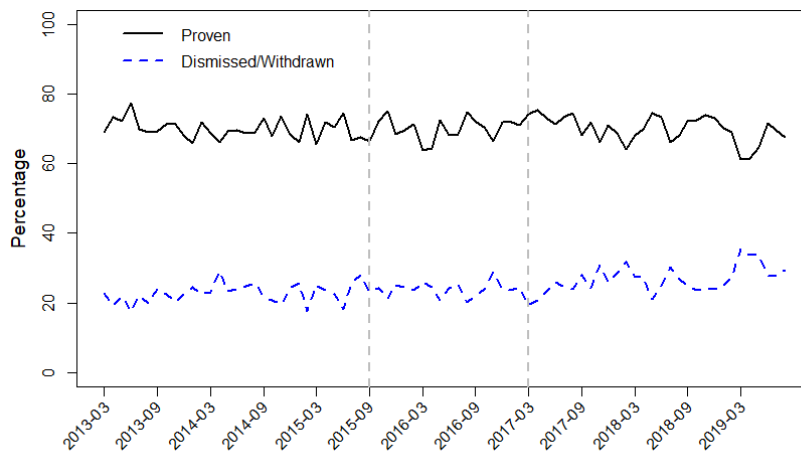
[49] For each month, cases with an outcome (proven, withdrawn, or dismissed) issued within that month were identified. *Proven* denotes protection applications where the grounds were proved and, in nearly all cases, that resulted in the making of a protection order. *Withdrawn* denotes protection applications that were withdrawn by Child Protection. *Dismissed* denotes protection applications that were dismissed in Court. Outcomes with dismissed and withdrawn have been combined to prevent issue with small number.

[50] Figure shows relative share of applications outcomes by type of outcome as percent of total number of protection applications.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 43

5.3 Number of hearings per application

Figure 26 shows the average number of hearings that were recorded against protection applications that were resolved (order made, application withdrawn etc.), by month of application resolution. Overall, the average number of hearings per protection application over time was relatively stable at around five hearings per application.

Figure 26

Average number of hearings per application by type of application, March 2013 – August 2019[51]
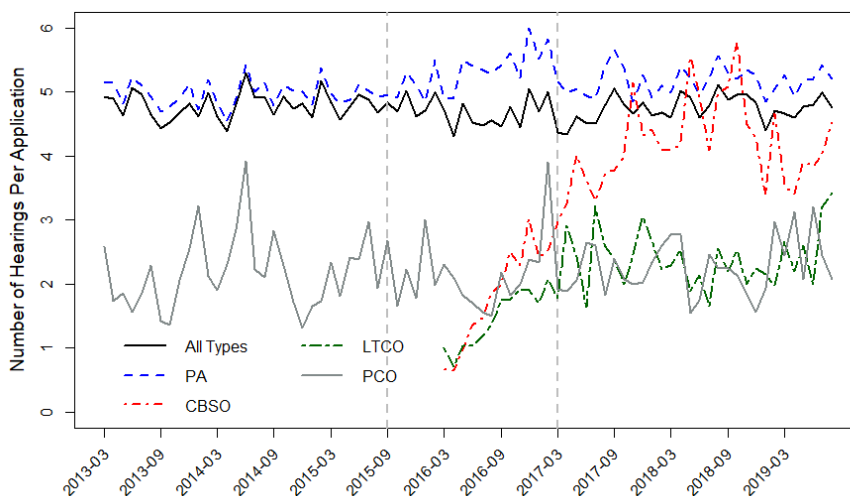
Given that protection applications represent 82% of order applications in the graph, it is not surprising that this series follows closely in the pattern of all order types. From March 2016 onwards, the gap widens between the two series, which might result from the introduction of applications for CBSO and LTCOs. For PCOs, while the time series is subject to substantial variation, it fluctuated around an average of two hearings per application over the whole observation period.

Figure 27 summarises the distributions of the number of hearings per application in Figure 26 above by application type and stage of implementation. It shows, for example, that the mean number of hearings per protection application varied from 5.0 pre-transition to 5.3 post-transition, with the median consistently being 4 hearings per protection application.

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[51] Included are all applications that had been resolved prior to the date of data extraction. All Types denotes the total number of order applications that expired in a month; PA refers to protection applications; LTCO represents applications for long-term care orders; PCO denotes applications for permanent care orders; CBSO denotes applications for care by Secretary orders. CBSO and LTCO applications were only available from March 2016 onwards. Multiple applications can be issued for the same case. Vertical grey dashed lines indicate commencement of the transition period (September 2015) and post-transition period (March 2017). Not included are applications for warrants, breaches, variations, revocations or extensions of orders or applications related to interim accommodation orders.

Figure 27

Distribution of number of hearings per application, by type of application, 1 March 2013 – 2 September 2019[52]

(a) All Applications (PA, CBSO, LTCO, PCO)

(b) Protection Applications (PA)

(c) Care by Secretary Order Applications (CBSO)

(d) Long-term Care Order Applications (LTCO)[53]

(e) Permanent Care Applications (PCO)[54]

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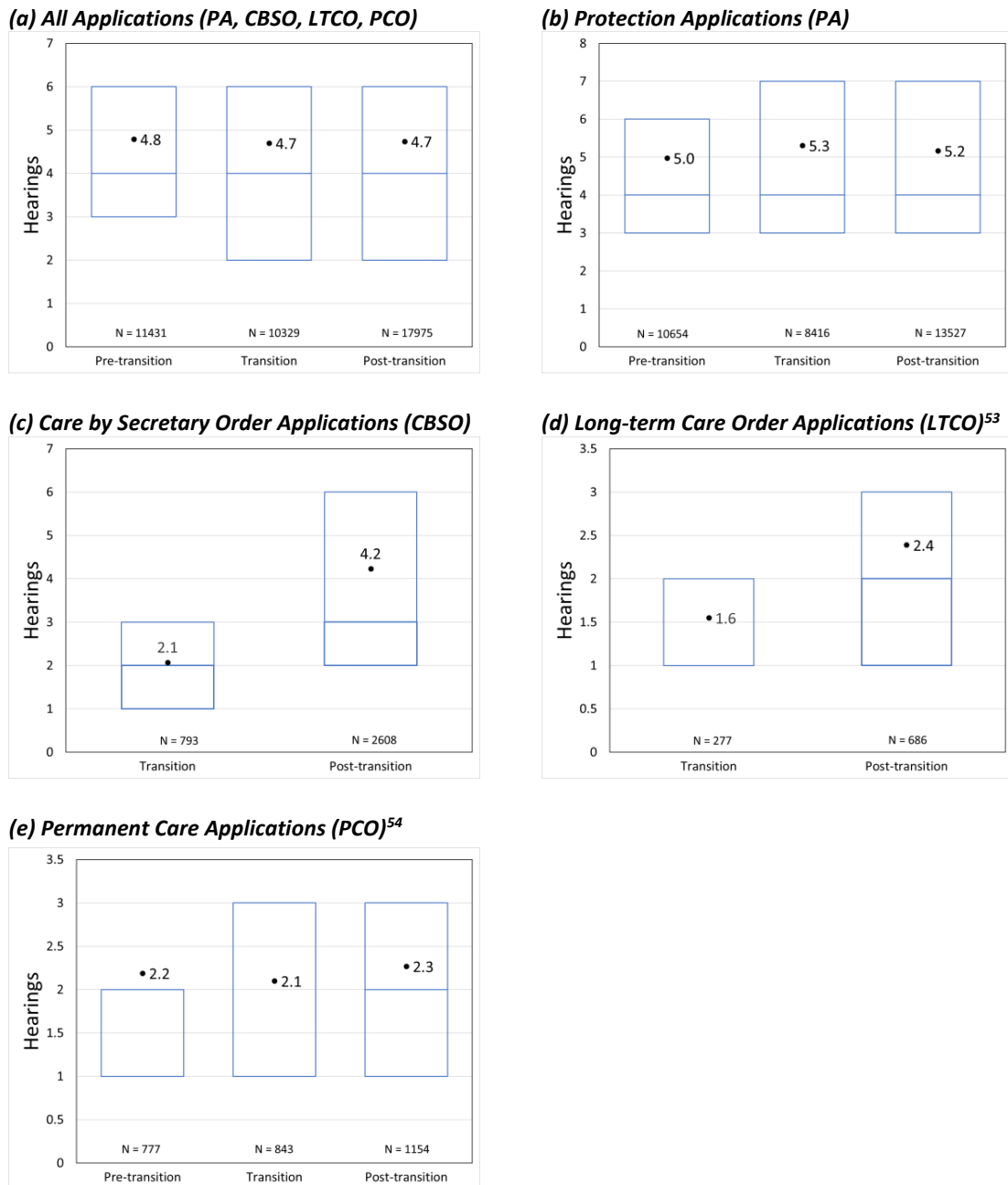
[52] Figure shows average number of applications per type of order application. Excluded are ongoing applications with "Not stated" as the application outcome. Stage of implementation is based on date of application resolution.

[53] For LTCO, the 1st quartile and the median had the same value in the transition phase.

[54] For PCO, the 1st quartile and the median had the same value in the pre-transition and the transition phases.

5.4 Interim Accommodation Orders

A major change introduced by the permanency amendments was a requirement that the Court should not make an interim accommodation order (IAO) if it was in a position to make a protection order or permanent care order (CYFA, 2005, s. 262(5A)). One intention of the permanency amendments was to reduce the time that children spent on IAOs until a (final) protection order was made and, hence, the overall time it took to resolve protection applications for children, so that constructive work could commence earlier on progressing the desired permanency outcome which, in most cases and preferentially, would be family preservation or family reunification.

Figure 28a provides summary information on the number of IAOs that were issued prior to the first protection order in the case, for cases where a protection order was made.[55] There was a steady decrease in the average number of IAOs from the pre-transition stage to the post-transition stage. However, the median number remained constant at two IAOs per case.[56]

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[55] In the analysis presented in this section, <u>interim protection orders (IPOs) are included</u> in the definition of protection orders unless otherwise stated. Also, for 18 cases, no protection application could be identified in the data and these cases were dropped from the analysis in this section.

[56] In the analysis of this section the data is restricted to orders made after 28 February 2013 for better comparison between implementation stages. However, to mitigate the bias of restricting the data set, we have not made any restrictions regarding substantiation dates. While this increases the chances that extremely long cases fall into the post-transition period, the overall impact on the summary statistics is relatively small as these cases are rare. Excluding the top and bottom percentile resulted in the difference in means between pre- and post-transition increasing by 0.21 IAOs while the median remains unaffected.

Figure 28a

Number of IAOs made prior to First Protection Order (including IPOs, by Implementation Stage of Protection Order Issue, 1 March 2013 – 31August 2019[57]
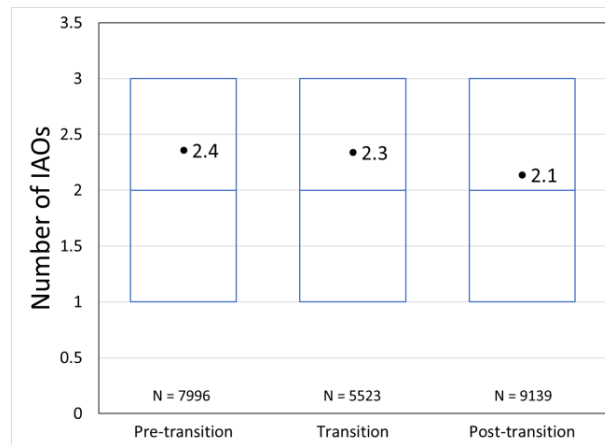
Figure 28b shows a comparison of the different implementation stages with respect to the durations of individual IAOs if they were made prior to the first protection order in a case (but after 28 February 2013). Durations of IAOs were calculated as the number of days from the making of the order to its end date. Comparing the summaries of the distributions in the graph, one can see that individual IAO durations were longer during the post-transition stage. On average, durations of individual IAOs that were made during the post-transition stage were approximately 20 days longer than for IAOs that were made during the pre-transition stage (61.4 days compared to 41.4 days)[58].

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[57] Included are protection orders if they followed a protection application in the case that resulted in a protection order. Definition of protection order includes interim protection orders (IPO). IAOs are included irrespective of application type if they were issued between the protection application and the protection order dates.

[58] In addition, the inter-quartile range (from the 25 percentile to the 75 percentile) increased from 38 days to 70 days, indicating a wider spread in the durations during the post-transition stage. This has to be considered in combination with the fact that the lower bound of the interquartile range, the 25th percentile, also increased from nine days to 14 days from the pre-transition to the post-transition stage. Again, trimming the distributions of durations in each stage did not substantially impact the differences in mean durations between stages.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 47

Figure 28b

Duration of individual IAOs that were made prior to the First Protection Order in case, by Implementation Stage of IAO Issue, 1 March 2013 – 31August 2019[59]
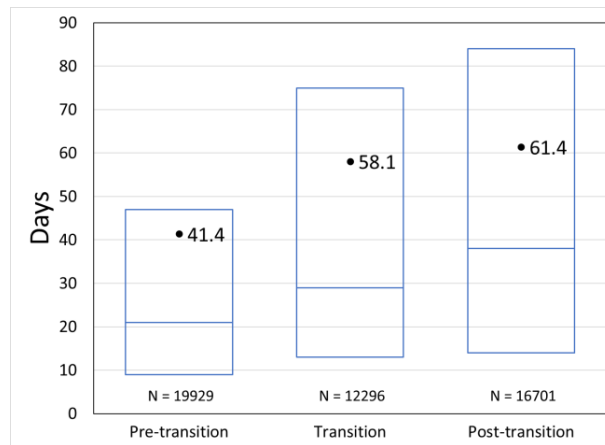
This is also shown in Figure 28c, which summarises the total duration that children spent on IAOs before the making of the first protection order. As expected, based on the data presented in the previous paragraphs, the overall duration that children spent on IAOs prior to the making of a first protection order has increased for protection orders that were made during the post-transition stage, relative to the pre-transition stage.

Comparing the average durations that children spent on IAOs prior to the making of the first protection order, an increase of total 44.6 days was observed if the first protection order was made after February 2017. [60] The median duration increased by 43 days between the pre-transition and post-transition stage. Also, the 25th percentile of the distribution of post-transition durations increased by 25 days while the 75th percentile increased by 63 days.[61] Comparing the post-transition stage to the pre-transition stage, the percentage of cases with IAO durations of up to 30 days prior to the making of a first protection order has decreased substantially while the percentage of cases with IAO durations of more than 90 days has increased by 51.9%, to 56.3%.

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[59] Included are cases with a protection application that resulted in a protection order. Definition of protection order includes interim protection orders (IPO, pre 1 March 2016). Implementation stage is based on date of making of the IAO.

[60] When excluding cases where no IAO was made, the qualitative findings are similar, with the difference in average durations increasing by 41.6 days and the difference in median durations increasing by 40 days.

[61] Again, trimming the durations in each phase by the top and bottom 1% leads to qualitatively equivalent conclusions. However, the difference in mean durations between pre- and post-transition decreased slightly to 40.7 days.

Figure 28c

Number of days children spent on IAOs prior to First Protection Order, by Implementation Stage of Order Issue, 1 March 2013 – 31 August 2019[62]
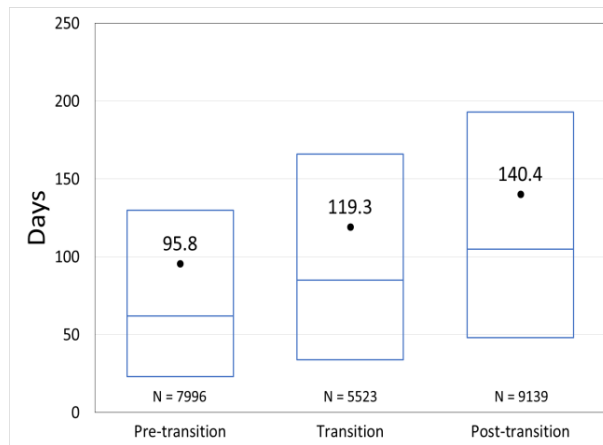
Figure 29 shows the median duration of ended IAOs for each quarter between October 2008 and June 2019.[63] As is apparent from the time series, the median duration of IAOs was fairly stable (around 21 days) during the pre-transition stage. However, from September 2015, the beginning of the transition stage, the median duration of IAOs showed an increasing trend, getting to around 40 days by 2019.

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[62] Included are cases with a protection application that resulted in a protection order. Definition of protection order includes interim protection orders (IPO). Duration is days children spent on an IAO in case prior to first protection order issue date.

[63] Results for Q3-2019 are not included as these IAOs had very short durations towards the end of the time series. This would have distorted the picture. However, using the month of expiry of the IAO in the calculations does not impact the qualitative conclusions regarding the changes in trends during the transition and early post-transition stages.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 49

Figure 29

Median duration (days) of individual IAOs, by quarter of order making, Q4-2008 – Q1-2019
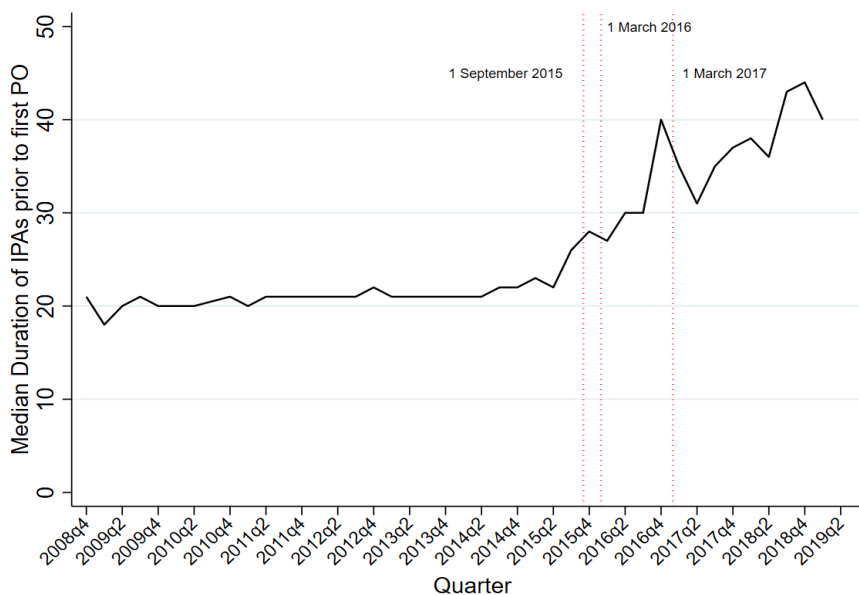
5.5 Children's pathways following protection applications

This subsection focuses on the pathways of children following a protection application by investigating the types of protection orders resulting from protection applications.

Table 5 shows the distributions of order types for the first protection orders made in a case. In addition to the type of order, the count of each order type by implementation stage and the relative share in percent, a classification of whether a particular order transferred the custody[64] or care[65] of a child to the Secretary or a third party is also shown (column 2 of Table 5). Orders which resulted in a transfer of custody or care are classified as custody or out-of-home care (OOHC) placement related orders.

Across all three stages, supervision orders (41.22% pre-transition) or family preservation orders (62.25% post-transition) were the most prevalent type of protection order that followed the first protection application in a case. A significant proportion of pre-transition Interim Protection Orders would have been, in effect, 3-month supervision orders if the child was at home, with most of the remaining IPOs being, in effect, similar to a 3-month family reunification order if the child was placed in OOHC. Taking this into account, the overall proportion of protection applications resulting in a child remaining at home is likely to have changed little.

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[64] Includes orders granting limited or exclusive parental responsibility to the Secretary.

[65] Of the protection orders, only interim protection orders had the effect of transferring care without affecting custody/guardianship (that is, parental responsibility).

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 50

When the initial protection order was issued, it can be seen that the proportion of first protection orders[66] enabling the implementation of a case plan for alternate long-term or permanent care increased from 2.35% (guardianship to Secretary orders) to 6.29% (care by Secretary orders and long-term care orders).

Table 5

Type of order for the first protection order made in a case, by stage of implementation based on order issue date, 1 March 2013 – 1 September 2019[67]

Order Type / Phase	Custody / OOHC placement	Number	Percent
Pre-transition			
Supervision order	No	3,296	41.22
Custody to third party order	Yes	C	C
Supervised custody order	Yes	724	9.05
Custody to Secretary order	Yes/No	1,339	16.75
Guardianship to Secretary order	Yes/No	188	2.35
Long-term guardianship to Secretary order	Yes	C	C
Interim protection order	Yes/No	2,440	30.52
Post-transition			
Family preservation order	No	5,689	62.25
Family reunification order	Yes	2,875	31.46
Care by Secretary order	Yes	525	5.74
Long-term care order	Yes	50	0.55

6. Has reunification been achieved in a timely way?[68]

A major aim of the permanency amendments was to reduce the time that children spend in out-of-home care before permanent arrangements for their care are in place – either by way of reunification or alternate long-term/permanent care. The new case planning provisions and suite of orders, and other amendments to order conditions and matters for the Court's consideration, were intended to facilitate this.

6.1 Exiting OOHC from family reunification orders

The analysis here will focus on family reunification (see Addendum 3) and the use of the newly introduced Family Reunification Orders. However, it is crucial to understand the limitations of this section in order to correctly interpret the presented findings (see Box 2).

