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15

Technical report

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

Guidelines for Using Record Linkage Data

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

Technical Report No.15

Guidelines for Using Record Linkage Data

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Pathways of Care Longitudinal Study Clearinghouse
All study publications including research reports, technical reports and evidence to action notes can be found on the study webpage https://dcj.nsw.gov.au/about-us/facsiar/pathways-of-care-longitudinal-study.html

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Preface

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

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

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

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

The population cohort is a census of all children and young people who entered OOHC for the first time in NSW over the 18 month period between May 2010 and October 2011 (n=4,126). A subset of those children and young people who went on to receive final Children's Court care and protection orders by 30 April 2013 (2,828) were eligible to participate in the study. For more information about the study please visit the study webpage https://dcj.nsw.gov.au/about-us/facsiar/pathways-of-care-longitudinal-study.html

The POCLS acknowledges and honours Aboriginal people as our First Peoples of NSW and is committed to working with the DCJ Aboriginal Outcomes team to ensure that Aboriginal children, young people, families and communities are supported and empowered to improve their life outcomes. The POCLS data asset will be used to improve how services and supports are designed and delivered in partnership with Aboriginal people and communities.

DCJ recognises the importance of Indigenous Data Sovereignty (IDS) and Indigenous Data Governance (IDG) in the design, collection, analysis, dissemination and management of all

data related to Aboriginal Australians. The POCLS is subject to ethics approval, including from the Aboriginal Health & Medical Research Council of NSW. DCJ is currently in the process of scoping the development of IDS and IDG principles that will apply to future Aboriginal data creation, development, stewardship, analysis, dissemination and infrastructure. The DCJ will continue to collaborate with Aboriginal Peoples and will apply the DCJ research governance principles once developed.

1 Introduction

Record linkage data from a number of administrative data systems have been obtained as part of the POCLS. These data provide service use and broad outcome indicators for children and young people in the POCLS population cohort (n=4,126).

The datasets included are:

- DCJ child protection and OOHC data (from 1987/88)
- Bureau of Crime Statistics and Research (BOCSAR) re-offending data base (from 2003)
- NAPLAN scores for Scholastic Years 3, 5, 7 and 9 (from 2008)
- Australian Early Development Census (AEDC) data for children entering school (2009, 2012 and 2015)
- Student attendance and suspension (from 2018)
- Mortality data
    - Australian Bureau of Statistics (ABS) - cause of death (from 2000)
    - Registry of Births Deaths and Marriages (RBDM) - fact of death (from 2000)
- NSW Health data
    - Perinatal (from 1994)
    - Ambulatory Mental Health (from 2001)
    - Emergency Department visits (from 2005)
    - Admitted Patient (from 2001).
- Australian Institute of Health and Welfare (AIHW)
    - Pharmaceutical Benefits Scheme (PBS) (from January 1993)
    - Medical Benefits Scheme (MBS) (from August 2001)

This document sets up the requirements and processes for accessing the record linkage data component of the POCLS. Please also refer to *POCLS Technical Report 14: Guidelines for Accessing the Data and Publication.*

Only researchers who are approved by the NSW Population Health Services Research Ethics Committee (NSW PHSREC)[1] are able to access the NSW linkage data in SURE. Researchers not approved cannot access or use the linkage data.

Researchers wishing to use data from AIHW must also be approved by the AIHW Ethics Committee and sign a confidentiality agreement.

Section 2 describes the linkage data, the conditions of use and the process for gaining access to the data. It is important that these conditions are met as a breach may result in the study losing access to these data. Section 3 includes the templates to be used when applying for access to the linkage data. Appendix 1 includes the original protocol and statistical plan for the linkage data as provided to the NSW PHSREC.

If you are not a named researcher and are interested in using the POCLS linkage data, please contact the POCLS team on Pathways@dcj.nsw.gov.au.

