25

Research Report

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

Children and Young People in Residential Care: Statistical Report

Communities and Justice

NSW GOVERNMENT

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

Research Report No. 25

Children and Young People in Residential Care: Statistical Report

Published by
Communities and Justice (DCJ)
Family and Community Services Insights, Analysis and Research (FACSIAR)
6 Parramatta Square,
10 Darcy Street,
Parramatta NSW 2150

Phone + 61 2 9716 2222

September 2024

ISBN: 978-0-6456371-2-0

Recommended citation
Lau, J., & Hopkins, J. (2023). Children and Young People in Residential Care: Statistical Report. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 25. Sydney. Communities and Justice.

Disclaimer
DCJ funds and leads the Pathways of Care Longitudinal Study. The analyses reported in this publication are those of the authors and should not be attributed to any data custodians. The authors are grateful for the reviewers' comments.

About the information in this report
All the analyses presented in this report are based on the Wave 1-5 unweighted data collected in face-to-face interviews with children, young people and caregivers; DCJ administrative data and record linkage health, education and offending data.

Pathways of Care Longitudinal Study Clearinghouse
All study publications including research reports, technical reports and briefs can be found on the Pathways of Care Longitudinal Study webpage.

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

Study data collection by I-view Social Research.

Advisors Expert advice and support has been provided by the CREATE Foundation; Aboriginal Child, Family and Community Care State Secretariat (AbSec); My Forever Family NSW; and program areas.

Acknowledgements We wish to extend our thanks to all the children, young people and caregivers who participated in interviews; childcare teachers, school teachers and caseworkers who participated in on-line survey interviews; and the data custodians in the relevant NSW and Commonwealth government departments. Ms Sammy Verma grew up in care and played a key role in the production of the study video for children and stakeholders. Ms Billy Black also grew up in care and designed the study artwork. Ms Sammy Verma and Mr Samuel Eyeson-Annan both did the voiceover for the audio computer-assisted self-interview (ACASI) for the child/young person interview.

Ethics approval by The University of NSW Human Research Ethics Committee (approval number HC10335 & HC16542); Aboriginal Health and Medical Research Council of NSW Ethics Committee (approval number 766/10); NSW Department of Education and Communities State Education Research Approval Process (SERAP, approval number 2012250); NSW Population & Health Services Research Ethics Committee (Ref: HREC/14/CIPHS/74 Cancer Institute NSW: 2014/12/570).

Contents

1 Executive Summary 8
1.1 Key findings 8
1.1.1 Characteristics of the residential care cohort 8
1.1.2 Standardised measures of child development 8
1.1.3 Residential care workers' views of residential care 9
1.1.4 Children and young people's views of residential care 10
2 Introduction and Method 11
2.1 Overview of residential care 11
2.2 Analysis 12
2.3 Research Questions 12
3 Findings 13
3.1 Characteristics of the residential care cohort 13
3.2 Standardised measures of child development 14
3.2.1 Socio-emotional wellbeing – CBCL total problems scale 15
3.2.2 Socio-emotional wellbeing – CBCL internalising scale 16
3.2.3 Socio-emotional wellbeing – CBCL externalising scale 18
3.2.4 Social competence 19
3.2.5 Verbal ability 20
3.2.6 Non-verbal reasoning 22
3.3 Questions asked of residential care workers 24
3.3.1 Characteristics of residential care arrangement 24
3.3.2 Training and support available to residential care workers 25
3.3.3 General health of residential care cohort 27
3.3.4 School education 30
3.3.5 Contact with the justice system 31
3.4 Questions asked of both residential care workers and children and young people 32
3.5 Questions asked of children and young people 33
3.5.1 Support received 33
3.5.2 Feelings about aspects of life 34
3.5.3 General health 35
3.5.4 School problems scale 36
3.5.5 School bonding scale 36
4 Limitations 37
5 Conclusion 37
6 References 38

List of Figures

Figure 1: Residential care worker report of whether the residential care service accommodates the residents 24
Figure 2: Residential care worker general rating of child's current physical health 27
Figure 3: Residential care worker report of whether the child is taking prescribed medication to control behaviour 29
Figure 4: Residential care worker report of whether the child receives special education or remedial services or attends a special class or special school 30
Figure 5: Residential care workers and child reports of bullying 32
Figure 6: Child rating of their health in the last four weeks 35
Figure 7: Child report of whether they usually got enough sleep in the last four weeks 35

List of Tables

Table 1: Characteristics of the residential care cohort 13
Table 2: Residential care worker report of the most recent total behaviour problems score (CBCL) for the residential care cohort by age at first entry into care 15
Table 3: Residential care worker report of the most recent internalising scale score (CBCL) for the residential care cohort by Aboriginal status 16
Table 4: Residential care worker report of the most recent internalising scale score (CBCL) for the residential care cohort by age at first entry into care 17
Table 5: Residential care worker report of the most recent externalising scale score (CBCL) for the residential care cohort by age at first entry into care 18
Table 6: Residential care worker report of the most recent social competence score (CBCL) for the residential care cohort by age at first entry into care 19
Table 7: Residential care worker report of the most recent verbal ability score (PPVT-IV) for the residential care cohort by Aboriginal status 20
Table 8: Residential care worker report of the most recent verbal ability score (PPVT-IV) for the residential care cohort by age at first entry into care 21
Table 9: Residential care worker report of the most recent non-verbal reasoning score (MR test WISC-IV) for the residential care cohort by Aboriginal status 22
Table 10: Residential care worker report of the most recent non-verbal reasoning score (MR test WISC-IV) for the residential care cohort by age at first entry into care 23
Table 11: Residential care worker report of training sessions attended in the last 12 months 25
Table 12: Residential care worker report of professional support services accessed 25
Table 13: Residential care worker report of professional support services still required 26
Table 14: Residential care worker report of condition(s) that lasted or were expected to last six months or more 28

Table 15: Residential care worker report of whether the child has ever been suspended from school....30
Table 16: Residential care worker report of contact with the justice system for the child....31
Table 17: Child report of people they talked to when feeling worried, sad, or angry....33
Table 18: Child report of how they feel about aspects of their life....34
Table 19: Child report of how they feel about their current living situation....34
Table 20: Child report of school problems....36
Table 21: Residential care cohort report of school bonding....36

Preface

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

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

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

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

The population cohort is a census of all children and young people who entered OOHC over an 18 month period for the first time in NSW between May 2010 and October 2011 (n=4,126). A subset of those children and young people who went on to receive final Children's Court care and protection orders by 30 April 2013 (2,828) were eligible to participate in the study. For more information about the study please visit the Pathways of Care Longitudinal Study webpage.

The POCLS acknowledges and honours Aboriginal people as our First Peoples of NSW and is committed to working with the Aboriginal Governance Panel, DCJ's Transforming Aboriginal Outcomes team, including Ngaramanala (Aboriginal Knowledge Program), the Office of the Senior Practitioner and Child and Family program area to ensure that Aboriginal children, young people, families and communities are supported and empowered to improve their life outcomes. The POCLS data asset will be used to improve how services and supports are designed and delivered in partnership with Aboriginal people and communities.

