



Child development over time in the POCLS

Overview of Dashboard 4

This document provides a high-level view of the development of the children and young people (hereafter children) in the Pathways of Care Longitudinal Study (POCLS). It accompanies the [interactive dashboard](#), published on the DCJ website.

Data reported in Dashboard 4 are grouped into the following categories:

- Social and emotional development
- English language development
- Non-verbal reasoning.

These results are available for children at each of the four Waves of data collection and for children who completed all of Waves 1, 2 and 3 or Waves 1, 2, 3 and 4.

It should be noted that the dashboards do not show whether differences are statistically significant, and so confirmation of trends observed in the dashboards through either published papers available on the POCLS website or by contacting the POCLS team is highly recommended before making decisions based on this data. While children may have participated at every wave, they may not have completed every measure at each wave.

How is child development measured in the POCLS?

One of the key aims of the POCLS is to collect data on child development and examine the factors that are associated with developmental outcomes. A number of standardised developmental and psychosocial wellbeing measures are used in the POCLS caregiver and/or child interviews.¹

Social and emotional development

- Caregiver and/or teacher reports of children's behaviour were measured using the Brief Infant Toddler Social Emotional Assessment (BITSEA) and the Child Behaviour Checklist (CBCL) covering an age span of 9 months to 17 years. Three different subscale scores were measured for socio-emotional development: internalising, externalising and total problems behaviour scores. The internalising measure captures emotional problems such as anxiety, mood disturbance and somatic complaints and the externalising measure captures problems including rule breaking and aggressive behaviours. Based on the scores, children's behaviours were categorised into 'normal', 'borderline' or 'clinical' range.²

English language development

- For verbal ability, caregiver reports were collected for children under 3 years of age using the Communication and Symbolic Behaviour Scales Infant and Toddler Checklist (CSBS) and the Macarthur-Bates Communication Development Inventories III (MCDI-III). A direct measure of language skills was administered for children aged 3-17 years using the Peabody Picture Vocabulary Test (PPVT-IV).

Non-verbal Reasoning

- For non-verbal ability, caregiver report was collected for children aged less than 6 years using the Ages and Stages Questionnaire (ASQ). A direct measure of logical reasoning (e.g. problem solving) was administered for children aged 6-16 years using the Matrix Reasoning Test from the Wechsler Intelligence Scale for Children IV (MR WISC-IV).

1 The measures are standardised meaning they can be used to show how a cohort of children compare with peers in the general population and also how individuals are developing. 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. For Aboriginal people in urban settings, non-verbal performance based tests that are less reliant on language skills such as the Matrix Reasoning have been found to be comparable to existing Australian norms (Westerman and Wettinger, 1997). 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. 1997).

2 The language used in this article reflects the language/categories used in the measures (e.g. normal, borderline and clinical range).

For each of the areas being reported on, falling into the ‘normal’ range indicates the child is developing at the normal rate, ‘borderline’ indicates the need for monitoring and support, and ‘clinical’ indicates that the child may need intensive support.

It is important to note that the POCLS collects data from children who entered OOHC for the first time at any age during an 18 month period (May 2010-October 2011). At Wave 4 (approximately 7-8 years after entering OOHC for the first time), around half (53.3%) of the children who participated were aged 6-8 years at the time of interview. Some of these children may have remained in OOHC, some exited OOHC to restoration, guardianship or adoption and some may have re-entered care.

What types of questions can be explored with Dashboard 4?

The following questions are examples of the types of questions that can be answered in Dashboard 4.