[1]] The original ethics application was approved by the NSW Population and Health Services Research Ethics Committee (NSW PHSREC) on the 31 March 2015 AU RED Reference: HREC/14/CIPHS/74; Cancer Institute NSW reference: 2014/12/570) expired on 31 March 2021. Ethics approval was renewed for another five years until 31 March 2026. An amendment that the data would be stored In SURE was approved on 4 March 2016. The POCLS also has ethics approval from the University of NSW Human Research Ethics Committee (NSWHREC) and the Aboriginal Health and Medical Research Council of NSW Ethics Committee (AH&MRC).

2 What do I need to know before I use the POCLS record linkage data?

This section outlines the background and conditions under which the POCLS record linkage data can be requested and used.

2.1 Background

Unit record data has been obtained from state and federal departments for the 4,126 children in the POCLS population cohort. The linkages were performed by the NSW Centre for Health Record Linkage (CHeReL) from their Master Linkage Key (MLK) using probabilistic record linkage methods and ChoiceMaker software. A further linkage was also conducted by the AIHW to include the MBS and PBS data.

The POCLS population cohort consists of all children who entered OOHC for the first time in NSW over an 18 month period between May 2010 and October 2011. Children who received final orders by 30 April 2013 (known as the final orders cohort) were eligible to participate in interviews.

The linkage data provides outcomes and service use data for all children in the sample, including those who were not interviewed. It provides developmental data for some children on entry into the school system (AEDC), children's achievement levels throughout their schooling (NAPLAN), general health and mental health status and service use (Ministry of Health data from various data sources as well as MBS and PBS), a record of offences (BOCSAR) as well as ongoing child protection and OOHC status (DCJ). Perinatal health data allows some congenital health issues to be taken into account as well as providing some maternal demographic information at the time of the birth of the child.

2.2 Linkage data sources and their rationales

This section briefly describes each data source and the rationale for inclusion in the POCLS. A complete list of the variables included in each data set are provided in Appendix 1 and the Data Dictionary for the linkage data, available on the POCLS website, provides details on the variables contained in each of the datasets.

The original linkage data for the POCLS were up to 31 March 2016. Since then, most of the linkage data have been updated to June 2020 to coincide with completion of the Wave 5 survey data collection.

For the AIHW data linkage, the MBS and PBS data is up to 2021 but the NSW linkage data included is only up to Wave 4.

Education

- **NAPLAN** participation and results from 2008 to 2019 for those children in Scholastic Years 3, 5, 7, and 9 at the time of the test are included. NAPLAN provides a snapshot of student attainment and reports against a nationally

agreed minimum standard of skills and understandings, below which a student is unlikely to be able to progress satisfactorily at school without targeted intervention.

There are 6 achievement bands applicable to each year level: Year 3 – Bands 1 to 6, Year 5 – Bands 3 to 8, Year 7 – Bands 4 to 9, Year 9 – Bands 5 to 10. For each year level, the lowest band is defined as 'below national minimum standard' and the second lowest band is defined as 'at national minimum standard'. Students can be considered 'educationally at risk' if they are below national minimum standard, 'likely educationally at risk' if they are at national minimum standard, 'educationally on track' if they achieve results in the middle two achievement bands for their year level, and 'educationally well on track' if they achieve results in the top two achievement bands for their year level. Children and young people in OOHC have a higher likelihood of being educationally at risk.

Please refer to the NAPLAN website https://www.nap.edu.au/results-and-reports for explanations and definitions of NAPLAN results and how they can be interpreted.

- AEDC scores from 2009 to 2018 for those children starting school in the years of data collection (2009, 2012 and 2015) are included. The AEDC is administered nationally to children a few months into their first year of school with a 97% response rate. It provides a screening assessment on 5 developmental dimensions: Physical Health and Well-being; Language and Cognitive; Emotional Maturity; Social Competence; and Communication and General Knowledge. Please see the AEDC data guidelines for more information on the AEDC website at - https://www.aedc.gov.au/resources/detail/aedc-data-guidelines-2017.