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

- Ensuring that our approach to data projects assesses the privacy, security and ethical impacts across the data lifecycle.

- Ensuring the controls are proportionate to the risks and that we consider community expectations and IDS.
- Guaranteeing a culture of trust between data providers and recipients, including Aboriginal people, through consistent and safe data sharing practices and effective data governance and stewardship.

A whole of government response to IDS and IDG in NSW, including a position on reporting disaggregated data, is being led by The Cabinet Office, along with the Coalition of Aboriginal Peak Organisations. The POCLS will continue to collaborate with Aboriginal Peoples and will apply the policy principles once developed.

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

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

1 Executive Summary

This statistical report focuses on a cohort of children and young people in OOHC who were in residential care at the time of their POCLS interview in any of the waves from Wave 1 to Wave 5. This cohort is referred to as the residential care cohort.

It is worth noting that the data used in this report is up to December 2020 which was before the introduction of the Intensive Therapeutic Care (ITC) placement record in ChildStory. This means that it is not currently possible to split the analysis between non-ITC residential placements and the new ITC placements (which commenced implementation in 2018). This analysis may be possible at Wave 6.

This report focuses on the following questions:

- What are the demographic characteristics of the children and young people in the residential care cohort?
- How is the residential care cohort faring in terms of socio-emotional wellbeing, social competence, verbal ability, and non-verbal reasoning?
- What are the perspectives of the residential care cohort and their caregivers on aspects of residential care?

1.1 Key findings

1.1.1 Characteristics of the residential care cohort

- The residential care cohort consists of 69 children and young people and their residential care workers.
- Under half (43.5%) were aged less than 10 years when they first entered care.
- About three in 10 (29.0%) were Aboriginal.
- Just under one in 10 (8.7%) were from culturally and linguistically diverse (CALD) backgrounds.
- About four in 10 (42.0%) were female.
- Half of the children and young people (49.3%) completed the child/young person questionnaire modules as part of the interview.

1.1.2 Standardised measures of child development

The POCLS includes measures of the children's socio-emotional wellbeing and cognitive ability (verbal and non-verbal). The measures are standardised, meaning that they can be used to show how individuals are developing over time as well as how the children compare with peers in the general population and indicate whether their development is in the typical/normal ranges or atypical (below normal or borderline/clinical ranges).

Socio-emotional wellbeing

- One in five (20.3%) children and young people in the residential care cohort were in the typical range based on their total behaviour problems score on the Child Behaviour

Checklist (CBCL). The remaining 79.7% were in the atypical range (borderline or clinical ranges). Children in borderline or clinical ranges should be further investigated for severity to determine services needs which may include ongoing intensive professional support.

- About two in five (37.7%) children and young people in the residential care cohort were in the typical range based on their score on the internalising scale on the CBCL (which includes the anxious-depressed, withdrawn-depressed and somatic complaints syndrome scales). This means that 62.3% were in the atypical range (borderline or clinical ranges) and may need support.
- About one-quarter (24.6%) of the residential care cohort were in the typical range based on their score on the externalising scale on the CBCL (which includes the rule breaking and aggressive behaviours scales). Three-quarters (75.4%) were in the atypical range (borderline or clinical ranges) and may need ongoing support.

Social competence

- Over two in five (42.6%) children and young people in the residential care cohort were in the typical range on the social competence scale on the CBCL. Over half (57.4%) were in the atypical ranges indicating that they may need support in this area.

Verbal ability

- Nearly three in five (57.1%) children and young people in the residential care cohort were within or above the normal range for language skills on the Peabody Picture Vocabulary Test Version 4 (PPVT-IV). Conversely, 42.9% were in the below normal range meaning that the child's development is at risk. The child will need at least some additional support and may need ongoing intensive professional support.

Non-verbal ability

- About half (49.0%) of the residential care cohort were within or above the normal range in terms of non-verbal reasoning on the Matrix Reasoning Test (MR) from the Wechsler Intelligence Scale for Children Version 4 (WISC-IV). The other half of the residential care cohort (51.0%) were in the below normal range and will require at least some additional support and may need ongoing intensive professional support.

1.1.3 Residential care workers' views of residential care

- Residential care workers of over four-fifths (81.8%) of the residential care cohort thought the service accommodated the residents very well.
- The most popular training session attended in the last 12 months by residential care workers was on managing challenging behaviours (66.0%).
- The most commonly accessed professional support was for individual supervision (91.2%), although the residential care workers of about two-thirds (66.2%) of the cohort indicated that they still required this type of professional support.
- The current physical health of half (50.0%) of the residential care cohort was rated as "excellent" or "very good" by their residential care workers. A further 30.9% of children or young people were described as being in "good" physical health and 19.1% as in "fair", "poor" or "very poor" physical health.

- According to the residential care workers, nearly two-thirds (62.3%) of the residential care cohort had a developmental delay (emotional, social or behavioural) that lasted or is expected to last for at least six months.
- As reported by their residential care workers, over half (52.5%) of the residential care cohort received special education or remedial services or attended a special class or special school.
- Residential care workers reported that nearly half (45.5%) of the residential care cohort were bullied at school in the last 12 months. When asked about instances of bullying in the last six months, nearly a quarter of children and young people (23.3%) reported being bullied at school.

1.1.4 Children and young people's views of residential care

- Children and young people in the residential care cohort reported being "very happy" or "happy" about several aspects of their life including their friends, the school they go to, the things they have, and their life as a whole.
- About half of the residential care cohort (53.8%) rated their current physical health as "excellent" or "very good" which aligns with the views of the residential care workers. The remaining 46.2% reported being in "good", "fair" or "poor" physical health.
- The children and young people mostly reported being happy, safe and settled where they currently live.

2 Introduction and Method

The purpose of this statistical report is to provide a reference point for policy officers, frontline workers and researchers interested in children and young people in residential care using information collected in the caregiver and child surveys conducted as part of the POCLS. The surveys consisted of a mixture of interviewer-administered and self-administered modules.

To date, five Waves of data collection have been undertaken at 18-24 month intervals and the POCLS now has 10 years of in-depth data on children's OOHC experiences:

- Wave 1: June 2011 to August 2013 with 1,285 participants
- Wave 2: April 2013 to March 2015 with 1,200 participants
- Wave 3: October 2014 to July 2016 with 1,033 participants
- Wave 4: May 2017 to November 2018 with 961 participants
- Wave 5: May 2019 to December 2020 with 862 participants

2.1 Overview of residential care

Residential care is defined as follows in the POCLS Wave 1 report:

> 'Residential care is provided to a small number of children and young people who have challenging behaviours and high support needs, for as long as required. It is provided in a property owned or rented by an agency and is staffed by direct care workers. Residential care units are small community-based residences for two to four young people, supported by rostered residential care staff. Residential care is a placement option for older children and young people with medium to high needs. Such a placement aims to stabilise behaviour and address complex needs of the young person so they can move on to other care types, restoration or independent living.'

Intensive Therapeutic Care (ITC)[1] commenced implementation in 2018 with a focus on Therapeutic Care. Under exceptional circumstances, placement in ITC can be arranged for children aged under 12 years. These include children who:

- exhibit challenging or risk-taking behaviours of intensity, frequency and duration that places them or others at serious risk of harm, and/or
- have identified mental health issues that impact on their cognitive, social and emotional development (may be trauma-related) which reduces access to services, activities and experiences and/or
- have a disability with high-level challenging behaviours or complex health issues that require continuous monitoring and intervention.

