

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

First findings from the interviews with children and caregivers



## What is covered in this Newsletter?

The *Pathways of Care Longitudinal Study* (POCLS) is a large scale study and the first of its kind in Australia on how children are going in out-of-home care (OOHC). This newsletter was written to provide children and caregivers with feedback about what we learnt from the first round of face-to-face interviews with children and caregivers between May 2011 and August 2013. We really appreciate everyone's involvement in this landmark study from which we will be able to learn more about how to support children who are, or have been, in OOHC.

The information collected in the first interview provides baseline data from which we can monitor the child's progress over time, and learn about the factors associated with improvement, maintenance, or a decline in their wellbeing. The second round of interviews ended in March 2015 and the third round of interviews are due to end in June 2016.

Only selected findings are reported here based on what researchers considered likely to be of greatest interest to children and caregivers who are part of this study and include:

- What is the Pathways of Care Longitudinal Study
- Who was interviewed and what questions were asked
- How children are going at home and at school
- How children are developing – physical health, language skills, cognitive ability and socio-emotional wellbeing
- What services and support children and caregivers receive
- Feedback about the study from carers and interviewers

Note the findings of this study do not represent all children in OOHC because only children who entered care for the first time were study eligible.

## What is the Pathways of Care Longitudinal Study?

This study is the first large scale prospective longitudinal study of children and young people in OOHC in Australia. It is led and funded by NSW Family and Community Services (FACS) with independent expert researchers undertaking the interviews and analysis.

### Why is the study being conducted?

The aim of the study is to provide a strong evidence base to inform the OOHC service system. The information collected will increase our understanding of children's needs, experiences and services they are receiving. This will help improve decision making about how children can best be supported and ultimately how to improve outcomes for children and young people in OOHC.

By asking questions of the children, young people and their carers, we are collecting first hand accounts of OOHC which is the most useful and reliable information. Only people directly involved in OOHC really understand what it is like which is why their input is critically important in shaping what happens to children in OOHC in the future.

### What information is collected from children and caregivers?

A wide range of information was collected to provide a picture of how the children are going in the home and at school as well as gaining an idea of their general wellbeing (including their physical health, their language/learning ability and social/emotional development). Other information collected included service provision, children's contact with their birth family and the characteristics of caregivers who have welcomed these children into their homes.



## How was the information collected from children and caregivers?

Trained interviewers from an independent research agency called I-view conducted face-to-face interviews and activities with children and their caregivers.

Children three years and older participated in activities led by the interviewer to measure language skills and cognitive ability. Children aged 7-17 years were invited to complete an interview on an i-Pad (by themselves or with an interviewer). The following pictures and description show how the interviews were conducted with these children.

All information is strictly confidential and kept securely in a database only accessible by the research team.

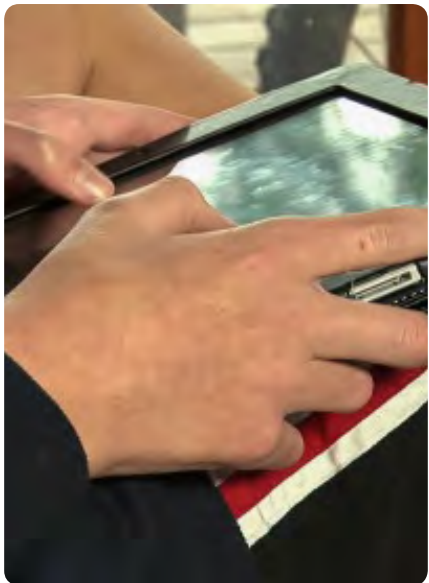
### Face-to-face interview for ages 7–11 years



This child is completing the Computer-Assisted Personal Interview (CAPI) with a trained interviewer.

The questions asked about school, friends, feelings, behaviour, casework, support and where they are living. The interviewer also asks the child if there is anything else they would like to say.

### Self-complete interview for ages 12–17 years



This young person is completing the Audio Computer-Assisted Self-Interview (ACASI) on an iPad, with the voice recording done by a person who grew up in care. ACASI allows for the young person to answer the questionnaire in a confidential setting.

The picture shows what the I-view custom-designed ACASI survey looked like – a space theme was used to make the experience more engaging.

Questions asked about school, work, friends, health and wellbeing, behaviour, casework, support, where they are living, leaving care and living skills. There is a text box for other thoughts.

## Who was interviewed?

All children aged 0–17 years old and entered OOHC for the first time between May 2010 and October 2011 and received final care and protection orders by April 2013 were invited to participate in interviews for this study.

A total of 1,285 children aged 9 months to 17 years, and their caregivers living in 897 households, completed an interview and/or activities depending on the child's age and maturity. Most interviews occurred on average 18 months after the child entered OOHC.

All children in the study will be invited to join in the next round of interviews conducted every 18 months regardless of whether they have moved or gone home to live with their birth parents.

### Where the children were living

Around half (51%) of the children were living with foster carers and 44% were living with relatives or kin, most commonly a grandparent. Only 2% were living in residential care.

### Gender of the children

Approximately, half of the children in the study were male and half were female.