- Student Attendance and Suspension Records for 2018 and 2019 school terms for children who were enrolled between 2010 and 2019. School is an important aspect and a key developmental outcome domain for children. Data on school attendance and suspension will enable researchers to examine more closely the links between children's behavioural problems, school attendance and education outcomes for children in OOHC. All research proposals under the POCLS project using Department of Education data must be reviewed by the Department of Education before approval is given. Please contact data.services@det.nsw.edu.au or 1300 972 196.

Justice

- Re-Offending Database (ROD) data for all those children over ten years of age from 1 January 2003 to 31 December 2019 are included. Children and young people in OOHC are more likely to have contact with the juvenile justice system. It is hypothesised that the severity, type and chronicity of abuse and neglect will be associated with offending and the seriousness of the offence. It will be investigated whether entry into OOHC acts as a catalyst for change in either increasing or decreasing the probability of offending and the seriousness of the offence. Of interest is also the impact of services offered, penalties received and the experience and length of any custodial sentence on the risk of reoffending.

Health and mortality

- **Perinatal Data Collection** from 1 January 1994 to 31 December 2019. There may be factors that have a detrimental effect on the developmental outcomes of children, regardless of whether or not they enter OOHC. If there are more babies than expected in OOHC who are, for instance, born to young mothers, this needs to be taken into account when looking at the effects of child maltreatment and OOHC.

- **Admitted Patient Data Collection** from 1 July 2001 to 30 June 2020. Poor health of children may be associated with an increased likelihood of entering OOHC or it may be that the experience of maltreatment and OOHC have a negative impact on health.

- **Mental Health Ambulatory Data Collection** from 1 January 2001 to 30 June 2020. Children who have been abused or neglected and have entered OOHC are more likely to suffer poor mental health.

- **Emergency Department Data Collection** from 1 January 2005 to 30 June 2020. The number of emergency presentations (especially for injury and poisoning) is correlated with child abuse and neglect and sometimes used a proxy measure for maltreatment. Both the number and reason for presentation need to be considered.

- **Register of Births, Deaths and Marriages** from 1 May 2000 to 30 June 2020 year of registration of death. If some children in the sample have died (especially if restored to their parents and so no longer the responsibility of the Minister) it may be easy to draw the erroneous conclusion that their restoration was a success because they have not been reported to child protection services.

- **ABS Mortality Data (Cause of Death Unit Record File)** from 1 May 2000 to 31 December 2018 year of registration of death. Children who are 'known to DCJ' are over-represented in the child mortality rates.

- **Pharmaceutical Benefits Scheme (PBS) –** from August 2001 to November 2021. Data on the pharmaceuticals prescribed are included to build a more comprehensive measure of health service use (as indicators of the child's health state, abuse and neglect and child outcomes) in order to better characterise outcomes and better account for confounders and covariates in the relationship between OOHC and the child's safety, physical health, socio-emotional wellbeing and cognitive ability.

- **Medicare Benefits Scheme (MBS) – from January 1993 to July 2021.** Data from the MBS are included to build a more comprehensive measure of health service use (as indicators of the child's health state, abuse and neglect and child outcomes) in order to better characterise outcomes and better account for confounders and covariates in the relationship between OOHC and the child's safety, physical health, socio-emotional wellbeing and cognitive ability.

Child Protection

- **DCJ Key Information Directory System (KiDS) and ChildStory data** from 1 July 1987 to 31 December 2020. Children and young people enter OOHC to protect them from further abuse and neglect. The number of reports in specific time periods, the nature of maltreatment and the severity reflects this protection. This may depend on if they are returned to birth parents or remain in OOHC, if they are with kin, foster care or in residential care. Early intervention or intensive family services may assist parents of children who have been restored to their birth families. The impact of age at placement, stability of placement and stability of carer can also be examined in relation to the other linked outcomes.