Note that analysing exists from family reunification orders does not address children who entered proxy-OOHC under an interim accommodation order and were reunified before a

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[66] In other words, resulting from a protection application.

[67] The letter C indicates that the value in this cell was not reported due to small cell counts.

[68] The findings presented in this section must be interpreted under the consideration of the counting rules and limitations that apply to the analysis (see Box 2).

family reunification order was made, or through the making of a family preservation order (see 6.2).

Box 2: Order durations as proxy measure for time spent in OOHC

When interpreting the findings for section 6 and also section 7 below, it is crucial to consider an important caveat of the analyses presented here. When calculating the time in OOHC, in general, the total time spent in OOHC as the sum of days children spent in placements is the most common approach. While placement data was available from CRIS, discussion with DHHS and the results from exploratory analysis resulted in the decision to use an orders-based approach to deriving time spent in OOHC (see Addendum 2 and Addendum 3).

During the changes made to CRIS following the permanency amendments, an improved Court order recording module was introduced that allows calculation of time in OOHC based on the individual durations of orders. Based on this data, the analysis in this and the next section approximate time children spent in OOHC by adding the durations of interim and protection orders that transfer the care of children to the Secretary or a nominated third party (see Addendum 2).[69]

While this measure can be assumed to accurately reflect the time children spent in OOHC since 1 March 2016, the use of order durations to calculate OOHC times may be prone to measurement error with regard to children's OOHC placement durations for orders made before the introduction of the amendments. An analysis of differences between the two approaches showed agreement in most cases but also large deviations in some cases. Preference was given to the order-based approach due to its validity for calculating OOHC durations during the post-transition stage following discussion with DHHS. The definition used for OOHC in this appendix is also restricted to court-ordered OOHC and is therefore not identical to the national definition of OOHC used in other publications (e.g., AIHW, 2020). The reason for this deviation is the focus of this report on the permanency amendments.

Overall, this means that these proxy-OOHC durations, and hence times of exits from OOHC, should be interpreted with care for the pre-transition stage and orders that were made before March 2016. Strictly speaking, the order-based durations reflect the time that children spent on interim or protection orders that transfer the custody or care responsibility for the child to the Secretary or a nominated third party. In other words, this measure can be interpreted as "court-ordered time out of parental custody or care" based on the type and duration of Court orders. To emphasise the difference, we refer to these durations as proxy-OOHC durations and transitions as exits from proxy-OOHC for the sake of simplicity. A detailed description of counting rules and comparison of the two measures of time in OOHC is provided in Addendum 2.

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[69] Within this definition, permanent care orders are not included in the calculation of durations of OOHC periods.

As was described at the end of section 5, approximately 31.5% of all first protection orders that were made during the post-transition stage following a protection application were FROs. Maximum durations of FROs are determined by the cumulative time that children have spent in out-of-home care (OOHC) prior to the making of the order (see Addendum 3). In general, the duration of an FRO must not result in the child being placed in OOHC for a cumulative period of more than 24 months (CFY Act, 2005, s. 287A(3)), with an initial FRO not placing the child in OOHC for more than 12 months. These timeframes include periods where the child was placed in OOHC on an interim accommodation order prior to a family reunification order being made.

Figure 30 shows summaries of the number of days that children spent in proxy-OOHC until the end date of the last FRO in a case, by implementation stage during which the last FRO was made. The top panel of Figure 30 shows information on expired FRO while the bottom panel contains summary statistics for FROs that remained open at the time of data extraction. For 14.2% of all cases where children were subject to at least one FRO during the post-transition stage, the time in proxy-OOHC exceeded the anticipated threshold of 730 days (i.e., two years).[70] It is also important to note that almost 74% of all cases with proxy-OOHC durations exceeding the 24 month threshold during the transition stage were transitional moves on 1 March 2016 for children that were subject to custody to Secretary orders (74%), supervised custody orders (24.2%) or interim accommodation or interim protection orders (1.8%). In other words, some of the time they had been in proxy-OOHC was prior to the amendments coming into effect.

In general, Figure 30 shows that children spent less time in proxy OOHC in total until the end of the last FRO if this last FRO was issued after the transition phase (mean = 491.1 days or 16.4 months) than during the transition phase (mean = 740.6 days or 24.7 months), where durations were inflated by lengthy periods the child had spent in OOHC subject to custody or care orders prior to the amendments.

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[70] For cases that were substantiated during the post-transition stage, this share was 5.7%.

Figure 30

Days children spent in proxy-OOHC until end of last FRO in case or data extraction, 1 March 2013 – 31 August 2019[71]

(a) FROs that had ended

(b) FROs which remained open
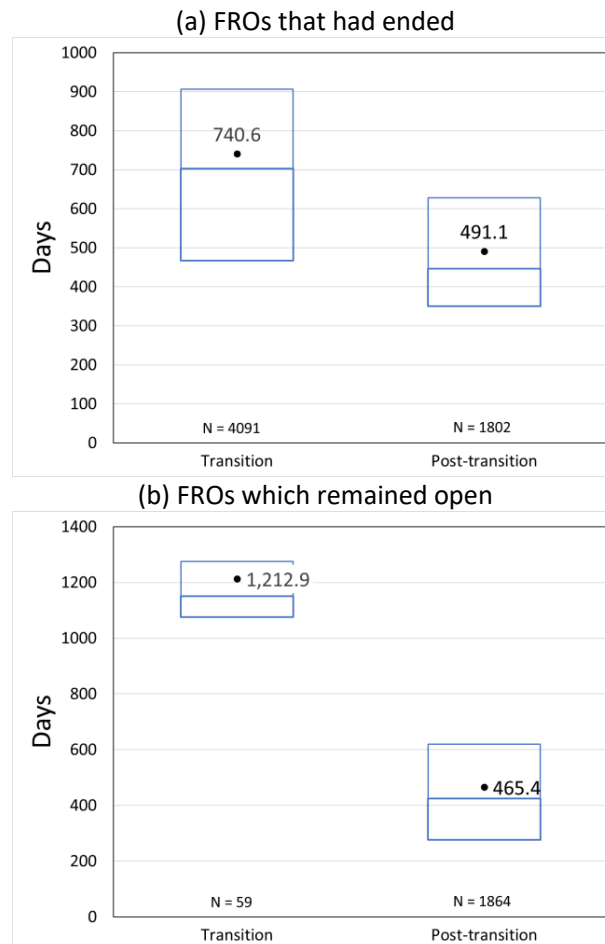
Figure 31 shows the findings from an analysis of the pathways for children who were subject to at least one FRO.[72] The analysis includes all cases that had at least one FRO recorded and where the first FRO in the case was made between 1 March 2017 and 31 August 2017 to ensure a follow-up time of at least 24 months in proxy-OOHC.[73] By focusing on the post-transition stage, any unusual trajectories following the making of the FRO were eliminated that would have been due to early implementation effects during the first 12 months of the

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[71] Implementation stages defined by date on which the *last recorded* FRO in the case was made. Time in proxy-OOHC was calculated based on the counting rules explained in Addenda 2 and 3.

[72] Where multiple FROs were made successively within 60 days from the previous FRO ending, they were treated as a single FRO. This occurred only in a few cases.

[73] In Addendum 7, a pathway model for all cases with a first FRO issued between 1 March 2017 and 2 September 2019 is presented. However, due to the short follow up time for most cases, the percentage shares in this expanded model are complex to interpret and we have therefore opted to include the simpler model here.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 54

permanency amendments. The analysis follows cases from the date of making of the first FRO in the case until the commencement of the following order or, if no further order is recorded, the end of the FRO and potentially case closure. The time shown in the graph is total time that children spent in proxy-OOHC until the end of the first FRO in the case, based on order-based calculations (see Addendum 2). Hence the graph shows the progression of the case after the end of the first FRO (or data extraction if the first FRO has not ended by that date). Each order is followed up to its first transition point or data extraction date and pathways are therefore mutually exclusive.

As shown in Figure 31, of all first FROs in a case that were made between 1 March 2017 and 31 August 2017, approximately 69.7% ended within the aspired 24 months in proxy-OOHC. About 30.3% exceeded this time frame. Of the included FROs that were observed to have ended within the observation period, 46.9% exited proxy-OOHC either through reunification or to another living arrangements.[74]

The pathways flow from the left to right with 726 cases with at least one FRO being included in this analysis. Of these FROs, 21.9% ended within 12 months of total time in proxy-OOHC. Subsequently, 33 children (20.8% of FRO that ended within 12 months of proxy-OOHC) transitioned to another custody or care order (CBSO, PCO, LTCO, IAO Secure Welfare, or IAO undertaking suitable person).[75] Of the FROs that had ended, 79.2% exited proxy-OOHC to reunification or another living arrangement. Of all first FROs, 78.1% remained open beyond 12 months of time in proxy-OOHC.

Of the FROs that continued beyond the 12 months of total time in proxy-OOHC, 61.2% ended when children had spent between 12 months and 24 months in proxy-OOHC. Of these ended orders, 40.9% exited proxy-OOHC to reunification or another living arrangement. More than half (59.1%) of these first FROs that expired when children had spent between 12 and 24 months in proxy-OOHC transitioned to another custody or care order (CBSO, PCO, LTCO, IAO OHS, IAO undertaking suitable person). Another 220 FROs (30.3% of all included FROs) remained open beyond the 24-month time line of total time in care. Of the 220 FROs where children spent more than 24 months in proxy-OOHC, 47.7% remained open at the time of data extraction. Of 52.3% of FROs that ended, 20% either returned to their families or progressed to other living arrangements, while 80% moved to another custody or care order.

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[74] For example, independent living arrangements.

[75] Please note that in contrast to Figure A2, *other custody or care orders* includes PCO and LTCO in this analysis due to the number of children moving to PCO or LTCO was small (n < 10) for some cells in the figure.

Figure 31.

Pathways of children subject to family reunification orders for first time where order was issued between 1 March 2017 and 31 August 2017
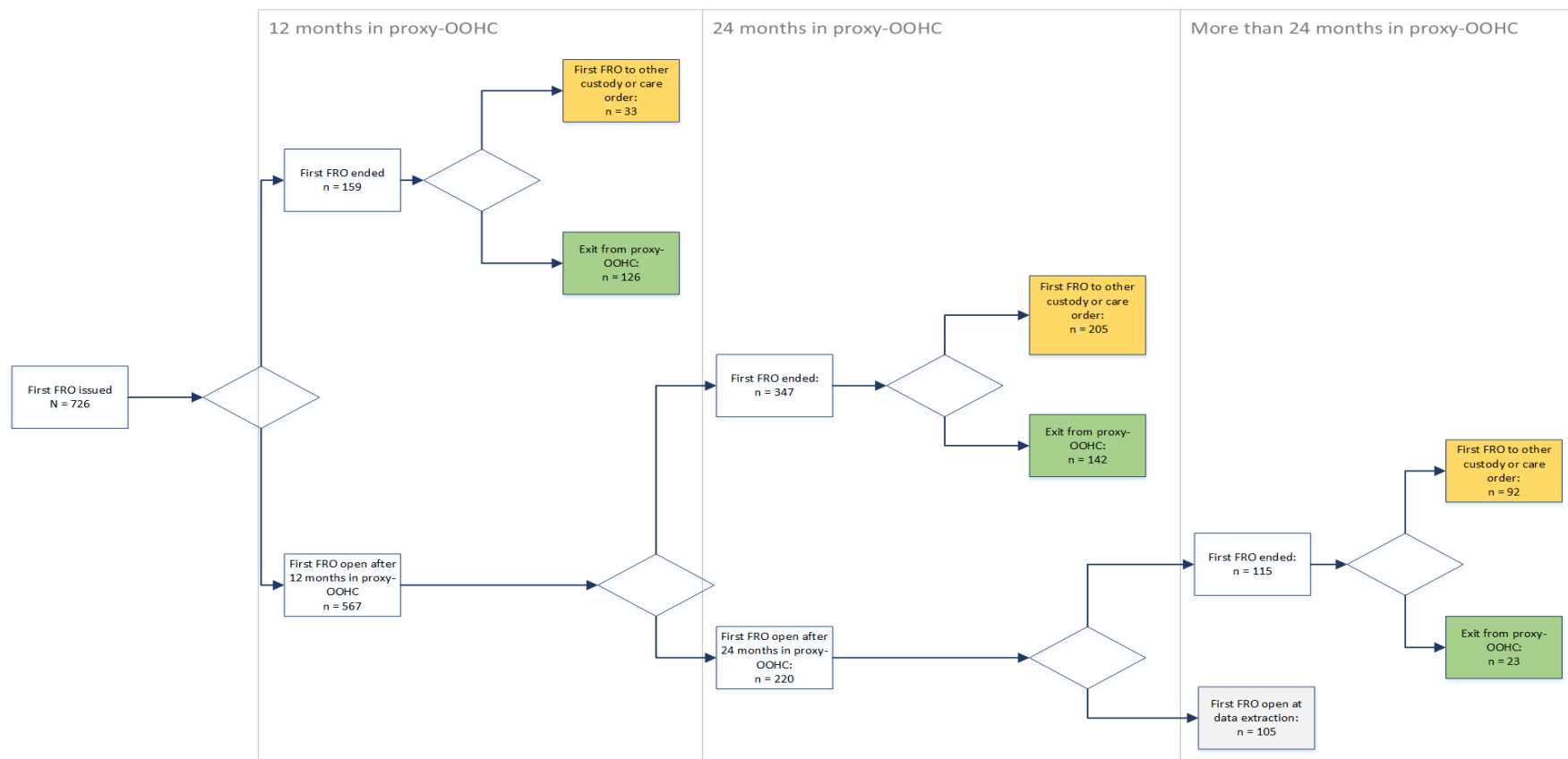
Notes: Included are all cases where a first FRO was issued in a case between 1 March 2017 and 31 August 2017. *Ended* indicates that FRO has ended within the respective time frame of total time in proxy-OOHC. Open indicates that FRO has not ended within the respective time frame of total time in proxy-OOHC. *Exit from proxy-OOHC* means that FRO was transformed into one of the following orders: Family preservation order OR undertaking OR IAO undertaking parent OR IAO undertaking child OR FRO ended and case was closed or no further order within 60 days or prior data extraction was recorded. *Other custody or care* order refers to CBSO, PCO and LTCO, and in rare cases also IAO undertaking suitable person, IAO Secure Welfare, or IAO OHS. PCO and LTCO were not shown separately due to small cell counts. Where multiple FRO followed each other within less than 60 days of the previous FRO ending, FROs were counted as a single FRO. **Source**: Client Relationship Information System (CRIS).

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report.   56

Figure 32 provides more details on the cases that were included in the analysis shown in the previous graph. As stated above, in 21.9% of cases FROs ended within 12 months of proxy-OOHC, while 47.8% of first FROs ended after the 12 months period but before children spent 24 months in proxy-OOHC. Of all included cases, 30.3% of first FROs did not end within the 24 months OOHC period.

Looking at the middle panel of Figure 32, one can see that of all included cases, 17.4% of children on a first FRO exited from proxy-OOHC within 12 months of total time spent in OOHC. Overall, 36.9% of children included in the analysis exited proxy-OHHC from the first FRO within 24 months of time they spent in OOHC. Of the included cases we observed 34.9% of children transition to a CBSO from the first FRO in the case during the observation period, while another 8.8% transitioned to a PCO or LTCO prior to the date of data extraction. Finally, in 3.2% of included cases, we observed an exit from proxy-OOHC after the child has spent more than 24 months in care, prior to the data extraction date.[76]

The bottom panel of Figure 32 provides a more general summary of cases included in the analysis. It is important to note that the categories shown here are not mutually exclusive as a single case may be subject to a CBSO as well as, at a later point in time, a PCO or LTCO. More than a third of the included cases (36.2%) were subject to a CBSO at some time between 1 March 2017 and 2 September 2019, while approximately 11% of all included cases had a PCO or LTCO recorded during the observation period.

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[76] However, as approximately 14.5% of all included first FROs were still open at the time of data extraction, the numbers of CBSOs, PCOs, LTCOs and exits from proxy-OOHC after the child having been in care for more than 24 months are likely to change as these cases progress. This will obviously affect the proportions of cases of the respective outcomes after the observation period ended.

Figure 32

Summary of pathways of cases where the first FRO was made between 1 March 2017 and 31 August 2017[77]

6.2 Exit from proxy-OOHC considering all pathways[78]

FROs are only one pathway through which children can return to their families from OOHC. In this section, exits from proxy-OOHC are considered, irrespective of the exit pathway. As a matter of fact, FROs only represented approximately 22% of all exits from proxy-OOHC during the post-transition stage (Table 6). Of all orders from which children exited proxy-OOHC during the post-transition stage, almost 50% occurred from IAO Undertaking Suitable Person (i.e. placement with kith or kin), more than double the share of FROs. The information in Table 6 represents all exits from proxy-OOHC that occurred during the particular stage, allowing multiple reunifications and re-entries per case per child to be included in the analysis. The information is presented by order type from which the child exited proxy-OOHC.[79]

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[78] The analysis in this section is no longer restricted to the sample used in the previous section as the focus here is on all exits from proxy-OOHC and not only from FROs.

[79] A detailed analysis of exit pathways is presented in Addendum 4.

Table 6

Type of order from which exit from proxy-OOHC occurred, by implementation stage during which exit occurred, 1 March 2013 – 31 August 2019[80]

Pre-transition		Post-transition	
Protection Orders			
Custody to third party order	0.38%	Family reunification order	21.97%
Supervised custody order	7.28%		
Custody to Secretary order	23.13%	Care by Secretary order	10.55%
Guardianship to Secretary order	4.13%		
Long-term guardianship to Secretary order	C	Long-term care order	C
Interim Protection Order	5.70%		
Interim Orders			
IAO Declared Hospital Placement	2.18%	IAO Declared Hospital Placement	2.29%
IAO Declared Parent & Baby Unit	1.23%	IAO Declared Parent & Baby Unit	1.13%
IAO Out of Home Service	14.71%	IAO Out of Home Service	11.88%
IAO Secure Welfare	2.01%	IAO Secure Welfare	2.23%
IAO Undertaking Suitable Person	39.24%	IAO Undertaking Suitable Person	49.86%

During the pre-transition stage, the distribution of order types from which an exit from proxy-OOHC occurred was slightly different than during the post-transition stage. Here, IAO Undertaking Suitable Person accounted for 39.2% of all (proxy) reunifications, compared to 49.9% during the post-transition stage. Custody to Secretary orders were the second most common type of exit from proxy-OOHC (23.1%) during the pre-transition stage, while FROs were the second most common exit type during the post-transition period (22.0%). IAO Out of Home Service (primarily foster care) ranked third in each implementation stage (14.7% during pre-transition and 11.9% during post-transition stage). In Addendum 4, a detailed analysis of the exit pathways of children reveals that children exiting proxy-care from interim orders were likely reunified with their families in most cases, either through a protection order (FPO/Supervision order) or through an IAO undertaking parent.[81]

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[80] Included are all orders from which an exit from proxy-OOHC occurred during the particular implementation stage. The implementation stage is based on the date of exit from proxy-OOHC. A definition of exits from proxy-OOHC used for this analysis is provided in Addendum 3. The letter *C* in the table indicates censored observation due to small cell count.

[81] For the purpose of this analysis, reunification from proxy-OOHC was not based on time since end of the last order except in cases where an interim or protection order transferring custody or care to the Secretary or a nominated third party occurred without another order being recorded and the case not being closed or the young person not having turned 18 years of age. In these cases, exit was counted after 60 days if there was no further order in the case (See Addendum 3).

A shortcoming of the data was that it was not possible to differentiate between cases where children were reunified with parents and cases where children left proxy-OOHC and transitioned to more independent living arrangements. Table 7 provides some insight into this matter by presenting the percentages of children who were 17 years of age or older at the time of exit from proxy-care, by order type from which exit occurred. The information presented in Table 7 is not surprising. CSO and GSO could be repeatedly extended until they ended on children's 18th birthday. The median age for children exiting proxy-OOHC from a CSO was 14 years while the median age for GSO was 17 years during the pre-transition period. During the post-transition stage, 75.2% of all CBSOs that resulted in exits from proxy-OOHC ended when children were 17 years or older (median age = 17 years). In contrast, children who exited proxy-OOHC from a FRO were 7.8 years old on average (median = 7 years). Children who exited through the most common exit pathway from proxy-OOHC, IAO Undertaking Suitable Person, were on average 6.6 years old during the pre-transition stage (median = 6 years) and 6.5 years old during the post-transition stage (median = 6 years), showing no noticeable change.

