



Footprints
in Time



Australian Government



Wave 2

Footprints in Time

The Longitudinal Study of Indigenous Children

Key Summary Report from Wave 2



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Initiated, funded and managed by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs

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The photos of families and children used in the Report are taken from families participating in the study. Written permission to use these photos has been obtained in all instances.

Aboriginal and Torres Strait Islander peoples are warned that this report may contain photos of deceased persons.

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Minister's foreword



Every child has the right to a safe, healthy and happy childhood. The best interests of children are a national priority—from the day they are born.

The Australian Government is serious about improving the wellbeing and life expectancy of Aboriginal and Torres Strait Islander children and has made significant investments in the Council of Australian Governments Closing the Gap initiative.

The Government has set clear yet ambitious targets for closing the gap in life expectancy, early childhood, health, education and employment, and a strong evidence base is needed to judge our progress.

Footprints in Time: the Longitudinal Study of Indigenous Children is the most comprehensive source of longitudinal information on early childhood development for Aboriginal and Torres Strait Islander people. It shows how early childhood experiences can impact on later life and provides policy makers with information about 'what matters' and 'what works' for producing improved Indigenous outcomes.

One of the most important factors in conducting a longitudinal study is ensuring the continued engagement of respondents. The success of *Footprints in Time* so far can be seen by the high retention rates of respondents—86% of the previous wave's were reinterviewed in both wave 2 and 3. This reflects the *Footprints in Time* communities' understanding of the importance of the study and recognition of its potential outcomes.

After two waves of data, we are already developing a better understanding of what makes Aboriginal and Torres Strait Islander children grow up strong. For example, *Footprints in Time* is developing an evidence base around education. We are learning valuable lessons about parents experience with preschool and school, and the reasons why children aren't attending these critical services. By continuing to collect information on the early lives of Aboriginal and Torres Strait Islander children we will be better able to understand how to give them the best start in life. I look forward to seeing an even greater understanding develop as subsequent waves become available.

I would like to thank all those families and communities that have participated in *Footprints in Time* and encourage your continued participation in this important study.

A handwritten signature in black ink that reads "Jenny Macklin". The signature is fluid and cursive.

The Hon Jenny Macklin MP

Minister for Families, Housing, Community Services and Indigenous Affairs

Chair's foreword

It is impressive to know that more than 1,400 Aboriginal and Torres Strait Islander children are continuing to participate in the Footprints in Time study. They may live in a suburb of a major city, or in a rural town, or in a remote part of Australia; but each year, parents and carers allow us into their home to interview them and collect data about their child's development.

I warmly thank all the families assisting with this valuable project and applaud the Indigenous staff collecting the data and keeping in touch with these families.

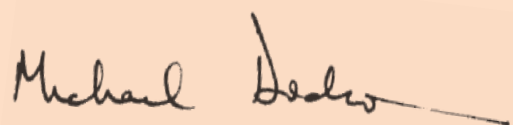
The Steering Committee members believe that Footprints in Time has the potential to make a very important contribution in helping Aboriginal and Torres Strait Islander children and their families improve their future prospects. We are confident that the data is designed to give practical information so that policy makers and politicians can develop good public policy in Indigenous affairs.

Footprints in Time is world-leading in terms of ethical, rigorous and well-designed research into key issues affecting the Australian Indigenous population. This data is vitally applicable to the objectives of Closing the Gap and the feedback about Indigenous experiences can be used to focus government investment in effective policy and program responses.

While the use of this data will make a difference for Aboriginal and Torres Strait Islander people; it will also present many challenges. The major challenges are addressed at politicians and administrators and the people who develop and make decisions about policy. If a difference is going to occur, government needs to adopt these findings, take action to address the issues identified by the data, and put in place steps that will actually make a difference to the lives of these children and make a difference to the future, not just for Aboriginal and Torres Strait Islanders, but for the future of our country.

I am confident that readers will gain a clearer understanding about Indigenous family life through this report. I hope that you will be inspired to take up the challenge and apply this information to improve policy responses for the benefit of Aboriginal and Torres Strait Islander peoples.

Thank you.



Professor Mick Dodson AM

Chair
Steering Committee
Longitudinal Study of Indigenous Children



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Introduction

Footprints in Time is the name given to the Longitudinal Study of Indigenous Children (LSIC), an initiative of the Australian Government. *Footprints in Time* is conducted by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) under the guidance of the *Footprints in Time* Steering Committee, chaired by Professor Mick Dodson AM. The study aims to improve the understanding of, and policy response to, the diverse circumstances faced by Aboriginal and Torres Strait Islander children, their families and communities.

This report is the second in a series of key summary reports produced for each wave of the data collection. The report describes how Wave 2 of the study was conducted and provides a descriptive analysis of key findings.

All data in this report is based on the May 2011 version of Release 2 data. Final Release 2.0 data may produce slightly different figures.





Background to the study¹

How did *Footprints in Time* start?

Research has shown that the early years of a child's life build the foundation for their future health and wellbeing.² This shows that early intervention—giving children the support they need to grow up strong—can make a real difference to their future.

In 2003, the then Department of Family and Community Services (FaCS) was funded to develop a study to provide information about what helps Indigenous children grow up strong. At that time, FaCS was funded for another large study of young children—the Longitudinal Study of Australian Children (LSAC, known as *Growing Up in Australia*)—that included a small number of Aboriginal and Torres Strait Islander children living in urban and regional areas (Australian Institute of Family Studies 2005).

The initial phase involved extensive consultation with Indigenous peoples and communities about the study from September 2003 until June 2004. The design, pilot and recruitment phases of the project occurred in 2005, 2006 and 2007. The first wave of data was collected mainly in 2008 and the second wave in 2009.

Ethical clearance for the study was obtained from the Australian Government Department of Health and Ageing Departmental Ethics Committee (DEC), which was chosen as the primary Human Research Ethics Committee (HREC) for the study. In addition, state/territory and/or regional ethics clearance and support was also obtained for all *Footprints in Time* sites through state/territory HRECs or their equivalents.

Objective

The main objective of the study is to provide high quality quantitative and qualitative data that can be used to provide a better insight into how Indigenous children's early years affect their development. It is hoped that this information can be drawn upon to help close the gap in life circumstances between Indigenous and non-Indigenous Australians.

Footprints in Time has four key research questions, formulated under the guidance of the Steering Committee, which were designed to achieve this objective. These are:

- What do Indigenous children need to have the best start in life to grow up strong?
- What helps Aboriginal and Torres Strait Islander children to stay on track or get them back on track to become healthier, more positive and strong?
- How are Aboriginal and Torres Strait Islander children raised?
- What is the importance of family, extended family and community in the early years of life and when growing up?

Also of interest is the role that service use and support plays in the lives of Aboriginal and Torres Strait Islander children:

- How can services and other types of support make a difference to the lives of Aboriginal and Torres Strait Islander children?

The study will provide information for individuals, families, communities, service providers, researchers and governments to design and implement culturally appropriate policies and programs that will improve outcomes for Indigenous children.

Study design and sample recruitment

Like *Growing Up in Australia*³, *Footprints in Time* employs an accelerated cross-sequential design, involving two cohorts of Indigenous children aged from 6 months to 2 years (Baby cohort) and from 3 years, 6 months to 5 years (Child cohort). The design allows the data covering the first 9 or 10 years of Aboriginal and Torres Strait Islander children's lives to be collected in six years. The two-cohort design also facilitates the comparison of the cohorts when their ages overlap in order to detect any changes due to different social conditions and policy initiatives.

Due to the sparse distribution of the Aboriginal and Torres Strait Islander population across Australia, a nationally representative sample for the study was not possible within a reasonable budget. Through consultation with its Steering Committee and some Aboriginal and Torres Strait Islander communities, *Footprints in Time* has chosen 11 sites in different parts of Australia to conduct the study. These sites have a concentration of Indigenous people and are located in all states and territories, except Tasmania and the Australian Capital Territory. The selection of sites aimed to achieve approximately equal distribution of urban, regional and remote areas. Some pilot sites were included because of existing relationships. The proximity of the site to an Indigenous Coordination Centre (ICC) also played a part in selection so that FaHCSIA's Aboriginal and Torres Strait Islander Research Administration Officers (RAOs) could be based at an ICC.

Aboriginal and Torres Strait Islander children are the sample units in the study. The majority of families in the study were recruited by the RAOs using lists of addresses provided by Centrelink and Medicare Australia⁴ of families who had at least one child who was identified by the agencies as being Aboriginal or a Torres Strait Islander and born between December 2003 and November 2004 (Child cohort) or between December 2006 and November 2007 (Baby cohort). Other informal means of contact such as word of mouth, local knowledge and study promotion were also used to supplement the number of children in the study. In practice, the Child cohort consists of children born in 2003, 2004 and 2005 and the Baby cohort consists of children born in 2006, 2007 and 2008. Table 1 shows the number of children in the study by site and cohort.⁵

Table 1: Number of children in Footprints in Time by site and cohort, Wave 1 (2008)

State/ Territory	Site	Baby		Child		Total	
		n	%	n	%	n	%
NSW	Western Sydney	98	10.1	65	9.2	163	9.7
	NSW South Coast	92	9.5	83	11.7	175	10.4
	Dubbo	82	8.5	74	10.4	156	9.3
Vic	Greater Shepparton	84	8.7	57	8.0	141	8.4
Qld	South East Queensland	126	13.0	85	12.0	211	12.6
	Mount Isa & remote Western Queensland	99	10.2	73	10.3	172	10.3



State/ Territory	Site	Baby		Child		Total	
		n	%	n	%	n	%
	Torres Strait Islands & NPA	70	7.2	61	8.6	131	7.8
WA	Kimberley region	85	8.8	41	5.8	126	7.5
SA	Adelaide	65	6.7	41	5.8	106	6.3
NT	Alice Springs	39	4.0	24	3.4	63	3.8
	NT Top End	128	13.2	105	14.8	233	13.9
Total		968	100.0	709	100.0	1677	100.0

Although the *Footprints in Time* sample is not nationally representative, it reflects fairly well the distribution of Aboriginal and Torres Strait Islander children aged between 0 and 5 years in the states and territories and among urban, regional and remote areas as shown in Table 2.⁶

Table 2: Wave 1 sample compared with total estimated Indigenous child population aged 0 to 5 years, Australia

	n	%	n	%
State/Territory				
NSW	494	29.5	22967	29.6
Vic	141	8.4	4904	6.3
Qld	514	30.7	22842	29.4
WA	126	7.5	10282	13.2
SA	106	6.3	4003	5.2
Tas	0	0.0	2610	3.4
NT	296	17.7	9472	12.2
ACT	0	0.0	608	0.8
Other territories	0	0.0	27	0.0
Total	1677	100.0	77715	100.0
Age				
Less than 1 year	231	13.8	13279	17.1
1 year	664	39.6	12894	16.6



Table 2: Wave 1 sample compared with total estimated Indigenous child population aged 0 to 5 years, Australia

	n	%	n	%
2 years	77	4.6	12553	16.2
3 years	192	11.5	12720	16.4
4 years	463	27.6	12980	16.7
5 years	50	3.0	13289	17.1
Total	1677	100.0	77715	100.0
Sex				
Male	854	50.9	39599	51.0
Female	823	49.1	38116	49.0
Total	1677	100.0	77715	100.0
Region				
Major cities	439	26.2	24708	31.8
Inner regional	426	25.4	17153	22.1
Outer regional	224	13.4	17063	22.0
Remote	253	15.1	7003	9.0
Very remote	335	20.0	11788	15.2
Total	1,677	100.0	77715	100.0

(a) Data relates to the Study Child.

(b) Data sourced from unpublished Experimental Indigenous estimated residential population, 30 June 2006 (Source: Australian Bureau of Statistics 2006. ABS data available on request).

Notes: Percentages may not sum to 100 due to rounding.



Study sites

In Wave 1, the study sample consisted of 1,677 Aboriginal and Torres Strait Islander children from 11 geographic locations. These locations included:

New South Wales (NSW)

- Western Sydney (from Campbelltown to Riverston)
- NSW South Coast (from Kiama to Eden)
- Dubbo (including Gilgandra, Wellington and Narromine)

Victoria (Vic)

- Greater Shepparton (including Wangaratta, Seymour, Bendigo, Cobram and Barmah and areas in between)

**Queensland (Qld)**

- South East Queensland (including Brisbane, Ipswich, Logan, Inala, Gold Coast and Bundaberg)
- Mount Isa and remote Western Queensland (including Mornington Island, Doomadgee, Normanton and Cloncurry)
- Torres Strait Islands and Northern Peninsula Area (NPA)

Western Australia (WA)

- Kimberley region (including Derby, Fitzroy Crossing, Broome and One Arm Point)

South Australia (SA)

- Adelaide (including Port Augusta)

Northern Territory (NT)

- Alice Springs (and some surrounding communities)
- NT Top End (including Darwin, Katherine, Minyerri and Galiwin'ku)

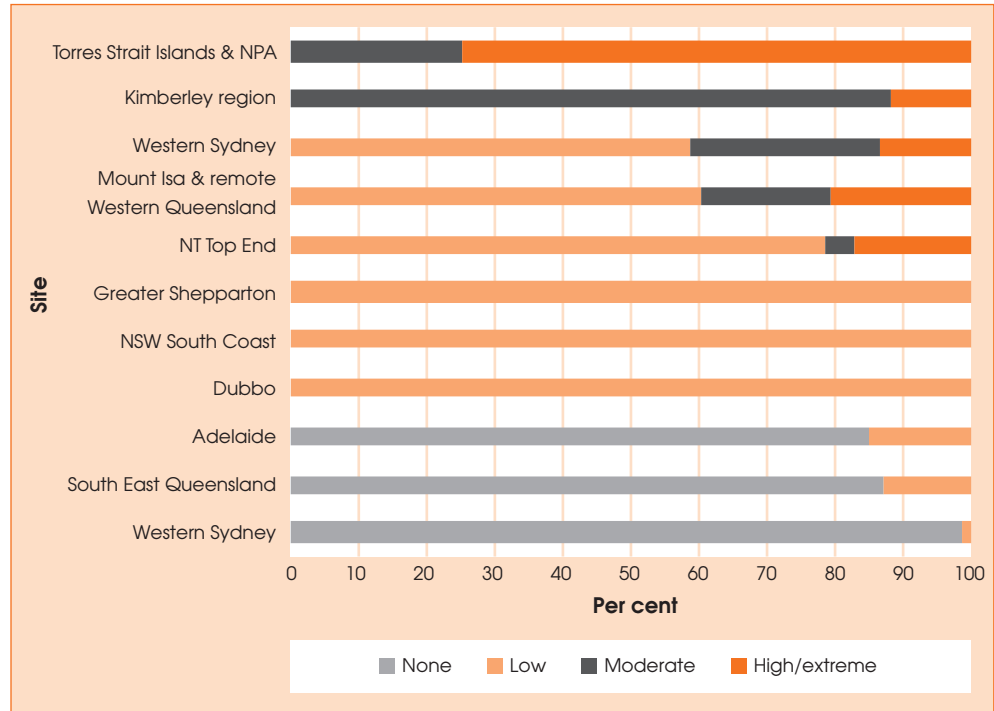
Apart from site names, this report uses the Level of Relative Isolation (LORI)⁷ to describe geographical characteristics of families in the study. Figure 1 shows the distribution of each site by LORI. Sites in remote areas such as the Torres Strait Islands and NPA, and the Kimberley region, were totally made up of families living in areas of moderate or high/extreme isolation. However, the NT Top End, Mount Isa and remote Western Queensland, and Alice Springs sites contained areas of low, moderate and high/extreme level of isolation. All the other remaining sites were made up of areas of no or low level of isolation.