2.3 Conditions of using the data

Specific conditions were negotiated with each of the data custodians and the NSW PHSREC in order to obtain permission to access this linked data. ***These conditions are important and any breach of them by anyone using the data will revoke the permission to store and analyse any of the data.*** Any review of submissions for publication will be made with these conditions in mind.

Implicit condition - public good

It is inherently understood that any use of this data in analysis and publication is governed by values of reciprocity, non-exploitation and service of the public good. The argument of public good in this study has permitted access to data where, in the majority cases, participant consent was waived. It is therefore essential that this value underpins the approach to any analysis and publication. This means that the ramifications for participants of any analysis and publication will need to be carefully considered.

Conditions for disclosure of information by the NSW Ministry of Health regarding the use of health and mortality data[2]

1. The data are to be used only for 'Pathways of Care: a longitudinal study of children and young people in out-of-home care';

2. The project is carried out in accordance with the approved ethics application and all subsequent amendments;

3. The data are to be kept in a secure physical and electronic environment that is accessible only by persons directly involved in the above project;

4. A confidentiality undertaking will be completed prior to the information being released;

[2] These are the excerpts from the approval letters from the NSW Ministry of Health.

5. The NSW Ministry of Health is to be acknowledged in any publication or report that arises from the use of the data;

6. The data will not be matched with information on individuals from another source other than the datasets specified in the Schedule/s;

7. A copy of any publication or report is to be provided to the NSW Ministry of Health at least two weeks prior to public release, emailed to ermail@doh.health.nsw.gov.au;

8. The data are to be destroyed after 7 years;

9. No information will be released with which it may be possible to identify an individual person;

10. Individuals identified in the data are not to be personally identified in any publication or report;

11. This authority continues until and unless it has been revoked in writing;

12. The Centre for Health Record Linkage is to be acknowledged in any publication, report or presentation that arises from the use of the data;

13. The use of Aboriginal and Torres Strait Islander status is subject to the approval of the Aboriginal Health and Medical Research Council (AH&MRC) and AH&MRC Ethics Committee if one or more of the following apply:

14. Aboriginality is a key determinant

15. Data collection is explicitly directed at Aboriginal peoples

16. Aboriginal peoples, as a group, are to be examined in the results

17. The information may have an impact on one or more Aboriginal communities

18. Aboriginal health funds are a source of funding.

19. When using the Cause of Death Unit Record File (COD URF), a copy of any publication or report is to be provided to the to the Australian Coordinating Registry (ACR) for the COD URF at least two weeks prior to public release, emailed to BDM.CODURF@justice.q1d.gov.au;

20. When using the Cause of Death Unit Record File (COD URF), any publication, report or data output will include:

21. the following source: "Source: Cause of Death Unit Record File held by the NSW Ministry of Health Secure Analytics for Population Health Research and Intelligence";

22. the following acknowledgement: "The Cause of Death Unit Record File (COD URF) is provided by the Australian Coordinating Registry for the COD URF on

behalf of the NSW Registry of Births, Deaths and Marriages, NSW Coroner and the National Coronial Information System."

23. When using the Cause of Death Unit Record File (COD URF), securely destroy the data and notify the ACR within the timeframe specified in the ethics application or earlier as to the destruction (unless approval for extension or indefinite retention has been provided by the ACR/data custodians). Notification should be to the ACR, emailed to BDM.CODURF@justice.q1d.gov.au, and to the NSW Ministry of Health, emailed to cermail@doh.health.nsw.gov.au;

24. When using the Cause of Death Unit Record File (COD URF), acknowledge that these conditions continue to apply after projects end and/or approvals expire and Investigators will comply with any audit processes required to check the compliance of these and any additional conditions of approval;

25. When using the Cause of Death Unit Record File (COD URF), acknowledge that a breach of any of these conditions may result in further data access being restricted or current access being revoked.