Table 7

Percentage of cases with children aged 17 years or older at time of exit from proxy-OOHC, by type of order from which exit occurred and implementation stage during which exit occurred, 1 March 2013 – 31 August 2019[82]

Pre-transition		Post-transition	
Protection Orders			
Custody to third party order	C	Family reunification order	4.09%
Supervised custody order	4.12%		
Custody to Secretary order	32.38%	Care by Secretary order	75.15%
Guardianship to Secretary order	68.73%		
Long-term guardianship to Secretary order	C	Long-term care order	C
Interim Protection Order	C		
Interim Orders			
IAO Declared Hospital Placement	C	IAO Declared Hospital Placement	C
IAO Declared Parent & Baby Unit	C	IAO Declared Parent & Baby Unit	C
IAO Out of Home Service	C	IAO Out of Home Service	1.24%
IAO Secure Welfare	C	IAO Secure Welfare	C
IAO Undertaking Suitable Person	C	IAO Undertaking Suitable Person	0.64%

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[82] Included are all orders from which an exit from proxy-OOHC occurred during the particular implementation stage. The implementation stage is based on the date of exit from care. A definition of exits from proxy-OOHC used for this analysis is provided in Addendum 3. Percentages are calculated based on number of exits from a particular order type. Therefore, columns do not add to 100%. The letter *C* indicates censored observation due to small cell count.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report.   61

PROTECTED

Of the 1,487 children who were aged 17 years or older at exit from proxy-OOHC during the pre- and post-transition periods, 28 transitioned either to a Supervision order, FPO or an undertaking while 11 were subsequently subject to an IAO undertaking parent. In 73.7% of cases of children who exited proxy-OOHC at 17 years of age, the Children's Court order expired within one week of the child's eighteenth birthday.

This information highlights that the data on exiting proxy-OOHC has to be carefully interpreted.[83] While a large proportion of children exiting proxy-OOHC were likely reunified with their parents, there were a substantial fraction of cases where it is not clear whether young people went back to live with their family or if they transitioned to a different and more independent living arrangement.

Looking at the time to first exit from proxy-OOHC for children during their first substantiated case shows a decrease in average durations of 23.6 days between the pre-transition and post-transition stages.[84] The median duration until first exit from proxy-OOHC decreased from 91 days during the pre-transition stage to 83 days during the post-transition stage.This is shown in Figure 33, stratified by the implementation stage during which the exit occurred and included all cases in which a child exited care for the first time after 28 February 2013.

The top panel of Figure 33 shows that where children exited from proxy-OOHC, the first exit occurred after shorter cumulative periods in proxy-OOHC during the post-transition stage than the pre-transition stage. However, this data includes exits from care due to ageing out as well as exits from proxy-OOHC due to (proxy) reunifications (see Addendum 3). Exits due to ageing out of care will affect the distribution of times to exit from proxy-OHHC because these children may have been in long-term care arrangements for several years. Therefore, time to exit from proxy-OOHC is shown for children under the age of 17 years in the bottom panel of Figure 33. Age was assessed at the time of exit from proxy-OOHC. The mean durations of time in proxy-OOHC decreased by 16 days from the pre-transition to post-transition stage when excluding ageing out, but the median durations between pre-transition stage and post-transition stage differed by only 2.5 days.

When considering all cases where a child exited proxy-OOHC for the first time within the case after 28 February 2013, 60.1% of exits during the pre-transition stage occurred within six months (183 days) in proxy-OOHC, compared to 60.4% during the post-transition stage. When looking at first exits from first substantiated cases only, 62.5% of exits during the pre-transition stage occurred within six months, while 64.1% of all exits from proxy-OOHC occurred within six months during the post-transition stage.

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[83] Again, the caveats described in Box 2 should be considered.

[84] An exit from proxy-OOHC includes exits from protection orders as well as exits from IAOs indicating that the child was placed in proxy-OOHC (see Addendum 2).

Figure 33

Number of days children spent in proxy-OOHC until first exit from proxy-OOHC in first substantiated case for a child, 1 March 2013 – 31 August 2019[85]

(a) All ages

(b) Exit from proxy-OOHC under the age of 17
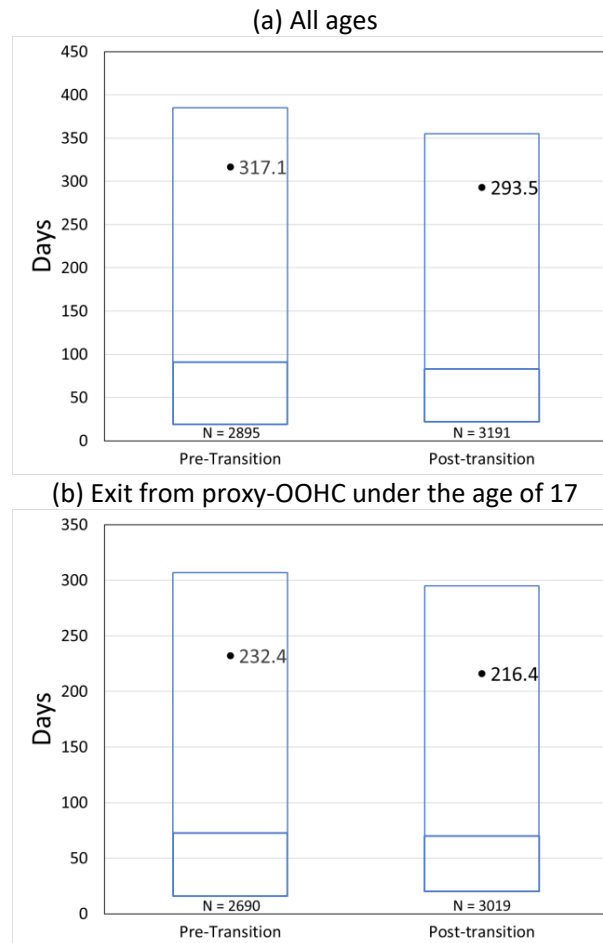
6.3 Has reunification proved to be enduring?

Table 8 shows the observed re-entry rates within 12 months after exits from proxy-OOHC for the pre- and post-transition stages based on when the exit from proxy-OOHC occurred. To increase the comparability between the rates, only cases that exited proxy-OOHC between 1 March 2013 and 1 September 2014 (pre-transition) or 1 March 2017 to 1 September 2018 (post-transition) at least once were included. This ensured a comparable observation period

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[85] Included are first exits from proxy-OOHC during a case if it was the first substantiated case for a child. The implementation stage is based on the date of exit from proxy-OOHC. Included are also reunifications from proxy-OOHC that resulted from gaps between two orders placing children into care if the gap between expiry of the first order and commencement of the following order was 60 days or more (2.39%). Top panel includes all first exits from proxy-OOHC while the bottom panel only shows exits for children under the age of 17 years at time of exit.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report.   63

PROTECTED

and a follow-up of at least 12 months post exit. It is important to note that for the analysis here, re-entry could occur either within the same case or another subsequent case. As the analysis focused on stability patterns across all exits, multiple exits for a single child are included in Table 8.

Not surprisingly, the re-entry rate for GSO and CBSO were relatively small as the majority of exits from proxy-OOHC in these cases were children aged 17 years as shown in Table 7. However, there is an important caveat that needs to be considered before interpreting the data in Table 8 as cases were grouped by the stage of exit from proxy-OOHC and not the time the case was substantiated. As in the previous section, the analysis focused on the reunification or exit decision point, while case management and protection application could have occurred during any implementation stage for cases that exited during the post-transition stage. Nevertheless, the information presented in Table 8 provides valuable insights into the stability of proxy-OOHC exits during each implementation stage as they reflect decisions at the time of exit.

Table 8

Observed re-entry rates by type of order and implementation stage of exit from proxy-OOHC, 1 March 2013 – 31 August 2014 and 1March 2017 – 31 August 2018[86]

Pre-transition		Post-transition	
Protection Orders			
Custody to third party order	C	Family reunification order	17.83%
Supervised custody order	23.02%		
Custody to Secretary order	11.40%	Care by Secretary order	5.38%
Guardianship to Secretary order	C		
Long-term guardianship to Secretary order	C	Long-term care order	C
Interim Protection Order	21.18%		
Interim Orders			
IAO Declared Hospital Placement	50.00%	IAO Declared Hospital Placement	39.47%
IAO Declared Parent & Baby Unit	C	IAO Declared Parent & Baby Unit	23.53%
IAO Out of Home Service	40.57%	IAO Out of Home Service	41.53%
IAO Secure Welfare	68.57%	IAO Secure Welfare	70.37%
IAO Undertaking Suitable Person	32.30%	IAO Undertaking Suitable Person	30.29%

Most prominently, the data shows that children exiting proxy-OOHC from interim accommodation orders were much more often observed to return to proxy-OOHC following an

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[86] Included are all orders from which an exit from proxy-OOHC occurred during the particular implementation stage. The implementation stage is based on the date of exit from proxy-OOHC. A definition of exits from OOHC used for this analysis is provided in Addendum 3. The letter *C* indicates censored observation due to small cell count.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report.   64

PROTECTED

exit. For example, of exits from care after having been placed on an IAO undertaking suitable person during the post-transition stage, approximately 30.29% were observed to have returned to care within 12 months. As was highlighted in the previous paragraphs, these exits included mostly younger children under the age of 12 years old. The findings also show an important pattern in the data as the analysis includes all exits from care during the covered observation period: exits from an IAO were much more common during both stages and the information in Table 8 highlights that these exits were much more likely to be observed to re-enter proxy-OOHC.

The information presented in Table 8 focuses on the process of exit from proxy-OOHC and related re-entry rates by exit pathway. However, the analysis includes all exits from care which included multiple cases per child (approx. 4 % of cases) and potentially multiple exits for a single child (approx. 8.7 % of all included exits from proxy-OOHC).

A time-to-re-entry analysis

Figure 34 shows the findings from an analysis of re-entry to proxy-OOHC following only the first reunification from proxy-OOHC or exit to alternative living arrangements to avoid individual cases and clients with multiple re-entries from influencing the results. This is important if one is interested in the stability of exits for individual children. The model investigates two cohorts of children leaving proxy-OOHC, based on the proxy measure developed for this study. Cases were included if:

- The child exited care for the first time either between 1 March 2013 and 31 August 2014 (pre-transition), or between 1 March 2017 and 31 August 2018 (post-transition);
- The case was the first substantiated case for the child;
- The child was under the age of 17 at the time of exit from proxy-OOHC;
- The last order before exit was not a Therapeutic Treatment Placement Order.

Dropping cases where children aged out of care is justified as these children will not re-enter proxy-OOHC. Also, by focusing on the first substantiated case only, the two groups become more comparable since children have not previously been in proxy-OOHC. The follow-up period for each cohort was also restricted to 12 months to increase comparability. Based on these inclusion criteria, the analysis data set included 3,243 children who exited proxy-OOHC for the first time.

The question of interest here is whether children were more likely to re-enter proxy-OOHC if they exited care for the first time during the period following the introduction of the amendments, irrespective of when a case was substantiated.

Figure 34 shows the cumulative incidence curves of having re-entered proxy-OOHC for children that exited proxy-care during the pre-transition stage compared to children who exited care during the post-transition stage. The probability is shown over the course of the observation period from the time of first exit from proxy-OOHC. A simple comparison of the groups shows

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report.   65

PROTECTED

no noticeable difference. Comparing the probabilities of re-entering proxy-OOHC within 12 months, the difference between the two cohorts is 0.7 percentage points, 26.7% for the pre-transition cohort compared to 27.4% for the post-transition cohort.[87]

A comparison of the two groups showed similarities across characteristics such as the proportion of female clients or the proportion of Aboriginal children. However, the groups differed with respect to other characteristics, such as substantiated harm. Moreover, children in the post-transition cohort were also slightly younger at the time of their first exit from proxy-OOHC.[88] This should be considered when interpreting the results of this analysis.

Figure 34

Probability of returning to proxy-OOHC after first exit from first substantiated cases, by stage of first exit from OOHC and study cohort[89]

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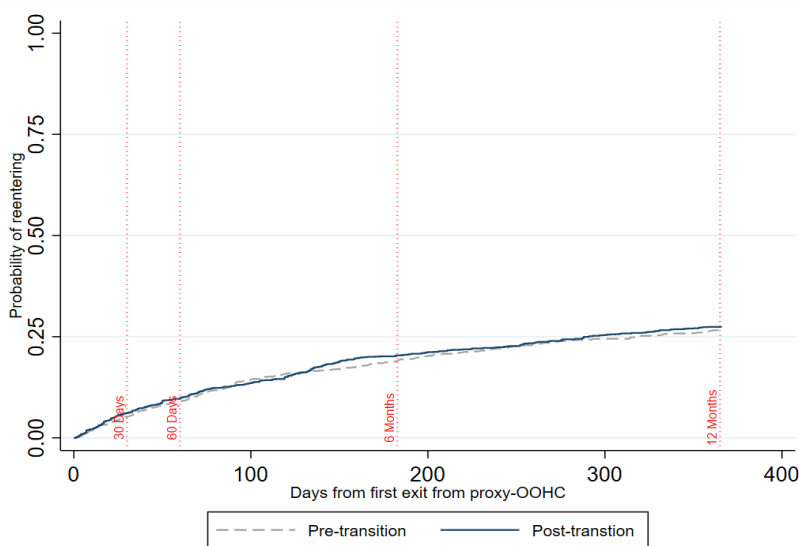
[87] However, there are some caveats which have to be considered here. Firstly, the cases included may have been substantiated during the pre-transition, transition, or post-transition period. As such, cases within each of the cohorts may not have had the same experience during their time in proxy-OOHC. Secondly, the analysis presented in Figure 34 only shows an overall comparison. Since the two compared groups were not randomly assigned, case characteristics and environmental factors may have unobserved effects on the likelihood of re-entry for children.
[88] A table with summary statistics of group characteristics is provided in Addendum 5. Unfortunately, available data was mostly recorded during the investigation phase and case characteristics were not available for the time of exit from proxy-OOHC.
[89] Included are first substantiated cases for a child where the child exited proxy-OOHC for the first time either between 1 March 2013 and 31 August 2014, or 1 March 2017 and 31 August 2018 (n=3,243). The implementation stage is based on the date of exit from proxy-OOHC. Exits from proxy-OOHC where children were 17 years or older at the time of exit were excluded from the analysis. Follow-up for children was restricted to 365 days.

7. Transition to permanent or long-term alternative care arrangements within a developmentally appropriate timeframe

While family preservation and family reunification are described by the amendments as preferable permanency outcomes, they may not be achievable for all children. In these cases, alternative permanent or long-term arrangements for children's care have to be made.

Permanent care orders (PCO) were already available before the amendments were implemented, but the amendments changed some of the procedures and conditions related to those orders. The amendments also replaced long-term guardianship to Secretary orders (only available to children over 12 years old) with long-term care orders (no age restrictions). Both permanent care orders and long-term care orders offer a child a secure family to grow up in, the difference being that the carer is also the child's exclusive legal parent where a permanent care order is made while under a long-term care order where the child remains with the same carer, the department continues to have exclusive parental responsibility.

A major driver of the permanency amendments was a finding by the Protecting Victoria's Vulnerable Children Inquiry (Cummins et al., 2012) which highlighted that the average duration from a report to the making of a PCO was five years, and that this was too long and potentially harmful. This section looks at the achievement of long-term and permanent care outcomes for children before and after the introduction of the permanency amendments. More precisely, this section provides information in relation to the timeliness of decision processes regarding the achievement of a permanency outcome (PCO,LTCO, or LTGSO) and the time that children and young people spent in proxy-OOHC prior to the making of a permanency arrangement.

It is important to note that throughout this section, the analysis relies on the same order-based approach to derive time spent in proxy-OOHC. Hence the same caveats and limitations apply as outlined in section 6 and particularly Box 2.

Figure 35 shows the number of PCOs and LTCOs issued each month from March 2013 to August 2019. LTGSOs were made redundant with the implementation of the amendments and were replaced by LTCOs. There was a spike in the number of LTCOs issued in February 2016 (n=134), which resulted from all existing long-term guardianship to Secretary orders (approximately 140 of them) being replaced administratively with long-term care orders on 1 March 2016. There were very few LTGSOs issued each month (n<10) and therefore the data on LTGSOs are not shown in Figure 35.

Figure 35

Number of PCO and LTCO issued each month from March 2013 to August 2019
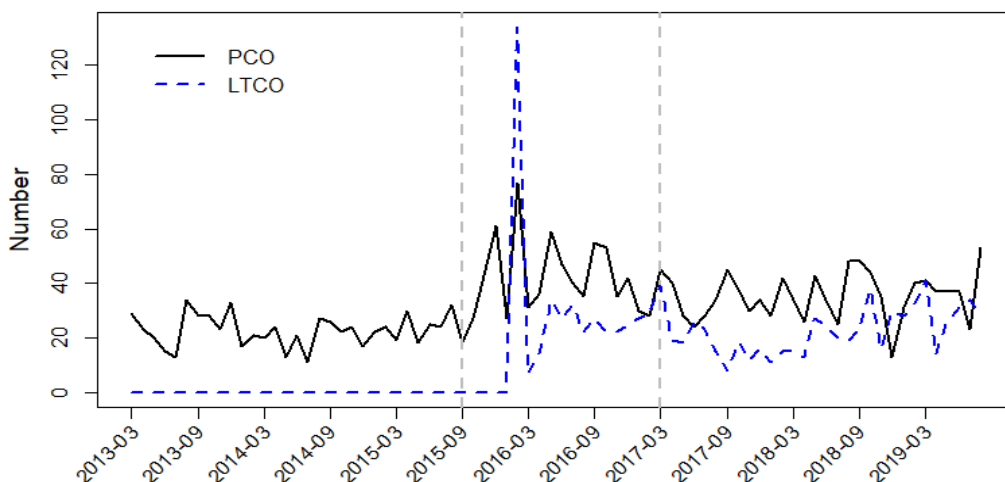
As shown in Figure 35, on average, there were 22.8 PCOs made per month during the pre-transition stage (prior to 1 September 2015). This average increased to 41.3 PCO per month during the transition stage before dropping back to 35.5 per month during the period spanning March 2017 until August 2019. Following transition there were about 30 long-term care orders made per month, much higher than the number of LTGSOs per month in the pre-transition stage.

In total, about 26.2 children per month, or about 314 per year, were provided with enduring care arrangements under either order type prior to transition. Following transition, this had increased to about 58.2 children per month, or over 698 children per year.

7.1 Has the time taken from Intake or OOHC-entry to achieve a permanent or long-term care/guardianship order reduced?

Figure 36 reports the distribution of the durations from the intake date to the date that a final order (PCO, LTCO or LTGSO) was made, stratified by the implementation stages based on the date of making of the final order. The pre-transition stage in this section covers the period from March 2013 to August 2015, transition covers the period from September 2015 to February 2017, and post-transition covers the period from March 2017 to August 2019. Figure 36 consists of two parts. Panel a) shows the time it took from intake to the making of a PCO, while panel b) shows the same information for LTCOs. Due to the small number of LTGSOs made, particularly during the transition period, there was substantial variation in the data. Consequently, the results for LTGSOs are not shown as there were no coherent patterns in the distributions due to the small number of observations.

In Figure 36a, the data shows that the distribution of durations from intake to PCO issue date shifted to the left between the pre- and post-transition stages, indicating an increase in the proportion of cases with a duration between 0-48 months and a decrease in the proportion of cases with durations between 48 and 108 months. Hence, the findings indicate that the time it

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report. 68

took from intake to the making of a PCO decreased. Figure 36b shows that the distribution of durations from intake to the making of LTCOs also shifted to the left between the transition[90] and post-transition stages, indicating an increase in the proportion of cases with a duration between 0-60 months and a decrease in the proportion of cases with durations above 60 months.

Figure 36

Distribution of durations from intake start date to order issue date, 1 March 2013 – 31 August 2019[91]

(a)

Distribution of durations from intake start date to PCO issue date

(b)

Distribution of durations from intake start date to LTCO issue date
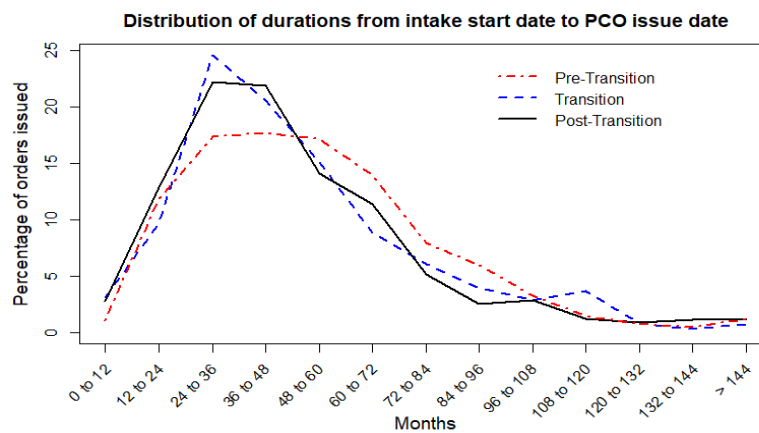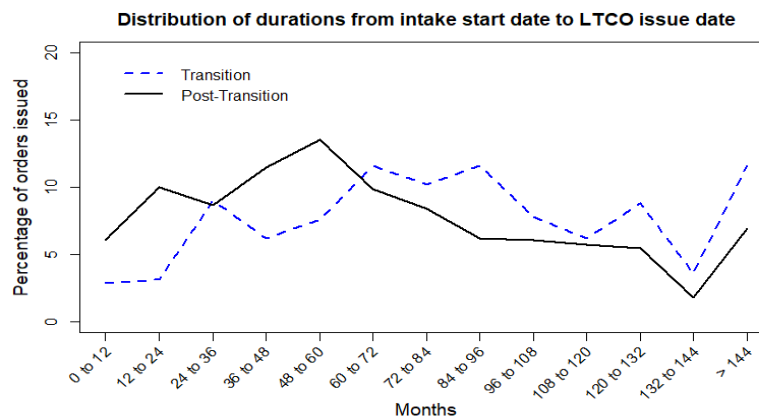
Figures 37 and 38 present the average number of months from intake to the date a PCO (dashed line in Figure 37) or a LTCO/LTGSO (dashed line in Figure 38) was made for each financial year from 2008-09 to 2018-19. On the vertical axis on the right hand side of the graph,

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[90] The long periods in many cases in the transition stage may be a result of children who were under 12 staying in OOHC for many years, and therefore not eligible for the pre-transition long-term care orders.