The legacy residential care program is not therapeutic care. ITC, Interim Care Model and High Cost Emergency Arrangements (HCEA) are all forms of residential care, however HCEA are the least preferred placement option and ITC is the preferred residential placement option for young people aged 12 years and over with high needs. While ITC is provided 'for as long as required', HCEA are provided for as short a time as possible, until a destination placement is identified.

[1] https://dcj.nsw.gov.au/service-providers/oohc-and-permanency-support-services/intensive-therapeutic-care-intermin-care-model.html

Prior to October 2021, the ITC placement record did not exist in ChildStory and work is currently underway to remediate the residential care placement record. Unit record data on placement types is collected and held by the Central Access Unit (CAU). The data used in this report is up to December 2020 which was before the ITC placement record was introduced into ChildStory. This means that it is not currently possible to split the analysis between non-ITC residential placements and the new ITC placements. This will be re-examined at Wave 6.

2.2 Analysis

The analysis only focuses on children and young people who were in residential care at the time of their interview in any of the waves from Wave 1 to Wave 5 (between June 2011 and December 2020). The children and young people included in this analysis are referred to in this report as the residential care cohort.

There were 12 study children aged under 12 years who were in residential care in at least one wave. Two of them appear to be incorrectly classified and they have been excluded from the analysis. The remaining 10 have some form of disability or challenging health conditions that would justify placement in residential care at a younger age and have therefore been retained for the purpose of the analysis.

Additionally, five young people who appeared to be in independent living were counted as in a residential care placement. Only two of them could be confirmed to be in independent living based on two interview questions asked of the young people themselves (*Who the study child is living with now? Do you live alone?*). These two young people were excluded from the analysis.

If the children or young people and their residential care workers completed more than one interview from Wave 1 to Wave 5, the analysis includes their most recent responses. For example, if there are responses from both Waves 4 and 5, the analysis includes the information collected at the Wave 5 interview. The only exception relates to two children or young people who have responded to multiple interviews but were no longer in residential care at the time of their most recent interview. In this case, the analysis includes their responses from their most recent placement in residential care. This means that the data were collected between June 2011 and December 2020.

The analyses presented in this report are descriptive only and are based on unweighted data. For those tables and figures where the sample numbers reported are small, results should be interpreted with caution. To maintain confidentiality and prevent identification of study participants, numbers less than 5 or percentages based on numbers less than 5 are not published. In some cases, categories may be combined, with the data grouped more broadly.

2.3 Research Questions

Questions that are answered using the POCLS data include:

- What are the demographic characteristics of the children and young people in the residential care cohort?
- How is the residential care cohort going on standardised measures of developmental outcomes in terms of socio-emotional wellbeing, social competence, verbal ability, and non-verbal reasoning?
- What are the perspectives of the residential care cohort and their caregivers on aspects of residential care?

3 Findings

3.1 Characteristics of the residential care cohort

Table 1 shows the characteristics of the POCLS residential care cohort. There were 69 children and young people in the residential care cohort. Just under half (43.5%) were aged less than 10 years when they first entered care. About three in 10 (29.0%) were Aboriginal. Just under 10% were from culturally and linguistically diverse (CALD) backgrounds and about 40% were female. Half of the children and young people (49.3%) completed the child/young person modules as part of the interview. This means that for the other half of the children and young people (50.7%) the caregiver completed the interview but the child or young person did not.

Table 1: Characteristics of the residential care cohort

Characteristics	Category	n	%
Age group at first entry into care	Less than 10 years	30	43.5
	10 years and above	39	56.5
Aboriginal status	Aboriginal	20	29.0
	Non-Aboriginal	49	71.0
CALD status	CALD	6	8.7
	Non-CALD	63	91.3
Gender	Female	29	42.0
	Male	40	58.0
Participation in interview	Yes	34	49.3
	No	35	50.7

3.2 Standardised measures of child development

One of the key aims of the POCLS is to collect data on child development and to examine factors that are associated with developmental outcomes. POCLS includes measures about the children's socio-emotional wellbeing and cognitive ability (verbal and non-verbal). The measures are standardised, meaning that they can be used to show how the children compare with peers in the general population and also how individuals are developing over time.

The POCLS Carer and Child Surveys include the following standardised measures of child development[2]:

- Child Behaviour Checklist [3](CBCL, Achenbach & Rescorla, 2000, 2001) was completed by the caregiver and asks over 100 questions about a range of child and adolescent behaviour problems[4] and interpersonal competencies for children aged 18 months to 17 years. The CBCL provides cut-offs to identify children showing differing levels of problems: a 'clinical range' score indicates that the child has high levels of problems of similar severity to children who are receiving clinical treatment for a diagnosed behavioural or mental disorder (above the 90th percentile in the general population); a 'borderline range' score indicates that the child has elevated, but less severe levels of problems (above the 84th percentile in the general population), and a 'normal range' score indicates that the child is in the normal range of the general child population.
- The interviewer-administered Peabody Picture Vocabulary Test Version 4 (PPVT-IV) was used to assess language capacities in children aged 3 to 17 years. The PPVT-IV measures children's understanding of spoken words (i.e., their receptive language skills) and can be used to assess growth in vocabulary acquisition over time. Depending on their score, children are classified as having language skills below the average range, in the average range or above the average range.
- The interviewer-administered Matrix Reasoning Test (MR) from the Wechsler Intelligence Test for Children Version 4 (WISC-IV; Wechsler 2004) was used to assess general non-verbal intelligence among children aged 6 to 16 years. Depending on their score, children are classified as having cognitive abilities below the average range, in the average range or in the above average range.

For this analysis, the last available valid response for each of the standardised measures is used, noting that the PPVT-IV and MR tests were not administered to the children and young people if the Wave 5 interview was conducted during the COVID-19 pandemic and there are instances where the caregiver has not completed the CBCL at every wave.

The tables below present the counts and percentages of children and young people based on their most recent responses or the most recent responses of those caring for them. The data were collected between June 2010 and December 2020. The results are shown overall and broken down by the Aboriginal status of the children and young people and the age group of the children and young people when they first entered care (under 10 years, 10 years or older), when numbers are large enough to allow such disaggregation.

[2] It is important to take cultural considerations into account when using standardised measures with children from minority cultures. The standardised measures used in the POCLS were selected in 2010 at which time measures of child development had not been tested for validity with Aboriginal children in Australia.
[3] The Child Behaviour Checklist (CBCL) has been tested in a range of diverse cultures but clinical cut-offs may not be uniform across all cultures (Crijnen et al). The measure may not be sensitive to the influence cultural norms may have on reporting child behaviours and parents' problem ratings. This should be considered when interpreting the data.
[4] The term 'problem' is used here as it reflects the language used by the authors who developed the CBCL scale.