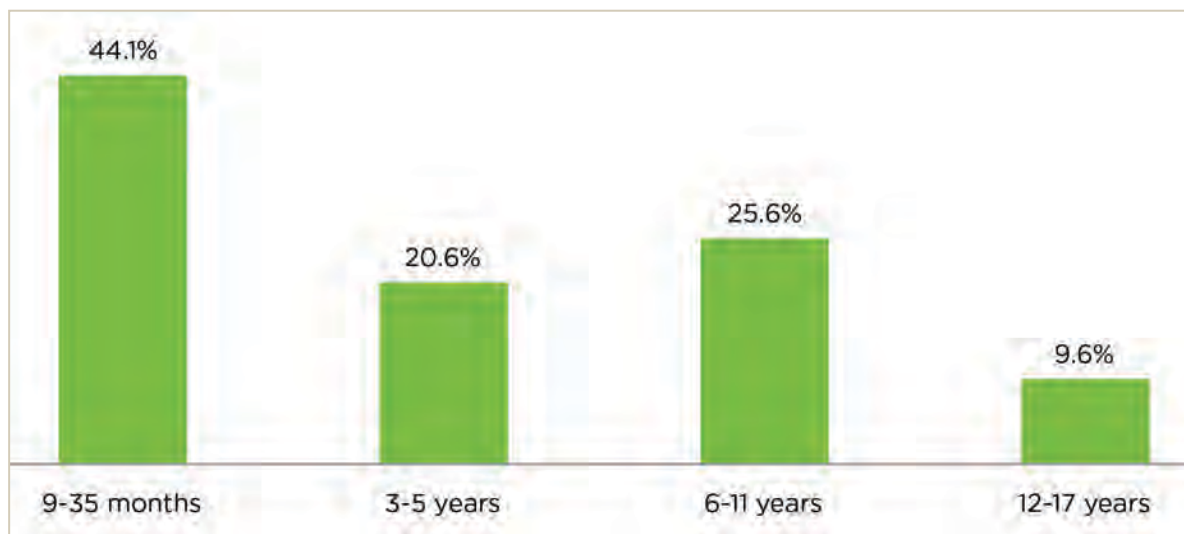
### Cultural background of the children

Over one third (36%) of children were Aboriginal and 9% were from a culturally diverse background.

### Age of the children

Close to half (44%) the children were aged under three years at the time of interview, 21% were aged 3-5 years, 26% were aged 6-11 years and 10% were aged 12-17 years.

Figure 1: Age of children at the time of the first interview



## How are children going in OOHC?

### What do the children say about their carers?

The majority of children reported that the adult who looked after them always helped them if they had a problem, listened to them and praised them for doing well.

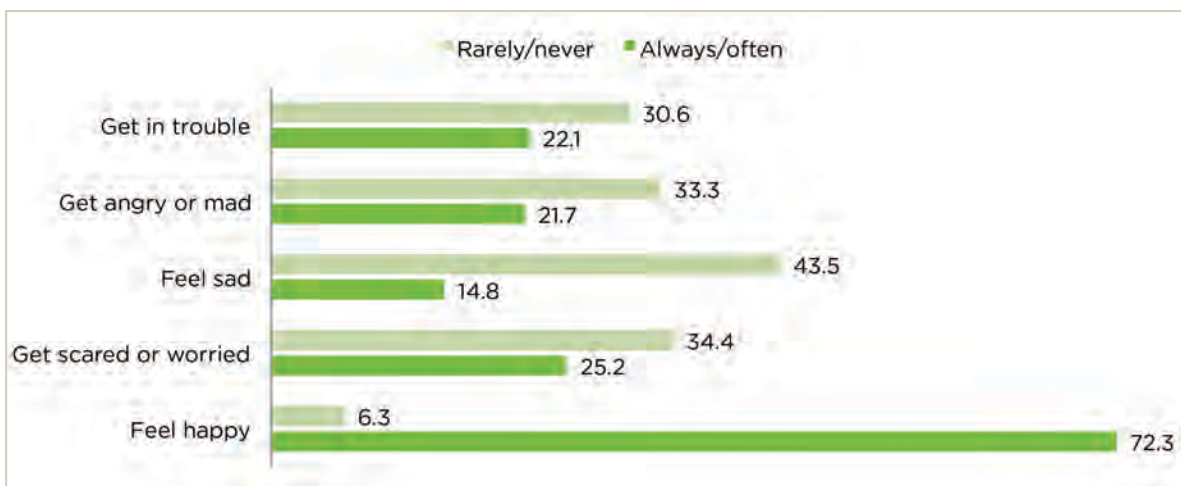
Figure 2: Children aged 7-17 years who responded 'always' to questions about how they were being looked after, by child age.



### What do the children say about how they are feeling and who they talk to?

The majority of children aged 7-11 years told us they felt happy. If they felt worried, sad or angry they mostly spoke with members of their caregiving family (89%), their birth family (69%), teachers or school counsellors (66%) and friends (57%) who they saw as helping them.