Box 1: Level of Relative Isolation

Footprints in Time uses a classification system of remoteness known as the Level of Relative Isolation (LORI). Previously used in the Western Australian Aboriginal Child Health Survey (WAACHS), LORI is based on an extension of the 18-point ARIA (Accessibility/Remoteness Index of Australia) called ARIA++. Five categories of isolation have been defined, ranging from None (such as the Brisbane metropolitan area) to Low (for example, Shepparton), Moderate (for example, Derby), High (for example, Doomadgee) and Extreme (for example, Moa Island).

This report tries to better reflect the dispersed area and very different characteristics of some sites by reporting on Darwin separately to regional and remote parts of the Top End (Katherine, Galiwin'ku, Minyerri), and Mount Isa separately to remote Western Queensland (Mornington Island, Doomadgee, Normanton and Cloncurry).

Figure 1: Distribution of Wave 1 sites by Level of Relative Isolation



Note: NPA=Northern Peninsula Area.

Table 3 shows how each *Footprints in Time* site contributes to the composition of each LORI category. Families in South East Queensland, Western Sydney and Adelaide made up all the families in the cities (areas with no isolation), while all the remaining sites except the Kimberley and Torres Strait/NPA regions, contributed to the area with low isolation (large regional centres). Just over half of the families in areas of moderate isolation were from the Kimberley region, while just over half of families from areas of high/extreme isolation were from the Torres Strait/NPA region.



Table 3: Composition of Wave 1 sample's Level of Relative Isolation (LORI) by site

Site	None	Low	Moderate	High/ extreme	Total
South East Queensland	42.3	3.2	0.0	0.0	12.6
Western Sydney	37.0	0.2	0.0	0.0	9.7
Adelaide	20.7	1.9	0.0	0.0	6.3
NT Top End	0.0	21.8	4.7	21.2	13.9
NSW South Coast	0.0	20.9	0.0	0.0	10.4
Dubbo	0.0	18.6	0.0	0.0	9.3
Greater Shepparton	0.0	16.8	0.0	0.0	8.4
Mount Isa & remote Western Queensland	0.0	12.0	22.4	12.2	10.3
Alice Springs	0.0	4.5	5.6	6.9	3.8
Kimberley region	0.0	0.0	51.9	7.9	7.5
Torres Strait Islands & NPA	0.0	0.0	15.4	51.9	7.8
Total	100.0	100.0	100.0	100.0	100.0

Notes: NPA=Northern Peninsula Area. Percentages may not sum to 100 due to rounding.



Data collection methods

Face-to-face computer-assisted personal interviews (CAPI) conducted by FaHCSIA's Aboriginal and Torres Strait Islander RAOs take place annually with the primary carer (Parent 1) of the study children. An additional interview with another carer (Parent 2), usually the father of the children, was also carried out in Waves 1 and 2.

With parent or guardian permission, hard copies of questionnaires are also given or posted to the child's teacher or child care provider to complete. Teachers/carers can also complete the questionnaire online if they wish.

Since Wave 1, *Footprints in Time* fieldwork has been supported by Roy Morgan Research, which has been contracted to produce the data collection instruments according to FaHCSIA design, assist in the management of pilot and live fieldwork, capture and compile survey data and report on fieldwork procedures, as well as response and non-response patterns.



Topics covered

Information collected by *Footprints in Time* in Wave 1 can be grouped into the following six areas:

- household information—the number of people in the household, their age, sex, Aboriginal and Torres Strait Islander status and relationship to the carer with whom the interview is being conducted
- prenatal care and child health—maternal health and care, alcohol, tobacco and substance use in pregnancy, birth, early diet and feeding, (for younger children), nutrition (for older children), dental health, health conditions, hospitalisation and child's sleeping patterns
- parent health—contains information about the parent or carer on their health conditions, social and emotional wellbeing, smoking habits and exposure and parents who live elsewhere
- child and family functioning—social and emotional development of the child, parental concerns about language and development, parental warmth and major life events
- socioeconomic and demographic information about the family—language, culture and religion, parental education and work, income and financial stress, housing and neighbourhood, child care and early education and children's activities
- assessment of children's development using a range of child outcome measures, as described in the Appendix to this report.

In Wave 2, new topics and questions were added. These include:

- children's injuries
- children's food allergies
- reasons children not seeing a dentist despite the need to do so
- time children go to bed
- experience of family members and relatives of the Stolen Generations
- physical ability of children
- child temperament
- infant/toddler social and emotional assessment—using the Brief Infant–Toddler Social and Emotional Assessment (BITSEA) instrument
- child support and maintenance
- children's and parents' engagement with school
- bullying at school.

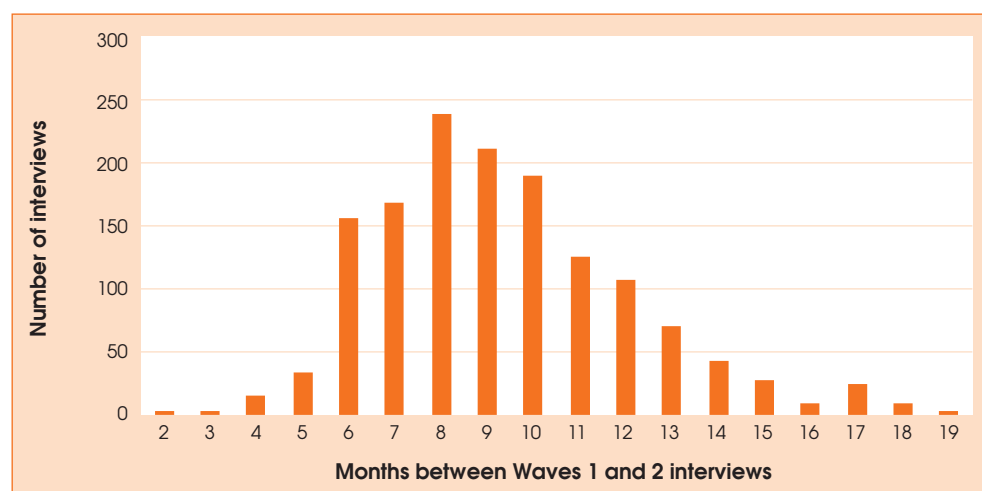


Wave 2 fieldwork and response

Wave 2 fieldwork

Interviewing in Wave 2 began on 3 March 2009 and finished on 17 December 2009. Although it is the aim of the study to interview participants at 12 month intervals, this was not always possible in Wave 2, because of the availability of respondents and the logistics of interviewers' travel arrangements and scheduling. Figure 2 shows the number of months between Waves 1 and 2 interviews. Nearly 84 per cent of Wave 2 interviews were conducted between six and 12 months after the Wave 1 interview. The average intervening time between Waves 1 and 2 interviews was 10 months.

Figure 2: Lapsed time between Wave 1 and 2 interviews



Roy Morgan Research estimated that the average length of the interviews with the primary carer and other carer of the study child were one hour and half an hour, respectively. The estimated average length of the developmental assessment of the study child was 10 minutes for the Baby cohort and 17 minutes for the Child cohort.

Response rate

Out of the 1,677 families who participated in Wave 1, *Footprints in Time* interviewers successfully interviewed 1,436 families in Wave 2, achieving an overall response rate of 86 per cent for the study. Table 4 below shows the Wave 2 response rate by site. The sites with the highest response rates were Western Sydney (95 per cent) and South East Queensland (91 per cent), while *Footprints in Time* struggled in more remote sites such as the Torres Strait/NPA (79 per cent) and Kimberley (72 per cent) regions.



Table 4: Wave 2 response rate by Wave 1 site

Site	Number of responses in Wave 1	Number of responses in Wave 2	Number of non-responses in Wave 2	Wave 2 response rate (%)
Adelaide	106	90	16	84.9
Alice Springs	63	57	6	90.5
South East Queensland	211	191	20	90.5
Dubbo	156	141	15	90.4
Kimberley region	126	91	35	72.2
NT Top End	233	188	45	80.7
Mount Isa & remote Western Queensland	172	151	21	87.8
NSW South Coast	175	156	19	89.1
Greater Shepparton	141	114	27	80.9
Torres Strait Islands & NPA	131	103	28	78.6
Western Sydney	163	154	9	94.5
Total	1677	1436	241	85.6

Note: NPA=Northern Peninsula Area.

New entrants

In order to maintain the viability of the sample in remote regions and meet the requests of a small number of families who expressed a strong wish to be part of the study, *Footprints in Time* added 88 new entrant families to the study in Wave 2. Nearly 80 per cent of new entrant families were in areas of moderate or high/extreme isolation. Table 5 provides the breakdown of new entrant numbers by site. Mount Isa, including Mornington Island, Doomadgee and Normanton, had the highest number of new entrants. With the addition of 88 new entrant families, the total number of responses achieved in Wave 2 was 1,524.



Table 5: Wave 2 new entrants by site location

Site	New entrant families (number)
Remote western Queensland	32
Regional & remote NT Top End	23
Torres Strait & NPA	12
Mount Isa	11
Adelaide	3
Kimberley region	2
NSW South Coast	1
Dubbo	1
South East Queensland	1
Darwin	1
Alice Springs	1
Total	88
Note: NPA=Northern Peninsula Area.	

The study child, other parent/carer (Parent 2) and teacher/carer interviews

In addition to the interviews with the study child's primary carer, a number of assessments of the child were carried out using a selection of child outcome measures. These included, for the Baby cohort, an Australian version of the MacArthur-Bates Short Form Vocabulary Checklist (Levels I and II). For the Child cohort, the Renfrew Language Scales Word Finding Vocabulary Test and Who am I? Developmental Assessment (assessing school readiness) were used. These and several other child outcome measures that were included in the parent interview are described in the Appendix to this report.

In Wave 2 a total of 269 interviews were also undertaken with the other carer of the study child. The total number of returns from the study child's teacher or carer was approximately 180.

Age of study child in Wave 2

In Wave 2, the intended age range of study children in the Baby cohort was 19 to 36 months. The actual average age of Baby cohort children in the study was 26 months and there were some children who were outside the age range. For the Child cohort, the intended age range of study children was 55 to 72 months. The average age of Child cohort children was 60 months with some children outside the target age range. The small number of children very

much outside the age range may have had a incorrect birth date recorded or may have been administered the incorrect survey for the child's age. These cases are being investigated. Table 6 shows the number of study children in each cohort by age group at the time of Wave 2 interview.

Table 6: Age of study children at Wave 2 interview, by cohort

Age group	Baby		Child		Total	
	No.	%	No.	%	No.	%
Under 18 months	53	6.1	0	0.0	53	3.5
1 ½ to 3 years	774	89.1	9	1.4	783	51.4
3 to 4 ½ years	37	4.3	66	10.1	103	6.8
4 ½ to 6 years	4	0.5	566	86.4	570	37.4
Over 6 years	1	0.1	14	2.1	15	1.0
Total	869	100.0	655	100.0	1524	100.0

Non-response in Wave 2

Out of the 1,677 families who were interviewed in Wave 1, 241 families (14 per cent) did not respond in Wave 2. The reasons for Wave 2 non-responses are recorded for 146 (60 per cent) of the families who did not respond to the survey. Of these families, 93 (64 per cent) could not be contacted. Another 33 families (23 per cent) refused to participate in the study either in this wave or in all future waves, and the remaining non-responses were for other reasons.

Table 7 shows that *Footprints in Time* interviewers spent more effort trying to contact families who did not respond in Wave 2 than the effort spent contacting responding families. The average number of times interviewers tried to contact families who did not respond was 4.9, compared to 3.8 times for families who responded. The length of time between the first and last contact attempts was also longer for non-responding families than responding families.

Table 7: Comparison of field effort for responding and non-responding families in Wave 2

	Responding families (n=1,400) ^(a)	Non-responding families (n=146)
Average number of contacts	3.8	4.9
Highest number of contacts	16	14
Time (days) between first and last contact—mean	43	73
Time (days) between first and last contacts—median	15	68

(a) Excludes Wave 2 new entrants and continuing families for whom contact sheets were missing.



Non-response bias

Table 8 compares the characteristics of non-responding families with those of families who responded in Wave 2. With the exception of Greater Shepparton, which is a large regional area, non-responses in Wave 2 were more likely to occur in remote sites, namely the NT Top End, the Kimberley region and the Torres Strait/NPA. There were no significant differences between non-responding and responding families when the characteristics of the study child or the families were compared. The only significant differences were in two of the characteristics of the study child's primary carer. Families were less likely to respond in Wave 2 if they did not own or were not purchasing their homes, probably reflecting greater mobility. Families were also more likely to respond in Wave 2 if the primary carer was not of Aboriginal or Torres Strait Islander descent. The reason for this is not evident and further analysis incorporating trends from future waves is needed in order to arrive at a satisfactory explanation.

Table 8: Characteristics of non-responding and responding families in Wave 2

	Non-responding families in Wave 2 (n=241) %	Families who responded in both waves (n=1,436) %
Wave 1 site		
South East Queensland	8.3	13.3
NT Top End	18.7	13.1
NSW South Coast	7.9	10.9
Western Sydney	3.7	10.7
Mount Isa & remote Western Queensland	8.7	10.5
Dubbo	6.2	9.8
Greater Shepparton	11.2	7.9
Torres Strait Islands & NPA	11.6	7.2
Kimberley region	14.5	6.3
Adelaide	6.6	6.3
Alice Springs	2.5	4.0
Study child characteristics		
Gender		
Male	52.3	50.7
Female	47.7	49.3

Table 8: Characteristics of non-responding and responding families in Wave 2

	Non-responding families in Wave 2 (n=241) %	Families who responded in both waves (n=1,436) %
Indigenous status		
Aboriginal	86.3	87.9
Torres Strait Islander	7.5	6.4
Both Aboriginal and Torres Strait Islander	6.2	5.7
Health		
Excellent/Very good	78.8	76.3
Good	18.3	20.8
Fair/Poor	2.9	2.9
Primary carer characteristics		
Gender		
Male	1.7	2.6
Female	98.3	97.4
Whether primary carer is study child's birth mother	92.5	92.1
Indigenous status		
Aboriginal	78.4	74.4
Torres Strait Islander	8.1	6.4
Both Aboriginal and Torres Strait Islander	5.5	4.1
Neither Aboriginal or Torres Strait Islander	8.1	15.2
Whether single parent	49.8	44.4
Whether employed in Wave 1	25.3	30.4
Whether own or purchasing home	6.6	15.0
Family characteristics		
Average number of people in household	4.8 (people)	5.0 (people)
Average number of major life events in Wave 1	4.4 (number)	4.0 (number)
Had worries about money in Wave 1	26.3	31.4
Note: NPA=Northern Peninsula Area.		



Highlights from Wave 2

This section provides an analysis of *Footprints in Time* data from Wave 2 in four areas:

- changes in family life and mobility
- children's health and wellbeing
- preschool and school attendance
- overcoming difficulties.

The section on changes in family life and mobility gives an account of changes in family size, structure and composition of *Footprints in Time* families between Waves 1 and 2. It also looks at movements of family members in and out of the household, and families who had relocated and their reasons for doing so.

The section on children's health and wellbeing compares the children's health conditions as reported on each wave and looks at common illnesses and their persistence over time. Children's injuries and hospitalisation, dental health and visits to health professionals are topics of interest, as well as infant and toddler social and emotional wellbeing.