[91] Figure shows time from intake date to date of making of the order for a) permanent care orders (PCO) and b) long-term care orders (LTCO). Implementation stage is based on date of the making of the order.

Figures 37 and 38 (solid lines) show the percent of all PCO and LTCO/LTGSO where the duration from intake to making of the order was less than five years. With regards to PCO (Figure 37), the data shows that the share of cases with average durations less than five years decreased from approximately 74% in 2008-09 to 56.6% in 2012-13, before increasing to its peak of 75.9% in 2018-19.

Relative to the financial year 2015-16, during which the permanency amendments were introduced, the proportion of cases with average duration from intake to making of the PCO of five years or less has increased by 5.2%. Hence, the data indicates that for cases where a PCO was made during the observation period, the duration until the making of the order has decreased. It is likely that most of the increase in cases with average durations less than five years from 2012-13 to 2014-15 can be attributed to the work of the temporary permanency teams employed as part of the Stability Planning and Permanent Care project undertaken in response to the Protecting Victoria's Vulnerable Children Inquiry.

It should be noted, however, that the permanency amendments have only been in force since March 2016, and only cases with a PCO issued are included in the sample, so it is not possible at this stage to say what proportion of cases that were substantiated post amendments have had a duration of less than five years since 2016.

Figure 37

Average number of months from intake start date to PCO issue date (left axis, broken line) and percent of cases with duration of less than five years from intake start date to order issue date (right axis, solid line), by financial year 2008/09 – 2018/19[92]

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Average months	49.82	47.34	54.29	54.34	56.62	52.26	51.90	49.93	50.33	48.83	47.32
Percent of PCO	73.96%	77.78%	64.97%	61.75%	59.20%	66.18%	66.42%	72.20%	70.55%	73.56%	75.92%
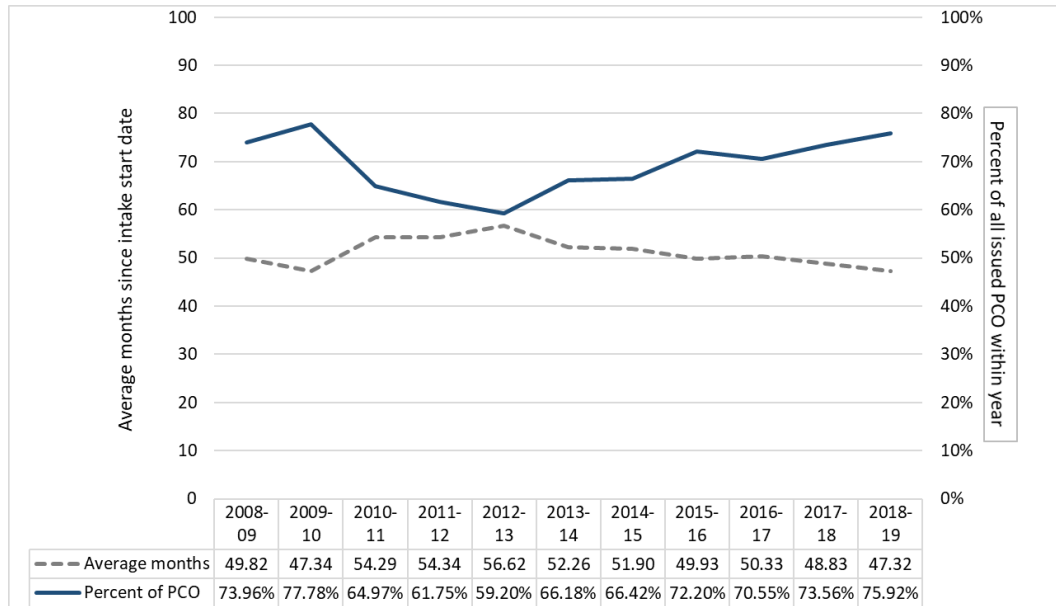
Figure 38 presents the average number of months from intake to LTGSO/LTCO issue date for financial years 2008-09 until 2018-19 (average duration, dashed line referencing the left axis). The proportion of cases with durations less than five years is also shown (solid line referencing the secondary axis on the right). The analysis here combined LTCO and LTGSO to facilitate comparison between pre-transition and post-transition stages. It should be kept in mind that these two order types are different and that LTGSO were made redundant with the implementation of the amendments in March 2016 that also introduced LTCO. Hence, pre-amendment data is shown for interest, but it is not comparable with post amendment data since there is no age restrictions on long-term care orders.

From Figure 38, and with reference to LTCO (2016-17 to 2018-19), the proportion of cases with average durations less than five years increased from 37.0% in 2016-17 to 56.6% in 2018-19.

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[92] This figure shows average time (months) from intake date to date of making of the order for permanent care orders (PCO) as well as the share of made PCO with durations less than five years from intake to making of the order. Implementation stage is based on date of the making of the order. Financial year is based on time of making of the PCO.

Figure 38

Average number of months from intake start date to LTCO/LTGSO issue date (left axis, broken line) and percent of cases with duration of less than five years from intake start date to order issue date (right axis, solid line), by financial year 2008/09 – 2018/19[93]

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
- - - Average months	67.04	56.22	73.49	78.42	85.97	90.18	82.29	97.95	75.83	76.10	62.51
—— % of LTGSO/LTCO	46.15%	55.81%	46.34%	29.55%	30.00%	25.00%	37.84%	22.54%	37.01%	40.61%	56.60%
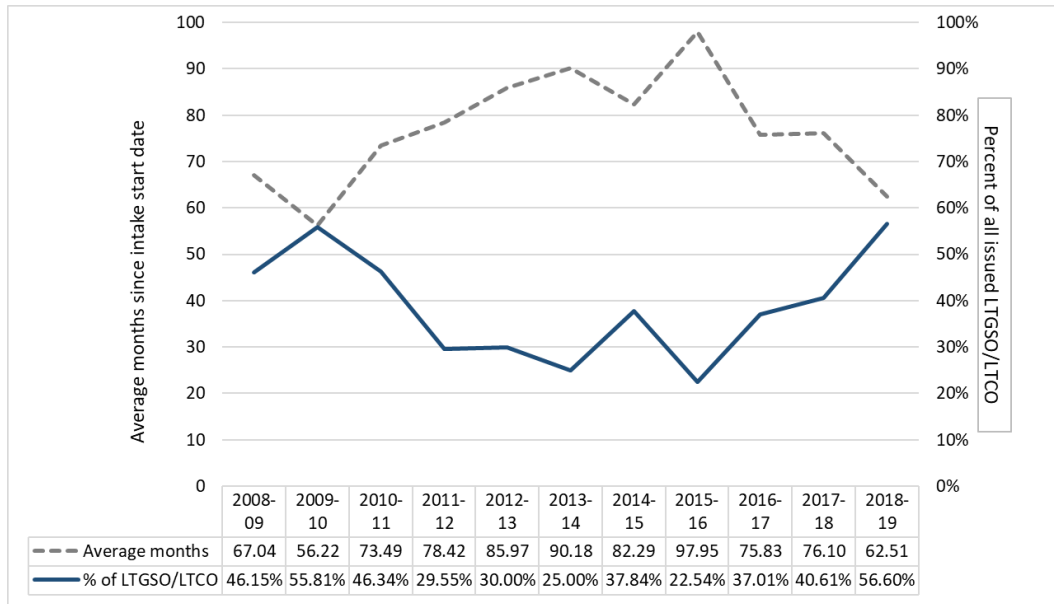
It is interesting to note that the trend for LTCO (in the post-transition stage) in Figure 38 is opposite to the trend for LTGSO (in the pre-transition stage).

While the time from intake to the making of a permanent care order was a key driver of the permanency amendments, this duration does not provide a complete view of the experience of children and families. The duration from intake to making of a final order consists of several phases of which some were affected by the permanency amendments in different ways. This was described in previous sections of this report. Consequently, another question of interest is whether children have spent less time in proxy-OOHC prior to a permanent living arrangement following the permanency amendments.[94]

Figure 39 shows the time that children spent in proxy-OOHC (the analysis above focused on the time since a report was received at intake) before the first order of each type was issued within a case.[95] For the purpose of this analysis, the pre-transition stage was limited to include only

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[93] The figure shows average time (months) from intake date to date of making of the order for long-term guardianship to Secretary orders (LTGSO; pre-amendment period) and long-term care orders (LTCO; post-amendment period) as well as the share of made LTGSO/LTCO with durations less than five years from intake to making of the order. Implementation stage is based on date of the making of the order. Financial year is based on time of making of the LTGSO/LTCO.

[94] The findings here must be considered in light of the caveats described in section 6 and Box 2.

[95] The time in proxy-OOHC is calculated based on the order durations as is described in section 6 and Addendum 2.

orders that were made after 28 February 2013. Figure 39 therefore provides information on the time that children have spent in proxy-OOHC until the first time that an alternative permanent arrangement for their care to family reunification was made (see Addendum 3). The durations for orders made during transition and post-transition cases will therefore include episodes of OOHC that occurred prior to the introduction of the amendments. This is a caveat to be considered when interpreting the results.

As can be seen from Figure 39, on average, children spent substantial time in proxy-OOHC before a LTGSO, LTCO or PCO was made. For permanent care orders the averages were: 1,442 days (approx. 48 months) in the pre-transition stage, 1,320 days in the transition stage, and 1,325 days (both approx. 44 months) in the post-transition stage. However, given the short follow-up period post-transition relative to the longer periods children spent in proxy-OOHC, it should be considered that in most cases where the PCOs and LTCO were made during the post-transition stage, children spent time in proxy-OOHC prior to the introduction of the amendments. Hence it is not clear how the observed patterns in the data are related to the permanency amendments.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report.   73

PROTECTED

Figure 39

Time in proxy-OOHC (days) until making of the first PCO, LTCO or LTGSO in the case, by stage of making of the order, 1 March 2013 – 31 August 2019[96]

(a) LTGSO

(b) LTCO

(c) PCO

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report.   74

Figure 40

Age distributions of children at time of being placed on first PCO, LTCO, or LTGSO by implementation stage, 1March 2013 – 31 August 2019[97]

(a) LTGSO

(b) LTCO

(c) PCO

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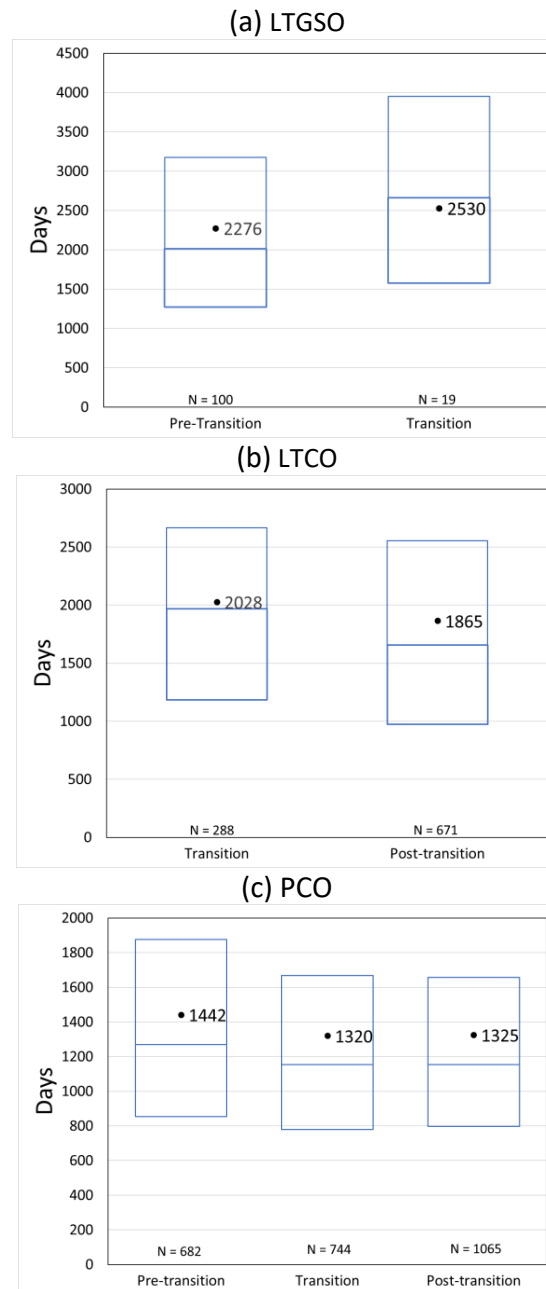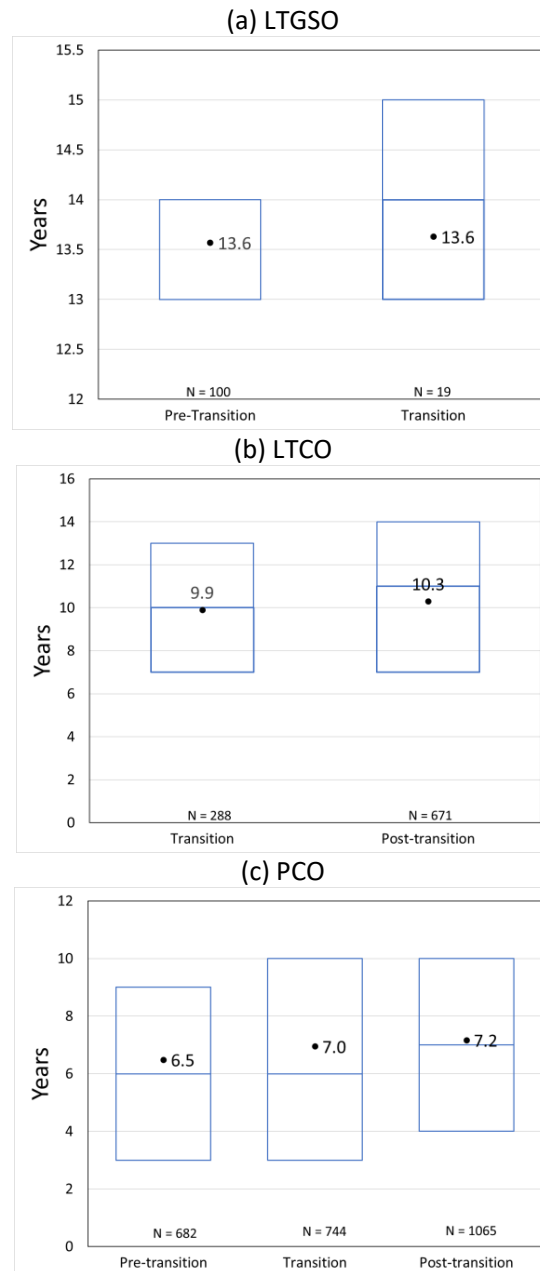
[97] Included are all cases where a respective permanency outcome (PCO, LTCO, LTGSO) was achieved. Age is assessed at the first time a respective outcome is achieved. Counts of LTCO do not include cases where the cases transitioned to LTCO through administrative processes on 29 February 2016. Stage of implementation is based on the date of making of the respective order.

Figure 40 shows age distributions of children at time of being placed on PCO and LTCO/LTGSO by implementation stage based on the date of the making of the order. For PCO, the average age of children being placed on a PCO rose from 6.5 years in the pre-transition stage to seven years in the transition stage, and then to 7.2 years in the post-transition stage. A small number of children were subject to PCO prior to one year of age and, overall, 50% of children were under six years old at the time of making of a PCO during the pre-transition stage and under seven years during the post-transition stage.

Children were generally older when they became subject of the first LTGSO, compared to PCOs, a result of LTGSO only being available to children aged more than 12 years old. On average, children were 13.6 years old at the time of the making of the first LTGSO and the average age was very similar during the transition stage. Children were approximately 10 years old, on average, at the time the first LTCO was made.

7.2 Has the average time children spent in proxy-OOHC prior to achievement of the first permanency outcome reduced?[98]

Of central interest in this section is how much time children spent in proxy-OOHC prior to achieving a permanency outcome. In a first instance this will be investigated for children that enter proxy-OOHC following a protection application placing the child in proxy-OOHC.[99] Hence, the permanency outcomes of interest in this analysis are PCO, LTGSO, LTCO, and reunifications/exits from proxy-OOHC due to transition to other living arrangements.[100]

Figure 41 summarises the time that children have spent in proxy-OOHC before either one of the above permanency outcomes was achieved. The information is shown for all cases where a permanency outcome was achieved for a case after 28 February 2013.[101] The top panel of Figure 41 shows the time in proxy-OOHC for all cases that achieved a permanency outcome

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[98] The analysis in this section focuses on the time that children spent in proxy-OOHC until the first time any of the permanency outcomes was achieved. In other words, the analysis focused on the time from proxy-OOHC entry to the first time either a LTCO, PCO or reunification/exit from OOHC was observed for a case. As such the permanency outcomes are treated as mutually exclusive in this section. For example, if a child in a case is observed to exit proxy-OOHC and then returns to proxy-OOHC at a later time before being placed on a PCO, then the analysis in this section does not count the episode after re-entry. Hence, the number of cases achieving each permanency outcome type (exit from proxy-OOHC, PCO, LTCO, LTGSO) will be different than those reported in previous sections.

[99] A crucial element to keep in mind is that this analysis does not account for the different probabilities that children had a protection application issued and that children enter proxy-OOHC upon the issuance of a protection application. The findings presented here are conditional on a child having entered proxy-OOHC, and proxy-OOHC entry rates may have varied over time.

[100] This includes ageing out of care, i.e., children exiting proxy-OOHC just prior to their 18th birthday. See comments in main text above and the relevant addenda regarding including/excluding care leavers.

[101] As in previous sections, this date was chosen to facilitate the comparability of the different implementation stages. However, it is important to remember that the difference between the data presented here and the previous sections is that different permanency outcomes are treated as competing events in this section. This means that the time in proxy-OOHC is calculated until the first one of the outcomes is achieved.

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during the observation period, by stage during which the permanency outcome was achieved. In line with the findings presented in previous sections, the average duration that children spent in proxy-OOHC prior to achievement of any of the permanency outcomes decreased between the pre-transition and post-transition stage. The pre-to-post difference in average durations was larger for PCOs (-113.6 days) than for reunifications/exits from proxy-OOHC (-33.5 days). For LTCOs, a decrease between transition to post-transition stage (-178.4 days) was also observed between the average times children spent in proxy-OOHC prior to making of the order. In contrast, for LTGSOs an increase (233.3 days) was observed in the average proxy-OOHC duration prior to making of the order between pre-transition and transition stages. However, the number of LTGSOs was very small, particularly during the transition stage.

When looking at first substantiated cases only, the overall picture is very similar. An exception were LTGSOs, where a decrease in the average (and median) duration between the pre-transition stage and the transition stage was observed for first substantiated cases only. However, as some of the transition and post-transition stage cases commenced during the pre-transition stage, these findings have to be interpreted with care.[102] While the results in the figure summarise the time children spent in proxy-OOHC prior to permanency, these results do not allow a conclusion to what extent these differences were due to the amendments. Looking at the trends in numbers across each type of outcome, one can see that both LTCOs and PCOs as the first observed permanency outcome increased noticeably in numbers between pre-transition, transition and post-transition stages.

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[102] As in previous sections, the analysis here did not restrict the observation period for cases, meaning that cases in the post transition stage could have been substantiated during the pre-transition stage. This potential upwards shift in durations has to be considered when interpreting the results.