Question	How to Guide	Answer
What percentage of children who completed all four interviews were in the clinical range (needing support) at Wave 1 and Wave 4 for social and emotional development (for those who completed all four Waves)?	Choose cohort ‘ <i>Completed waves 1, 2, 3 and 4</i> ’, district ‘ <i>All</i> ’, Drill down level 1 ‘ <i>All Children</i> ’, Drill down level 2 ‘ <i>All Children</i> ’. Refer to the graphic entitled <i>Social and Emotional Development</i>	For the children who were interviewed at waves 1, 2, 3 and 4, 17% were deemed to be in the clinical range (needing support) at Wave 1, with the percentage increasing to 27% at Wave 4.
What percentage of children in the Hunter New England and Central Coast area were in the clinical range (needing support) at Wave 1 and Wave 4 for English Language Development (for those who completed all four Waves)?	Choose cohort ‘ <i>Completed waves 1, 2, 3 and 4</i> ’, district ‘ <i>Hunter New England & Central Coast</i> ’, Drill down level 1 ‘ <i>All Children</i> ’, Drill down level 2 ‘ <i>All Children</i> ’. Refer to the graphic entitled <i>English Language Development</i>	For the children who were interviewed at waves 1, 2, 3 and 4 in the Hunter New England and Central Coast area, 14% were deemed to be in the clinical range (needing support) at Wave 1, with the percentage decreasing to 11% at Wave 4.
What percentage of children in foster care needed support with language development (were in the clinical range) at Wave 1 and Wave 4 (for those who completed all four Waves)?	Choose cohort ‘ <i>Completed waves 1, 2, 3 and 4</i> ’, district ‘ <i>All</i> ’, Drill down level 1 ‘ <i>Placement type at wave 1 interview</i> ’, Drill down level 2 ‘ <i>All Children</i> ’. Refer to the graphic entitled <i>English Language Development</i> .	For the children in foster care who completed all four Waves, 18% were deemed to be in the clinical range (needing support) at Wave 1, with the percentage decreasing to 10% at Wave 4.

Overview of the key child development measures in the POCLS

Social and emotional development

- Over time children were less likely to be in the normal range for total behaviour problems indicating a need for ongoing monitoring assessments and professional support for socio-emotional wellbeing and to support caregivers with managing challenging behaviours.
- For children who completed an interview at Waves 1 to 4, 78% were in the normal range for social and emotional development at Wave 1.
- While this remained steady at Wave 2 and Wave 3, by Wave 4 the percentage of those in the normal range had dropped to 64%, meaning 36% needed either monitoring and support or intensive support.
- For the children who completed interviews at Waves 1 to 4, 21% of males and 14% of females were in the clinical range at Wave 1. By Wave 4, 22% of females and 31% of males were in the clinical range.
- These results can also be viewed by age group and District, which reflects the District at the Wave 1 interview for those who completed all of Waves 1 to 3 or Waves 1 to 4 and the district at the Wave interview for those who completed each wave of data collection.

English language development

- Results for children who completed interviews at Waves 1 to 4 slightly improved over time. At Wave 1, 79% were in the normal range for language development and by Wave 4 there were 85% in the normal range.
- While the proportion of females in the clinical range remained quite stable over time (10% for those who completed four interviews), the proportion of males in the clinical range went from 18% at Wave 1 to 10% at Wave 4.
- When examining the results by age at entry to care it can be seen that the biggest improvement (for those interviewed at Waves 1 to 4) were for those aged 9-35 months when entering care (compared to those aged 3-17 whose results remained steady).

Non-verbal reasoning

- Results for children who completed interviews at Waves 1 to 4 improved over time. At Wave 1, 72% were in the normal range for non-verbal reasoning ability compared to 79% in the normal range at Wave 4.
- The proportion of females in the clinical range decreased over time (from 20% at Wave 1 to 12% at Wave 4 for those who completed four interviews) while for males the percentage in the clinical range over time went from 22% at Wave 1 to 13% at Wave 4.

- When examining the results by age at entry to care it can be seen that the biggest improvement (for those interviewed at Waves 1 to 4) were for those aged 9-35 months when entering care, from 69% in the normal range at Wave 1 to 81% at Wave 4. For those aged 3-16 years the percentages in each category remained relatively stable over time (76% in the normal range at Wave 1 and 77% at Wave 4).

POCLS reports have shown that child, caregiver and placement factors are associated with development over a five year period (Waves 1-3) and these vary by developmental domain. The findings presented above do not suggest causality but highlight that there are a range of child, carer and placement characteristics that can be considered to support normal socio-emotional development, verbal and non-verbal ability.

Where can I find further information?

The documents accompanying the dashboards present some key statistics about the carers and the children in the Study. If you are unable to use the interactive dashboards and need more granular information or other statistics, please contact the POCLS team on Pathways@facs.nsw.gov.au

For an overview of the POCLS please see the [Study objectives and strategic research agenda \(Technical Report No.1, 2020\)](#).

For more information on POCLS including our publications please visit our [web page](#).