The section on preschool and school attendance provides information on the children's participation levels in Wave 2, including the reasons why the parents did not send their children to preschool/school. It also looks at instances of children's absence from preschool/school in the preceding week.

The last section on overcoming difficulties provides information on a number of issues that describe, relate to, or impact on, the wellbeing of families who participate in the study. These issues include household income source, employment and educational attainment of the child's primary carer, forced removal from natural family, and the social and emotional wellbeing of the child's primary carer. The section concludes with analysis of the relationship between the parents' employment and education and their aspirations for their child.



Changes in family life and mobility

As people grow and change, so do their families. Changes in the family can occur when new members join or are added to the family or when family members leave or move to another location. There are various reasons for these changes, such as the birth of a child, partnering or re-partnering, parental relationship breakdown and separation, older children leaving home and inclusion of extended family members.

According to the Australian Bureau of Statistics (ABS), Aboriginal and Torres Strait Islander households are larger than non-Indigenous households (on average 3.4 people and 2.6 people per household respectively) and more likely to be multiple-family households (ABS 2010a). The way Aboriginal family members interact with each other is also different from non-Aboriginal families and some of these differences need to be understood within historical and cultural contexts (Walker & Shepherd 2008). Aboriginal and Torres Strait Islander families are not homogenous; their structure and composition differs from each other and varies greatly across different geographical locations.

Changes in family size, structure and composition

Between Waves 1 and 2, the average size of *Footprints in Time* households increased slightly from 5.0 to 5.1 people. These numbers are larger than the average size of Aboriginal and Torres Strait Islander households reported by the ABS at 3.6 people (ABS 2010a). This may be due to the fact that *Footprints in Time* focuses on Indigenous households with young children. Households with no children are not included in the study.

Table 9 shows the average size of household by LORI in Waves 1 and 2. In Wave 2, the household size of *Footprints in Time* families tended to be larger with increasing geographical isolation, while this pattern was less pronounced in Wave 1. In areas with no isolation (that is, urban areas), there were, on average, 4.7 people in a *Footprints in Time* household, compared with 6.3 people per household in areas with high or extreme isolation.

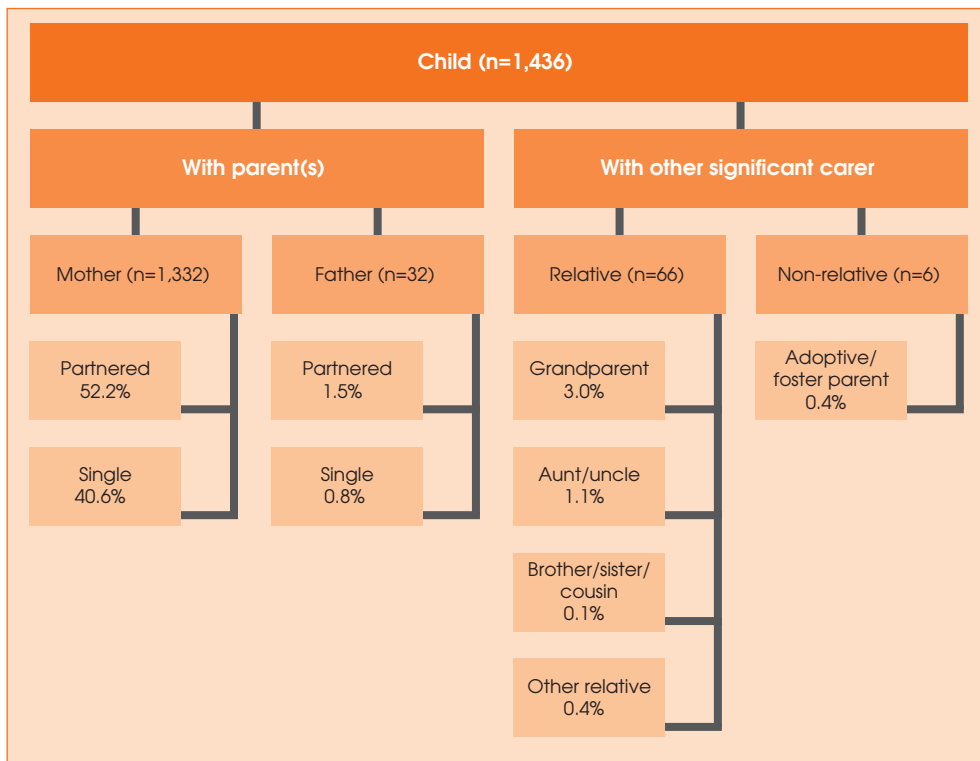
Table 9: Average household size of Footprints in Time families in Waves 1 and 2, by Level of Relative Isolation (LORI)

		Level of Relative Isolation (LORI)				
		None	Low	Moderate	High/ extreme	Total
Wave 1 households	Number	435	839	214	189	1,677
	Mean	4.5	4.8	5.8	5.7	5.0
	Standard deviation	1.7	2.2	2.8	2.8	2.3
Wave 2 households	Number	401	747	173	203	1,524
	Mean	4.7	5.0	5.7	6.3	5.1
	Standard deviation	1.7	2.1	2.4	2.7	2.2

The care arrangement for children in the household in Waves 1 and 2 of the study are illustrated in Figures 3 and 4. Only children interviewed in both waves have been included, making it possible to identify changes in household care arrangements. Overall, there was little change in the care arrangement for the children between the two waves. As was the case in Wave 1, the vast majority of *Footprints in Time* children were living with their mothers in Wave 2. Most primary parents were birth mothers (90 per cent in Wave 2, 92 per cent in Wave 1); however, it can be expected that there are some additional birth mothers who were living in the household (but who were not the primary carer).



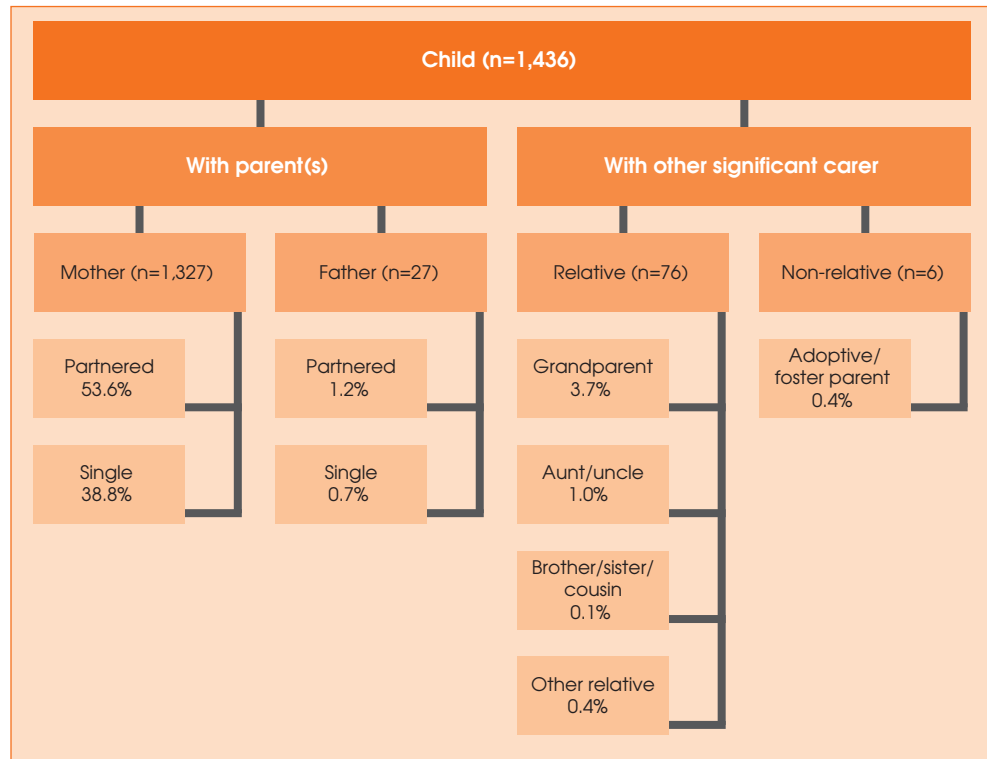
Figure 3: Wave 1 household care arrangement for children interviewed in both waves



Note: Percentages may not sum to 100 due to rounding.



Figure 4: Wave 2 household care arrangement for children interviewed in both waves



Note: Percentages may not sum to 100 due to rounding.

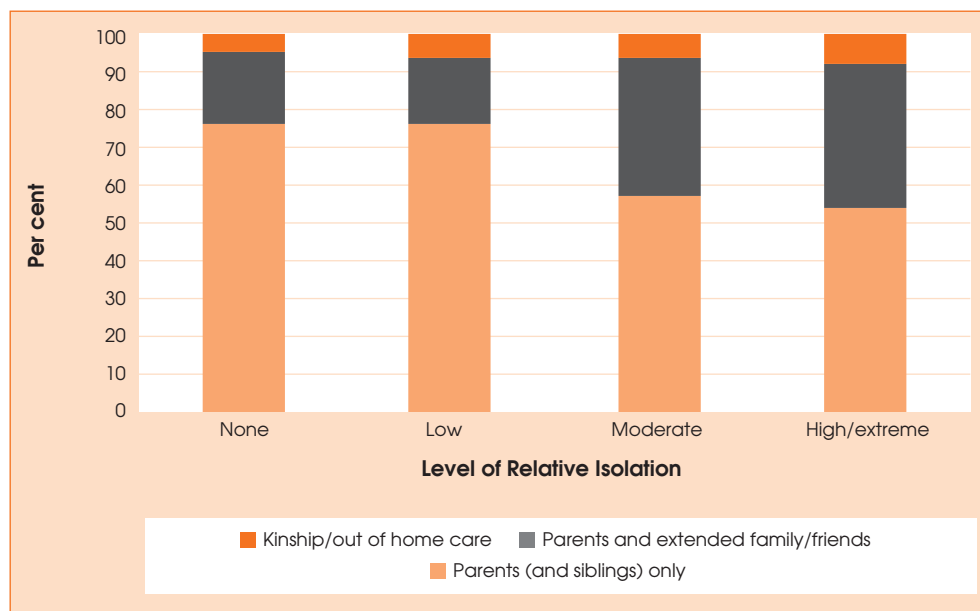


Aboriginal and Torres Strait Islander household structures and relations are complex and differ from those of non-Indigenous households. Thus, findings from the analysis of household data from *Footprints in Time* are not always comparable with household statistics reported by the ABS.

Footprints in Time data shows that a significant number of study children (23 per cent in both Waves 1 and Wave 2) lived in a household with extended family. In the context of this report, the term extended family is used to refer to a household in which the child lives with parents as well as at least one household member who was a friend or relative of the primary carer (not their partner or child). Usually these extended family members were related to the child's primary carer by blood or by marriage, but there were a few cases where they were not related to the child's primary carer at all. In Wave 2, nearly 6 per cent of children had a primary carer who was kin or an adoptive or foster carer (not their biological parent); however, the majority of children (71 per cent) lived with parents (and siblings) only. Over 75 per cent of children had siblings living in the same household with them. Figure 5 shows extended family households were more common in areas of moderate or high/extreme levels of isolation than in areas of low or no isolation.



Figure 5: Household types in Footprints in Time by Level of Relative Isolation (LORI), Wave 2



Changes in main care giver

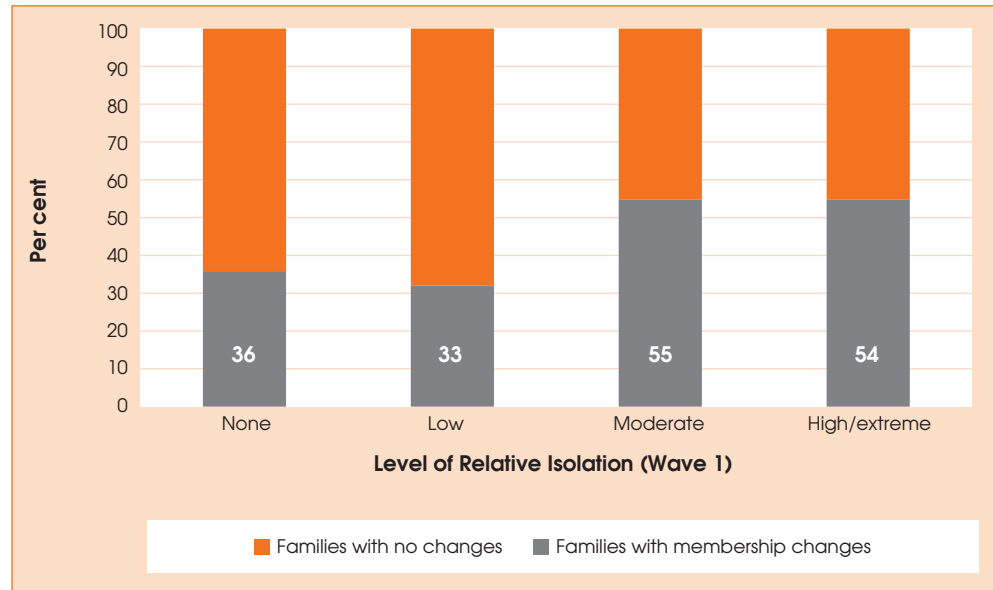
Most *Footprints in Time* children had the same primary carer in Wave 2 as in Wave 1. Although 45 of the children had a different primary carer in Wave 2, in 12 of these cases the Wave 1 primary carer was still living in the household, and therefore effectively only 2 per cent of children were no longer living with their Wave 1 primary carer. One-third of the new primary carers were the study child’s mother, and one-third were the grandmother.⁸

Changes in household membership

Nearly two-fifths (38 per cent) of *Footprints in Time* families underwent changes in their household.⁹ These changes involved households who had members moving out but no new members moving in (11 per cent), households who had new members moving in but no members moving out (21 per cent) and households who had members moving in as well as members moving out (6 per cent). The remaining 62 per cent had no changes in household membership. Households with changes in membership were more likely to be an extended family. Sixty-three per cent of extended families had membership changes, compared with 31 per cent of non-extended family households and 34 per cent of kinship or out-of-home care households.

As extended families are more common among Aboriginal and Torres Strait Island people living in isolated areas, there were more membership changes among households in these areas than in others. Figure 6 shows that over half of the households in more remote areas experienced changes in their membership, compared with only around one-third of households living in cities or large regional centres.

Figure 6: Comparison of households with changes in membership and those with no changes between Waves 1 and 2, by Level of Relative Isolation (LORI)



Of the household members who left in Wave 2, nearly one-fifth (19 per cent) were nieces and nephews of the study child’s primary carer (see Table 10). The next largest group were brothers and sisters of the primary carer (17 per cent), followed by children of the primary carer (14 per cent), persons related by marriage to the primary carer (10 per cent), the primary carer’s partner (10 per cent) and the primary carer’s parents (10 per cent). In terms of age, just over two-fifths (42 per cent) of members who left the household were children aged under 16 years. The remaining 58 per cent were made up of young people aged between 16 and 24 years (27 per cent) and adults aged 25 years or over (31 per cent).



Table 10: Relationship of household members who left in Wave 2 to the study child's primary carer

Relationship to the Study Child's primary carer	No.	Per cent
Nephew/niece	102	18.7
Brother/sister	94	17.2
Children, stepchildren or adoptive/foster children	79	14.5
Related by marriage, in-laws	57	10.4
Partner	54	9.9
Parents	54	9.9
Cousins	42	7.7
Aunties/Uncles	16	2.9
Grandchildren	10	1.8
Grandparents	9	1.7
Not related at all	8	1.5
Other	21	3.9
Total	546	100.0

Notes: Excludes families where Wave 1 primary carer is no longer present in the household. Excludes 11 refusals and one 'don't know' response to the relationship question.