Figure 3: Children aged 7-11 years reports of happiness, distress, anger, or being in trouble



## How are children going in OOHC?

For older children aged 12-17 years it was less positive. Commenting on their last six months, 62% of young people aged 12-17 years said they had experienced feelings of unhappiness, sadness or depression, 54% had felt nervous, stressed or under pressure, and 74% had been in trouble because of their behaviour. Older children in the study tended to talk less often to people about their feelings and seemed to have less positive perceptions of how helpful people were compared with younger children in the study. This however is not surprising given they have recently entered OOHC as teenagers.

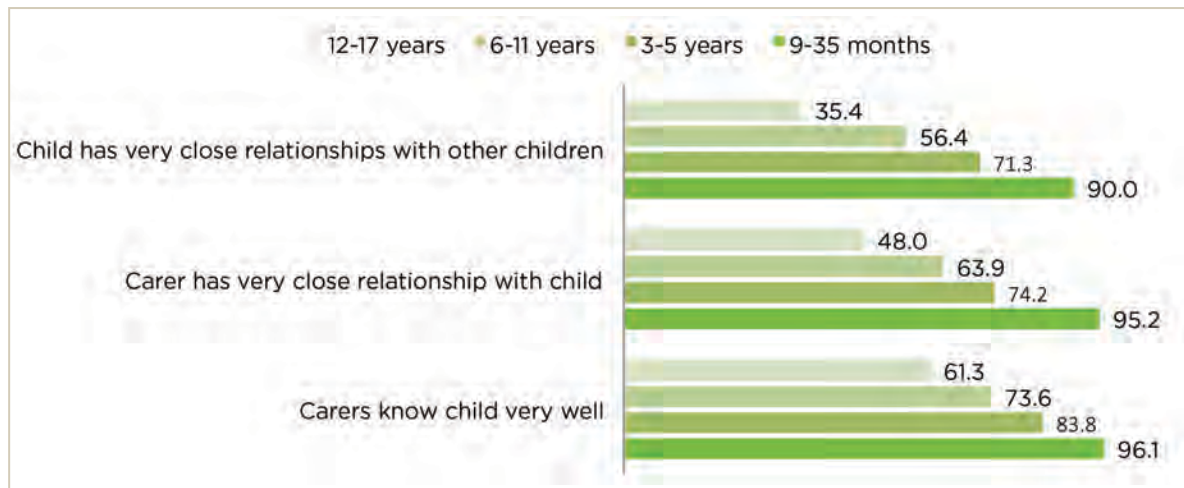
### What do carers say about the children?

Most caregivers said they felt that they knew the child very well (84%) or fairly well (15%), had a very close relationship with the child (78%) and that the child had very close relationships with other children in the household (72%). However, this did vary depending on the age of the child.

Caregivers reported that they had high levels of warmth and monitoring of children's activities and low levels of hostility.

Most children aged 6-17 years had close relationships with peers and significant others.

Figure 4: Caregiver reports of the child's relationships with others, by child age



### Are children maintaining connections to their cultural background?

Caregivers felt that they were very able (69%) or fairly able (25%) to support the Aboriginal and culturally diverse children to maintain cultural links. This was through practicing birth language and discussing cultural heritage but also by socialising and observing religious and cultural activities and celebrations. However, almost 7% of children had no connection with their cultural background.

## Are children maintaining connections to their birth family?

Caregivers reported that most children maintained connections with their birth family, with 85% having photos of their birth family and 46% having a Lifestory Book.

Caregivers said 80% of the children are having their needs very well or fairly well met in maintaining family relationships. Most (83%) children were in contact with their birth mothers but only about half were in contact with their birth fathers (52%) and siblings (49%). Outside the immediate family, contact was most common with grandparents (57%) and aunts/uncles (53%). Less than 20% of children had weekly contact with their birth mother, father and siblings.

Of those children who did have contact with their birth parents, it was nearly always in the form of face-to-face supervised contact. Younger children were more likely to have supervised contact while the probability of unsupervised contact with birth parents increased with age.

Figure 5: Caregiver reports of maintenance of the child's cultural background



### How close are the children to their birth family?

Caregivers said that fewer children had good relationships with members of their birth family, with 38% having a good relationship with their birth mother and 24% having a good relationship with their birth father. About half of the children (51%) had good relationships with their birth siblings according to the caregiver interviewed.