3.2.1 Socio-emotional wellbeing – CBCL total problems scale

Table 2 shows that overall, one-fifth (20.3%) of the residential care cohort whose residential care workers completed the CBCL questions were in the typical range based on their total behaviour problems score on the CBCL. The remainder of the residential care cohort were in the borderline or clinical ranges (79.7%). A slightly higher proportion of children and young people who first entered care under 10 years (83.3%) was in the borderline or clinical ranges compared to those who entered care when they were 10 years or older (76.9%). Children in the borderline or clinical ranges should be further investigated for severity to determine their services needs which may include ongoing intensive professional support.

Table 2: Residential care worker report of the most recent total behaviour problems score (CBCL) for the residential care cohort by age at first entry into care

Age group at entry to care	Category	n	%
Less than 10 years	Typical range	5	16.7
	Borderline or clinical range	25	83.3
	Total	30	100.0
10 years and above	Typical range	9	23.1
	Borderline or clinical range	30	76.9
	Total	39	100.0
Total	Typical range	14	20.3
	Borderline or clinical range	55	79.7
	Total	69	100.0

3.2.2 Socio-emotional wellbeing – CBCL internalising scale

Table 3 shows that overall, about two-fifths (37.7%) of the residential care cohort whose residential care workers completed the CBCL questions were in the typical range based on their score on the internalising scale on the CBCL (which includes the anxious-depressed, withdrawn-depressed and somatic complaints syndrome scales). Almost two-thirds (62.3%) were in the borderline or clinical ranges. Similar percentages were found regardless of Aboriginal status.

Table 3: Residential care worker report of the most recent internalising scale score (CBCL) for the residential care cohort by Aboriginal status

Aboriginal status	Category	n	%
Aboriginal	Typical range	8	40.0
	Borderline or clinical range	12	60.0
	Total	20	100.0
Non-Aboriginal	Typical range	18	36.7
	Borderline or clinical range	31	63.3
	Total	49	100.0
Total	Typical range	26	37.7
	Borderline or clinical range	43	62.3
	Total	69	100.0

Table 4 shows that just under two-thirds of children and young people who first entered care under the age of 10 (63.3%) were in the borderline or clinical ranges, with a similar proportion observed for those who entered care when they were 10 years or older (61.5%).

Table 4: Residential care worker report of the most recent internalising scale score (CBCL) for the residential care cohort by age at first entry into care

Age group at entry to care	Category	n	%
Less than 10 years	Typical range	11	36.7
	Borderline or clinical range	19	63.3
	Total	30	100.0
10 years and above	Typical range	15	38.5
	Borderline or clinical range	24	61.5
	Total	39	100.0
Total	Typical range	26	37.7
	Borderline or clinical range	43	62.3
	Total	69	100.0

3.2.3 Socio-emotional wellbeing – CBCL externalising scale

Table 5 shows that overall, about one-quarter (24.6%) of the residential care cohort whose residential care workers completed the CBCL questions were in the typical range based on their score on the externalising scale on the CBCL (which includes the rule breaking and aggressive behaviours scales). Correspondingly, three-quarters (75.4%) were in the borderline or clinical ranges and will need support. Similar percentages were found regardless of age at first entry into care.

Table 5: Residential care worker report of the most recent externalising scale score (CBCL) for the residential care cohort by age at first entry into care

Age group at entry to care	Category	n	%
Less than 10 years	Typical range	8	26.7
	Borderline or clinical range	22	73.3
	Total	30	100.0
10 years and above	Typical range	9	23.1
	Borderline or clinical range	30	76.9
	Total	39	100.0
Total	Typical range	17	24.6
	Borderline or clinical range	52	75.4
	Total	69	100.0

3.2.4 Social competence

Table 6 shows that over two in five (42.6%) children or young people in the residential care cohort were in the typical range in terms of the CBCL social competence scale (which is a composite of the activities, social and school scales) and over half (57.4%) were in the borderline or clinical ranges.

A slightly higher proportion of children and young people who first entered care under the age of 10 (64.3%) were in the borderline or clinical range compared to those who entered care when they were 10 years or older (50.0%).

Table 6: Residential care worker report of the most recent social competence score (CBCL) for the residential care cohort by age at first entry into care

Age group at entry to care	Category	n	%
Less than 10 years	Typical range	10	35.7
	Borderline or clinical range	18	64.3
	Total	28	100.0
10 years and above	Typical range	13	50.0
	Borderline or clinical range	13	50.0
	Total	26	100.0
Total	Typical range	23	42.6
	Borderline or clinical range	31	57.4
	Total	54	100.0

3.2.5 Verbal ability

Approximately three in five (57.1%) children and young people in the residential care cohort were within or above the normal range for language skills on the PPVT-IV, as shown in Table 7. Around 40% of the residential care cohort were below the normal range for language skills indicating that they are developmentally at risk and need additional support.

The pattern was similar regardless of Aboriginal status with 55.6% of Aboriginal children and young people and 57.9% of non-Aboriginal children and young people within or above the normal range.

Table 7: Residential care worker report of the most recent verbal ability score (PPVT-IV) for the residential care cohort by Aboriginal status

Aboriginal status	Category	n	%
Aboriginal	Within or above normal range	10	55.6
	Below normal range	8	44.4
	Total	18	100.0
Non-Aboriginal	Within or above normal range	22	57.9
	Below normal range	16	42.1
	Total	38	100.0
Total	Within or above normal range	32	57.1
	Below normal range	24	42.9
	Total	56	100.0

Table 8 shows that children and young people who first entered OOHC when they were 10 years or older were more likely to need support with verbal skills. Just over one third (34.6%) of the children and young people in the residential cohort who first entered care when they were younger than 10 years were below the normal range for language ability, compared to half (50.0%) of the children and young people who first entered care when they were 10 years or older.

Table 8: Residential care worker report of the most recent verbal ability score (PPVT-IV) for the residential care cohort by age at first entry into care

Age group at entry to care	Category	n	%
Less than 10 years	Within or above normal range	17	65.4
	Below normal range	9	34.6
	Total	26	100.0
10 years and above	Within or above normal range	15	50.0
	Below normal range	15	50.0
	Total	30	100.0
Total	Within or above normal range	32	57.1
	Below normal range	24	42.9
	Total	56	100.0

3.2.6 Non-verbal reasoning

As shown in Table 9, about half (49.0%) of the residential care cohort were within or above the normal range in terms of non-verbal reasoning on the MR test (WISC-IV), with the remainder (51.0%) in the below normal range. Children in the below normal range are developmentally at risk and need support which may include ongoing intensive professional support. Just over half (53.8%) of the Aboriginal children and young people in the residential care cohort were within or above the normal range for non-verbal ability. A similar proportion (47.2%) of non-Aboriginal children and young people were within or above the normal range.

Table 9: Residential care worker report of the most recent non-verbal reasoning score (MR test WISC-IV) for the residential care cohort by Aboriginal status

Aboriginal status	Category	n	%
Aboriginal	Within or above normal range	7	53.8
	Below normal range	6	46.2
	Total	13	100.0
Non-Aboriginal	Within or above normal range	17	47.2
	Below normal range	19	52.8
	Total	36	100.0
Total	Within or above normal range	24	49.0
	Below normal range	25	51.0
	Total	49	100.0

About half of the residential care cohort were within or above the normal range for non-verbal ability regardless of age at first entry into care, as shown in Table 10.