As most of the *Footprints in Time* participants are families with young children, a significant proportion of new household members in Wave 2 were children, many of whom were aged under 2 years, indicating that they were new babies born to the families. Just over two-fifths (43 per cent) of new household members were the children of the study child's primary carer (Table 11). The next largest group were partners of the primary carer (12 per cent), followed by nieces and nephews (11 per cent), brothers and sisters (8 per cent), and the in-laws of the primary carer (7 per cent).

Nearly one-third of these new household members were toddlers and babies aged 1 year or under. Another third were children aged 2 to 15 years. Twelve per cent were young people aged 16 to 24 years. The remaining 26 per cent were adults aged 25 years or over.

Table 11: Relationship of new household members in Wave 2 to the study child's primary carer

Relationship to the Study Child's primary carer	No.	Per cent
Children, stepchildren or adoptive/foster children	276	42.6
Partner	80	12.4
Nephew/niece	72	11.1
Brother/sister	50	7.7
Related by marriage, in-laws	46	7.1
Parents	42	6.5
Grandchildren	24	3.7
Cousins	20	3.1
Grandparents	14	2.2
Aunties/Uncles	6	0.9
Not related at all	4	0.6
Other	14	2.2
	648	100.0

Notes: Excludes families where Wave 1 primary carer is no longer present in the household. Excludes two cases of missing data and one refusal response to the relationship question.

In Wave 2, around 4 per cent of the study child's primary carers indicated that their spouse or partner was no longer living in the household. The majority of the partners who left had been the de facto partner of the primary carer. Young parents aged under 25 years were overrepresented among primary carers whose partner had left in Wave 2.

On the other hand, around 6 per cent of the primary carers indicated they had a new partner living in the household in Wave 2. All of these respondents did not have a partner living in the same household in Wave 1.¹⁰ The majority of these new relationships were de facto. There was no overrepresentation of any age group among the respondents who had a new partner in Wave 2.

Looking only at families who responded to both waves, the proportion of partnered families rose slightly in Wave 2 to 58 per cent, from 56 per cent in Wave 1.

Families who have moved

Footprints in Time data in Wave 2 shows that one-fifth (21 per cent) of the study families moved house in the period between Wave 1 and Wave 2 interviews (mostly 6 to 13 months), excluding those families where the Wave 1 primary carer was no longer living in the household. This proportion is likely to be an understatement, as it does not take into account the 241 non-responding families in Wave 2. It is possible that these families were more likely to have moved than the general population of *Footprints in Time* families.



Footprints in Time data on the reasons why respondents moved can be grouped into five major categories: housing reasons, employment reasons, health/education reasons, family reasons and lifestyle reasons. Table 12 below shows that half of families who moved did so because of housing reasons, the most common of which was wanting a bigger and better home (18 per cent). Eight per cent had to move because of overcrowding at their previous residence, while a further 7 per cent moved because the landlord had asked them to and 7 per cent moved because of allocated housing. Five per cent purchased their own dwelling. The second largest set of reasons for moving was concerned with family (35 per cent), the most common of which was wanting to be close to family and friends (16 per cent). Nearly 9 per cent of families who moved did so because of lifestyle reasons, primarily seeking a lifestyle change (4 per cent). Around 3 per cent of those who moved did so because of employment reasons and 3 per cent moved for health or education reasons.

Table 12: Reason for moving house, Wave 2

Main reason for moving house	Per cent
Housing reason	
Wanted a bigger or better home	18.5
Wanted a smaller home	1.0
Reduce rent or mortgage	2.6
Landlord asked tenant to leave	7.4
Allocated housing (eg. Public Housing)	7.4
Overcrowded	7.8
Purchased own dwelling	4.5
Renovations/rebuilding	1.0
Sub-total	50.2
Employment reason	
Closer to work	1.6
Lost job	0.3
Improve employment prospects	0.7
Job transfer	0.3
Sub-total	2.9
Health/Education reason	
To be near medical services	0.3
Health reason	1.0
To be near education facilities	1.6
Sub-total	2.9



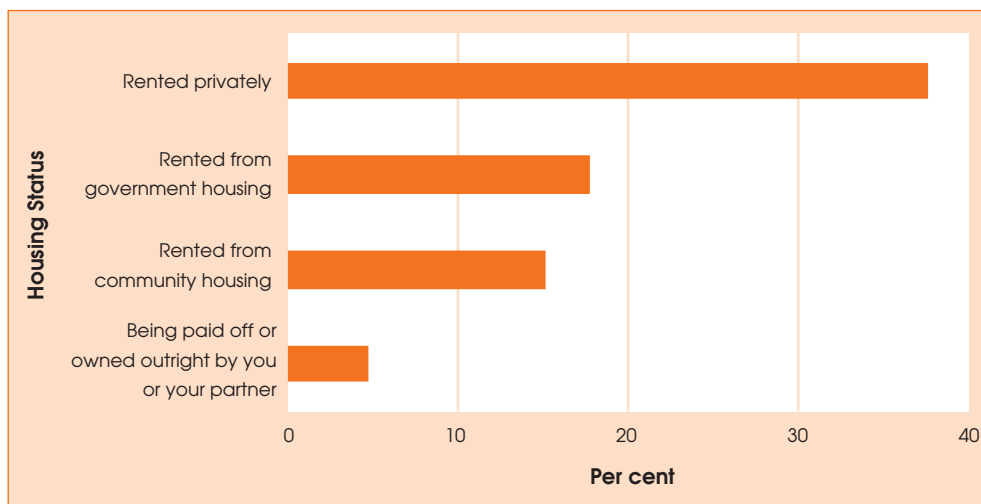
Table 12: Reason for moving house, Wave 2—*continued*

Main reason for moving house	Per cent
Family reason	
Moved with family	7.1
To be close to family/friends	15.5
Family conflict	4.9
Be independent	3.6
Get married/live with partner	0.7
Breakdown of marriage/relationship	3.2
Sorry business	0.3
Sub-total	35.3
Lifestyle reason	
To be near other services (shops, sports grounds, etc)	1.0
Better opportunities	1.6
Lifestyle change	3.6
Neighbours/neighbourhood	2.6
To live or be close to Homelands	0.0
Sub-total	8.7
Total	100
Notes: Excludes two 'don't know' responses, one refusal and 28 people who specified another reason. Includes new entrants who said they had moved in the last year.	

Footprints in Time data also showed that private renters were more likely to move than people in other types of tenure, which is consistent with what is observed in the general population (ABS 2010b). As Figure 7 shows, around one-third of private renters had moved, double that of people renting from government or community housing. Conversely, only 5 per cent of families who were purchasing their own home in Wave 1 had moved house in Wave 2. Only 5 per cent of families lived in a housing arrangement different to these four types.



Figure 7: Proportion of families who had moved by Wave 2 by type of tenure in Wave 1



Families holding different types of tenure have different reasons for moving. The most common reasons given by families who had been renting privately were 'Wanted a bigger or better home', 'Landlord asked tenant to leave' and 'Purchased own dwelling'. For families renting from a government housing authority the most common reasons for moving were 'To be close to family/friends', 'Wanted a bigger or better home', 'Allocated housing (eg. public housing)' and 'Overcrowded'. The main reasons people moved out of community housing were 'Overcrowded' and 'To be close to family/friends'.

Children's health and wellbeing

The health and wellbeing of Aboriginal and Torres Strait Islander children is a primary concern of *Footprints in Time*. The study seeks to find out what helps children grow up healthy and strong, despite sometimes difficult circumstances.

According to the Australian Institute of Health and Welfare (AIHW), the health of Aboriginal and Torres Strait Islander children is generally poorer than that of other children in Australia (AIHW 2009). Diseases such as asthma, bronchitis, middle ear infection, acute rheumatic fever and rheumatic heart disease, as well as types of disability and congenital anomalies, are more common among Aboriginal and Torres Strait Islander children than other children in the country.

In addition to having poorer physical health in general, Aboriginal and Torres Strait Islander children, especially those aged 4 to 14 years, were found by the AIHW to be more likely to have a long term mental health or behavioural condition than non-Indigenous children (AIHW 2009).

It may be useful to view the overall health and wellbeing of Aboriginal and Torres Strait Islander children in the context of various interconnected factors including physical health, mental health and social and emotional wellbeing. Concerning Aboriginal and Torres Strait Islander people's social and emotional wellbeing, Zubrick and colleagues quoted the Social Health Reference Group for the National Aboriginal and Torres Strait Islander Health Council and National Mental Health Working Group as saying:

The social and emotional wellbeing concept ... recognises the importance of connection to land, culture, spirituality, ancestry, family and community and how these affect the individual. Social and emotional wellbeing problems cover a broad range of problems that can result from unresolved grief and loss, trauma and abuse, domestic violence, removal from family, substance misuse, family breakdown, cultural dislocation, racism and discrimination and social disadvantage (Zubrick et al. 2010).

The analysis in this sub-section reports on the physical health of *Footprints in Time* children including their hospitalisation, injuries, dental health and visits to health professionals. The latter sub-section on overcoming difficulties provides some information on factors that may contribute to the children's social and emotional wellbeing.

Overall health of children

As in Wave 1, almost all *Footprints in Time* parents and primary carers interviewed in Wave 2 assessed the overall health of their child as being excellent, very good, or good (97 per cent in both waves). This was very similar to the ABS statistics from the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) in 2008 in which 96 per cent of Aboriginal and Torres Strait Islander children had their health rated as excellent, very good or good (77 per cent as excellent or very good and 19 per cent as good) (ABS 2009a).

Common illnesses

As in Wave 1, the three most common types of children's illnesses in Wave 2 were runny ears (12 per cent), chest infection (11 per cent) and asthma (10 per cent). Note that data from Waves 1 and 2 regarding study children's illnesses are not necessarily comparable as the Wave 1 question asked whether the child had ever had the illnesses, while the Wave 2 question asked whether the child had had the illnesses since the last interview.

According to NATSISS, one in 10 (10 per cent) Aboriginal and Torres Strait Islander children aged 4 to 14 years experienced an ear or hearing problem and almost one in 10 (9 per cent) experienced an eye or sight problem in 2008. While *Footprints in Time* Wave 2 results on ear problems are quite comparable to that of NATSISS (despite the different age group and time frame),¹¹ our data show that few children (4 per cent) had an eye problem since the previous interview. This could be due to the fact that some eye problems, especially those concerning difficulty in seeing close up or far away, are not detected until children are older.

Wave 2 data shows some children had persistent problems with the reported illnesses. One-quarter (25 per cent) of children who had ear problems in Wave 1 also had ear problems in Wave 2. Similarly, 16 and 19 per cent of children who had a chest infection and eczema, respectively, in Wave 1, had the same illness in Wave 2. However, these rates were all two to three times higher than the rates of children experiencing these conditions who had not had them in Wave 1. Asthma was even more likely to persist. Just over two-fifths (43 per cent) of the children who had asthma in Wave 1 were reported as having had asthma in Wave 2, while only 5 per cent of the children who did not have asthma in Wave 1 developed the condition by Wave 2.



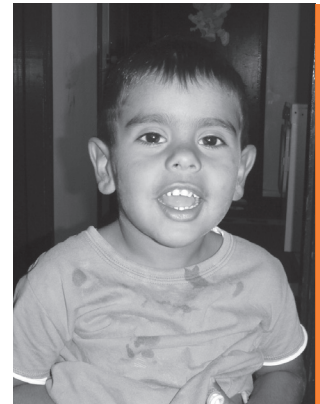
In Wave 2, there were few differences between the two cohorts in terms of prevalence of health conditions. Younger children (aged under 3 years) were more likely to have diarrhoea, colitis or intestinal problems than older children (11 per cent, compared to 4 per cent) and chest infections (14 per cent, compared to 8 per cent). Older children were more likely to have their disability identified than younger children (5 per cent, compared with 2 per cent). The most common type of disability among study children in Wave 2 was a speech-related disability.

Injuries

In Wave 2, data was collected on the children's injuries for the first time. Since the previous interview, just over one in 10 (13 per cent) of the children suffered some kind of injury needing medical attention. The most common types of injuries were a serious cut or graze (5 per cent), broken or fractured bones (1 per cent) and a burn or scald (1 per cent).¹² The majority of these injuries occurred at home.

Younger children (aged under 3 years) were just as likely to suffer an injury as older children (both between 12 and 13 per cent). The types of injuries suffered by the two age groups were also similar.

Parents in areas of no isolation were more likely to report that the study child had an injury than those in other areas. Nineteen per cent of children in the areas of no isolation had an injury between Wave 1 and Wave 2, compared with 10 per cent of the children elsewhere. Access to medical assistance may have some bearing on the reporting of these figures because the question was phrased to ask about injuries needing medical attention.



Hospitalisation

Footprints in Time asked families whether the study child had stayed in hospital because of illness, injury or surgery since the last interview. Excluding day visits to the hospital, just over one in 10 (11 per cent) of the children had stayed overnight in hospital since the previous interview. The most common reasons for children's hospitalisation were chest infection and asthma (both at 12 per cent of all hospital stays), diarrhoea/colitis/intestinal problems (10 per cent), abscess or cyst (5 per cent) and skin infection (4 per cent). There were few children who had more than one hospital stay since the last interview. Nineteen per cent of children who were hospitalised overnight in Wave 1 were also hospitalised in Wave 2 (n=44).

Accessing health services

Most (89 per cent) *Footprints in Time* parents had taken their children to see health professionals at Aboriginal Health Service clinics, doctors' surgeries, community health centres, or maternal and child health centres since the previous interview. Figure 8 shows that families in areas of no isolation (64 per cent) were much more likely to take their child to a doctor's surgery or clinic than families in other areas (39 per cent, 14 per cent and 6 per cent, respectively, in areas of low, moderate and high/extreme isolation). Conversely, families in very isolated areas (65 per cent) were much more likely to access health services at a community health centre or clinic.

Families in areas of low and moderate isolation were more likely to use health services provided by the Aboriginal Medical Service than those from other areas.

As the children got older, not many families were accessing health services at a maternal and child health centre.