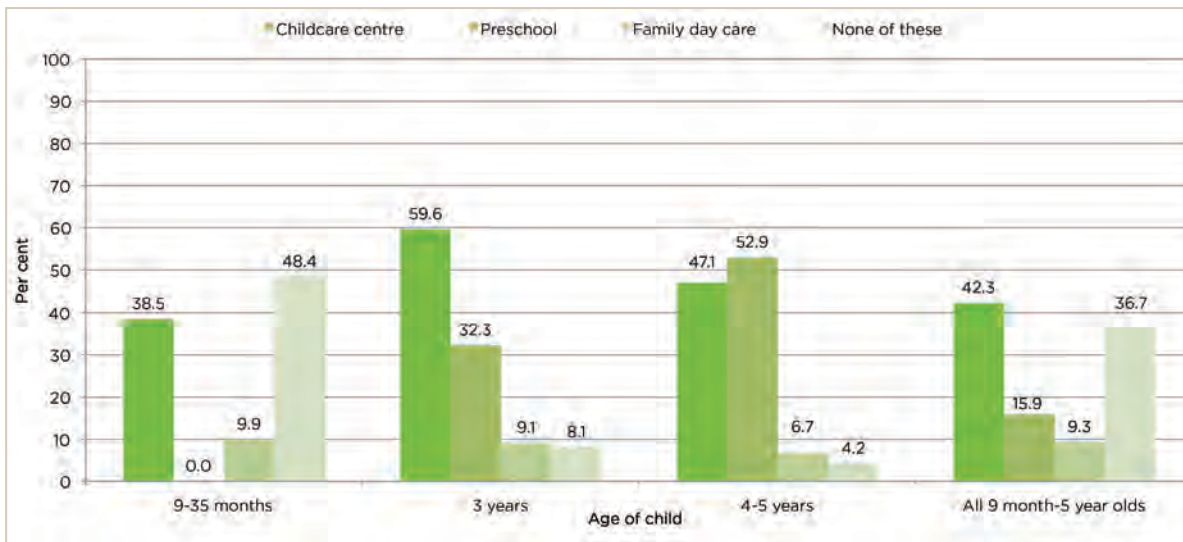


## How are children going at childcare and preschool?

Half (52%) of 9-35 month old children were attending childcare, as were 92% of 3 year olds and 96% of 4-5 year olds.



Figure 6: Caregiver reports of types of childcare currently attended by children, by child age



Younger children (9-35 months) most commonly spent 11-20 hours at childcare per week while 4-5 year olds most commonly spent 21-30 hours at childcare per week.

Just under half (47%) of the children participated in activities outside the home with the most common activities being playgroup or other organised play or group activity. In contrast, about three quarters of 9 months to 5 years old take part in a range of activities (including playing with toys/ games, playing music, singing songs, dancing) at home with their caregivers or other adults in the household on most days of the week.

## How are children and teenagers going at school?

Most children have experienced disruption to their schooling with two thirds of 6-11 year olds and three quarters of 12-17 year olds having experienced at least one change of primary school during their school life. Just over half (52%) of 12-17 year olds had also experienced one or more changes of secondary school.

Over half (56%) of 6-11 year olds and about two thirds (66%) of 12-17 year olds changed school when placed with their caregiver. A smaller proportion of children have changed schools since (8% of 6-11 year olds; 22% of 12-17 year olds).

Almost all children aged 6-11 years were going to school, although 9% of 12-17 year olds were not.