Table 10: Residential care worker report of the most recent non-verbal reasoning score (MR test WISC-IV) for the residential care cohort by age at first entry into care

Age group at entry to care	Category	n	%
Less than 10 years	Within or above normal range	12	52.2
	Below normal range	11	47.8
	Total	23	100.0
10 years and above	Within or above normal range	12	46.2
	Below normal range	14	53.8
	Total	26	100.0
Total	Within or above normal range	24	49.0
	Below normal range	25	51.0
	Total	49	100.0

3.3 Questions asked of residential care workers

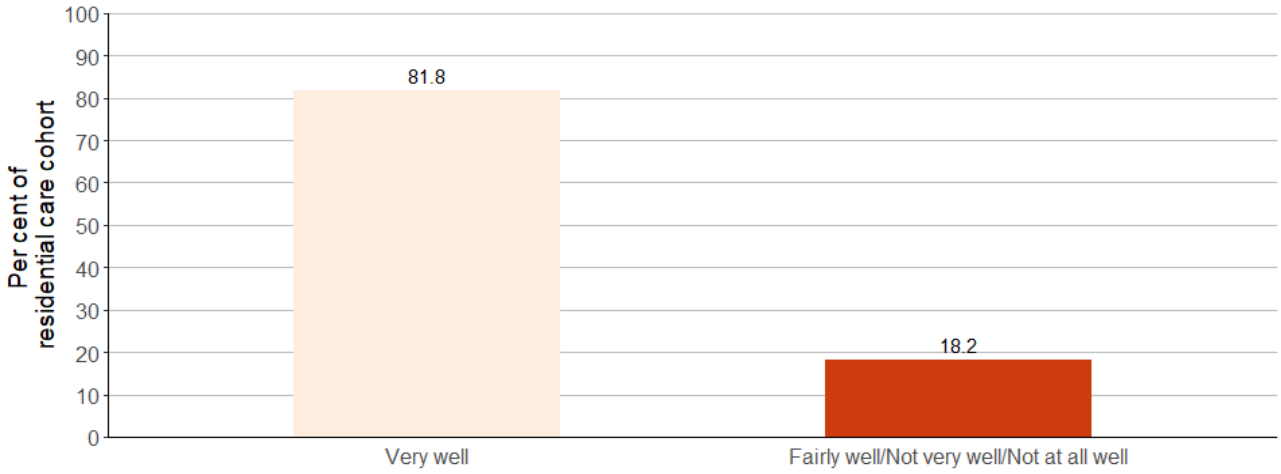
This section provides background information on the residential care arrangement and examines the views of the residential care workers on the residential care cohort. Note that it is possible for one residential care worker to be caring for more than one child or young person. The responses are at the level of the child or young person (i.e., each record represents one child or young person). For example, if one residential care worker cared for two children or young people, two sets of responses would be provided.

The tables and figures below present the percentages of children and young people based on the most recent responses of those caring for them.

3.3.1 Characteristics of residential care arrangement

Residential care workers were asked how well they thought the residential care service accommodates the residents. The residential care workers of over four in five (81.8%) of the children and young people in residential care thought the service accommodated the residents very well, as shown in Figure 1.

Figure 1: Residential care worker report of whether the residential care service accommodates the residents



3.3.2 Training and support available to residential care workers

The residential care workers were asked to indicate the training sessions they had attended in the last 12 months. Table 11 shows the counts and percentages of the residential care cohort whose residential care worker responded “yes” to attending each training session. The residential care workers of nearly two-thirds (66.0%) of the residential care cohort attended a training session on managing challenging behaviours.

Table 11: Residential care worker report of training sessions attended in the last 12 months

Training sessions attended in the last 12 months	n	%[1]
Managing challenging behaviours	31	66.0
Youth mental health	22	46.8
Drug and Alcohol	18	38.3

[1]The percentages do not add up to 100% as caregivers could choose more than one option. The denominator includes the valid responses of 'yes', 'no', 'don't know' and 'refused'.

The residential care workers were also asked about professional support services. The residential care workers of the majority of children and young people in the residential care cohort (91.2%) reported accessing individual supervision, as shown in Table 12. Just over half attended group supervision (54.4%) and just under half accessed counselling or psychologist services (47.1%).

Table 12: Residential care worker report of professional support services accessed

Professional support services for assistance	n	%[1]
Individual supervision	62	91.2
Group supervision	37	54.4
Counselling or psychologist services	32	47.1
Another type of professional support	8	12.7

[1]The percentages do not add up to 100% as caregivers could choose more than one option. The denominator includes the valid responses of 'yes', 'no', 'don't know' and 'refused'.

Interestingly, the residential care workers of two-thirds (66.2%) of the residential care cohort indicated that they still required professional support in individual supervision, as shown in Table 13. Just under half (45.6%) still required group supervision and over one-quarter (27.9%) required counselling or psychologist services.

Table 13: Residential care worker report of professional support services still required

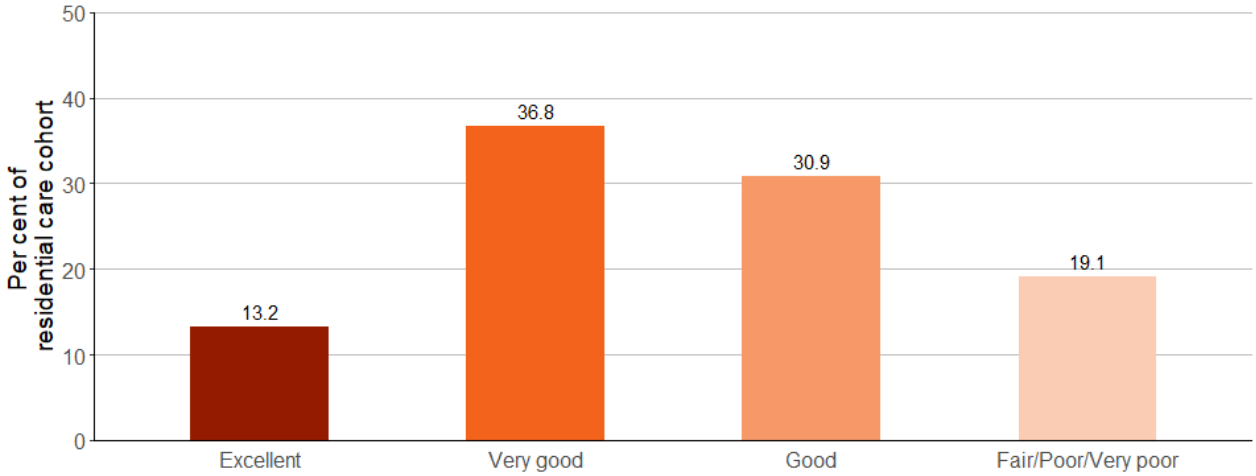
Professional support services still required	n	%[1]
Individual supervision	45	66.2
Group supervision	31	45.6
Counselling or psychologist services	19	27.9
Another type of professional support	15	22.1

[1]The percentages do not add up to 100% as caregivers could choose more than one option. The denominator includes the valid responses of 'yes', 'no', 'don't know' and 'refused'.