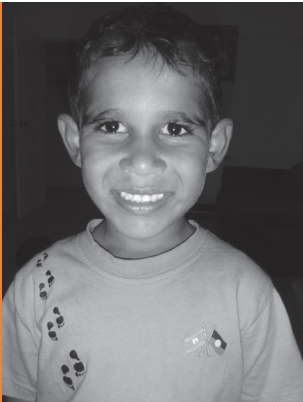
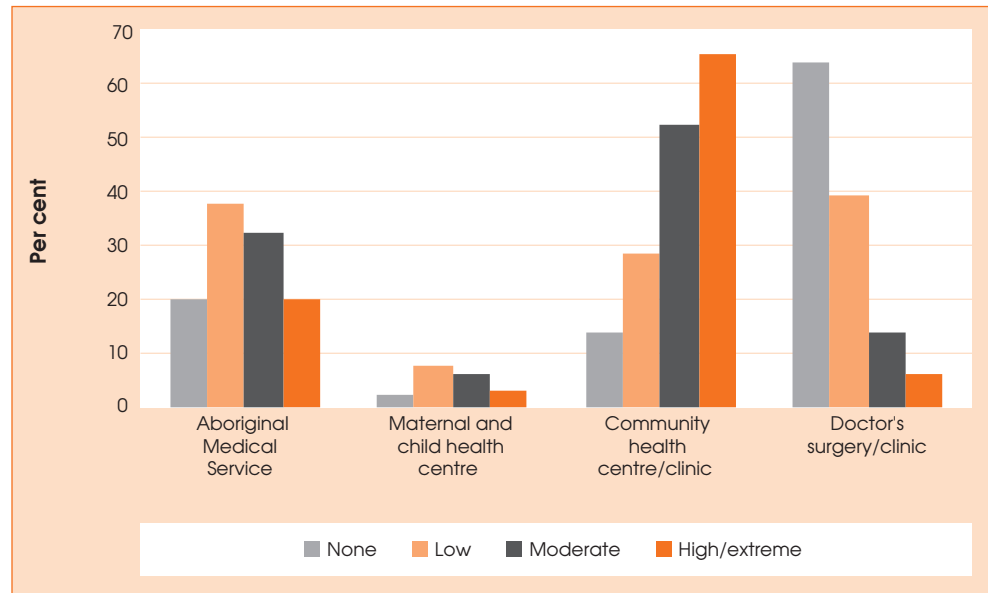


Figure 8: Use of health professional services by Level of Relative Isolation (LORI) in Wave 2



Since the last interview, there were times when study children needed a doctor but did not see one. Around 6 per cent of families indicated that this was the case. Families in highly or extremely isolated areas (8 per cent) were twice as likely to experience this than families in areas of no isolation (4 per cent). Families in areas of low or moderate isolation both shared the total average (6 per cent).

Most common reasons included 'Waiting time too long or inconvenient hours' (46 per cent), 'Felt they could cope' (31 per cent), followed by 'Transport/distance' (14 per cent).¹³

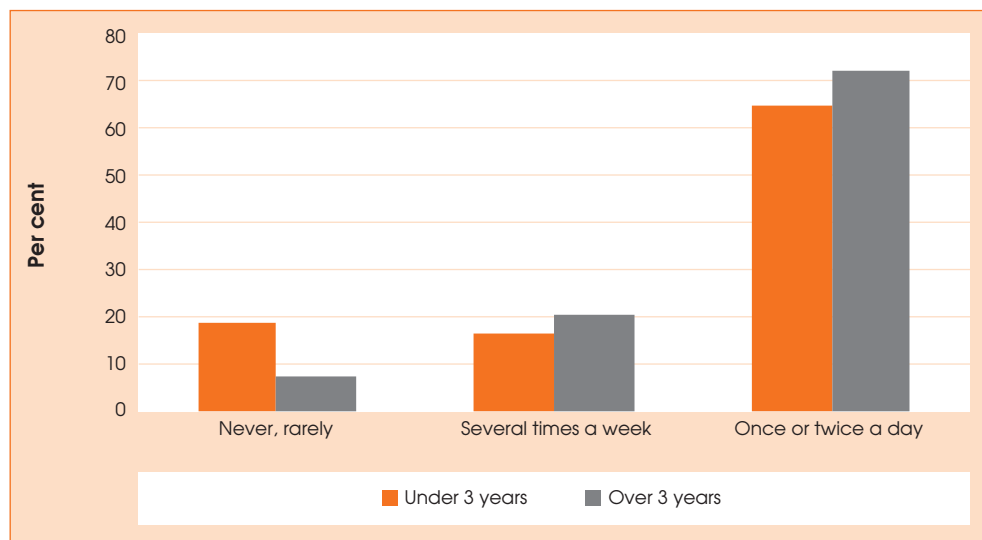
Dental health

According to the AIHW, the dental health of Aboriginal and Torres Strait Islander children is poorer than for non-Indigenous children, as measured by the number of decayed, missing or filled deciduous (baby) or permanent teeth and the proportion of children who are decay-free (AIHW 2009). At 6 years of age, a lower proportion of Aboriginal and Torres Strait Islander children (21 per cent) were decay-free compared with non-Indigenous children (54 per cent).

Teeth-brushing is important to the prevention of tooth decay. As *Footprints in Time* children grew older, they were more likely to clean or brush their teeth more regularly. In Wave 1, around 57 per cent of the children had their teeth cleaned once or twice a day. By the next interview, over two-thirds (70 per cent) of the children had their teeth cleaned once or twice a day. As Figure 9 shows, children in the younger age group (under 3 years) were less likely to have their teeth cleaned regularly than children in the older age group.



Figure 9: Frequency of teeth brushing by age group in Wave 2



As in Wave 1, children in more remote areas were less likely to brush their teeth regularly in Wave 2. Around 55 per cent of children in areas of moderate and high/extreme isolation had their teeth cleaned at least once a day, compared with 79 per cent of the children in areas of no isolation (urban areas).

In both waves, parents were asked about any problems their child might have with his/her teeth or gums, such as tooth cavities, holes or decay, loss of tooth because of decay, abscesses, inflammation, swelling or bleeding of the gums or pain lasting for more than a week. Older children were much more likely to have these problems than younger ones. In Wave 2, over one-third (35 per cent) of children over 3 years old had some problem with their teeth or gums since the previous interview, while only 12 per cent of the younger group did. Unfortunately, nearly three-fifths (59 per cent) of the children who had teeth or gum problems in Wave 1 also had such problems in Wave 2. However, only 14 per cent of children without problems in Wave 1 developed them. Children in areas of no isolation were 10 per cent less likely to have had problems with their teeth and gums in either wave than children living elsewhere. These children were also most likely to clean their teeth regularly.

Around one in five (21 per cent) *Footprints in Time* Wave 2 children had seen a dentist or dental nurse since the last interview. Older children are much more likely to visit a dentist or dental nurse. In Wave 2, 37 per cent of children over 3 years old had such a visit, compared with only 7 per cent of children in the younger age group. Children in areas of high or extreme isolation (25 per cent) were more likely than children in other areas to visit a dentist or dental nurse. Children in areas of moderate isolation (for example, most of the Kimberley site, and parts of the Mount Isa site) were least likely (14 per cent) to have such a visit.

Parents whose children had teeth or gum problems were asked if there were times when their child needed to see a dentist but did not see one. Fourteen per cent of these parents said this had occurred (but only 3 per cent overall). Children in areas of moderate and high/extreme isolation were more likely to miss out on seeing the dentist (23 per cent and 22 per cent, respectively) than children in areas of no isolation (11 per cent) and low isolation (10 per cent). The most common reasons for this were 'waiting time too long' and 'no dentist available'.

Preschool and school attendance

Universal access to early childhood education for Aboriginal and Torres Strait Islander children in remote communities is one of the Council of Australian Governments' (COAG) targets for its Closing the Gap on Indigenous Disadvantage initiative. Early childhood education generally refers to a planned education and development program for children in the year (or sometimes two years) before they begin full-time primary education (AIHW 2009).

The benefits of early childhood education including intellectual and social development are well documented (Biddle 2007; Council of Australian Governments 2009). Early childhood education aims to bring about positive developmental outcomes for children that may have a far-reaching impact on their later lives.

According to the ABS, using data from the 2008 Childhood Education and Care Survey, 50 per cent of Australian children aged 3 to 5 years attended preschool or a preschool program in long day care, while 30 per cent attended school. The remaining 20 per cent did not attend preschool nor school (ABS 2009b). Attendance at preschool was most common for children in the year prior to school age, with 85 per cent of children aged 4 years attending, compared with around 57 per cent of 3 year olds. However, preschool and school attendance rates for Aboriginal and Torres Strait Islander children are lower than those for the general population. The 2008 National Aboriginal and Torres Strait Islander Social Survey found that 37 per cent of Aboriginal and Torres Strait Island children aged 3 to 5 years attended preschool, 22 per cent went to school and 39 per cent did not attend school or preschool (ABS 2009b).

Specific research into Aboriginal and Torres Strait Islander children's attendance at preschool using 2001 Census data found that 3 year-old Aboriginal and Torres Strait Islander children were more likely to be attending preschool than non-Indigenous 3 year olds, but 4 to 5 year-old Aboriginal and Torres Strait Islander children were less likely to be attending preschool than non-Indigenous children (Biddle 2007). Biddle also found that Aboriginal and Torres Strait Islander children's preschool attendance declined with the increase in distance from capital cities and did so at a greater rate than that of non-Indigenous children.

Rate of preschool and school participation

In Wave 2, there were 673 children in *Footprints in Time* who were aged from 3 to 5 years. The vast majority (92 per cent) of these children were aged 4 and 5 years; 3 year olds made up only 8 per cent of the group.

Table 13 shows that 81 per cent and 93 per cent of *Footprints in Time* children aged 4 and 5 years respectively were going to a preschool or school. There were very few 3 year olds in our Wave 2 sample (n=51) and most of them were not specifically asked the question relating to preschool attendance, so their preschool attendance is not reported here.



Table 13: Participation in preschool or school by Footprints in Time children aged 4–5 years in Wave 2

	School		Preschool		Did not participate	Total asked	Rate of participation	
	No.	%	No.	%	No.	%	%	
Four years	82	32.3	123	48.4	49	19.3	254	80.7
Five years	253	70.7	78	21.8	27	7.5	358	92.5

Notes: Only children in the Child cohort were asked whether they went to preschool/school. The children in the Baby cohort were not asked these questions.¹⁴

These participation rates relate only to whether the parent indicated that the child attended a particular program, without consideration of the number of hours per week attended or the qualifications of preschool teachers, therefore they may differ from some figures found elsewhere that do take these factors into account, or which look at administrative data showing actual class attendance for children enrolled.

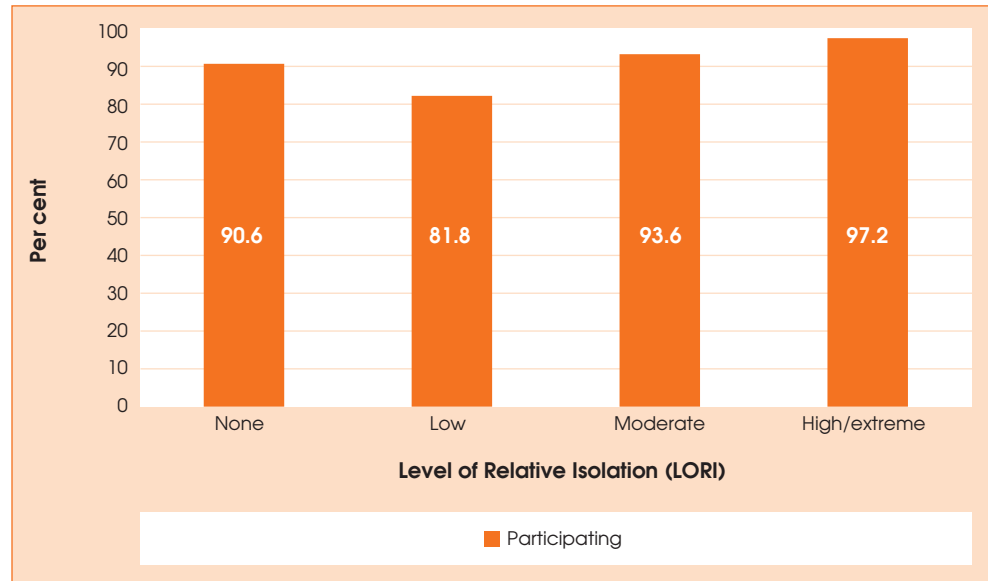
The older the children, the more likely they were to go to Year 1 or a pre-Year 1 program at a school. Of the children who were attending preschool or school, most of the 5 year olds were going to a pre-Year 1 program at a school (68 per cent). Eight per cent were already in Year 1 and 23 per cent were in preschool (called Kindergarten in some states). A small number of children were going to a mobile preschool or being homeschooled. Around three-fifths of the 4 year olds were going to preschool, while the remainder were in pre-Year 1 programs at school.

A complexity of this data is that interviews are conducted throughout the year, rather than at a single point in time and that in different states in Australia there are different age cut offs for starting preschool or school depending on month of birth. Although there were 254 four year olds and 358 five year olds in the sample responding to these questions, only 7 per cent of them turned 4 years old in 2009, 80 per cent turned 5 years old and 14 per cent turned 6 years old. Once Waves 3 and 4 of the data are available, it will be possible to build up a more complete picture of children’s pathways through preschool and school.

Unlike findings from the research by Biddle (2007), *Footprints in Time* data in Wave 2 shows that children aged 4 to 5 years were more likely to go to preschool or school if they were living in remote or very remote areas. Figure 10 shows that 94 and 97 per cent of children living in areas of moderate and high/extreme isolation, respectively, were going to preschool or school, compared with 82 per cent of children in areas of low isolation and 91 per cent of children in areas of no isolation.



Figure 10: Preschool/school participation by *Footprints in Time* children aged 4 to 5 years in Wave 2



Absence from preschool or school in previous week

In addition to asking the parents whether their child went to preschool or school, *Footprints in Time* asked the parents whether their child attended preschool or school every day when the child was supposed to in the previous week. Although it should be borne in mind that preschool attendance is not compulsory, this made no difference to attendance rates. Looking at 4 and 5 year olds, both school and preschool children attended every day they were supposed to in the previous week in 85 per cent of cases.¹⁵ Of the 65 children whose parent gave a reason for their non-attendance, nearly two-thirds (63 per cent) of the children did not go every day because they were ill or injured. Fifteen per cent did not go because the child did not want to. Other reasons given were cultural commitments, family commitments, parent illness or injury and sorry business.



Experience with preschool or school

In Wave 2, *Footprints in Time* asked the parents a number of questions that would be indicative of the experience they or their children had with preschool or school and whether the children had been bullied or treated unfairly at school because he/she was Indigenous. Overall, nine in 10 children (90 per cent) liked their teacher quite a bit or a lot and almost all the parents (95 per cent) felt comfortable talking to their child's teacher. Most parents (83 per cent) thought they were kept well or very well informed about their child's progress in class by the teacher. Almost all the children (95 per cent) looked forward to going to preschool or school on most days but there were a small number (5 per cent) who were upset on most days and did not want to go to school. Seventy-four per cent were rarely or not at all upset. Around one in 10 children (11 per cent) had been bullied or treated unfairly because they were Indigenous.



To assess whether there were any statistically significant differences in the preschool/school experiences of children who had attended every day in the previous week and the experiences of those who did not, chi-square tests were applied to the data from the above questions. Table 14 shows children who were rarely or never upset going to school were significantly more likely to have gone to school every day in the previous week. However there were no significant differences between the two groups on the other questions.

Table 14: Results of questions on *Footprints in Time* parent and children's experience with preschool or school¹⁶

Results from question about children or their parent's experience with preschool or school	For children who went to school every day in previous week (%)	For children who did not go to school every day in previous week (%)	Whether difference between the two groups is statistically significant
The child liked their teacher quite a bit or a lot	89.8	88.2	No
Parent felt comfortable talking to child's teacher/ carer	94.8	96.2	No
Parent thought they were well or very well informed of their child's progress in class by the child's teacher	84.5	76.9	No
Child looked forward to preschool/school most days	95.9	91.3	No
Child was rarely (or not at all) upset and did not want to go to preschool/school	77.0	58.8	Yes
Child had been bullied or treated unfairly because he/ she was Indigenous	10.9	8.2	No

Overcoming difficulties



In Australia, there are clear differences on average between the experiences of Indigenous and non-Indigenous people across all indicators of quality of life such as life expectancy, unemployment, overcrowded housing, homelessness, family violence and imprisonment (Australian Human Rights Commission 2011).