Figure 41

Time in proxy-OOHC (days) until achievement of a permanency outcome in the case, by stage of permanency outcome, 1 March 2013 – 31 August 2019[103]

(a) All cases

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report.   78

PROTECTED

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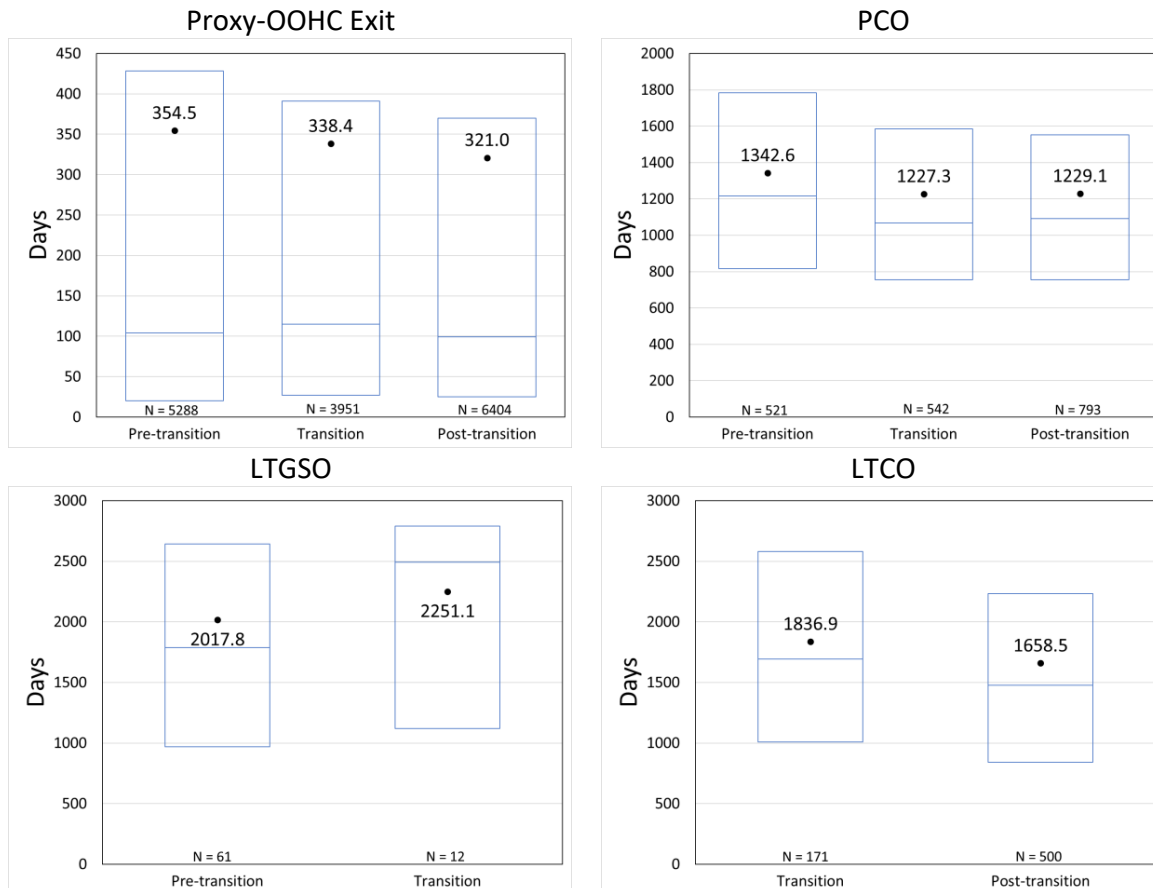
[103] Included are all cases where a permanency outcome was achieved. Time in proxy-OOHC is shown as days until the first time a first permanency outcome was achieved. Time in proxy-OOHC is calculated based on order durations. Implementation stage is based on date of achievement of the permanency outcome. Only first permanency outcome is included in the analysis. Hence permanency outcomes are mutually exclusive in this analysis.

Figure 41 (continued)

Time in proxy-OOHC (days) until achievement of a permanency outcome in the case for first substantiated cases only, by stage of permanency outcome, 1 March 2013 – 31 August 2019[104]

(b) First substantiated cases only
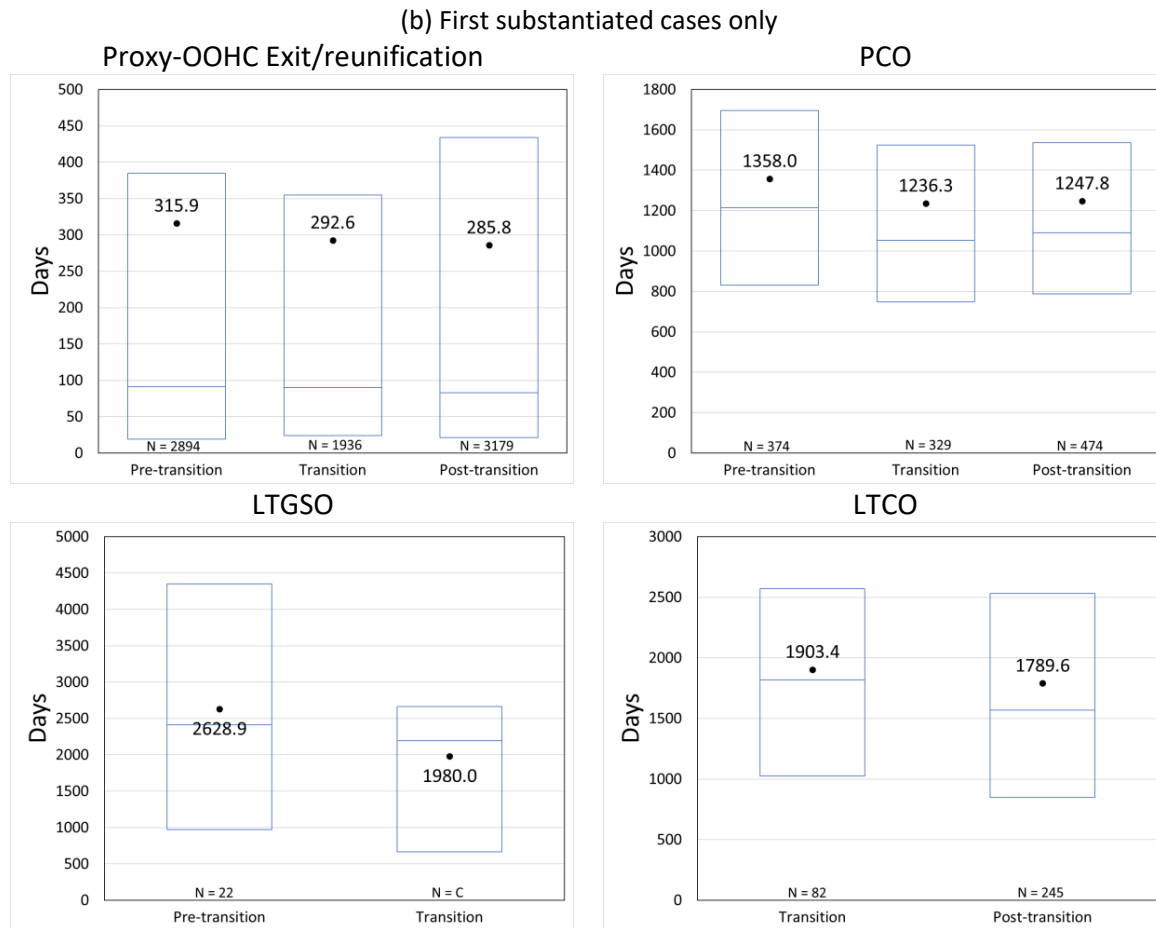
Figure 42 presents a different perspective on permanency achievement. More precisely the figure illustrates the findings from an analysis that compares the permanency status between two cohorts of cases. The pre-transition cohort included cases that were substantiated between 1 March 2013 and 31 August 2014, where children were either placed in proxy-OOHC during this time or were directly placed in permanent care. The post-transition cohort included cases that were substantiated between 1 March 2017 and 31 August 2018, where children were

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[104] Included are all cases where a permanency outcome was achieved. Time in proxy-OOHC is shown as days until the first time a first permanency outcome was achieved. Time in proxy-OOHC is calculated based on order durations. Implementation stage is based on date of achievement of the permanency outcome. Only first permanency outcome is included in the analysis. Hence permanency outcomes are mutually exclusive in this analysis.

either placed in proxy-OOHC or were placed directly in permanent care during this period.[105] The aim of this analysis is to compare the status of cases either on 1 September 2015, for pre-transition cases, or 1 September 2019 for post-transition cases. By restricting the analysis to the respective time frames, one can compare the distributions of permanency outcomes across cases in each cohort over comparable periods.[106] For the purpose of this analysis, reunification or exit from proxy-OOHC is assessed as permanency outcome as defined in Addendum 3.

The results presented in Figure 42 show that of all cases included in the pre-transition cohort, 55.2% of cases were assessed as reunified/exited from proxy-OHHC at 1 September 2015. For comparison, 56.5% of all cases in the post-transition cohort had exited proxy-OOHC by 1 September 2019. When looking at alternative arrangements for permanent care (PCO, LTCO, or LTGSO), there was also a higher proportion of cases in the post-transition cohort (3.5%) that had achieved this outcome by the end of the observation period, compared to the pre-transition cohort (1.5%). In other words, the proportion of cases that achieved alternative arrangements for permanent care as the first observed permanency outcome during the post-transition observation period was more than twice the proportion of the compared pre-transition cohort.

However, the analysis here does not account for differential follow-up in cases which has to be kept in mind when interpreting the results.[107] More precisely, the findings here should be seen as purely descriptive of the case status of cases included within each cohort on the particular assessment date – 1 September 2015 for the pre-transition cohort and 1 September 2019 for the post-transition cohort.[108]

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[105] Where children had multiple substantiated cases that met the inclusion criteria, only the earliest case was included in the analysis. Altogether, 7753 cases were included in the analysis (3471 pre-transition cases and 4282 post-transition cases).

[106] The analysis ensures a minimum time between placement in proxy-OOHC and the censoring date of 12 months.

[107] A result of the differential follow up is that one has to account for cases having different observation periods when calculating the probabilities of progressing to a particular permanency outcome. Ignoring this type of administrative censoring (see Glossary and Addendum 5) results in a bias of the estimated probability of progressions to an event.

[108] A caveat of this analysis is that the follow-up times differed for cases. However, given the limitations of the data, restricting the follow-up to 12 months would have resulted in little insights regarding the achievement of PCO and LTCOs. Standardising the follow-up to 2.5 years for all cases would have reduced the sample to a cohort of cases that was substantiated and placed in March 2017.

Figure 42

Case status observed at 1 September 2015 (pre-transition cases) or 1 September 2019 (post-transition cases), by outcome and cohort[109]
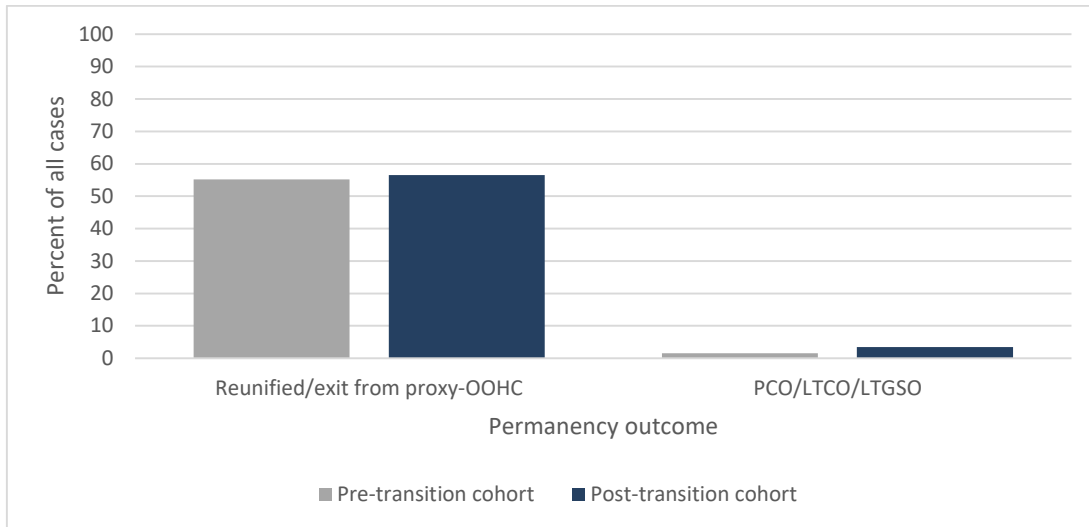
7.3. Cohort study using a lifetable approach[110]

So far, the analysis has mainly looked at cases where a permanency outcome has been achieved and the time it took to achieve these outcomes. A different approach to the analysis of time to first permanency achievement is to consider all cases that were in proxy-OOHC during a particular time and to see what the probability was of achieving a permanency outcome within a given time. As discussed in the Addendum 5 of this appendix, the difficulty with this approach is that cases in the extracted dataset have different follow-up times, resulting in some cases not being observed until an outcome is achieved, and this needs to be accounted for in order to arrive at a more accurate measure of what the probability of exiting to a permanency outcome was and whether there were any differences in observed data patterns between the pre-transition and post-transition stages.

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[109] Included are cases where substantiation and placement in proxy OOHC or permanent care occurred either between 1 March 2013 and 31 August 2014 (pre-transition cohort) or 1 March 2017 and 31 August 2018 (post-transition cohort). Where children had more than one case that met the inclusion criteria, the earliest case was included to increase comparability between cases. Number of included cases was 7753 (3471 pre-transition cases and 4282 post-transition cases).

[110] Before engaging with the content in this section, it is strongly advised that the reader is familiar with the methodology applied for this part as described in Addendum 5. In particular, methodological differences may not allow direct comparison between the findings presented here and other publications. See Addendum 5 for more details.

Another difficulty is that the permanency amendments affected all children at the same time and hence there was no contemporaneous comparison group. In light of this challenge, it is sometimes possible to compare groups of children who progressed through the child protection system during different periods if one can assume that the difference between periods does not dominate the observed data patterns.

The analysis here presents a cohort design to investigate whether children during the pre-transition and post-transition stages had different probabilities of exiting proxy-OOHC to a particular permanency outcome for the first time following entry to care.[111] A detailed description of the two cohorts is presented in Addendum 5. It is important to mention that the analysis here is restricted to a specific subset of children with the aim of making cohorts more comparable. Cases were included if:

- The case was the first substantiated case for the child;
- The case was either substantiated between 1 March 2013 and 31 August 2014 (pre-transition comparison cohort) or 1 March 2017 and 31 August 2018 (post-transition cohort); [112]
- The child was placed in proxy-OOHC within the same period as the case was substantiated;
- The substantiated harm was stated as neglect or emotional, physical, or sexual abuse;
- The child was under the age of 17 at the time of entering proxy-OOHC;
- The child did not enter proxy-OOHC prior to the recording of the substantiation;
- Children did not enter proxy-OOHC only on Therapeutic Treatment Placement Orders.

While this analysis consequently only focused on a specific group of cases, the restrictions are necessary to enhance comparability of the two groups. Moreover, the approach taken here circumvents some of the caveats of the previous section as it takes a forward looking perspective, following cases from the time a child enters proxy-OOHC onwards until either one of the permanency outcomes is achieved or the date that the follow-up is stopped. Here we

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[111] The permanency outcomes were reunification/exit from proxy-OOHC or progression to a PCO or LTGSO/LTCO. It is important to restate that the analysis focuses on time to first permanency outcome and therefore different outcome types are mutually exclusive as children can only experience one outcome first. Given the short follow-up time and the complexity of children's environments and pathways through the child protection process, models accounting for multiple events per child were not deemed to be feasible.

[112] Since the conditions during the transition stage were very different and could vary for cases, this stage is excluded from the analysis presented here. Also, it is important to note that the analysis here is conditional on having entered proxy-OOHC during the observation period. As such, the findings must be interpreted as conditional on having entered care. The selected periods ensure that children's cases are followed up for at least 12 months prior to administrative censoring.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report.   82

PROTECTED

consider only the first time a particular permanency outcome is achieved. [113] The observation of cases during the pre-transition stage was restricted to the time prior to 1 September 2015, the commencement of the transition stage, to ensure comparable length of observation periods and that the data on the pre-transition cohort does not exhibit any behaviour as a result of entering the transition stage.

Figure 43 shows the probability of achieving a permanency outcome for children who entered proxy-OOHC as part of their first substantiated case. The analysis presented here accounts for the fact that a child can either exit to reunification/exit from proxy-OOHC or can transition to an alternative arrangement for permanent care (PCO, LTCO or LTGSO). The left panel of Figure 43 shows the probability of leaving proxy-OOHC through reunification/exit from proxy-OOHC. As can be seen from the graph, the probability of exiting proxy-OOHC to this outcome prior to two years (730 days) was generally lower for the post-transition cohort. However, the difference between the two cohorts was small and negligible from a practice perspective. The difference in probabilities of exiting OOHC within 30 days was approximately 2.5 percentage points, while the difference in the probabilities of exiting proxy OOHC prior to one year was only 1.1 percentage points. When considering exit before two years, the difference in probabilities reduced to approximately 0.86 percentage points.

The right panel of Figure 43 shows the cumulative incidence curves for achieving the first permanency outcome through alternative arrangements for permanent or long-term care (PCO/LTGSO/LTCO). Here, the graph indicates that the probability of achieving a first permanency outcome through the making of a PCO, LTGSO or LTCO was higher for the post-transition cohort compared to the pre-transition cohort. Especially for durations in proxy-OOHC of more than one year, the difference in probabilities of transitioning to a permanent care arrangement increased between the two cohorts. More precisely, the probability of moving to a PCO or LTGSO/LTCO within two years was almost twice as high for the post-transition cohort than the pre-transition cohort (4.3% compared to 2.3%). Overall, the change in two-year probabilities of achieving permanency through a PCO or LTGSO/LTCO between the pre-transition and post-transition period was two percentage points. It is also important to emphasise here that the number of PCOs and LTGSO/LTCOs was small, particularly for the pre-transition cohort, which negatively affected the reliability of these estimates.

Overall, the findings are in line with the results presented in previous sections. The difference between the two cohorts appeared to be small in the case of achieving permanency through reunification/exit from proxy-OOHC. While it has to be considered that the number of cases for alternative care arrangements was small, the figures indicate that there was a more noticeable change in the probability of transitioning to a permanency outcome for the first time through making of a PCO or LTGSO/LTCO.

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[113] This means that the time in proxy-OOHC is only measured from entry to proxy-OOHC to the first time one of the permanency outcomes is observed or until the end of the observation period (i.e., censoring date) if no permanency outcome was achieved.

Figure 43

Probability of achieving a first permanency outcome either through reunification/exit from proxy-OOHC (left panel) or PCO/LTGSO/LTCO (right panel) from first substantiated cases, by stage of substantiation[114]
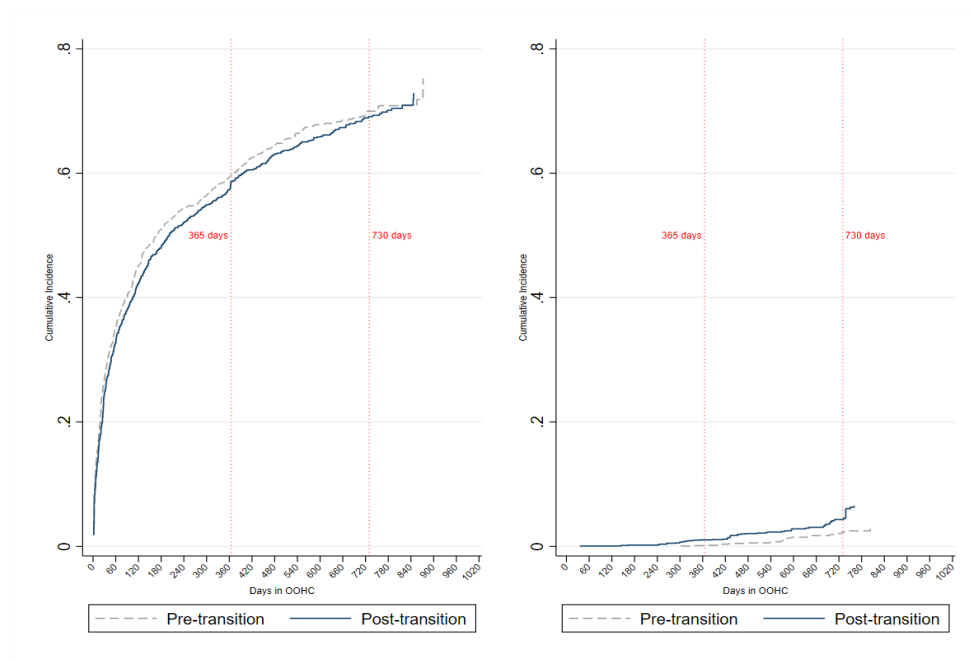
So far this analysis has only looked at crude probabilities of progressing from proxy-OOHC to a permanency outcome for the first time. To describe the relationships of several child and case characteristics with the progression rate for each permanency outcome, a multivariate regression model was employed.[115] A more detailed description of the models and the results are provided in Addendum 5. The coefficients in such a model can be interpreted as association of the individual variables with the progression rate to each permanency outcome. [116]

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[114] Included are first substantiated cases for children that met the inclusion criteria (n=3,874) for the pre-transition cohort (1 March 2013 – 31 August 2014) or the post-transition cohort (1 March 2017 – 31 August 2018). The implementation stage is based on the date of substantiation. Considered are progressions from proxy-OOHC to first time permanency achieved through either reunification/exit from proxy-OOHC or making of a PCO/LTGSO/LTCO.

[115] Multivariate models were based on specifications of the outcome-specific rates of progressing out of proxy-OOHC (i.e., cause specific hazard models). We use the term progression rate as synonym for cause specific hazard to align the terminology with the child protection context. Covariates included in the model were: Aboriginal status (yes/no), gender (female yes/no), age group at entry into proxy-OOHC (0, 1-2, 3-5, 6-11, 12-16), substantiated harm (emotional, neglect, physical, sexual), a domestic violence indicator (yes/no), parental disability (yes/no), mental health (yes/no), a variable indicating the implementation cohort (0 for pre-transition/1 for post-transition), and a variable indicating the presence of alcohol and other drugs (yes/no). See Addendum 5 for details.

[116] Actually with the cause specific log-relative hazard.