3.3.3 General health of residential care cohort

Residential care workers were asked to rate the child or young person's current physical health. The residential care workers reported that half (50.0%) of the residential care cohort had "excellent" or "very good" current health. A further 30.9% of children or young people were described as being in "good" physical health and 19.1% as in "fair", "poor" or "very poor" physical health.

Figure 2: Residential care worker general rating of child's current physical health



The residential care workers were also asked to indicate conditions present in the children and young people that lasted or were expected to last for at least six months. As shown in Table 14, the most often reported conditions or developmental delays included:

- developmental delay - emotional/social/behavioural (for 62.3% of children and young people)
- developmental delay - cognitive/language (23.2%)
- asthma/bronchitis (15.9%)
- problems with teeth/oral hygiene (15.9%)
- problems with eyesight (14.5%).

Residential care workers reported that about one-fifth (21.7%) of the residential care cohort did not have any of the conditions or developmental delays listed.

Table 14: Residential care worker report of condition(s) that lasted or were expected to last six months or more

Condition that lasted or was expected to last 6 months or more	n[1]	%[1]
Developmental delay - emotional/social/behavioural	43	62.3
Developmental delay - cognitive/language	16	23.2
Asthma or bronchitis	11	15.9
Problems with teeth/oral hygiene	11	15.9
Problems with eyesight	10	14.5
Significant chronic conditions[2]	7	10.1
Allergies	6	8.7
Other conditions[3]	10	14.5
None of the above	15	21.7

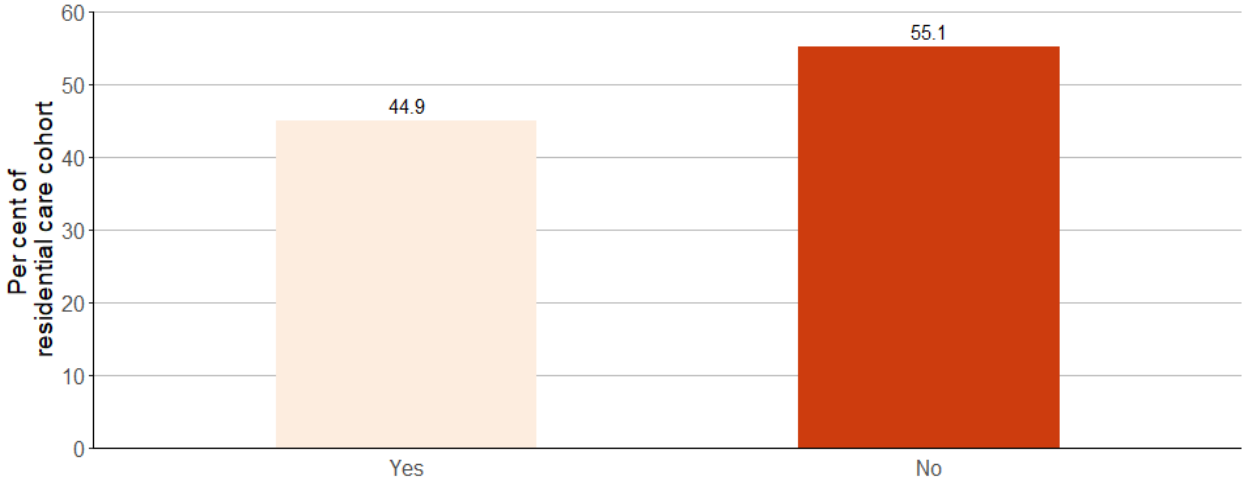
[1]Residential care workers could choose more than one response hence the column adds to more than the number of children and young persons the responses are about and the percentages total more than 100%.

[2]includes epilepsy, diabetes, foetal alcohol spectrum disorder, cerebral palsy, kidney condition or disease and blood disorder

[3]includes other conditions not listed in the table as well as conditions with low numbers (e.g., problems with hearing, developmental delay - physical)

Residential care workers were asked if the child or young person is taking prescribed medication to control their behaviour. As shown in Figure 3, residential care workers reported that 44.9% of the residential care cohort used prescribed medication to control behaviour.

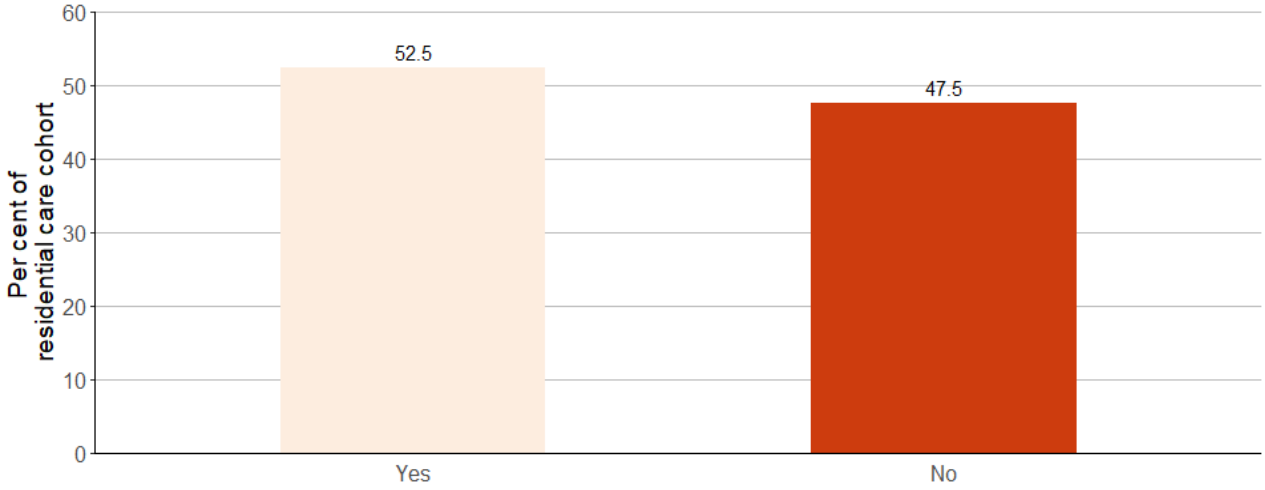
Figure 3: Residential care worker report of whether the child is taking prescribed medication to control behaviour



3.3.4 School education

Residential care workers were asked if the child or young person receives special education or remedial services or attends a special class or special school. As shown in Figure 4, residential care workers reported that half (52.5%) of the residential care cohort were receiving these types of services.

Figure 4: Residential care worker report of whether the child receives special education or remedial services or attends a special class or special school



The residential care workers reported that over one-third of the residential care cohort had been suspended in primary school (36.4%). Around 4 in 10 (40.9%) of the residential care cohort were reported as having been suspended in Year 7-10.

Table 15: Residential care worker report of whether the child has ever been suspended from school

Child ever suspended from school	n	%[1]
In Year 7-10	9	40.9
In Primary school	8	36.4

[1]The denominator includes the valid responses of 'yes', 'no', 'don't know' and 'refused'.

3.3.5 Contact with the justice system

According to their residential care workers, almost a quarter of the children or young people had been arrested (23.3%) and/or had gone to court for a criminal matter (23.3%). Five children or young people (16.7%) had stayed overnight in a juvenile detention centre.