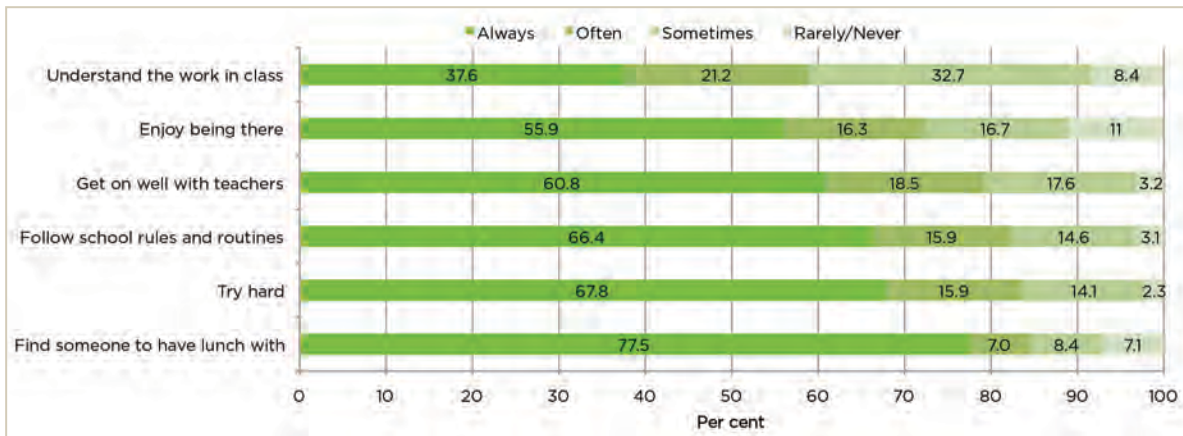


## How are children and teenagers going at school?

### What did the children say about their experiences at school?

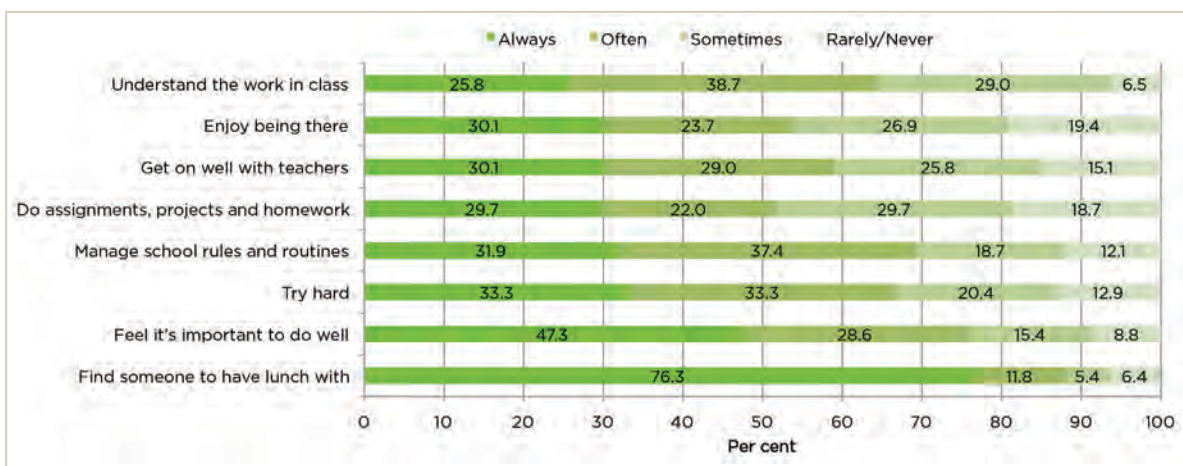
Children aged 7-11 years generally had more positive views about school than children aged 12-17 years with most enjoying being there, understanding the work, following the rules and getting on well with teachers. Over three quarters of children at school felt there was always someone to have lunch with.

Figure 7: Child reports on aspects of school life for children aged 7-11 years<sup>1</sup>



<sup>1</sup> n=226-227 over the various aspects.

Figure 8: Child reports on aspects of school life for children aged 12-17 years<sup>1</sup>

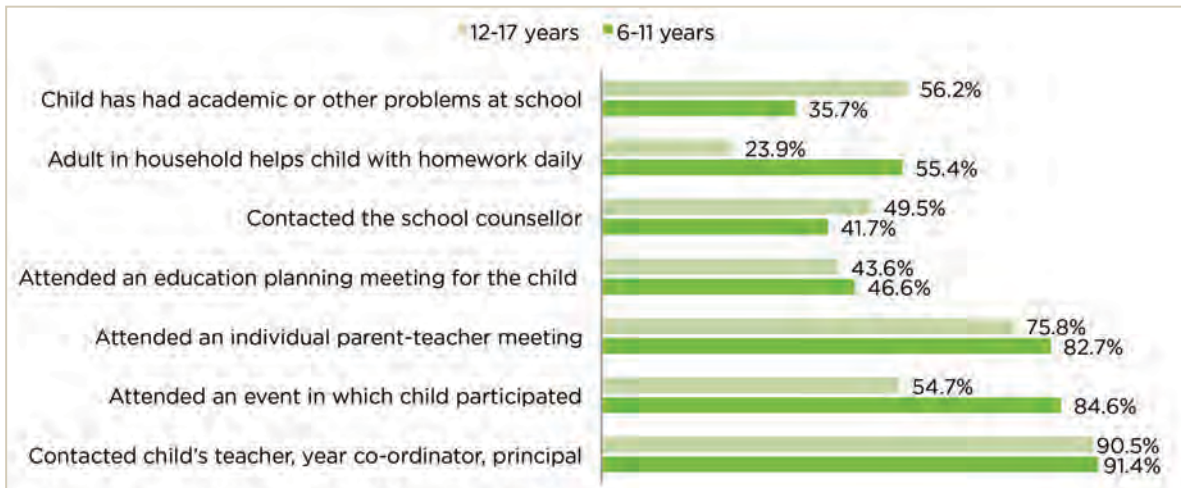


<sup>1</sup> n=91-93 over the various aspects.

## Caregiver's involvement in the child's learning

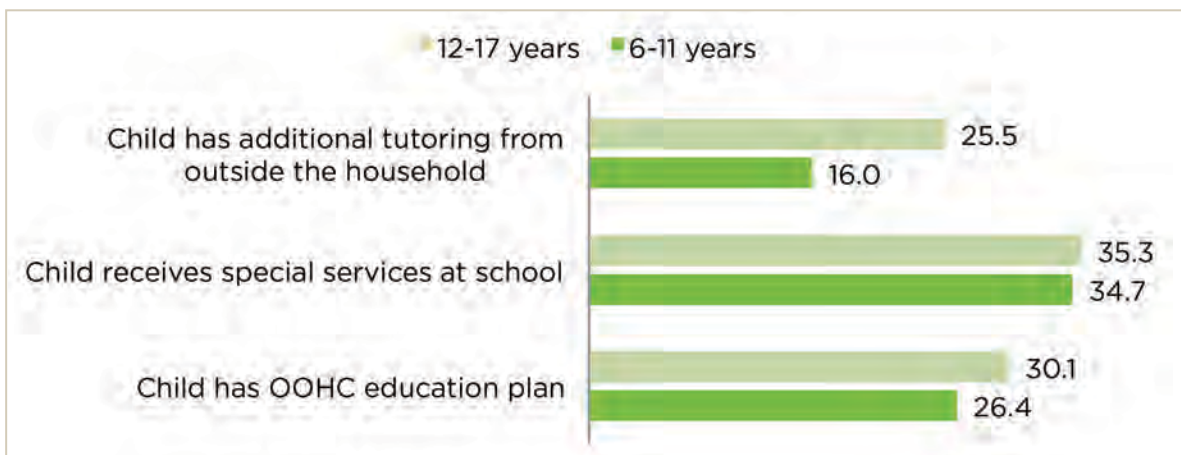
The majority of caregivers are involved in their child's schooling, with caregivers of more than a third (36%) of 6-11 year olds and more than half (56%) of 12-17 year olds reporting that their child has had academic problems or other problems at school.