DCJ requirements for accessing the linkage data

1. Data custodians requested that all linkage data be stored in only one site. It was agreed it would be stored at SURE on a secure network. Files would be encrypted, and remote access available through password protected computers.

2. Any changes to the agreed data storage arrangements or data de-identification processes will require an agreement from the NSW PHSREC via an amendment to the existing ethics application and the external data custodians via an amendment to the conditions of data release.

3. Any data analysis which threatens an individual's confidentiality (e.g. through small cell sizes or an entire group all scoring in a similar way) must be destroyed and cannot be reported as this could compromise confidentiality. Any threat to confidentiality should be addressed by data reduction methods for example (e.g., collapsing variables). See the *POCLS Technical Report Number 16: Guidelines for Reporting Results with Small Sample Sizes* for more details.

4. Researchers who wish to publish or present their findings must submit the paper or presentation for review to DCJ and the relevant external data custodian at least one month (although the Ministry of Health requires two weeks in advance only – see point 7 above) before the presentation or submission deadline.

5. All linkage data must be deleted after the ethics approval expires. The current ethics approval is valid until 31 March 2026.

6. The research project must remain within the remit of the rationale for the POCLS. If the research project is beyond this remit, a separate amended application needs to be made to both the relevant external data custodian and the NSW PHSREC (specific form available on their website).

7. Only the named researchers can access and work on the linkage data. If a new researcher or research assistant joins the approved project they need to obtain ethics approval first before accessing the data. The NSW PHSREC and data custodians also need to be notified when a named applicant is no longer involved in the project. The lead researcher should notify DCJ about the additional and/or removal of researcher(s) and DCJ will submit a personnel change form to NSW PHSREC for the additional names to be added or existing names removed. Failure to do this by the lead researcher constitutes a breach of the conditions of using the linkage data and will result in access to linkage data being restricted/removed.

8. Researchers are advised to consult/involve relevant data custodians early on if they have any issues with the data and/or interpreting results to avoid spending lots of time analysing and writing up only to find that the data custodian does not approve the publication.

9. The above requirements apply to all linkage data associated with the POCLS. However, there are currently slightly different processes when it comes to accessing specific linkage datasets.

2.4 Process for accessing data

NSW linkage data (except for Attendance and Suspension):

(i.e., BOCSAR re-offending, AEDC, NAPLAN, ABS - cause of death and RBDM - fact of death, Perinatal, Emergency Department visits and Admitted Patient and Ambulatory Mental Health):

1. The named researchers are required to sign the self-declaration form (see Section 3.1) and submit the completed form to DCJ.

2. Once the signed declaration form is received by DCJ, the POCLS data manager will arrange for relevant data to be copied into the project folder for the named researchers in SURE.

3. The signed declaration form will be forwarded to the relevant data custodians by DCJ for information. Any subsequent update of approved researchers (i.e., additional researchers and/or removal of existing researchers will be communicated to the relevant data custodians by DCJ).

4. The named researchers will receive all variables that are supplied to the POCLS by the relevant data custodians.

Attendance and Suspension data:

1. Named researchers are required to seek permission in writing from the NSW Department of Education and DCJ stating the variables required and the research question justifying the request (see Section 3.2 for the application template).

2. The named researcher completes/signs the Statement and the Letter (in Section 3.2) by specifying the variables requested and research questions and sends the signed documents to DCJ. The list of variables that are supplied by the NSW Department of Education can be found in the Data Dictionary for linkage data.

3. DCJ will check the questions and variables for compliance with ethics and co-sign the Statement Form and forward the signed documents together with the Data Analysis Plan (DAP) to the NSW Department of Education for approval.

4. The NSW Department of Education returns the signed Statement Form to DCJ who will forward a copy to the named researcher.

5. Where permission has been obtained and the NSW Department of Education asks DCJ to grant access to the named researcher, the data will be copied into the project folder for the named researcher in SURE.