Table 16: Residential care worker report of contact with the justice system for the child

Contact with the justice system	n	%[1]
Been arrested	7	23.3
Gone to court for a criminal matter	7	23.3
Stayed overnight in a juvenile detention centre	5	16.7

[1]The denominator includes the valid responses of 'yes', 'no', 'don't know' and 'refused'.

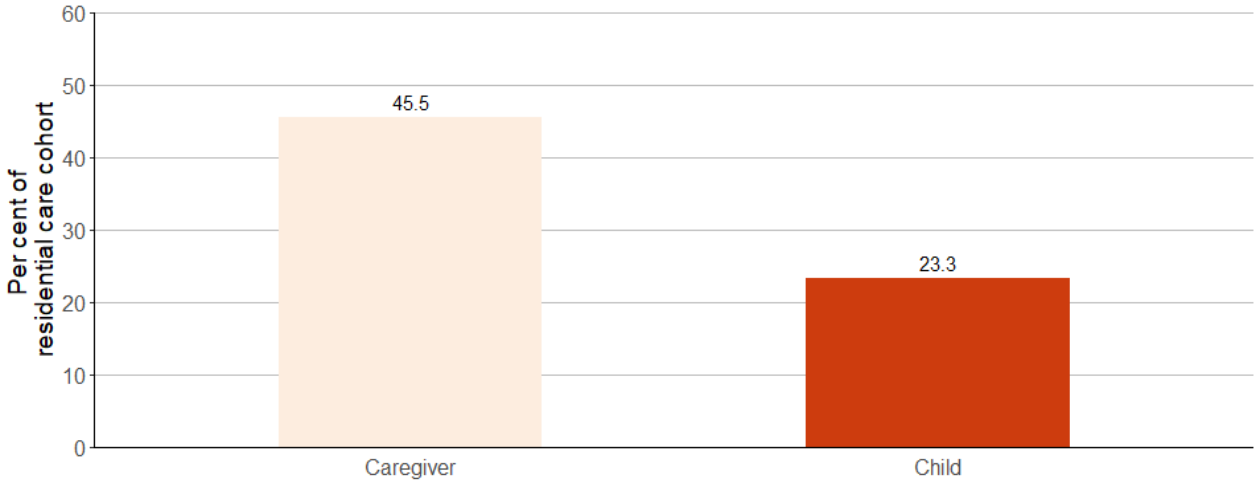
3.4 Questions asked of both residential care workers and children and young people

This section focuses on the perspectives of the residential care workers and the children and young people themselves.

Residential care workers were asked if the child or young person had been bullied at school in the last 12 months while the children and young persons were asked if they had been bullied or left out of things in the last six months.

Figure 5 shows the percentages of children and young people with a "yes" response from their residential care workers (shown in the lighter orange colour) or themselves (shown in the darker orange colour). Residential care workers reported that nearly half (45.5%) of the residential care cohort were bullied at school in the last 12 months. When asked about instances of bullying in the last six months, nearly a quarter of children and young people (23.3%) reported being bullied at school.

Figure 5: Residential care workers and child reports of bullying



3.5 Questions asked of children and young people

This section examines the questions related to residential care asked of the children and young people themselves.

3.5.1 Support received

Children and young people in the residential care cohort were asked about the people they talked to when they were worried, sad, or angry. The most common responses included a friend (48.0%) and their caseworker (44.0%), as shown in Table 17.

Table 17: Child report of people they talked to when feeling worried, sad, or angry

People the child or young person talked to when worried, sad, or angry	n	%[1]
Friend	12	48.0
Caseworker	11	44.0
People living with now	8	32.0
Own family	8	32.0
Another person or group	7	28.0

[1]The percentages do not add up to 100% as children and young people could choose more than one option. The denominator includes the valid responses of 'yes', 'no', 'don't know' and 'refused'.

3.5.2 Feelings about aspects of life

Children and young people in the residential care cohort were asked how they feel about aspects of their life on a scale of 1 (Very happy) to 4 (Very unhappy). Table 18 shows the mean scores. Lower mean scores indicate greater happiness. Overall, the children and young people reported being more happy with aspects of their life such as their friends (1.6) and the school they go to (1.6) than their family/where they live now (2.2), the way they look (2.1) and their school work (2.0).

Table 18: Child report of how they feel about aspects of their life

Child's feelings about the following parts of their life:	Mean score
Your friends	1.6
Your life as a whole	1.8
Your family/Where you live now	2.2
The way you look	2.1
The things you have - like money and the things you own	1.7
The school you go to (or last attended if not at school)	1.6
Your schoolwork	2.0

Children and young people in the residential care cohort were also asked how they feel about their current living situation. Table 19 shows the mean scores. Lower mean scores indicate more positive feelings. Overall, the children and young people reported being happy, safe, and settled where they live now.

Table 19: Child report of how they feel about their current living situation

Child's feelings about where they live now	Mean score
Happy living here[1]	2.0
Feel safe where you live now[2]	1.2
Feel settled where you live now[2]	1.9

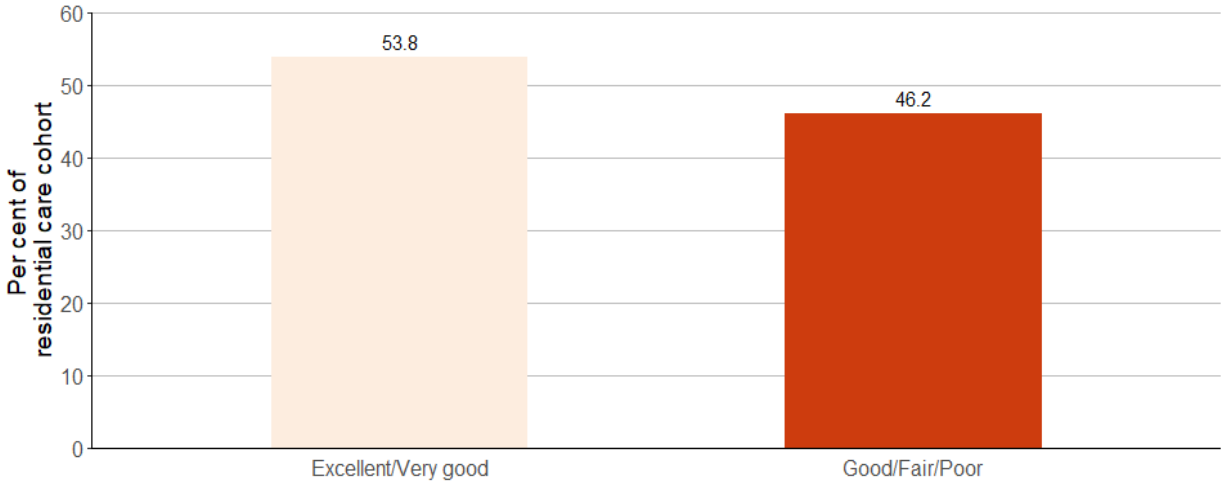
[1]rated on a scale of 1 (very happy) to 4 (very unhappy)

[2]rated on a scale of 1 (yes completely) to 4 (not at all)