Figure 9: Caregiver reports of their involvement in the child's learning, by child age



Educational support was provided to a substantial number of children to assist with academic difficulties.

Figure 10: Caregiver reports of educational support provided to the child, by child age



## How are children developing?

### Physical health

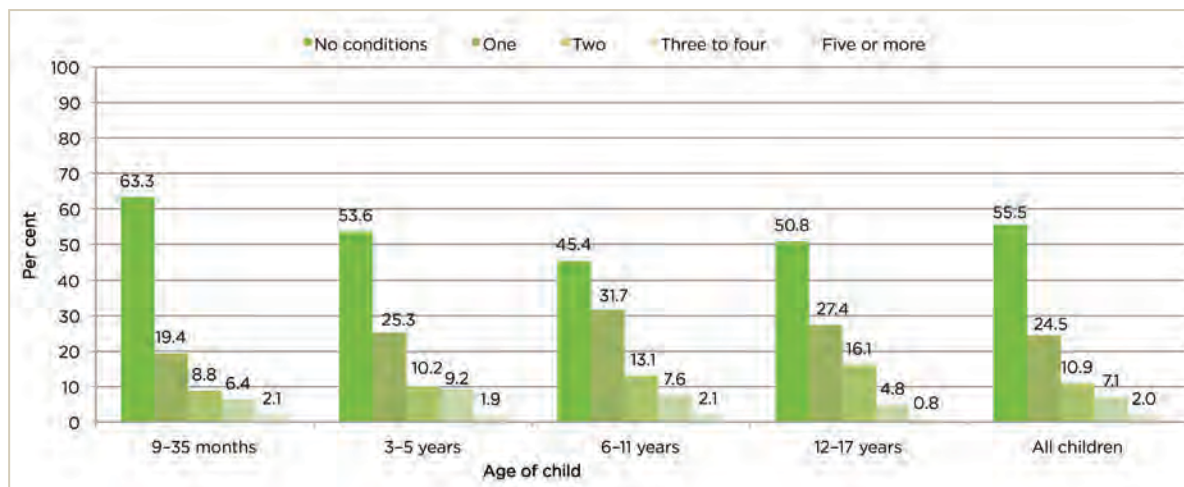
Across all ages, most children seemed to be progressing well in terms of their physical health, with 88% perceived by their caregivers to be in excellent or very good health. The most common health conditions were asthma (11%), problems with eyesight (10%), teeth/oral hygiene (9%) and hearing (6%). Less than 1% were in poor or very poor health.

Just under half (44%) of the children had one or more health conditions that have lasted, or are expected to last, six months or more and have been diagnosed by a health professional compared with 37% of 1–14 year olds in the general population (ABS, 2007/08).

Overall, older children entering OOHC for the first time tended to have poorer general health and were more likely to have a diagnosed health condition than younger children.

The majority of children were judged by caregivers to be neither underweight nor overweight and appeared to be following a healthy diet, with fruit and vegetables consumed at least daily.

Figure 11: Caregiver reports of the number of health conditions, by child age



## How are children developing?

### Language skills

#### Language development for ages 9–35 months

Carers completed several scales to measure younger (9-35 months) children's language development. These indicated that approximately one quarter of children aged 9-23 months showed slower than average speech development, 13% of 24-29 month olds and 28% of 30-35 month olds were lower than average in the number of words used in daily speech, and 41% showed lower than average use of complex sentences.



#### Language development assessment for ages 3–17 years

The Peabody Picture Vocabulary Test (PPVT-IV; Dunn & Dunn, 2007) measures children's understanding of spoken words. This child is completing the PPVT with a trained interviewer.

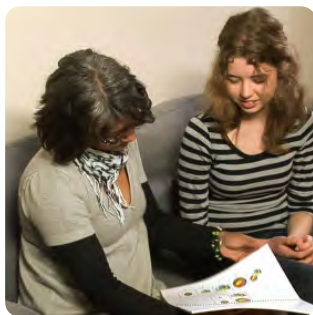
Children three years and older were asked to complete activities with the interviewers to measure their language skills.

The study found that 83% of 3–5 year olds, 73% of 6–11 year olds and 58% of 12–17 year olds have language skills 'within or above normal range' compared with 85% expected in the general population.

There are comparatively few children who are performing in the above average range.

### Cognitive ability

#### Non-verbal reasoning assessment for ages 6–16 years



This young person is completing the Wechsler Intelligence Scale for Children (WISC-IV; Wechsler, 2003) Matrix Reasoning Test with a trained interviewer. The young person is asked to point to the picture that completes the sequence of patterns.

Cognitive (non-verbal reasoning) ability was measured for children aged 6-16 years by asking them to complete a non-verbal reasoning task.

There were fewer children and young people in the study population (72% of 6–11 year olds and 70% of 12–16 year olds) within the 'normal or above normal range' than the 85% expected in the general population.

Although most children are doing well this means that almost twice as many 6-16 year olds show non-verbal cognitive abilities in the 'below normal range' than would be expected in the general population.