The history of colonisation, displacement and racism has had a significant impact on the physical, social and emotional wellbeing of Aboriginal and Torres Strait Islander people (Dudgeon et al. 2010). Negative outcomes such as health risk behaviours (obesity, smoking, lack of exercise—resulting in illnesses, death and disability), alcohol and violence, suicide, problem gambling, aggression and conflict are correlated with serious psychological distresses experienced by individuals, families and communities in the Aboriginal and Torres Strait Islander population (Zubrick et al. 2010).

In December 2007 and March 2008, COAG committed to six targets to close the gap in Indigenous disadvantage. These targets, recognising the links between health, childhood development, education and employment, are:

1. close the life expectancy gap within a generation
2. halve the gap in mortality rates for Indigenous children under 5 years within a decade
3. ensure access to early childhood education for all Indigenous 4 year olds in remote communities within 5 years
4. halve the gap in reading, writing and numeracy achievements for children within a decade
5. halve the gap for Indigenous students in Year 12 attainment or equivalent attainment rates by 2020, and
6. halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade (FaHCSIA 2009b).

Progress of Australian Government, state and territory programs in achieving agreed milestones against these targets are monitored and reported annually by the COAG Reform Council. In April 2010, the COAG Reform Council released a report containing findings from the comparative analysis of states and territories' performance against the six targets, taking into account the key contextual differences between the jurisdictions (COAG Reform Council 2010). The report also provided some baseline information on the gaps between Indigenous and non-Indigenous people (as at 2008–09) in the following areas:

- life expectancy at birth (gap=11.5 years for males and 9.7 years for females)
- infant mortality rate ratio (gap=2.2:1)
- low birth-weight babies (gap=7 percentage points)
- smoking during pregnancy (gap=35 percentage points)
- Year 3 reading (gap=25 percentage points)
- Year 3 numeracy (gap=17 percentage points)
- 20 to 24 year olds having attained at least a Year 12 or equivalent (gap=36 percentage points)
- labour force participation rate (gap=14 percentage points)
- unemployment rate (gap=12 percentage points)
- 20 to 64 year olds with or working towards Certificate III or above (gap=25 percentage points) (COAG Reform Council 2010).

Footprints in Time is also gathering evidence to monitor these targets. For example, information on low birth-weight babies, smoking in pregnancy and major life events experienced by the families was reported in the *Key Summary Report from Wave 1* (FaHCSIA 2009a). The analysis in



this section provides a description of the social and economic circumstances of *Footprints in Time* families in terms of their household income source and the employment and educational attainment of the primary carers of the study children. The section also includes Dr Maggie Walter's analysis of the impact of forced separation from natural family on the child's primary carer. Finally, the section explores the relationship between parental employment and education and the aspirations they have for their child's future employment and education. This analysis used qualitative data from *Footprints in Time* and was undertaken by Megan Shipley, Eleanor Bettini, Judith Smyth Robertson and Catherine Tamburro from the Family and Child Support Policy Branch of FaHCSIA.

Dependence on government income support

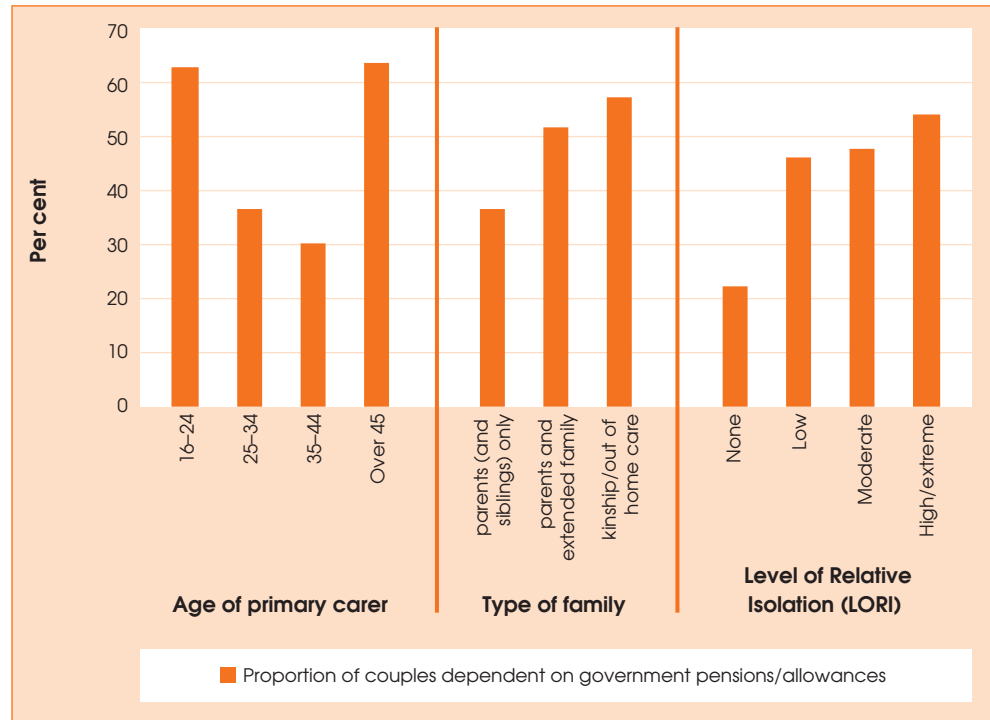
According to the report *Overcoming Indigenous disadvantage: key indicators 2009*, Aboriginal and Torres Strait Islander people were overrepresented in the Australian income support system, with 47.7 per cent reporting government cash pensions and allowances as their main source of personal income in 2004–05, compared with 17.3 per cent of non-Indigenous people (SCRGSP 2009).

Data from both waves of *Footprints in Time* supports the above statistics and shows a slightly higher proportion of families deriving their main source of income from government pensions and allowances, which is not really surprising given the high number of single parents with small children in the sample as well as the overrepresentation of Indigenous families from regional and remote areas. In Wave 2, 15 per cent of primary carers and 24 per cent of partners are non-Indigenous, which may need to be taken into account when comparing these figures with those of Indigenous or non-Indigenous individuals generally. In Wave 1, nearly six in 10 (58 per cent) parents nominated government payments (including CDEP) as their and their partner's main source of income (and had no income from wages or salary).¹⁷ In Wave 2, the proportion was similar at 57 per cent.

In Wave 2, single parents were twice as likely to be dependent on government pensions or allowances than partnered parents (80 per cent, compared with 40 per cent).

Figure 11 shows that in Wave 2, partnered parents who rely on government pensions or allowances as the main source of income for themselves and their family (that is, jobless families) were more likely to be younger than 25 years or older than 45 years, living with extended family or as kinship carers and residing in an area of low, moderate, high or extreme isolation.

Figure 11: Proportion of couple families who rely on government pensions or allowance as their main source of income, *Footprints in Time* Wave 2

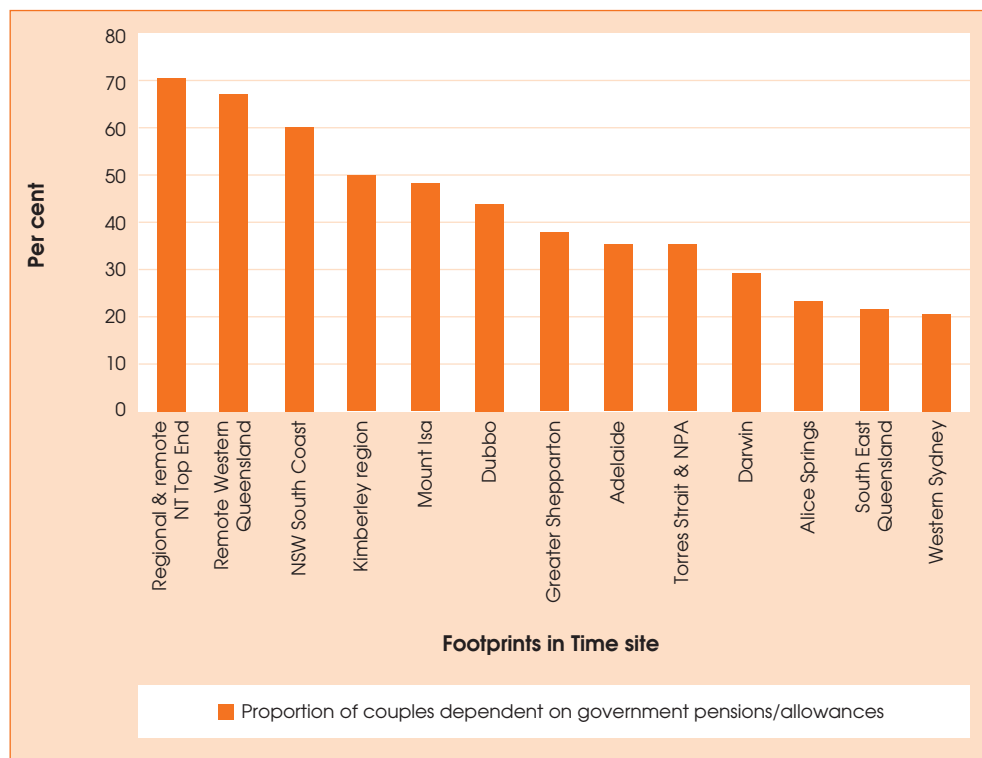


Note: Includes families who participated in CDEP programs.

Figure 12 shows the proportion of jobless families in each of the *Footprints in Time* sites in Wave 2. Regional and remote NT Top End (Galiwin'ku, Minyerri, Katherine), Mount Isa and remote Western Queensland (Morrington Island, Normanton, Doomadgee), NSW South Coast and the Kimberley region (Broome, Derby, Fitzroy Crossing) all had a relatively high proportion of partnered families who relied on government pensions or allowances as their main source of income.



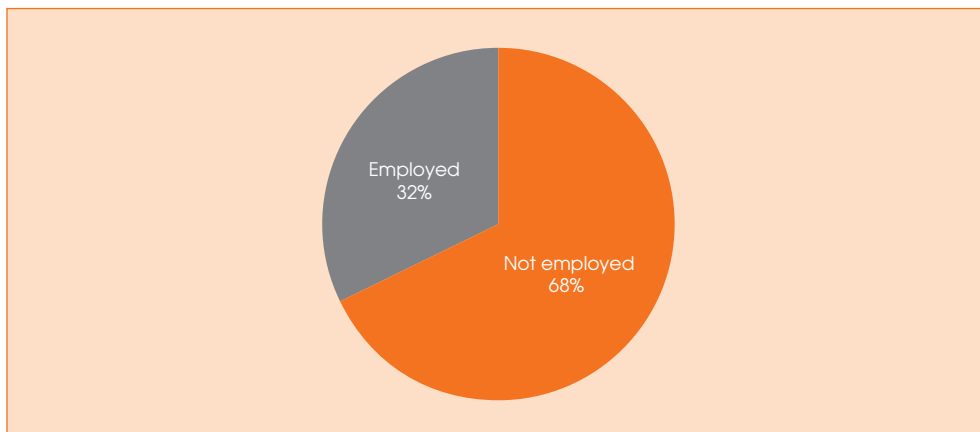
Figure 12: Proportion of couples with no income from wages or salaries by *Footprints in Time* site



Work status of primary carer

Looking at families who were interviewed in both waves, only slightly more primary carers (mostly mothers) of study children were working in Wave 2 than in Wave 1. Figure 13 shows that around 32 per cent of the children's primary carers had a job in Wave 2 (includes those who were working and those who were on leave), compared with 31 per cent in Wave 1.

Figure 13: Work status of primary carer in Wave 2



In both waves of data, parents who worked (and were not on leave) were less likely to have children younger than 2 years under their care. In Wave 1, around 46 per cent of parents who were working had at least one child aged under 2 years who were their own, step, foster or adopted children living with them, compared with 61 per cent of parents who were not working. In Wave 2, around 11 per cent of parents who were working had at least one child aged under 2 years who were their own, step, foster or adopted children living with them, compared with 26 per cent of those who were not working. As such, the pattern remained the same; however, the major differences in the actual percentages were due to all the Baby cohort parents having a child under the age of 2 in Wave 1.

Thirteen per cent of the parents who were not working in Wave 1 reported that they were working in Wave 2. More than half (51 per cent) of these parents had children aged under 2 years living with them in Wave 1, but this was the case for less than 14 per cent of them in Wave 2.

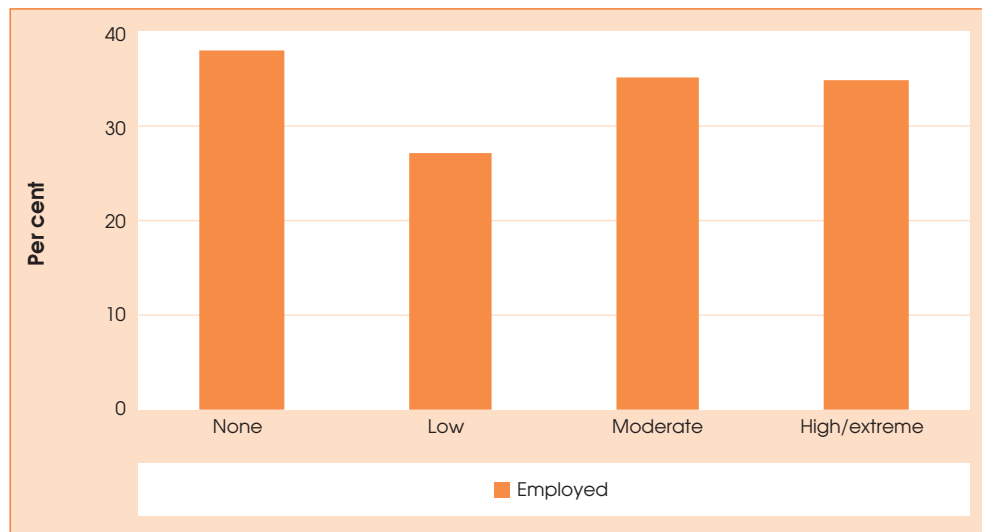
In Wave 2, *Footprints in Time* asked the primary carers who were not working the reason why they were not in paid work.¹⁸ Parents were able to nominate more than one reason. The four most common reasons given were the fact that parents preferred to look after their children themselves (81 per cent), parents being too busy with the family (23 per cent), parents having another baby (7 per cent) and parents still breastfeeding (4 per cent).

Of the 437 parents who were working or on leave in Wave 1, 73 per cent were also working in Wave 2, 4 per cent were on leave, and the remaining 23 per cent were not working. The reasons given by these parents why they were not in paid work were similar to the overall responses.

In terms of geographical differences, Figure 14 shows that parents in areas of moderate or high/extreme isolation were almost as likely to be working as parents who were living in the cities. It is noted that a number of primary carers who were working reported their work as being in a CDEP (Community Development Employment Project) Program. Although the proportions of working parents were similar overall by LORI, they varied enormously by site, ranging from 11 per cent to 55 per cent employed.



Figure 14: Proportion of primary carers who were working when interviewed at Wave 2 by Level of Relative Isolation (LORI)



Educational attainment of primary carer

According to the 2008 NATSISS, one in five (20 per cent) Indigenous people aged 15 years or over had completed Year 12 or equivalent and 35 per cent had completed Year 9 or below (ABS 2009a). The ABS also noted that in 2008, younger Indigenous people were more likely than older Indigenous people to have completed Year 12.

NATSISS data shows that in 2008, almost one-third (32 per cent) of Indigenous people aged 15 years and over had a non-school qualification (ABS 2009a).