The results did not show any statistically significant associations between a variable indicating whether cases belonged to the post-transition cohort and the progression rate of reunification/exit from proxy-OOHC, even a 10% significance level. However, when looking at the relationship between cases belonging to the post-transition cohort and the progression rate to alternative permanency arrangement (PCO/LTGSO/LTCO), a large and statistically significant association at the 5% level was observed, indicating that cases belonging to the post-transition cohort appeared to progress at a higher rate towards alternative permanency arrangements compared to pre-transition cases. However, these findings have to be interpreted with care due to the relatively small number of PCOs and LTGSOs/LTCOs which resulted in very imprecise estimates.

While supplementary analyses indicated a lower probability of reunification/exit from proxy-OOHC for Aboriginal children during the post-transition period compared to the pre-transition period, these differences were not found to be statistically significant based on nonparametric analyses similar to the one presented in Figure 43.[117] Multivariate analyses showed lower progression rates for Aboriginal children to each permanency outcome but the results did not show that the permanency amendments differentially impacted the progression rates towards each permanency outcome for Aboriginal children compared to non-Aboriginal children. However, it is important to note that the number of cases of Aboriginal children in the sample was relatively small, particularly for alternative permanency arrangements, which is likely to have negatively impacted the precision of the results of the statistical analyses.

It is important to emphasise that the models discussed in this section are purely descriptive and subject to several limitations so that these findings should be considered with caution and should not be interpreted as causal relationships of the permanency amendments with outcomes for children (see Addendum 5).[118]

Nevertheless, the results from the analyses based on this cohort design show some interesting results. Overall, there appeared to be only a small change in the probability of achieving permanency outcomes for the first time for children who were placed in proxy-OOHC during the respective periods. Where the data indicates differences between the two cohorts, these appeared to be associated with alternative permanency arrangements rather than reunification/exit from proxy-OOHC. Similar results were also observed when controlling for several potentially confounding factors in a multivariate regression model (see Addendum 5). While part of these differences may be related to the permanency amendments themselves, this cannot be assessed from the data at hand alone and must be put into the context of the integrated findings of the PALS study.

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[117] Due to the small number of PCO/LTGSO/LTCO as first permanency outcomes for Aboriginal children, a separate analysis for these outcomes was not possible. However, sensitivity analyses using overall first permanency achievement (reunification/exit from proxy OOHC, PCO, LTGSO/LTCO) as the event of interest did also not reveal any statistically significant differences between the pre-transition and post-transition cohorts.

[118] This is due to the limitations in the data and also the potentially large number of alternative causal explanations of the observed patterns since many important divers of exit to permanency were not measured in the data.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report.   85

PROTECTED

Addendum 1 – Analysis data sets and case characteristics

Over the course of this project, several data extracts were provided to the research team. The first extract was provided in November 2018 for data exploration. Like most administrative data base systems, CRIS is complex and the dynamic nature of the child protection process provides several challenges to the analysis of child protection administrative data sets. A second extract was provided to in March 2019 for preliminary analysis and to inform the final analysis plan. The final extract was provided to the research team in October 2019 and consisted of thirteen individual data sets, each including information regarding specific components in CRIS.

Following the transfer of data to the University of Melbourne, the research team worked closely with data analysis experts from DHHS to correctly link individual components and to extract required information. Over the course of the project, data specifications had changed, as informed by preliminary findings or if limitations of the available data became apparent. The final data sets generated for the analysis consisted of de-identified individual-level administrative data as well as aggregate data describing the systems level processes. In addition, data sets were developed for investigations based on cohort designs employed in sections 6 and 7. Descriptive statistics on characteristics of cases and children included in the unit-record data sets are provided below and characteristics of children included in the cohort study components are presented in Addendum 5.

Table A1

Descriptive statistics for three stages of implementation of the permanency amendments, 1 March 2013 - 1 September 2019[119]

	Pre-transition		Transition		Post-transition	
	N	**%**	**N**	**%**	**N**	**%**
All children	33,354	31.59%	23,249	22.02%	48,966	46.38%
Variable						
Female	16,391	49.14%	11,469	49.33%	24,320	49.67%
Aboriginal and Torres Strait Islander children	4,240	12.71%	3,109	13.37%	6,001	12.26%
Age group						
0 years	3,797	11.38%	2,752	11.84%	5,270	10.76%
1-2 years	4,399	13.19%	3,032	13.04%	6,212	12.69%
3-5 years	6,049	18.14%	4,107	17.67%	8,802	17.98%
6-11 years	10,934	32.78%	7,765	33.40%	16,552	33.80%
12-18 years	8,173	24.50%	5,592	24.05%	12,130	24.77%
Substantiated harm						
Emotional	19,735	59.17%	15,574	66.99%	36,347	74.23%
Neglect	1,517	4.55%	872	3.75%	1,687	3.45%
Physical	7,680	23.03%	4,234	18.21%	6,547	13.37%
Sexual	3,992	11.97%	2,354	10.13%	4,118	8.41%
Other	430	1.29%	215	0.92%	267	0.55%
Family Violence indicated	22,035	66.06%	16,394	70.51%	34,634	70.73%
Mental health indicated	8,861	26.57%	6,020	25.89%	11,815	24.13%
Parental disability indicated	738	2.21%	536	2.31%	719	1.47%
Alcohol and Other Drug abuse indicated (AoD)	12,753	38.24%	9,440	40.6%	17,741	36.23%
DHHS division during investigation						
East	6,405	19.20%	4,379	18.84%	8,097	16.54%
North	9,180	27.52%	6,151	26.46%	13,448	27.46%
South	11,286	33.84%	8,494	36.53%	18,396	37.57%
West	6,483	19.44%	4,225	18.17%	9,025	18.43%

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[119] Stage is determined by date of substantiation for cases. Age information was missing for 0.003% of cases.

Addendum 2 – Calculating days in out-of-home care

According to s.287A of the CYFA, days in OOHC are to be included in the calculation of the cumulative period a child spent in care if the child has been in OOHC as a result of:

1) An IAO
2) A family reunification order
3) A care by Secretary order
4) A long-term care order
5) A therapeutic treatment (placement) order.

Prior to the amendments, placement in OOHC was not reliably indicated by the order made for the child. Determination of the duration children spent in OOHC was primarily based on data records of children's placements in CRIS. However, discussions with the Department and explorative analyses of the placement data in CRIS revealed discrepancies between the recorded orders and the placement data. To ensure that children's OOHC placement durations are comparable across all stages of the implementation of the permanency amendments, the determination of the duration in OOHC had to be standardised across all periods.

Consequently, two approaches were considered to calculate days in out-of-home-care: 1) an orders-based approach, and 2) a placement-based approach. Based on discussions with DHHS and the results of the exploratory analyses, an orders-based proxy measure for OOHC durations was chosen as the preferred approach as explained below. This is termed proxy-OOHC throughout the relevant sections of this appendix (see Box 2).

Calculation of days in OOHC based on orders

Orders were classified as being associated with children's placement in OOHC if the order transferred care (IAO, IPO) or custody and/or guardianship (CTTPO, SCO, CTSO, GTSO, LTGSO, PCO) or limited or exclusive parental responsibilities (FRO, CBSO, LTCO, PCO) to the Secretary or another nominated party that was not a parent/birth parent of the child.[120] Hence, for orders made during the post-amendment period, the classification used in this study is closely aligned with the categories of *finalised guardianship or custody orders* and *finalised third-party parental responsibility orders* as defined by the Australian Institute of Health and Welfare (2016).[121]

Table A2 shows the classification of orders by their association with transfer of care and custody/guardianship or parental responsibility to the Secretary or nominated third party. In addition, Table A2 shows whether placements resulting from particular order types contribute to the calculation of the number of days in OOHC. The table is categorised by order type (protection orders, interim orders and other orders) and implementation stages.

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[120] In a very small number of cases, children returned to care while being subject to a permanent care order. In these cases, birth parents would be replaced by permanent carer in the definition of the order. Permanent care orders were not included in the calculation of OOHC durations.

[121] For order types in force prior to the permanency amendments, no detailed mapping information was available.

Table A2

Type of order and classification as placing child in OOHC, by stage of implementation[122]

Order Type / Phase	Transfer of care/custody/guardianship/ parental responsibility	Counted towards OOHC duration
Protection Orders		
Pre-transition		
Supervision Order	No	No
Custody to Third Party Order	Yes	Yes
Supervised Custody Order	Yes	Yes
Custody to Secretary Order	Yes	Yes
Guardianship to Secretary Order	Yes	Yes
Long-term Guardianship to Secretary Order	Yes	Yes
Interim Protection Order*	Yes/No	Yes/No
Post-transition		
Family Preservation Order	No	No
Family Reunification Order	Yes	Yes
Care by Secretary Order	Yes	Yes
Long-term Care Order	Yes	Yes
Interim Orders		
IAO Undertaking Child	No	No
IAO Undertaking Parent	No	No
IAO Undertaking Suitable Person	Yes	Yes
IAO Declared Hospital Placement	Yes	Yes
IAO Declared Parent & Baby Unit	Yes	Yes
IAO Out of Home Service	Yes	Yes
IAO Secure Welfare	Yes	Yes
IAO Community Service	Yes	Yes
Other Orders		
Undertaking	No	No
Therapeutic Treatment Order	No	No
Therapeutic Treatment Placement Order	Yes	Yes
Permanent Care Order**	Yes	No

[122] OOHC placement shows a classification of whether a particular order type is associated with transfer of a child's care, custody and/or guardianship or limited or exclusive parental responsibility to the Secretary or a nominated third party. However, orders made prior to March 2016 do not always reliably identify whether a child was actually placed in out-of-home care (OOHC) during the order period as children could return home on some custody or guardianship orders without the order being changed. After March 2016, a family reunification or care by Secretary or long-term care order would generally become a family preservation order following reunification.
*Interim Protection Orders are classified as OOHC order if a placement was recorded at any time during the order.
**Permanent care durations are not included in the calculations of durations in OOHC.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report.   89

PROTECTED

A particular case was the treatment of interim protection orders (IPOs), which were always of three months duration and were repealed by the permanency amendments. While IPOs placed children under the supervision of DHHS, children were not placed in care unless a placement was ordered by the magistrate. Exploratory data analyses revealed that for 48.3% of all recorded IPOs, the subject child was recorded as having had a placement at least for part of the duration of the order. In 41.1% of IPOs, recorded OOHC placements accounted for more than 50% of the order duration.

To avoid systematic undercounting of OOHC durations for cases where IPOs were in place, the classification algorithm assigned an IPO to be associated with an OOHC placement if a placement record could be identified during the period that an IPO was in place. While this approach may result in overestimation of OOHC durations for a small number of cases, the related bias did not substantially change the results.

Additionally, while PCOs are categorised as orders transferring parental responsibilities to the permanent carer, they are excluded from the calculation of days in OOHC for children, as PCOs are not protection orders – the permanent carers are the child's parents for the remainder of their childhood and the child is no longer in need of protection.

Based on the classification system in Table A2, a child was considered as being on an OOHC related order, or in proxy-OOHC (see Box 2), between the date of the making of that order until the date on which the order ended, case closure or data extraction, whichever event occurred first. The duration of proxy-OOHC for a particular case, according to the order-based approach, is therefore the total sum of days that a child spent on OOHC related orders (excluding PCOs).

While this approach is deemed to be preferable for calculating time in OOHC during the post-transition stage, the order-based calculation of proxy-OOHC durations is expected to overestimate the time that children actually spent in OOHC during period prior to the amendments being implemented, as children were sometimes placed in parental care under a CTSO or GTSO for a time in preparation for reunification – however they remained in the custody of the Secretary and could be returned to OOHC at any time if necessary. As explained below, a comparative analysis of the two calculation approaches and discussions with DHHS resulted in the order-based approach to be the preferred method for comparison of pre-transition and post-transition stages.

Comparison of the two measures of OOHC durations[123]

In general, it was expected that the proxy-OOHC durations derived from orders would be close to the total days that children spent in OOHC calculated based on the placement records. To assess how much the two measures diverged, the difference in durations was calculated for cases that were substantiated after 28 February 2013. In 61.2% of all cases for which an order

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[123] It is important to note that for the purpose of comparison and based on discussions with the Department, OOHC durations based on placement data were based on court-ordered placements. This approach was based on the focus of this report on the permanency amendments. As such the placement durations derived for this study may diverge from the OOHC placement durations in other studies and publications.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report.   90

PROTECTED

was made, the placement data did return OOHC durations that were within two days (+/-) of the durations based on orders. In 15.2% of cases, the placement data showed durations that exceeded the ones based on orders by more than two days and proxy-OOHC durations based on orders exceeded the placement data-based OOHC durations by more than two days in approximately 23.6% of cases. Overall, the data show agreement between the two measures of OOHC duration as in 69.9% of all cases with at least one order recorded the differences in durations were less than eight days. Also, an exploratory assessment of the distributions of both measures showed that the distributions were similar across pre-transition and post-transition stages. Finally, we conducted sensitivity analyses for several parts of the analyses presented in this appendix (e.g., the time in OOHC until the making of a PCO, LTGSO, LTCO or ending of FROs) and the results of these analyses generally led to qualitatively equivalent conclusions to the results presented in the main sections of this appendix.

As the orders data were deemed to be a preferable measure of OOHC placement durations during the post-transition stage following discussions with DHHS, proxy-OOHC durations based on the orders data were the selected measure of days in OOHC. This approach ensures a standardised measurement of OOHC durations across the whole observation period.

Using an orders-based approach allows for consistent interpretations of the proxy-OOHC durations across implementation stages. In view of possible measurement error in both approaches with relation to days that children spent in OOHC, the interpretation of placement-based data may be difficult. In contrast, the orders-based proxy-OOHC measure can consistently be interpreted as the time that children spent on interim or protection orders which transfer the custody or care responsibility for the child to the Secretary or a nominated third party. In other words, this measure can be interpreted as "court-ordered time out of parental custody or care" based on the type and duration of Court orders. Therefore, the orders-based measure of OOHC durations was chosen for the analyses in this study.

Addendum 3 – Counting rules for exit from and re-entry to OOHC

The analysis of reunification presents several challenges: Firstly, the data available for the analysis did not enable a reliable identification of the point at which children were actually reunified with their families after being placed in care. This point is closely related to the derivation of durations of proxy-OOHC described in Addendum 2. Consequently, the approach taken in this study is based on the order classification described in the previous section. Again, this ensures that the data is consistently interpretable even if measurement errors may prevent determining the exact point of reunification as the meaning of changes in orders remains valid in these cases.

Secondly, based on the approach taken in this study, it is not possible to fully differentiate between children being reunified with their families and children (as young people) transitioning to alternative living arrangements.

Finally, reunification in a dynamic service environment can be viewed from different perspectives. On one hand reunification can be defined in terms of case outcomes at the time of case closure. Such a perspective has the advantage that it is easily determined whether a reunification can be deemed as having been successful or not. On the other hand, the changes in the permanency amendments were also intended to change practice. From this perspective, it is of interest to also look at reunification in relation to the pathways to case closure. In other words, the analysis would take a prospective approach allowing a child to return home and subsequently re-enter care possibly multiple times over the course of a single case.

While both perspectives investigate the concept of reunification, they take fundamentally different approaches. As an example, the retrospective perspective asks the question, were children reunified successfully as recorded at time of case closure? While the prospective analysis will answer questions such as, were children reunified earlier following entry into OOHC? These questions are subject to different analytical challenges. The former is subject to unobserved outcomes for cases that have not been closed during the observation period, especially considering short follow-up times for cases following entry into OOHC. The latter has to potentially consider multiple events per child, within and across cases. From this point of view, success of reunification efforts can only be determined at the end of the observation period and this outcome will be unobserved for all children under the age of 18 years.

For most of the analyses presented in this section, time to first reunification/exit from proxy-OOHC was the phenomenon of interest. This decision was made as the time to first reunification/exit from proxy-OOHC in a case enables a more straight-forward definition of the event to be analysed. Follow-up exits from care introduce several challenges to the interpretation of patterns in the data and analytical approaches as children's child protection history may span the pre- and post-transition stages within a single case or across cases. Additionally, the definition of a successful reunification or exit from OOHC depends on the time of data extraction. Firstly, cases substantiated during the post-transition stage have a lower probability of being closed while under observation. Only 30% of all cases that were substantiated during the post-transition stage and entered OOHC were closed by the time of

data extraction (compared to 89.3% during the pre-transition stage). Hence, it is more likely that these cases will not be observed until successful exit from OOHC at case closure. Second, considering that children could re-enter the child protection system after case closure, the definition of successful exit becomes complex as no data is available as to why the case was closed at that particular point in time as opposed to previous exits from care.

Reunifications and exits from OOHC as dynamic constructs

The dynamic definition of reunification in this study takes a child-centered perspective that allows multiple exits from and entries to OOHC within and across cases. Accordingly, the following algorithm was developed to capture children's reunification and re-entry pathways across time.

A child was assessed as having exited OOHC if:

- An order transferring care or custody and/or guardianship or parental responsibility to the Secretary or another nominated third party (see Addendum 2) was followed by an IAO undertaking child, IAO undertaking parent, family preservation order, supervision order or undertaking within the same case; **OR**
- An order transferring care and/or custody or guardianship or parental responsibility to the Secretary or another nominated third party is followed by another such order but there was a gap in time between the end of the previous order and the making of the next order. To avoid any misclassifications due to administrative processes or data entry delay, this gap was determined to be 60 days or more; **OR**
- The last order in a case was either one of the following orders and the case was subsequently closed: FRO, CBSO, CSO, CTPO, GSO, SCO, TTPO; **OR**
- The last order in a case was either one of the following orders and there was no further order in the case recorded prior the young person's 18th birthday: FRO, CBSO, CSO, CTPO, GSO, SCO; **OR**
- The last order in a case was an IPO with recorded placement and the case was subsequently closed; **OR**
- The last order in a case was an IAO placing a child in care (see Table A2) and the case was subsequently closed; **OR**
- The last order in the case was a protection order or IAO order transferring care or custody and/or guardianship or parental responsibilities and this order has expired and no new order was recorded within 60 days from the end of that order.

Reunification and exit from OOHC as static permanency outcome

As outlined above, reunification can be viewed retrospectively in cases where children have exited care and the case was closed. To assess children's OOHC status at the end of a case, the following algorithm based on order data recorded in CRIS was developed:

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report.   93

PROTECTED

A case is considered as being successfully exited from OOHC (including reunification as a static permanency outcome) if

- The last order in the case was an FRO or CBSO **AND** case is closed; **OR**
- The last order in the case was an IAO placing a child in OOHC (i.e., IAO Community Service, IAO Declared Hospital Placement, IAO Declared Parent & Baby Unit, IAO Out of Home Service, IAO Secure Welfare, or an IAO undertaking suitable person) **AND** case is closed; **OR**
- The last order was a Therapeutic Treatment Placement Order (TTPO) **AND** case is closed; **OR**
- The last order was a CSO, or CTPO, GSO, or SCO **AND** case is closed; **OR**
- The last order was an IPO during which a placement was recorded **AND** case is closed; **OR**
- The last order was an FPO or SO but the child was in proxy-OOHC at any time during the case **AND** no further order was recorded **OR** case was closed; **OR**
- The last order was an IAO undertaking parent or IAO undertaking child but the child was in proxy-OOHC at any time during the case **AND** no further order was recorded **OR** case is closed; **OR**
- The last order was an IPO without recorded placement but the child was in proxy-OOHC at any time during the case **AND** no further order was recorded **OR** case is closed; **OR**
- The last order was an undertaking but the child was in proxy-OOHC at any time during the case **AND** no further order was recorded **OR** case is closed.