3.5.3 General health

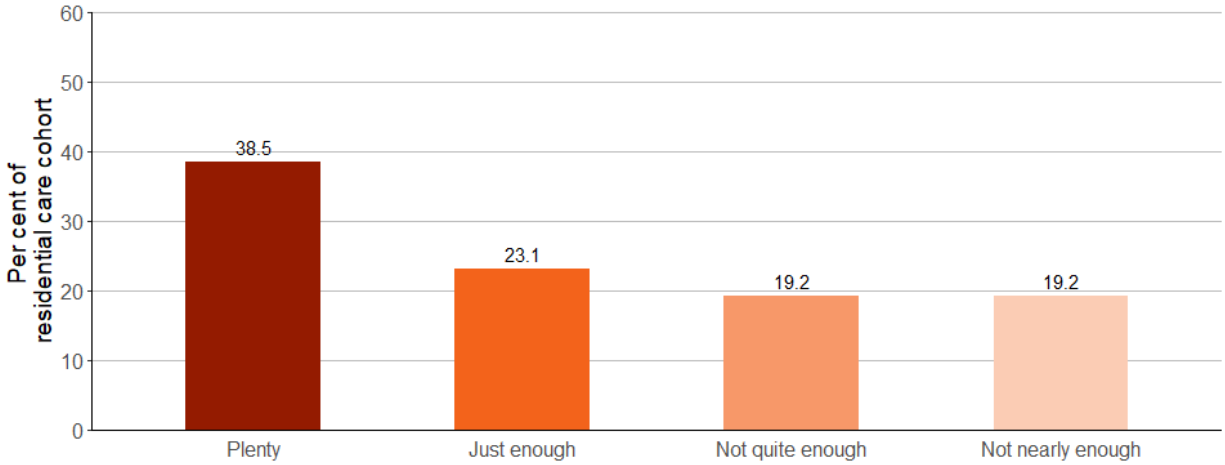
The children and young people were asked to rate their health in the last four weeks. As shown in Figure 6, about half (53.8%) of the children and young people in residential care rated their current health as “excellent” or “very good”.

Figure 6: Child rating of their health in the last four weeks



The children and young people were asked if they got enough sleep in the last four weeks. About three in five (61.6%) of the children and young people in the residential care cohort indicated that they got “plenty” of or “just enough” sleep in the last four weeks, as shown in Figure 7. Around 40% of children and young people in residential care did not get enough sleep (19.2% “Not quite enough” and 19.2% “Not nearly enough”).

Figure 7: Child report of whether they usually got enough sleep in the last four weeks



3.5.4 School problems scale

Children and young people in the residential care cohort were asked to complete a four-item short form version of the School Problems Scale about aspects of their school life on a scale of 1 (Always) to 5 (Never). Table 20 shows the mean scores where lower mean scores indicate fewer problems at school. On average, children in the residential care cohort had less problems with finding someone to have lunch with (2.1), understanding the work in class (2.5) and managing school routines and rules (2.6) than getting assignments, projects and homework done (3.5).

Table 20: Child report of school problems

How often the child or young person at school:	Mean score
Find someone to have lunch with	2.1
Understand the work in class	2.5
Manage school rules and routines	2.6
Get assignments, projects and homework done	3.5

3.5.5 School bonding scale

Children and young people were asked to complete the four-item School Bonding Scale that measures to what extent they are settling in and forming relationships at school on a scale of 1 (Always) to 5 (Never). Table 21 shows the mean scores where lower mean scores indicate better school bonding. Children and young people in the residential care cohort tended to agree that they felt it was important to try hard at school (2.1) and to do well (2.2) and, to a lesser extent, that they got on well with their teachers (2.8). They were mixed on whether they enjoyed being at school (3.1).

Table 21: Residential care cohort report of school bonding

How often the child or young person at school:	Mean score
Try hard	2.1
Feel it is important to do well	2.2
Get on well with your teachers	2.8
Enjoy being there	3.1

4 Limitations

The ChildStory placement data in this report is up to December 2020 (Wave 5). Prior to October 2021, the ITC placement record did not exist in ChildStory and work is currently underway to remediate the residential care placement record.

It would be useful to split the analysis between non-ITC residential placements and the new ITC placements. This analysis may be possible at Wave 6 once this data is captured in ChildStory.

5 Conclusion

This is the first statistical report on the POCLS residential care cohort. Data in this report was collected from residential care workers and children and young people themselves and gives important insights into their developmental outcomes and the type of services and supports they received or need. This report is based on a sample of 69 children and young people who were living in residential care at the time of their POCLS interview in any of the waves from Waves 1 – 5.

In terms of socio-emotional wellbeing, just one in five (20.3%) children were in the typical range based on their total behaviour problems score on the CBCL. The remaining 80% of the residential care cohort were in the atypical range (borderline or clinical ranges). Children in the atypical range should be investigated further for severity to determine service needs which may include ongoing intensive professional support. Around one in four (44.9%) children and young people were prescribed medication to control their behaviour.

For cognitive ability, over half (57.1%) were within or above the normal range for language skills and about half (49.0%) were within or above the normal range in terms of non-verbal reasoning. Correspondingly, about 40% of the cohort were below the normal range for language skills and half for non-verbal ability. A score in the below normal range means that the child's development is at risk. The child needs at least some additional support and may need ongoing intensive professional support.

Bullying of the residential care cohort was identified as a problem by both the residential care workers (45.5% over a 12-month period) and the children and young people themselves (23.3% in the last six months).

The children and young people in the residential care cohort indicated that at school, finding someone to have lunch with, understanding the work in class, and managing school routines and rules were less of a problem than getting assignments, projects and homework done. This may be an area where additional support could be provided.

Residential care workers indicated that the most commonly accessed professional support was individual supervision (91.2%), although the residential care workers of about two-thirds (66.2%) of the cohort indicated that they still required this type of professional support. The residential workers of just under half (45.6%) of the residential care cohort indicated that they still required group supervision and over one-quarter required counselling or psychologist services.

6 References

Australian Institute of Family Studies, Chaplin Hal Centre for Children University of Chicago, & New South Wales Department of Family and Community Services. (2015). *Pathways of Care Longitudinal Study: Outcomes of children and young people in Out-of- of-Home care in NSW. Wave 1 baseline statistical report*. Sydney: NSW Department of Family and Community Services.

Crijnen A.A.M, Achenbach, T.M. and Verhulst, F.C. (1997). Comparisons of Problems Reported by Parents of Children in 12 Cultures: Total Problems, Externalizing, and Internalizing, *Journal of the American Academy of Child & Adolescent Psychiatry*, Volume 36, Issue 9, 1997, Pages 1269-1277.

NSW Department of Communities and Justice (2020). *Measures Manual (Waves 1-4). Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Technical Report Number 8*. Sydney. NSW Department of Communities and Justice.

Pathways of Care Longitudinal Study (POCLS)

6 Parramatta Square
10 Darcy Street, Parramatta, 2150

E: Pathways@dcj.nsw.gov.au
W: dcj.nsw.gov.au
W: Pathways of Care Longitudinal Study

Communities and Justice

NSW GOVERNMENT