## How are children developing?



### Social and emotional wellbeing

Two widely used scales were completed by the caregivers to assess children's behaviour problems. The study looked at the proportion of children who showed problems of similar severity to children who are receiving clinical treatment for a diagnosed behavioural or mental disorder.

Children in the study were not faring well on socio-emotional adjustment, with the level of behaviour problems increasing with age from 17% among 12–35 month olds to 21% among 3-5 year olds, 31% among 6-11 year olds and 47% among 12-17 year olds. For 6-17 year olds, this is two to three times what is found in the general community. The behaviour problems were more likely to be acting out in nature such as aggression and hyperactivity than internalising problems such as anxiety and depression.

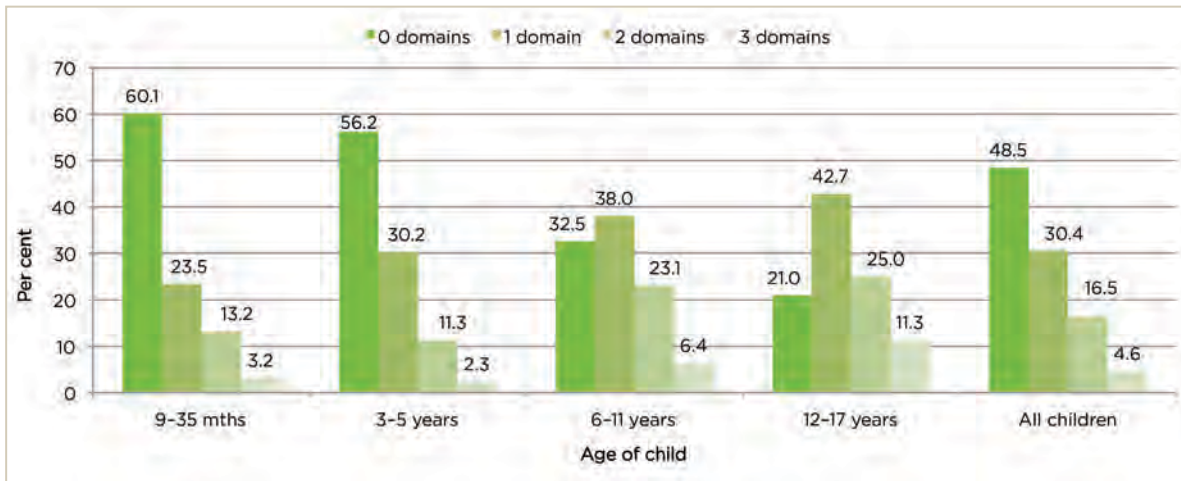
It is not surprising children have behaviour problems when entering OOHC for the first time. That the problems tend to increase with age of entry to OOHC may reflect longer exposure to risk of harm. However, caregivers said the children were progressing very well.

## Overall, how are children developing?

The data from the first round of interviews conducted approximately 18 months after children have just entered OOHC show that younger children are faring better overall than the older children. More than four fifths of children aged 9-66 months were meeting developmental milestones on aspects such as communication, gross and fine motor skills, problem solving and personal-social skills.

Approximately half (48%) of the children in the study were not showing problems across the measures of physical health, language and cognitive ability and socio-emotional wellbeing, 46% showed problems in one or two areas measured and 5% showed problems across all three areas measured. Children aged 12-17 years showed more problems in all areas of wellbeing measured than younger children.

Figure 12: Proportions of children showing developmental problems across 0 to 3 domains of functioning, by child age





## What services and support do children receive?

Carers provide the greatest support for the children on a day to day basis. Besides physical care and nurturing, carers also report high levels of involvement in activities with children. For children under five this includes playing with the child (toys and games), reading books, playing music, dancing, singing, playing outdoor games and involving them around the home.

For older children the great majority of carers reported being involved in the child's school, listening to them and helping them if they have a problem.