Re-entry to OOHC after exit from care:

A child is considered as re-entering proxy-OOHC if:

- A supervision order **OR** family preservation order **OR** IAO undertaking child **OR** IAO undertaking parent is followed by an order transferring care or custody and/or guardianship or parental responsibility to the Secretary or another nominated party (see Table A2); **OR**
- A child is subject to an order transferring care or custody and/or guardianship or parental responsibility to the Secretary or another nominated party (see Table A2) after having been reunified or having exited proxy-OOHC at case closure during a previous case; **OR**
- A child is subject to an order transferring care or custody and/or guardianship or parental responsibility to the Secretary or another nominated party (see Table A2) after the end of a previous such order and the gap between these orders was 60 days or more.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report.   94

PROTECTED

Addendum 4 – Reunification pathways and exits from OOHC

Table A3

Reunification pathways and exits from proxy-OOHC,[124]

Pre-transition stage								
Order type/Next order	*FPO[125]*	*IAO (Child)*	*IAO (Parent)*	*SO*	*Undertaking*	*No order*	*Other order*	*Total*
CSO	C	C	C	5.21%	C	16.93%	0.87%	23.13%
CTPO	C	C	C	C	C	0.38%	C	0.38%
GSO	C	C	C	0.20%	C	3.86%	C	4.13%
IAO DHP	C	C	1.94%	C	C	C	C	2.18%
IAO DPBU	C	C	0.98%	C	C	C	C	1.23%
IAO OHS	C	C	8.81%	2.43%	C	1.19%	2.04%	14.71%
IAO SW	C	C	1.73%	C	C	C	C	2.01%
IAO USP	C	C	21.22%	8.57%	0.47%	3.56%	5.33%	39.24%
IPO	C	C	1.77%	2.01%	0.26%	1.58%	C	5.70%
LTGSO	C	C	C	C	C	C	C	C
SCO	C	C	0.24%	4.40%	C	2.24%	0.39%	7.28%
Total	0.18%	C	36.76%	23.04%	0.84%	30.02%	9.05%	100.00%

Post-transition stage							
Order type/Next order	*FPO*	*IAO (Child)*	*IAO (Parent)*	*Undertaking*	*No order*	*Other order*	*Total*
CBSO	1.58%	C	C	C	8.89%	C	10.55%
FRO	16.99%	C	0.33%	0.21%	4.37%	C	21.97%
IAO DHP	C	C	2.23%	C	C	C	2.29%
IAO DPBU	C	C	1.06%	C	C	C	1.13%
IAO OHS	2.26%	C	8.55%	C	0.80%	0.17%	11.88%
IAO SW	0.15%	C	1.83%	C	0.18%	C	2.23%
IAO USP	13.65%	C	30.15%	1.10%	4.38%	0.57%	49.86%
LTCO	C	C	C	C	C	C	C
Total	34.81%	C	44.15%	1.40%	18.67%	0.91%	100.00%

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[124] Included are all orders <u>from which</u> an exit from proxy-OOHC occurred during the particular implementation stage between 1 March 2013 and 2 September 2019 (Column 1). The implementation stage is based on the date of the reunification or exit from proxy-OOHC. Exits from proxy-OOHC are based on the definitions in Addendum 3. The letter *C* indicates censored observation due to small cell counts. Next order type is type of subsequent order within the same case. FPO = Family preservation order, IAO (Child) = IAO undertaking child, IAO (Parent) = IAO undertaking parent, SO = Supervision order, CSO = Custody to Secretary order, CTPO = Custody to third party order, GSO = Guardianship to Secretary order, IAO DHP = IAO declared hospital placement, IAO DPBU = IAO declared parent & baby unit, IAO OHS = IAO out of home service, IAO SW = IAO secure welfare, IAO USP = IAO undertaking suitable person, IPO = Interim protection order, LTGSO = Long-term guardianship to Secretary order, SCO = Supervised custody order, CBSO = Care by Secretary order, FRO = Family reunification order, LTCO = Long-term care order.

[125] In these cases, children transitioned to a FPO on 29 February 2016 as part of the transitional move, after a gap in orders since exit from OOHC

Addendum 5 – Analytical approach of this study

The analytical approach for this study was based on a comprehensive analysis plan that was developed in collaboration with DHHS. The analysis components were chosen based on the intended outcomes of the permanency amendments and were further informed by the results from preliminary analyses conducted during the preliminary stage of the project. The aim of the analysis plan was to capture the potential changes following the introduction of the permanency amendments across the child protection process. As explained in Addendum 1, the analyses in this component of the study were based on de-identified unit-record data provided to the research team by DHHS in October 2019.

Given the breadth of the intended outcomes of the permanency amendments, the analytical strategy combines different approaches including descriptive statistics, graphical analyses, and descriptive time-to-event analyses. As explained below and in Addendum 7, the complexity of the child protection system itself, exacerbated by the limitations of the available data, has also impacted the approach to the analysis.

The final analysis strategy combined two broad approaches to analysing the changes in the child protection system following the amendments: 1) a process focused analysis at the aggregate level that describes changes in broader data patterns and 2) where available data could facilitate a more detailed analysis, additional unit-record analyses were conducted to supplement the aggregate analysis.[126] In particular, in sections 6 and 7, unit-record analyses were conducted using cohorts of children for comparison. The aim of these additional analyses was to supplement the aggregate systems analysis and to provide additional insights by standardising some of the characteristics of the compared groups to add robustness to the evidence.

Overall, the analytical plan for this part is based on a process staged model of the child protection process. Given the changes introduced by the permanency amendments, the analyses focused on the protective intervention and protection order phases of the child protection process, specifically the seven key focus areas outlined in the introduction to this appendix.

Time-to-event models and cohort study designs

Where data permitted, the descriptive analysis of changes at the systems level was supplemented by unit-level analyses. Especially in sections 6 and 7, time-to-event studies offered additional insights that enabled richer interpretations of the data.

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[126] See also Addendum 7 for a description of the limitations to the analyses presented in this appendix.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report.   96

PROTECTED

The child protection process in Victoria can be viewed as a series of phases through which cases move. From this perspective, a case in a particular phase can progress to different follow-up phases and these moves can occur at different times for different cases. These moves can be interpreted as events that occur at particular times.

A major advantage of time-to-event models for the investigation of child protection systems is their ability to handle differential follow-up times for cases included in the data set. This is crucial in observational studies since not all cases in the data are observed until a case outcome is achieved. For example, data extraction for this component of the study was done on 2 September 2019. At this time a substantial proportion of cases were still ongoing, especially cases that were substantiated during the post-transition stage and when children entered OOHC. This is due to the follow-up time of 2.5 years restricting the ability to observe a permanency outcome for children, especially in relation to permanent or long-term care or at the closure of the case.

With relation to interpretation of the findings from event studies, we have opted to present cumulative incidence curves due to their ease of interpretation.[127] These curves show the probability of a particular event type occurring within a particular time period, for examples, the probability of exiting OOHC to permanent or long-term care within 365 days or the endorsement of a case plan within 21 days.

However, the probability estimated by these models is generally not equivalent to the often-reported proportion of children experiencing an event within a particular time frame (see also below). This is due to the fact that data extraction results in some cases not being observed until an outcome has occurred (this is referred to as administrative censoring). A particular characteristic of the child protection process is also that certain pathways through the child protection process are not available for some children. In the most obvious case, young people do not re-enter the child protection system after having turned 18 years of age. The methods applied in this study aim to account for these idiosyncrasies of the child protection process and provide a more accurate measure of the probability of events of interest (e.g., exit from proxy-OOHC or re-entry to proxy-OOHC).

In sections 6 and 7, time-to-event analyses are conducted using a cohort comparison design with the aim to increase comparability of the two groups. The use of standardised cohorts increases the similarity between the groups that are compared and is expected to improve the

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[127] In the case of only a single event (e.g. case plan endorsement), the cumulative distribution functions are presented.

robustness of the findings. A detailed description of the cohort study designs and caveats related to the analyses are presented below and in Addendum 7.

Comparability to other analytical results, including estimates of exit and re-entry rates

It is important to note that the figures and estimates presented in in this report, and particularly in section 6 and section 7, may not be directly comparable to results in other publications, including estimates of exit from or re-entry to OOHC such as figures published by AIHW (2020). The differences arise due to different selection criteria for cases included in the analysis as well as methodological differences in the analysis itself. As the aim of the analyses in this appendix was to assess potential changes following the permanency amendments, the findings presented here are specific to the purpose of the study and results, including the exit and re-entry to proxy-OOHC between two cohorts, may therefore not be directly comparable to other analyses.

For example, in the cohort-based study in section 6.3, we decided to include only cases where children exited from proxy-OOHC for the first time. Furthermore, the analysis in section 6.3 only includes first substantiated cases. This approach ensures that children did not cross from the pre-transition stage to the transition or post-transition stage and that children are more comparable with regard to their history of involvement with the child protection system. Similarly, the analysis in section 7.3 focused on selected subgroups of cases in order to address the complexity of the child protection process and make a comparison between stages more interpretable, at least with respect to the included cohorts.

In addition to the differences in case selection, methodologies and counting rules differ between the analyses presented here and other studies and publications. As outlined in Addendum 2, OOHC durations, exits from and re-entries to OOHC were derived from Court orders. This approach may lead to differences in the figures presented in this study and figures in other published reports. Finally, the analyses presented in section 6.3 and 7.3 are based on time-to-event models, accounting for alternative pathways (i.e. competing outcomes) for children where appropriate, such as exit to alternative permanent or long-term care arrangements. The results from these analyses can differ substantially from other analytical approaches, especially in the presence of censoring of follow-up times (e.g. unobserved case closure).

Overall, the aim of this study was to investigate potential changes in specified outcomes following the introduction of the permanency amendments. While several of the findings presented in this appendix describe processes at the systems level, the results of cohort-based designs presented in section 6 and 7 may not be generalizable to the whole population of cases in the child protection system during each implementation stage. This trade-off was necessary

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report.   98

PROTECTED

to improve the interpretability of the findings. Given the focus and limitations of the analyses in this appendix (see Addendum 7), the findings presented in this document should only be interpreted within the context of this study and any figures or estimates should not be used for purposes other than the ones stated in this appendix or the main report.

Addendum to the re-entry cohort design in section 6.3

Table A4

Characteristics of children included in the cohort comparison for re-entry

Characteristic	Pre-transition		Post-transition	
	N	%	N	%
All children	1,511	46.59%	1,732	53.41%
Female	791	52.35%	853	49.25%
Age-group (at exit)				
0 years	343	22.70%	429	24.77%
1-2 years	302	19.99%	389	22.46%
3-5 years	270	17.87%	318	18.36%
6-11 years	308	20.38%	341	19.69%
12-16 Years	288	19.06%	255	14.72%
Aboriginal children	265	17.54%	323	18.65%
Substantiated harm[128]				
Emotional abuse	769	50.89%	1,167	67.38%
Neglect	162	10.72%	177	10.22%
Physical abuse	477	31.57%	321	18.53%
Sexual abuse	66	4.37%	41	2.37%
Other	37	2.45%	26	1.50%
Domestic and Family Violence[128]	997	65.98%	1,260	72.75%
Mental health indicated[128]	488	32.30%	646	37.30%
Parental disability indicated[128]	66	4.37%	58	3.35%
Alcohol and other drugs (AoD) [128]	728	48.18%	1,045	60.33%
Order category from which exit occurred				
Interim Order	1,132	74.92%	1,265	73.04%
Protection	379	25.08%	467	26.96%

[128] These variables were collected during the investigation phase of the child protection process.

Table A.4 presents the cohort characteristics for the re-entry analysis of section 6.3. As described in the main text, the cohorts were similar across several characteristics, including the proportion of female clients, the proportion of Aboriginal children and the type of order from which exit occurred. However, the pre-transition cohort was slightly older as can be seen by the larger shares of older age groups at the time of exit from proxy-OOHC. Also, children who exited during the pre-transition stage had different distributions with regard to the substantiated harm, mental health, domestic and family violence and alcohol and other drugs.[129]

Addendum to the proxy-permanency achievement cohort design in section 7.3

A major challenge of analysing the changes following the permanency amendments is the unavailability of a comparison group that was not subject to the changes introduced as part of the permanency amendments, while otherwise being as similar as possible to the cases that moved through the child protection process following the permanency amendments. In general, evidence from randomised controlled experiments is deemed to be the most robust support of potential effects, however, this was not a feasible option for the present study. Consequently, the analysis presented here is based on a pre-transition post-transition cohort comparison to gain better insights into whether the amendments could have possibly been associated with changes in children's time spent in proxy-OOHC.

Identifying a comparison cohort

To provide more robust findings, the analytical approach taken here requires the identification of a plausible comparison group that entered the child protection system prior to the permanency amendments but could otherwise be assumed to be representative of the pathways that children in the post-transition cohort would have followed, given they would have entered the child protection system in the same period as the comparison cohort. A particular challenge in identifying a suitable cohort for comparison was that the child protection system in Victoria has been subject to several changes and interventions over the past decade. Following discussions with DHHS, it became apparent that the selection of a cohort immediately prior to 1 March 2016 was not feasible due to several transitional irregularities in the system in anticipation of the upcoming amendments.

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[129] However, it is important to note that most of the available data was collected during the investigation phase and therefore this information may not reflect the environment to which children exited from proxy-OOHC.

Figure A1

Selection criteria for cohort design to investigate exit to permanency[130]

Pre-transition cohort
Substantiated and placed between
1 March 2013 – 31 August 2014

- First substantiated case
- Not in proxy-OOHC prior to substantiation
- Excluded if substantiated harm was not neglect or emotional, physical or sexual abuse
- Children younger than 17 years
- Children entering proxy-OOHC only on TTPO were excluded

Post-transition cohort
Substantiated and placed between
1 March 2017 – 31 August 2018

- First substantiated case
- Not in proxy-OOHC prior to substantiation
- Excluded if substantiated harm was not neglect or emotional, physical or sexual abuse
- Children younger than 17 years
- Children entering proxy-OOHC only on TTPO were excluded

Following exploratory analyses of CRIS data, the most suitable cohort was identified as cases that were substantiated between March 2013 and August 2014 as this cohort also allowed at least 12 months of follow-up time for cases in proxy-OOHC before the commencement of the transition period. Earlier cohorts were excluded for several reasons, most importantly, that data quality has significantly improved after the year 2012.

The selected cases for the comparison cohort during the pre-transition stage were therefore cases that were substantiated and went into proxy-OOHC between 1 March 2013 and 31 August 2014. For the post-transition cohort, children who were substantiated and went into proxy-OOHC between 1 March 2017 and 31 August 2018 were included as this again allowed for at least 12 months follow-up after first placement in proxy-OOHC.[131]

To further increase comparability of the two groups, additional selection criteria were applied, namely:

- Only the first substantiated case for a child was used, thus reducing the effects of previous child protection history for the case
- The child was not in proxy-OOHC prior to the substantiation

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[130] *Placed* refers to a case moving to proxy-OOHC as defined in Addendum 2.

[131] As outlined in the previous sections, the identification of proxy-OOHC entry was based on orders made for the case that indicated the transfer of care or custody and/or guardianship or parental responsibility to the Secretary or a nominated third party (see Addendum 2).

- Cases where substantiated harm was not stated as neglect or emotional, physical or sexual abuse where excluded;
- Only children younger than 17 years of age at the time of entry into proxy-OOHC were included, thus reducing the effects of statutory age limit;
- Children were excluded if they were only placed in proxy-OOHC following the making of a Therapeutic Treatment Placement Order.

Applying these criteria resulted in a data set of 3,874 cases, out of which 2,654 cases having transitioned to reunification/exit from proxy-OOHC, or another permanent or long-term care arrangement (PCO/LTGSO/LTCO). Table A5 describes the characteristics of the children in the two cohorts along several key variables.

The pre-transition cohort and the post-transition cohort are largely balanced in numbers, with the former accounting for approximately 48% of the cases while the latter accounting for about 52% of the cases. The two cohorts were similar with respect to the proportion of female clients, proportion of Aboriginal children, age group at entry to proxy-OOHC, identified domestic and family violence, and recorded parental disability. However, emotional abuse was more common in the post-transition cohort while physical abuse was more prevalent among cases in the pre-transition group. Also, sexual abuse was more common in the pre-transition period. Furthermore, cases during the post-transition stage were more likely to have AoD and mental health recorded than the pre-transition cohort.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report.   102

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Table A5

Distribution of various variables, by cohort

Characteristic	Pre-transition		Post-transition	
	N	%	N	%
All children	1,859	47.99%	2,015	52.01%
Female	935	50.30%	974	48.34%
Age-group (at first entry to proxy-OOHC)				
0 years	657	35.34%	746	37.02%
1-2 years	268	14.42%	318	15.78%
3-5 years	264	14.20%	269	13.35%
6-11 years	359	19.31%	349	17.32%
12-16 Years	311	16.73%	333	16.53%
Aboriginal children	332	17.86%	353	17.52%
Substantiated harm[132]				
Emotional abuse	1,017	54.71%	1,371	68.04%
Neglect	214	11.51%	235	11.66%
Physical abuse	543	29.21%	347	17.22%
Sexual abuse	85	4.57%	62	3.08%
Domestic and Family Violence[132]	1,281	68.91%	1,447	71.81%
Mental health indicated[132]	600	32.28%	717	35.58%
Parental disability indicated[132]	86	4.63%	84	4.17%
Alcohol and other drugs (AoD)[132]	954	51.32%	1,172	58.16%

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[132] These variables were collected during the investigation phase of the child protection process.

Analytical approach

One way of modelling how total time spent in OOHC is related to the various factors is to use time-to-event models. In sections 6 and section 7, cumulative incidence curves were shown that summarized the probabilities of children re-entering care after first exit from proxy-OOHC, or progressing to permanency. These models were nonparametric versions of time-to-event analyses, meaning they let the data speak for themselves under as few assumptions as possible. Time-to-event models should be used when observation is time limited and the event of interest (e.g., reunification, case closure) is not observed for all cases in the data. There are different approaches to time-event-modeling and the analysis here employed multivariate regression to further supplement the nonparametric analysis presented in section 7.3.

Based on the dataset described above, models were constructed to assess the relationship of variables listed in Table A5 with the progression rate (or cause specific hazard) of exiting proxy-OOHC to either reunification/exit from proxy-OOHC or an alternative permanency outcome (PCA, LTCO/LTGSO) as the first observed permanency outcome. These two pathways can be interpreted as competing outcomes and the analyses in section 7.3 consider this.[133] In general, there are two approaches to modeling associations of covariates with outcomes in competing risk analyses: First, a regression on the progression rate (i.e., cause-specific hazard), which describes the rate of progressing[134] to a particular outcome at a particular time, given that the client has not previously experienced this or any other outcome and the case is still observed at the respective time. The second approach is to model the relationships of covariates with the cumulative incidence of each competing outcome, which represents the probability of experiencing a specific outcome (e.g. reunification) prior to a particular time (e.g., the probability of reunification prior to 12 months).

In this section we present analyses for the cause-specific modeling approach due to the interest of this analysis being related to the processes of achieving particular outcomes. Given the two competing pathways, two separate models were created, one for reunification/exit from proxy-

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[133] These outcomes are considered as competing because we only consider the time to achievement of the first permanency outcome. If we consider children's complete pathways through the child protection system, it is possible for a case to move to multiple permanency outcomes sequentially. For example if children re-enter care and then move to permanent care at a later point. However, models allowing for such complexity were not feasible given the available data and the purpose of the analysis.

[134] Given that these models are widely applied in epidemiological models, the cause specific hazard can be defined as the instantaneous risk of transition to a specific outcome at a particular time, given that no transition to ANY outcome has yet occurred. However, we chose the terminology in the text in closer alignment with the child protection context.

OOHC and another for alternative arrangements for permanent or long-term care (PCO/LTGSO/LTCO).

All models included a set of covariates to control for potential differences between cases in each cohort. These variables are shown in Table A5. To test whether there was a statistically significant relationship at the 95% confidence level between the stage of implementation (i.e., pre-transition and post-transition) and the progression rate for children to a particular permanency outcome, an indicator was included that was set to zero for cases belonging to the pre-transition cohort and was set to one if a case belonged to the post-transition cohort. For the sake of brevity, we refer to this indicator as "post-transition indicator".

Table A6 shows the results from the regression for the post-transition indicator in addition to covariates that were statistically significantly associated with the outcome in each model. For categorical variables with more than two categories, all categories were included if at least one hazard ratio was different from one with statistical significance.[135]

Controlling for other variables in the model, the post-transition indicator did not show a statistically significant association with the outcome-specific progression rate to reunification/exit from proxy-OOHC at the 5% level. On the other hand, the hazard ratio of the post-transition indicator in the cause specific model for alternative permanency outcomes was statistically significant at the 5% significance level and large (HR = 2.34).

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[135] This is equivalent to the coefficient in the regression being statistically significantly different from zero. A results was deemed to be statistically significant if the p-value was less than 0.05.

Table A6

Results of Cox proportional hazard regression model for each permanency outcome type[136]

Variable	H.R.	S.E.	P value	95% CI
Reunification/exit from proxy OOHC N = 3874, LR Chi2 (14 d.f.) = 105.12 (p <0.001)				
Post-transition	**0.976**	**0.039**	**0.544**	**0.902 - 1.056**
Aboriginal children	0.885	0.048	0.025	0.796 - 0.985
Age-group at placement				
0 years	0.862	0.053	0.016	0.764 - 0.973
3-5 years	1.048	0.076	0.515	0.910 - 1.208
6-11 years	1.036	0.070	0.594	0.909 - 1.182
12-16 years	1.007	0.070	0.917	0.879 - 1.155
Substantiated Harm				
Neglect	0.839	0.058	0.011	0.733 - 0.960
Physical	1.168	0.056	0.001	1.062 - 1.284
Sexual	1.203	0.120	0.064	0.989 - 1.463
Alcohol and other drugs	0.894	0.037	0.008	0.824 - 0.971
Parental disability	0.590	0.070	0.000	0.468 - 0.744
Alternative permanency outcome N = 3874, LR Chi2 (14 d.f.) = 51.88 (p < 0.001)				
Post-transition	**2.341**	**0.557**	**0.000**	**1.468 - 3.732**
Aboriginal children	0.350	0.139	0.008	0.160 - 0.764
Age-group at placement				
0 years	4.758	2.846	0.009	1.473 - 15.367
3-5 years	4.312	2.819	0.025	1.197 - 15.531
6-11 years	3.486	2.242	0.052	0.988 - 12.297
12-16 years	3.805	2.437	0.037	1.084 - 13.354
Alcohol and other drugs	0.633	0.144	0.044	0.405 - 0.988

The other variables shown in Table A6 show expected signs, with the exception of physical abuse, where a hazard ratio greater than one indicates that children in cases with physical abuse as the primary substantiated harm had a higher hazard to progress to reunification/exit from proxy-OOHC compared to children who were in cases with the substantiated harm being

[136] Results shown in the table include estimated hazard ratios (HR) associated to the co-variates, standard errors of the coefficients (SE), and the 95% confidence interval (95% CI). For binary or categorical variables, e.g. Aboriginal children, the HR shows the relationship of the covariate with the outcome relative to the reference category. For Aboriginal children in the reunification/exit from proxy-OOHC model, the HR is 0.885, indicating that the estimated hazard of reunification/exit from proxy-OOHC for Aboriginal children was approximately 89% of that of non-Aboriginal children. Reference categories for categorical variables were: pre-transition, non-Aboriginal children, 1-2 years of age at placement, emotional abuse, no AOD, no mental health, no parental disability.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report.   106

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emotional abuse.[137] An important outcome related to exit from proxy-OOHC shown in the results was that parental disability was statistically significantly associated with the hazard of exiting care at the 5% significance level, but in a negative direction. The hazard ratio was approximately 0.59 indicating that these children had a hazard of progressing to exit from proxy-OOHC of approximately 59% of that children without parental disability recorded in the case. Aboriginal children were also less likely to progress to either permanency outcome. With respect to reunification/exit from proxy-OOHC, the estimated hazard ratio for Aboriginal children was approximately 89% of that for non-Aboriginal children. For alternative arrangements for permanent care (PCO/LTGSO/LTCO), Aboriginal children had an estimated hazard ratio of about 35% of that of non-Aboriginal children. We also conducted further modeling to investigate the hypothesis that the permanency amendments affected Aboriginal children differently when compared to non-Aboriginal children (not shown). However, models that included interaction terms between the post-transition indicator and Aboriginal status did not show support for the hypothesis that the permanency amendments differentially affected Aboriginal and children.