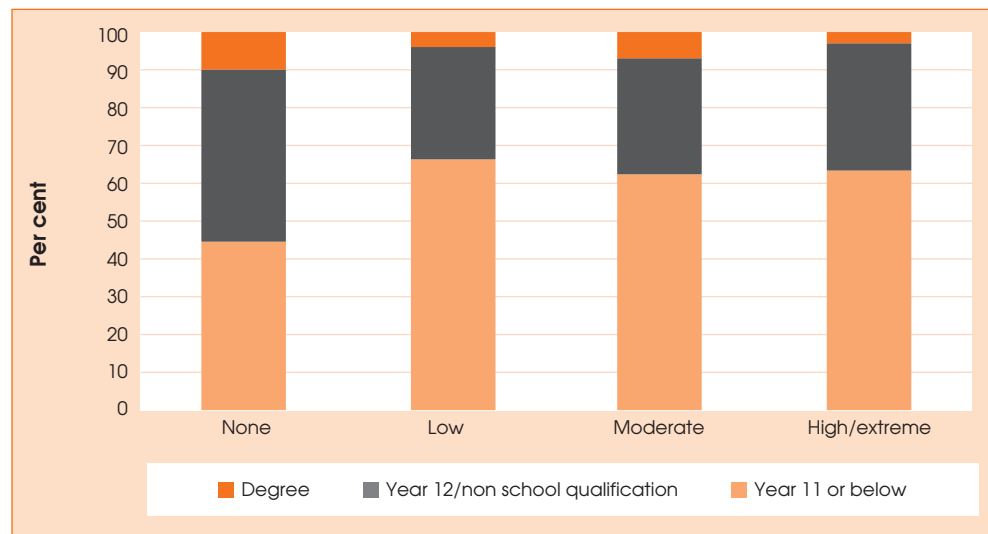
Information on the educational attainment of the primary carer of study children was collected in Wave 2. *Footprints in Time* data shows that two in five (40 per cent) primary carers of study children had completed Year 12, or a university degree or had a vocational qualification. This figure was 35 per cent for Aboriginal parents, 58 per cent for Torres Strait Islander parents and 53 per cent for non-Indigenous parents.

In Wave 2, parents who had a job were much more likely to have completed a university degree than parents who were not working (15 per cent, compared with 1 per cent). Parents who had a job were also nearly twice as likely to have Year 12 or a non-school qualification as parents who were not working (50 per cent, compared with 27 per cent).



As Figure 15 shows, *Footprints in Time* parents living in areas of low, moderate or high/extreme isolation were less likely than those in areas of no isolation to have completed Year 12 or a degree at university or obtained a vocational qualification. Only 3 per cent of parents in high or extremely isolated areas had a university degree, compared with 10 per cent of parents in areas of no isolation. Only 34 per cent of parents in high or extremely isolated areas had Year 12 or a non-school qualification, compared with 45 per cent of those in areas of no isolation.

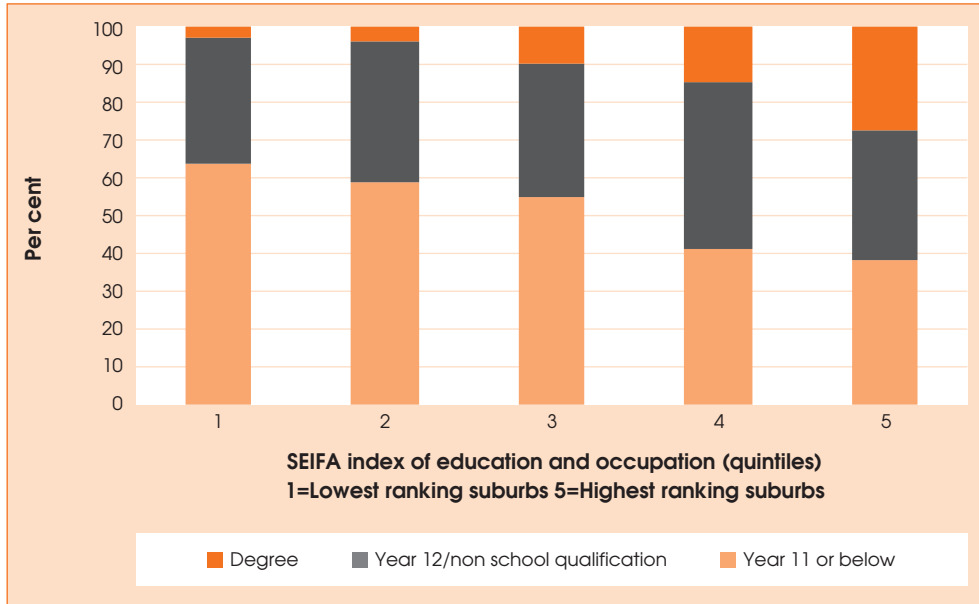
Figure 15: Educational attainment of primary carers by Level of Relative Isolation (LORI)



As Figure 16 shows, position on the Socio-Economic Indexes for Areas (SEIFA) Index of Education and Occupation (IEO) is much more reflective of geographic advantage and disadvantage in the *Footprints in Time* sample than LORI in relation to the educational attainment of primary carers. The IEO ranks suburbs based on the general level of education and occupation-related skills of people living there (ABS 2006, cat. no. 2039.0). These can be broken down into quintiles (as shown in Figure 16 in which the bottom quintile (1) shows families living in areas with low education levels generally and the top quintile (5) shows families who live in the areas of higher general education levels and occupation related skills. The *Footprints in Time* sample reflects this pattern, with 28 per cent of people living in the top quintile having a university degree compared to just 3 per cent in the bottom quintile. However, 52 per cent of the *Footprints in Time* sample (n=769) live in the bottom quintile and only 2 per cent (n=29) live in the top quintile for this index.



Figure 16: Educational attainment of primary carers by Index of Education and Occupation (SEIFA)



Forced separation from natural family—the impact of the Stolen Generations on *Footprints in Time* families

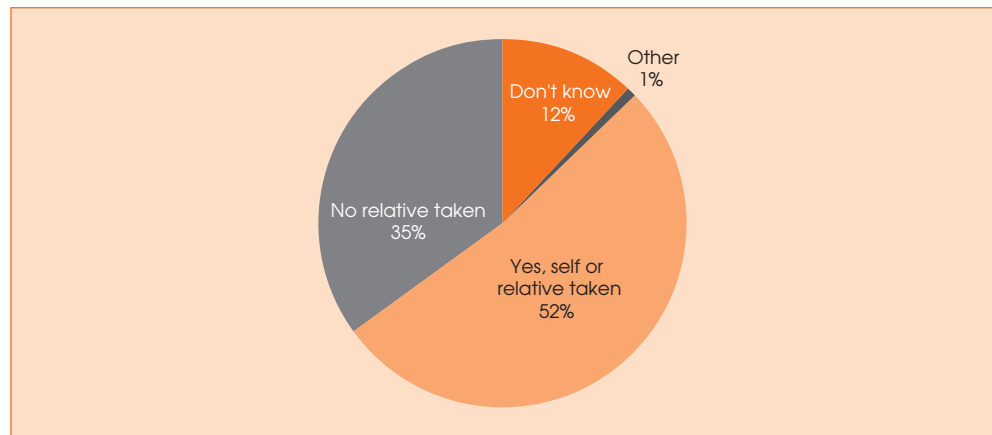
This section presents an analysis by Dr Maggie Walter, University of Tasmania, on the impact of the Stolen Generations on *Footprints in Time* families.

Footprints in Time families, similar to other Indigenous families around Australia, have experienced high rates of a family member being removed during childhood. In Wave 2, the primary parent, mostly mothers, of the study child was asked about their family’s Stolen Generations experiences. Because of the sensitive nature of the topic, respondents were first asked if they were willing to answer questions about the Stolen Generations. Not all were. While nearly 1,000 primary carers indicated willingness to answer, another 425 respondents (28 per cent) were not prepared to answer these questions. Another 98 respondents didn’t answer the questions for ‘other’ reasons—generally with a response of ‘don’t know’.

This large group of primary carer respondents unprepared to answer Stolen Generation questions should be borne in mind in the following analysis. It is highly likely that many also have family Stolen Generation experiences, but the topic is too sensitive or painful to discuss in a survey. Other families may have refused to answer the questions because they had no Stolen Generation experiences to discuss and decided the section wasn’t relevant to them (for example, 50 of the refusals came from non-Indigenous respondents).

Of the nearly 1,000 primary carers prepared to answer the Stolen Generations questions, a majority reported the experience of a family member being removed. As shown in Figure 17, slightly more than half of the respondents (52 per cent) had had a relative taken from their families and 12 per cent did not know if a relative had been taken or not. These figures indicate that, at an absolute minimum, at least 35 per cent, and in all likelihood a much higher proportion, of *Footprints in Time* families have direct experience of at least one relative (or themselves) being a member of the Stolen Generations.

Figure 17: Whether any relatives taken away from family, Wave 2



Which relatives taken away from family?

Respondents were then asked questions about which relatives were taken. As shown in Table 15, the numerically largest groups of the primary carer's relatives affected by the Stolen Generation period were grandparents (n=277); followed by parents and then great-grandparents. A total of 26 primary carers and 10 partners had been themselves removed as children from their families.



Table 15: Which primary carer’s relatives were taken away from family

Relationship to Relative Taken Away From Family	Number	%
Self	26	3.6
Partner	10	1.4
Own Children	4	0.6
Mother	81	11.1
Father	53	7.2
Siblings	24	3.3
Grandmother/s	187	25.6
Grandfather/s	90	12.3
Great grandparents	72	9.8
Aunts/Uncles, Cousins, Nieces/Nephews	123	16.8
Other family member	62	8.5
Total	732*	100

(a) Total is higher than the total of primary carers responding as more than one category of relative may have been affected.

Stolen Generations and social determinants

Documents such as the Bringing Them Home Report (HREOC 1997) and the Royal Commission into Aboriginal Deaths in Custody, National Report (RCADC 1991) identify family Stolen Generation experiences as a risk factor for negative socioeconomic outcomes. This risk extends beyond the affected family member to siblings and later generations. Bearing in mind the already comparatively poor socioeconomic circumstances of the majority of Indigenous families, the following analysis explores associations between key socioeconomic indicators of housing, education and employment and the Stolen Generation family status of the primary carer. In these cross-tabulations, the group identified earlier as unwilling to discuss Stolen Generation experiences are included as a separate analytic category.

As can be seen from Table 16, the analysis finds a statistically significant association between the socioeconomic variables and the three categories of Stolen Generation respondents. The overall pattern of this association empirically supports the findings of previous Government reports in that those who report a family member being taken have lower socioeconomic outcomes than those who report no family Stolen Generation experience. The results for the group unwilling to discuss family experiences in the survey fall closer to those who report family Stolen Generation experience, supporting the supposition that a substantial proportion of this group have also experienced having a child removed from their family.

As shown, those 'with no family experience' report higher levels of current health. More than half report excellent or very good health compared to 40 per cent or below from the other two groups. The housing analysis finds a similar pattern. Those 'with no family experience' had slightly higher levels of home ownership. More importantly, statistically, is the higher community rental and lower public rental rates of this group compared to those 'with family experience'. Those without family Stolen Generation experience were also significantly statistically less likely to be living in a home that needed major repair.

Table 16: Family Stolen Generations' experience and socioeconomic circumstances, Wave 2



Socioeconomic variable	Yes Stolen Generation	No Stolen Generation	Not answered
Global health parent self report measure*			
Excellent/Very good	39.9	56.1	36
Good	46.6	33.6	56.3
Fair/Poor	13.4	10.3	7.7
Housing tenure and quality*			
Own/Purchasing	17.1	19.2	7.1
Community rent	16.3	21.8	28
Public rent	41.9	34.1	44.5
Private rent	19.8	19.2	15.6
Other	4.9	5.7	4.8
Home needs major repair	40.8	27.7	36.5
Major sources household income*			
Wages	44.3	52	31
CDEP	2.5	4.9	7.9
Government Pension/Benefit	71.3	66	81.5
P1 currently employed	32.9	40.6	24.6
Highest level of education achieved*			
Degree or above	7.2	8	2.3
Diploma/Certificate	19.9	21.1	11.2
Grade 12	15.4	18.6	18.3
Years 11 or 10	42.9	36	49.2
Less than Year 10	14.6	16.3	18.9
Note: *Chi Square Test indicates differences between groups significant at p<0.05.			



Statistically significant differences are also observed in income and employment variables. While Government benefits as a major source of income is high for all groups, those 'unwilling to discuss' had the highest receipt rates, followed by those 'with a family experience'. Relatedly, those 'with no family experience' were also significantly more likely to have wages as a major source of household income and were significantly more likely to be in the workforce themselves. The results for educational achievement are the least straightforward. Although results were statistically significant and those 'with no family experience' had overall the highest educational profile, the differences are not large.

Good job, good life

The following analysis presents preliminary results of a study being undertaken by the Family and Child Support Policy Branch of FaHCSIA, which explores the relationship between parental employment and education and the aspirations they have for their child's future employment.

The first published study on Indigenous parents' aspirations for their children found that the mothers held aspirations for their children to achieve a higher level of schooling than they had achieved (Biddle & Smith 1968). This has been a consistent theme in studies and literature to date around Indigenous parents' aspirations for their children.

Literature regarding aspirations of Indigenous parents for their children from the 1990s onwards identified a link between parental education and employment and future aspirations for children. Parents' aspirations for their children's education varied based on their own education levels and the availability of education in their community (O'Shane & Bickford 1991). There is a strong and consistent education theme in the literature on Indigenous parents' aspirations for children.

Data source

The analysis links sociodemographic data with parents' answers to an open-ended question asked in Wave 1 of *Footprints in Time* about what they want for their child as they grow up. The analysis uses data from children in both cohorts of *Footprints in Time*. Combining free-text responses with sociodemographic data gives insight into the aspirations that parents hold for Aboriginal and Torres Strait Islander children based on their own education and employment.

In total, 1,291 women spoke about their aspirations for their child and participated in Waves 1 and 2 of the study. Common aspirations were about education, health, happiness and work. This analysis focuses on the 300 mothers¹⁹ who mentioned work in their responses about their aspirations for their child. The responses of this group were chosen as they demonstrated that they were thinking ahead to their child's future in the workforce. Future research will explore the other aspirations that parents had for children.

Demographics

Most of the women in this analysis (n=300) were Indigenous (87 per cent),²⁰ Almost all (95 per cent) were the birth mother of the child and the remainder were stepmothers, grandmothers or other relatives. About 20 per cent were living in moderately to highly isolated areas (according to LORI).

Of the study children whose parents held education or work aspirations for them, 54 per cent were boys and 46 per cent were girls. Around 55 per cent of the children in this analysis were babies aged around 1 year and 45 per cent were children aged around 4 years old.

Almost one-quarter of the mothers in this analysis were working in a paid job (23 per cent), 14 per cent were part time and 9 per cent were full time. About three-quarters (77 per cent) of the mothers were not working at the time of data collection. About 15 per cent had a graduate or vocational qualification, 66 per cent had a high school qualification (Year 10 to Year 12) and 18 per cent had completed Year 9 or a lower qualification.²¹

As expected, mothers living in areas that were not considered to be isolated were more likely to have a job (34 per cent) than those living in areas of low to high relative isolation (around 20 per cent). Similarly, mothers in areas that were not considered to be isolated were more likely to have a graduate or vocational qualification (32 per cent) than mothers living in areas of low to high relative isolation (around 10 per cent).