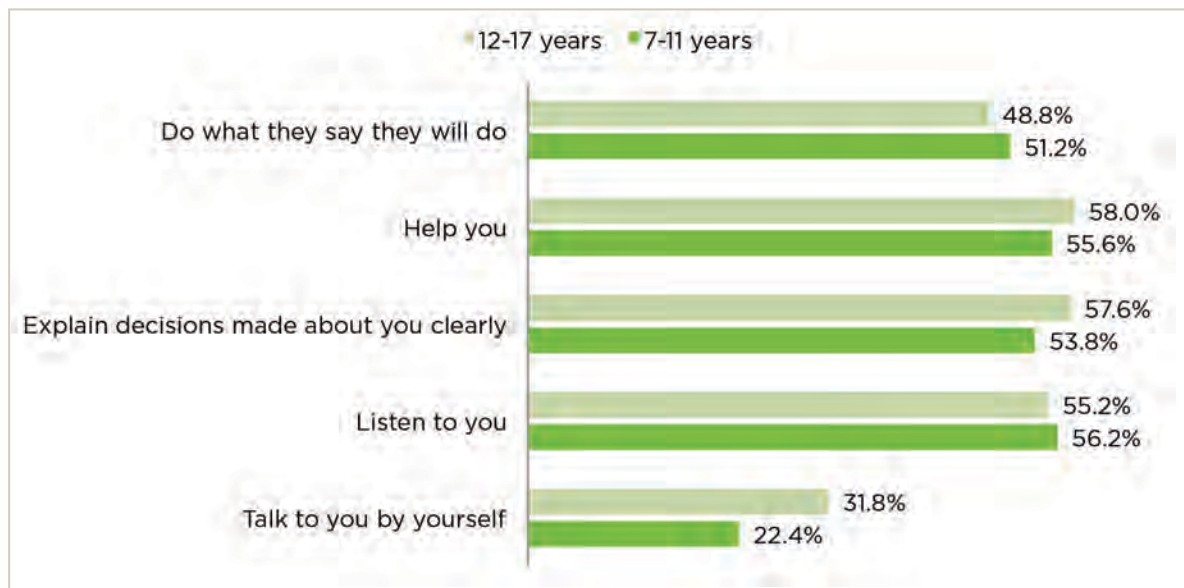
Carers also ensure that children have access to more formal services. The most common health service provided to children was a general practitioner (92%), followed by a paediatrician (56%) and a dental hospital or local dentist (46%). This varied depending on age, with children aged 12-17 years more often attending dental and counselling/psychological services and younger children aged 9-35 months more likely to attend a paediatrician or an Early Childhood Health centre.

According to caregivers, around two thirds (67%) of children's health needs had been very well met and a quarter (25%) had been fairly well met. Long waiting lists was the most frequently reported barrier to receiving services.

Children did not have frequent face-to-face contact with their caseworkers (with 55% reporting less than monthly) but 40% had email or phone contact at least fortnightly.

Around half of the children thought that their caseworker *always* or *often* provided them with support although they were less likely to talk to the child in private.

Figure 13: Children 7-17 years reports of support from caseworker – '*always*' or '*often*' responses, by child age



## What services and support do caregivers receive to raise children?



Over half (60%) of caregivers received at least one type of professional support service to help in caring for the child, with the most common types being childcare (27%), respite care (22%) and carer support organisations and groups (20%).

Nevertheless, almost two thirds (64%) considered they required more support from at least one type of professional service, with the most common types again being childcare (28%), respite care (29%) and carer support organisations and groups (20%). Again the most frequently reported barrier to these services was the long waiting lists.

Just over two thirds of caregivers were satisfied with their access to caseworkers when needed and 66% were satisfied with the assistance they received.

Figure 14: Caregiver reports of caseworker assistance since the start of the placement, by child age



## Feedback about being in the study from caregivers and interviewers

### Carers

Carers who took part in the study said the study was worthwhile. However, caregivers have busy lives which can be seen by the fact that it was rarely possible to complete an interview without distraction. Despite this carers overwhelmingly (95%) remained positive and completed the interview. What caregivers said about taking part in the study:

'Worthwhile'

'I am happy if it helps in the future'

'It included important questions that hadn't been asked by anyone else'

'Prepared to make the effort'

'It is gathering purposeful information so it is fine'

'There was a bit to get through but I knew it would be long so it was ok'



### Interviewers

Interviewers generally found being part of the study a positive and rewarding experience. What interviewers have said about their experiences with this study:

'It is very rewarding to conduct interviews with foster and kinship families, and to be welcomed into their homes for a second and third visit'

'It has been a humbling experience - my value system is constantly in check'

'It is a pleasure to be part of this study'

'Carers speak at length about issues that are important to them'

'There is difficulty keeping some children focused and engaged'

'Difficulties completing interviews without interruption from babies/young children and other demands on carer's time'

## Study participants

If you are part of this study, please let FACS or I-view know if you change your address or phone number so we can keep in contact with you.

If you have any queries, please contact the researchers at the NSW Department of Family and Community Services (FACS) Analysis and Research by email [Pathways@facs.nsw.gov.au](mailto:Pathways@facs.nsw.gov.au) or phone 1800 997 960.

If you would like more information about I-view, who are conducting the interviews, please go to the I-view webpage [www.iview.com.au](http://www.iview.com.au) or phone 1800 105 088

## Study design and data analysis by

NSW Department of Family and Community Services Analysis and Research  
Australian Institute of Family Studies consortium of Australian researchers  
Chapin Hall Center for Children University of Chicago.

## Study data collection by

I-view Social Research

## Ethics approval by

University of NSW Human Research Ethics Committee (UNSW HREC)  
(Approval number HC10335).

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

## Pathways of Care Longitudinal Study Clearinghouse

Information about the study and the full research report titled *Pathways of Care Longitudinal Study Wave 1 Baseline Statistical Report* are available on the study webpage [www.community.nsw.gov.au/pathways](http://www.community.nsw.gov.au/pathways).

All study publications including newsletters, technical reports and research reports can be found on the study webpage [www.community.nsw.gov.au/pathways](http://www.community.nsw.gov.au/pathways).

## Published by

NSW Department of Family and Community Services (FACS)  
Analysis and Research  
Strategic Reform and Policy  
223–239 Liverpool Road, Ashfield NSW 2131

Phone + 61 2 9716 2222

June 2015



## Notes



# Notes



## Notes



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