It is important to note that these results should be interpreted with caution as the models are subject to caveats. Firstly, while the model for alternative permanency arrangements (PCO/LTCO/LTGSO) is presented for completeness, the results of this model should be interpreted with caution. The number of events for this outcome was small and hence the estimates from this model are very imprecise. This can easily be seen by the wide confidence intervals presented in the last column of Table A6 (lower panel). Statistical tests may therefore not have sufficient power to reject a null hypothesis of no difference or no association at the 5% significance level. This is particularly relevant when interpreting the results in relation to Aboriginal children, where the number of events was very small which may have negatively impacted the precision of estimates.

Furthermore, an assumption of the Cox model is that the cause-specific hazards are proportional, in other words, that the observed relationships are constant over time. Statistical tests and graphical analysis based on scaled Schoenfeld residuals for each model showed that the proportional hazard assumption was violated for several variables. The coefficients for AoD, and the youngest age group (0 years) were identified as depending on time for the reunification/exit from proxy-OOHC model. For the indicator for Aboriginal children, the time dependence was small compared to the coefficient. When looking at the relationships between covariates and the progression rate to alternative permanency outcomes, the proportional hazard assumption was violated for the DFV indicator. This means that for these variables, their

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[137] While sexual abuse also has an unexpected sign of the relationship, the association was not statistically significant at the 5% level.

relationship with the outcome has to be assumed to change as time in proxy-OOHC increases. In this case, the reported hazard ratios represent the weighted average association over time and this average may not be a good approximation to the hazards at different times. For other variables, most importantly the post-transition indicator, there were no violations of the proportional hazard assumption observed. Nevertheless, the findings in Table A6 should be interpreted in light of the described caveats.

One way of dealing with time-varying coefficients is to model the time dependence. However, in complex systems such as the child protection system, it is likely that the violation of the proportionality assumption is a result of unmeasured variables. For example, several important variables such as family-related factors were not available in the data, and other environmental and parental risk factors (e.g. AoD) were only recorded during the investigation phase. Consequently, attempts to address the time dependence issue by fitting an arbitrary mathematical function to the data may result in overfitting the model. Finally, the small number of events observed for alternative arrangements for permanent or long-term care prohibited a specification using time-dependent coefficients. Hence, we had to rely on the proportionality assumption for the presented analysis. Considering these limitations, we opted for the more parsimonious model and highlight the limitations outlined above.

While the multivariate models presented in this section are subject to several limitations, it is also important to mention that the analyses also included sensitivity tests of the model specifications and the qualitative findings in relation to differences between the pre-transition and post-transition cohort remained unchanged. [138] We also modeled the relationship between covariates and the cumulative incidence of each permanency outcome. The results of these models were also in line with the findings from cause specific hazard models presented above and the findings presented in section 7.3.

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[138] In particular, sensitivity analyses based on models with time-dependent coefficients and/or covariates did not change the qualitative interpretation of any of the main results.

Addendum 6 – Pathway analysis for cases 1 March 2017 to 1 September 2019

Figure A2 shows the findings from an analysis of the pathways for children who were subject to at least one FRO. The analysis includes all cases that had at least one FRO recorded and where the first FRO in the case was made after 28 February 2017.[139] The analysis follows cases from the date of making of the first FRO in the case until the commencement of the following order or, if no further order is recorded, the end of the FRO and potentially case closure. The time shown in the graph is total time that children spent in proxy-OOHC until the end of the first FRO in the case, based on order-based calculations (see Addendum 2). Hence the graph shows the progression of the case after the end of the first FRO (or data extraction if the first FRO has not ended by that date). Each order is followed up to its first transition point or data extraction date and pathways are therefore mutually exclusive.

It is important to note that, because of the extended inclusion period, a substantial proportion of cases is not observed until the end of the first FRO. The presence of censored observation periods also means that total shares of different endpoints in per cent, as are presented in Figure 32, can no longer be easily interpreted and we recommend not to calculate such shares due to the risk of misinterpretation.

As is shown in Figure A2, of all first FROs in a case that were made after 28 February 2017, 43.4% ended within the aspired 24 months in proxy-OOHC. About 12.6% exceeded this time frame.[140] Of the included FROs that were observed to have ended within the observation period, approximately 54.5% exited proxy-OOHC either through reunification or to another living arrangements.

The pathways flow from the left to right with 3,571 cases with FROs being included in this analysis. Of these FROs, 16.8% ended within 12 months of total time in proxy-OOHC. Subsequently, 97 children (16.2%) moved to another proxy-care or custody order (CBSO, IAO Secure Welfare, IAO OHS, or IAO undertaking suitable person) or the FRO had ended but the child had not exited proxy-OOHC at the time of data extraction.[141] Of the FROs that had ended, 80.7% exited proxy-OOHC to reunification or another living arrangement, while about 3% exited to another arrangement for permanent care (PCO or LTCO). Of all first FROs included in the analysis, approximately 63% remained open beyond 12 months of time in proxy-OOHC, while 20.1% had not reached the 12 month threshold by the time of data extraction.

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[139] Where multiple FROs were made successively within 60 days from the previous FRO ending, FROs were treated as a single FRO. This occurred only in a few cases.

[140] For the remaining cases (44 %), the FRO was still open on the data extraction date and children had not spent more than 730 days in proxy OOHC at that time.

[141] This included cases where a FRO ended but the case was either not closed at the time of data extraction and the time between the end of the FRO and the date of data extraction was less than 60 days (see Addendum 3). As this occurred very rarely, these cases were included into the number of *other custody or care order* category to avoid reporting of small cell counts.

Of the FROs that were in force beyond 12 months of proxy-OOHC, 42.2% ended after 12 months but within 24 months of proxy-OOHC. Of these ended orders, 44.7% exited proxy-OOHC to reunification or another living arrangement, while 8.7% transitioned to a PCO or LTCO. Another 451 FROs (20% of FROs in force after 12 months of proxy-OOHC) remained open beyond the 24 month time line and a further 851 FROs (37.8% of FROs in force after 12 months of proxy-OOHC) remained open at data extraction, however, with a total time in proxy-OOHC below the 730 days in proxy-OOHC. Of the FROs where children spent more than 24 months in proxy-OOHC, about 57% remained open at the time of data extraction. Of the 192 FROs that expired after 24 months of proxy-OOHC, 20.8% either returned to their families or transitioned to other living arrangements. A further 43 FROs (22.4%) transitioned to PCOs or LTCOs and 56.8% transitioned to another care order or children had not exited proxy-OOHC at the time of data extraction after the FRO ended.

Figure A2

Pathways of children subject to family reunification orders that were issued between 1 March 2017 and 1 September 2019
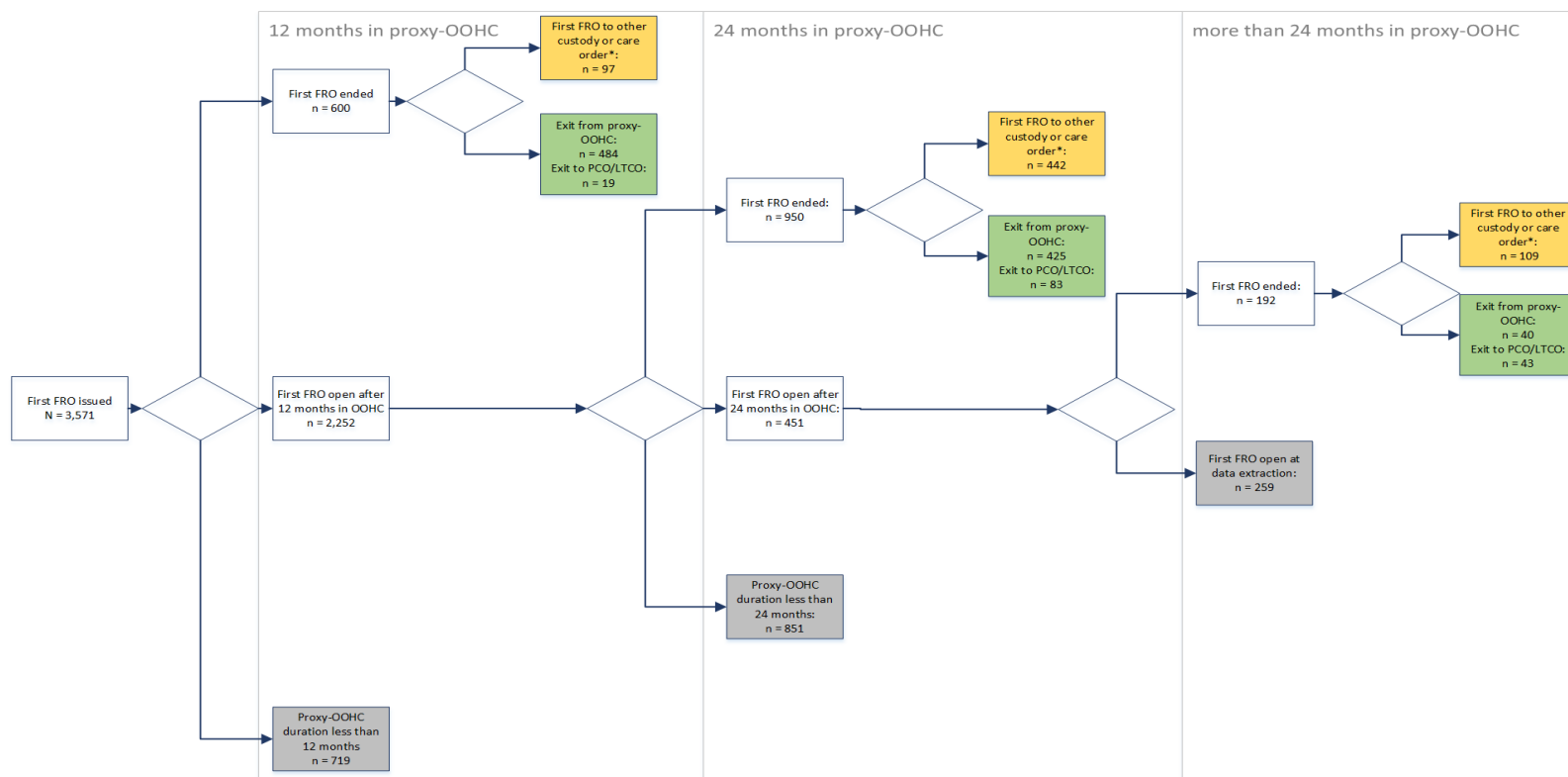
Notes: Included are all cases where a first FRO was issued in a case between 1 March 2017 and 2 September 2019. *Ended* indicates that FRO has ended within the respective time frame. *Open* indicates that FRO has not ended within the respective time frame of total time in proxy-OOHC. *Proxy-OOHC duration less than 12 months (24 months)* indicates that FRO has NOT had a duration that resulted in exceeding the respective threshold of total time in care (grey shaded box). *Exit proxy-OOHC* means that FRO was transformed into one of the following orders: Family preservation order OR undertaking OR IAO undertaking parent OR IAO undertaking child OR FRO ended and case was closed or no further order within 60 days or prior data extraction was recorded. *Other custody or care order* refers to CBSO and in rare cases also IAO undertaking suitable person, IAO Secure Welfare, or IAO OHS. *To avoid small cell counts, cases where FROs had ended but the case was not counted as having exited proxy-OOHC (e.g., case remained open) were included in the count of *other custody or care order* (see also Addendum 3). Where multiple FRO followed each other within less than 60 days of the previous FRO ending, FROs were counted as a single FRO. **Source**: Client Relationship Information System (CRIS).

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report.   111

Addendum 7 – Limitation of this Analysis

This addendum describes limitations that are important to consider when interpreting the results presented in this appendix and also the main report. Some of the limitations stem from the data used in the analysis, while others stem from the complexity of child protection processes as well as the methods of analysis.

Data

The final analyses were conducted using administrative unit record data extracted from CRIS and provided to the researchers by DHHS in October 2019. As is the case for most administrative data sets, there was considerable variance in relation to the quality of available variables in the data, especially considering non-mandatory information that is often missing.

The complexity of the data system, in addition to the underlying processes of the child protection system, presented a challenge to the analysis. However, close collaboration and ongoing consultation between the research team and our partners at DHHS have ensured that we have a good understanding of the data and processes. While the research team has conducted routine quality assessments of the data as part of data management and cleaning processes, the research team has not sought an independent audit or confirmation of the reliability, completeness or accuracy of the provided data and information. While we are confident that the data provided to us are of reasonable quality, it was not possible to fully assess the data for its completeness or correctness. Based on the nature of the data and the complexity of the child protection system processes, it is therefore not possible to completely rule out systematic or data errors despite our best efforts.

One of the major limitations in section 1 was that prior to the amendments, there was no requirement to prepare the formal case plan document in CRIS until a final order was made where as now, a case plan is to be prepared following substantiation and therefore when a protection application is filed. Moreover, substantial improvements were made to case plan recording mechanisms to support practice following the permanency amendments. Thus the quality of case plan data prior to the amendments was limited which prevented the inclusion of the pre-transition stage in the case plan analysis.

As we described in Addendum 2, OOHC episodes were identified using available data on Court orders rather than placement data. This decision was based on consultations with DHHS where preference was given to order-based calculations of OOHC durations for the post-transition stage as a result of the new suite of orders aligning clearly with whether a child was in parental care or not. In particular, s.287A of the CYFA directly relates episodes of OOHC to interim accommodation orders and protection orders. Exploratory data analyses showed that the two measures provide similar results for most cases in the data set but that there were also

deviations between the orders-based durations and the placement data. Furthermore, we conducted several sensitivity analyses using OOHC durations derived from placement data which indicated that the qualitative conclusions drawn from the results remained valid.

Taking an orders-based approach to calculating time in OOHC introduces several challenges to this analysis and the interpretation of findings. Firstly, the orders-based measure may over- or under-estimate the true time that children spent in OOHC during the pre-amendment period. Secondly, a bias in the calculated proxy-OOHC durations may also affect the interpretation of the time in proxy-OOHC prior to achieving reunification or alternative permanency arrangements. Nevertheless, these caveats may also apply to durations derived from placement data.

However, the orders-based approach also offers several advantages. For example, it enables OOHC durations to be directly related to Court orders, which greatly facilitates the process analysis. Moreover, the orders data offers another valid interpretation in the presence of measurement bias, which does not hold for the placement-based calculations (see Box 2). As such, orders-based durations act as a proxy measure of OOHC durations. As is outlined in Addendum 3, concepts of reunification or exit from OOHC and movement to permanent care or long-term care are also directly derived from orders-based durations. Consequently, the limitations stated above also extend to these concepts. These caveats need to be considered when interpreting the findings in this appendix.

Last but not least, the data set for the final analyses was extracted in September 2019, thus effectively providing an analysis period of 30 months after the post-transition phase started. This resulted in a short follow-up period and inhibited the ability to observe case outcomes for many of the cases in the data. For cohort analyses this reduced the sample sizes and led to selection of specific cohorts in order to guarantee a minimum follow-up time. Overall, the short time available following the permanency amendments presented a substantial challenge for the analysis.

Analytical limitations

Limitations stemming from data quality issues are exacerbated by the dynamic process of the changes introduced by the permanency amendments. In particular, due to the nature of the change through legislative amendments, it was not possible to identify parallel comparison groups that would enable one to compare children's progression across schemes before and after the amendments. The most suitable pre-amendment comparison period was identified as the period between 1 March 2013 and 31 August 2014. This period followed the Global Financial Crisis as well as the commencement of the Stability Planning and Permanent Care project which commenced in early 2013. The pre-transition comparison cohort also ended prior

to the transition stage, during which the system was subject to anticipation effects. The duration and follow-up period also matched that of the post-transition stage. Furthermore, this group of cases was considered as being more comparable from a temporal perspective than earlier cohorts so that time effects were unlikely to dominate the changes observed in the data.

Because the cohorts that were included in the cohort study components may be regarded as very specific (e.g., first substantiated cases only), the findings from these analyses may not be representative of the general population of children involved with the child protection system (i.e., external validity may be low). This is especially so as children's past involvement with the child protection system is a key determinant of future pathways through the system. Additionally, important drivers of case movements such as exit from proxy-OOHC or re-entry to proxy-OOHC were not available from the data and could not be included in the analysis. The findings should be interpreted under consideration of these shortcomings and the findings should not be interpreted as causal nor should any relationships in the findings be given causal interpretation. Furthermore, when interpreting the findings from these analyses, the limitations to the analytical models discussed in Addendum 5 must also be considered.

For the analysis at the systems level (e.g., number of PCOs made), the dynamics of the child protection process presented additional challenges as cases moved through the child protection process over time and may have therefore been subject to pre-transition, transition, post-transition conditions or a combination thereof. Given the nature of the amendments, the system and the data (e.g., the short follow-up period), it was not possible to control for this complexity and attribution of the observed changes in the data to the amendments is in many cases not possible without further context. It is therefore crucial to interpret the results in this appendix within the context of the wider project findings.

Early implementation effects resulted in the need to introduce a transition stage, which limited the ability to use these data for the analysis. As a result, the follow-up period for the post-transition stage was shortened to a maximum of 2.5 years for each analysis. This resulted in incomplete observations of a substantial proportion of cases, especially during the later stages of the child protection process.

It should also be recognized that data from CRIS, as is the case for most administrative data systems, were not originally designed for the tasks of this evaluation. This resulted in substantial challenges to establishing analytical models. This was exacerbated by the fact that several changes made to the CRIS data system occurred simultaneously with the commencement of the amendments themselves. In particular, changes to the data recording standards and upgrades to several important modules resulted in substantial differences in data quality and availability between the pre- and post-amendment periods.

Overall, the complexity of case characteristics, different systems involved in the child protection process, and the unavailability of key information regarding children's environments, restricted the analytical models which could be used for evaluation purposes. As such, any findings in this report should be interpreted with care and should not be considered as causal effects of the permanency amendments. This highlights again that the results presented in this appendix should not be interpreted without further context and for purposes other than the ones stated in this study.

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Disclaimer

The analyses and findings described in this report were generated for the purpose of the investigation of the permanency amendments as part of the Permanency Amendments Longitudinal Study (PALS) and its objectives described in this appendix and the main report.

The findings in this appendix should only be considered in combination with the overall insights and conclusions provided in the main report and the other four components of the PALS project. Interpreting individual findings in this report in isolation may result in interpretations and conclusions that are not supported by the research team nor aligned with the aim of this study.

All statistical and qualitative outputs, including analytical models and descriptive statistics, statements, and conclusions provided in this appendix are based on information, feedback, data and materials provided to the research team by DHHS and the PALS stakeholder advisory group. The research team has not sought an independent audit or confirmation of the completeness, reliability or accuracy of the provided data and information. Although conclusions, outputs and interpretations in this report are provided in good faith, the research team accepts no responsibility for any errors in the information, materials and data provided to us, nor the effects that such errors may have on the conducted analysis, conclusions, recommendations or report itself.

Administrative data in child protection systems is complex and subject to several challenges. While the research team has worked in close collaboration with DHHS, there always remains a risk of errors and the findings in this document must be viewed in light of the limitations and assumptions stated throughout the appendix and particularly in the limitations section of this appendix.

This appendix, including its findings, statements and conclusions, is not intended to be utilised or relied upon for any other purposes than those stated in this report. Consequently, the research team accepts no responsibility in any way for the use of this report and its content by other entities or for any purposes other than the ones stated in this document.

Detailed CRIS analysis. Appendix to Permanency Amendments Longitudinal Study Report.   116

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