Mothers' aspirations for their child's employment

Consistent with the literature, some parents expressed their hope that their children will have a better life than they had experienced:

Healthy and happy is the basis of everything. I want her to get a good education. Go to Uni. She is a bright kid. I want her to get herself a job which is not a dead end. I have a job. Not a career. I want her to have a career.

Good job, good life, no struggling.

A majority of parents wanted their child to gain employment. Most of these parents wanted the children to aim for a job which offered them more than just basic employment.

Want her to finish her school, get a better life, get a job and get a house, get a better husband for herself.

Not to have to struggle in life and have the education they need to get good jobs and to be able to afford to buy their own house.

A small number of parents aspired for their child to have a career rather than a 'job' or 'good job'. Parents who had a graduate or vocational qualification or who worked full time were more likely than their counterparts to express that they wanted their child to have a career rather than a job. Some specific jobs mentioned were: pilot, dancer, nurse, lawyer, mechanic, policewoman and fire girl.

Educated and get a good job, go to university and get a good profession.

Some parents in the study aspired for their child to have a sporting career; however, this was only evident in a minority of cases.

Do the best he can—would like him to be a football star, play for the (NRL Football Team's Name) or (AFL Football Team's Name).

Mothers' expectations for their child's education

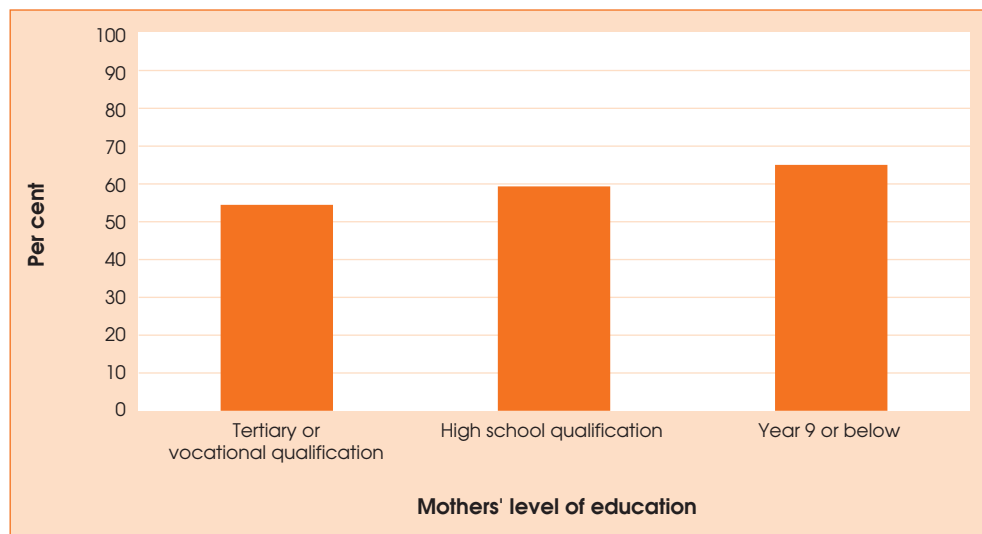
The majority of parents expressed their hope that their child will have a good education alongside their hopes of employment for their child.

To be healthy and happy. Go to school to learn, get a good job.



A clear pattern emerged, with parents who had a high level of education themselves being less likely to express education alongside work aspirations than parents with a lower level of education. This may suggest that parents that are more educated have an implicit expectation, rather than a hope, that their child will receive a good education.

Figure 18: Proportion of mothers who held aspirations for their child's education, by mothers' level of education



Preliminary results suggest that parents' expectations for their child's education and future employment may be related to their own schooling and work. In line with existing literature, *Footprints in Time* parents want their children to have higher education than they achieved and desire a job or career for their child.

Footprints in Time's strength lies in the multi-methods study design. Future analysis by the Family and Child Support Policy Branch will incorporate survey data on parent language, culture and religion and will explore qualitative data on parents' opinions on what represents a 'good' education for their child. This will give a more complete picture of the parent's aspirations for their child and help understand the beliefs and experiences that underpin them.

Conclusion



Footprints in Time has now produced its second wave of data collected from over 1,500 Aboriginal and Torres Strait Islander families across Australia. The overall response rate in Wave 2 was quite high at 86 per cent. Study sites located in more remote areas were harder to reach and had lower response rates than sites in capital cities and regional centres.

The second wave of data shows some changes that had occurred over the intervening time between the two interviews in the study children's lives. The analysis in this report focuses on four areas of interest, namely: changes in family life and mobility; children's health and wellbeing; readiness for early learning, preschool and school participation; and some disadvantages and hardships experienced by Aboriginal and Torres Strait Islander families. The analysis concludes with a section on parental aspirations for their children.

The descriptive analyses in this report open up many questions that should be explored further by researchers. *Footprints in Time* provides a rich and reliable longitudinal data source to researchers who wish to gain insights into the dynamics of factors that contribute to the health, education and social outcomes and wellbeing of Aboriginal and Torres Strait Islander children.

Future direction

Data collection for Wave 3 of *Footprints in Time* was completed in the second week of January 2011. Wave 3 data processing commenced in April 2011, which is two months earlier than in previous waves. Results from Wave 3 are therefore expected by the end of 2011, if no major issues are encountered. Testing of Wave 4 survey content and instruments was conducted in September 2010, and Wave 4 data collection commenced in March 2011. FaHCSIA conducted a workshop to discuss the content development of Waves 5–8, of the study in May 2011. Survey Instruments for each Wave will be finalised in consultation with LSIC Steering Committee, policy advisers and researchers.



Access to data

Existing and new data users can apply for a licence for Release 2.0 data by completing a licence application and Deed of confidentiality. Copies of these documents, together with the *Manual for Accessing FaHCSIA's longitudinal datasets* can be downloaded from the *Footprints in Time* website: www.fahcsia.gov.au/l sic. Appendix A of the *Manual for Accessing FaHCSIA's longitudinal datasets* provides some information on the protocols to be followed when working with *Footprints in Time* data.

Specific queries concerning *Footprints in Time* can be directed to LSICdata@fahcsia.gov.au.

General queries concerning *Footprints in Time* should be directed to LSIC@fahcsia.gov.au.



List of shortened forms

ABS	Australian Bureau of Statistics
ACER	Australian Council for Educational Research
AIHW	Australian Institute of Health and Welfare
ARIA	Accessibility/Remoteness Index of Australia
BITSEA	Brief Infant–Toddler Social and Emotional Assessment
CAPI	Computer-Assisted Personal Interviews
CDEP	Community Development Employment Project
CDI	Communicative Development Inventories
COAG	Council of Australian Governments
DEC	Departmental Ethics Committee
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
HREC	Human Research Ethics Committee
ICC	Indigenous Coordination Centre
IEO	Index of Education and Occupation
LORI	Level of Relative Isolation
LSAC	Longitudinal Study of Australian Children
LSIC	Longitudinal Study of Indigenous Children
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NPA	Northern Peninsula Area
PEDS	Parent’s Evaluation of Developmental Status
RAO	Research Administration Officer
RCADC	Royal Commission into Aboriginal Deaths in Custody
SCRGSP	Steering Committee for the Review of Government Service Provision
SEIFA	Socio-Economic Indexes for Areas
WAACHS	Western Australia Aboriginal Child Health Survey

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Appendix: Child outcome measures

Footprints in Time includes a number of outcome measures each year so that children's developmental pathways can be tracked over time in areas such as vocabulary, English literacy and cognitive development. This type of information will show when children are doing well and will also help to tell us what in their school, family and community life is helping them to do well. Some child outcome measures are parental assessments of the child, while others are direct measures of the child undertaken by interviewers. This short appendix introduces some of the scales used in *Footprints in Time* that analysts may be interested in using. The measures discussed below are not the only measures of child outcomes in the study; analysts can also use information about the children's physical health and conditions, nutrition, dental health, engagement with school and so on.

Parental assessments

Parental assessments include the Parents' Evaluation of Developmental Status (PEDS), the MacArthur-Bates Communicative Development Inventories (CDIs), a shortened version of the Brief Infant-Toddler Social and Emotional Assessment (BITSEA),²² and an abridged version of the Short Temperament Scale for Children.

Questions from the PEDS (Centre for Community Child Health 2005) were asked of parents of both the Baby and Child cohorts in Waves 1 and 2. The questions ask parents whether they have any concerns about the child's development and their abilities in various areas, including global/cognitive, language, fine motor, gross motor, behaviour, social-emotional, self-help, school and other. Parents were able to answer if they were concerned, a little concerned or not concerned about their child in relation to their abilities in these areas.

MacArthur-Bates CDIs (Fenson et al. 2007) measure vocabulary growth over time and were administered in Waves 1 and 2 to parents of the Baby cohort. Parents were asked to identify the words that their child currently understands from lists of words that a growing child might be expected to say. Parents were able to respond that their child understood but did not say the words, or if the child understood and said these words in either English or another language.

Questions from the BITSEA (Briggs-Gowan et al. 2004) were asked of parents of the Baby cohort in Wave 2. The BITSEA is designed to be used as a screening tool to assess child development and identify possible social-emotional and behavioural problems or delays in children aged 12 to 36 months. The BITSEA gathers information on the parent's perception about a wide range of social, emotional, and behaviour problems and competencies. Parents answered whether each statement was not true (rarely), somewhat true (sometimes) or very true (often) of their child's behaviour over the last month.

The BITSEA questions cover two domains of social-emotional behaviour—problems and competencies. Social-emotional problems include externalising problems, internalising problems, problems of dysregulation, maladaptive behaviours, and atypical behaviours. The questions regarding competencies are about attention, compliance, mastery motivation, pro-social peer relations, empathy, imitation/play skills, and social relatedness. The BITSEA data can be used by researchers to identify early social and emotional problems in children.

Parents of the Child cohort in Wave 2 were also asked questions about their child's general personality from the Short Temperament Scale for Children (Sanson et al. 1987). The questions cover: approach/sociability—the tendency to approach new people and situations; reactivity—the readiness with which a child reacts to a particular stimulus or event; and persistence—the ability to remain focused on an activity or a task. For example, parents were asked how often the child is shy with strange adults.

Direct measures

Direct measures include the *Who Am I?* developmental assessment and the Renfrew Word Finding Vocabulary Test, which were undertaken by the Child cohort in Waves 1 and 2. These verbal and non-verbal measures assess processes that underlie the learning of early literacy and numeracy skills. The measures start at a point where the vast majority of children experience some success and most children enjoy them. Although the measures are designed to progressively get more difficult, they are stopped when the child is unable to complete the harder items.

Who am I? (de Lemos & Doig 1999) is a developmental assessment that requires the child to write their name, copy shapes, write letters, numbers and words in a small booklet, with simple instructions and encouragement from the interviewer. *Who am I?* is not language dependent and is suitable for children with limited English. The assessment takes about 10 minutes to complete and is suitable for preschool children and children in the first two years of school.

The Renfrew Word Finding Vocabulary Test (Renfrew 1998) assesses children's expressive vocabulary—compared, for instance, with the Peabody Picture Vocabulary Test (Dunn & Dunn 2007)²³, which is a test of receptive vocabulary. The Renfrew Word Finding Vocabulary Test assesses a child's ability to accurately describe images as portrayed in the 50 pictures contained in the assessment. This ability is one aspect of a child's general ability to communicate one's ideas clearly and to understand the communication of others, which are vital pre-requisite skills to learning in the classroom. A child's strength or weakness in expressive language can be identified when we ask the child to ask and answer questions, describe images, articulate thoughts and ideas, and respond appropriately to the communication of other people.

Both of the direct assessments can provide information about the extent to which a child is ready for the early years classroom tasks that are associated with subsequent literacy and numeracy development at school.

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Endnotes

- 1 More detailed information on the developmental phase of the study can be found in the Key Summary Report from Wave 1.
- 2 See Appendix 1: the evidence base of COAG's *Investing in the early years—a National Early Childhood Development Strategy*.
- 3 For an overview of *Growing Up in Australia*, refer to the 2008 article in *Family Matters* by Matthew Gray and Diana Smart.
- 4 Medicare and Centrelink information was provided to FaHCSIA under strict guidelines concerning the use, privacy and security of the information.
- 5 The total number of study children in Wave 1 in this report (1,677) differs slightly from the number reported in the Key Summary Report from Wave 1 (1,687). Ten children were found to be siblings of other children in the study. As a rule, the youngest child of two or more siblings who lived in the same household was kept in the study.
- 6 Like Table 1, the figures in Table 2 reflect the latest number of families in Wave 1 (n=1,677).
- 7 See Appendix C: Determination of Level of Relative Isolation (LORI) based on ARIA++ in the Western Australia Aboriginal Child Health Survey (WAACHS) report, vol. 4 for detailed description of LORI.
- 8 Note that in two cases, both the Wave 1 P1 and the Wave 2 P1 reported themselves to be the 'mother' of the study child even though they are different people.
- 9 Excludes new entrants (n=88) and households where the Study Child is no longer living with the Wave 1 primary carer (n=33). The number of households in scope for this analysis totals 1,403.
- 10 The number of 'new' partners in Wave 2 should be treated with caution. Some parents might not have disclosed the fact that they had a partner when they were first interviewed.
- 11 The timeframe for NATSISS is the 12-month period in 2008, while the timeframe for *Footprints in Time* in Wave 2 is the period since the interview in Wave 1, the average length of which was 10 months.
- 12 The highest category of injuries was those coded to other. Even after backcoding, there was very little change in the percentages as there was generally insufficient information provided to enable correct coding of free text.
- 13 Note that the numbers involved in each category were small.
- 14 Some parents answered that their child was not attending preschool or school, but further along in the childcare questions their selected type of childcare was 'day care centre where the child goes to a preschool program'. These are included in this analysis.
- 15, Children who didn't go to school every day because they are not enrolled for every day or
16 because the school was not open every day (that is, for holidays) have been recoded here to have 'attended every day they were supposed to'.

- 17 Families' main income source was derived from a question that asked the primary carers about their sources of income (including their partners'). Multiple categories could be selected from this question. The available categories are 'Wages or salary', 'CEA or CDEP payments', 'Any government pension or benefit or allowance', 'Child support or maintenance' and 'Other'. The proportion of families whose main income source was from government pensions and allowances was calculated by adding up the number of people who selected government payments as their source of income, but excluding those who also had income from wages or salaries. This is because some working families could be receiving parenting payment or family tax benefits from the government, depending on their circumstances.
- 18 This question was not asked in Wave 1.
- 19 In this paper, the group referred to as 'mothers' include some women who are a relation or foster carer of the child. The 'mothers' participated in the study because they were the person who cared for and knew most about the child.
- 20 As there were few non-Indigenous mothers, their responses were not analysed separately.
- 21 Those in the graduate or vocational qualification category reported a graduate qualification (Bachelor Degree, Graduate certificate/diploma, Post-graduate degree) or a vocational qualification (Certificate I/II, Certificate III/IV, Advanced Diploma/Diploma, other non-school qualification) as their highest level of education. Those in the high school qualification category reported a Year 12, Year 11, Year 10 or Certificate of Completion as their highest level of education. Those in the Year 9 or lower category reported Year 9 or a lower high school level or did not go to school.
- 22 Shortened with permission of NCS Pearson, Inc.
- 23 The Renfrew Word Finding Vocabulary Test allows interviewers to record words used in other languages, while the Peabody Picture Vocabulary Test uses complex line drawings of pictures not commonly seen in Australia, for example, toboggans. Therefore, Renfrew was considered more appropriate for this study.