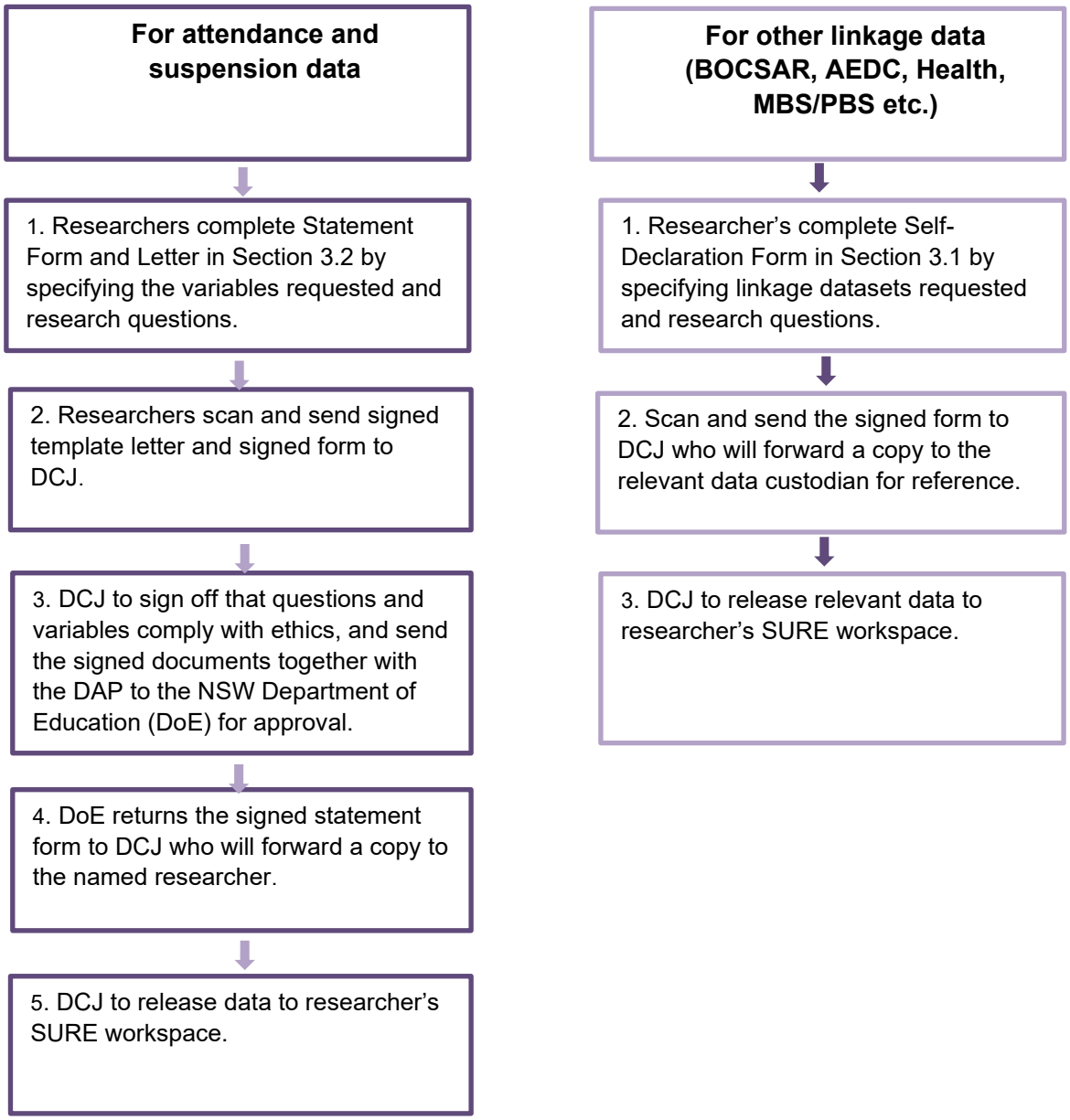
6. The named researchers will receive only the variables that are listed in the letter.

AIHW data:

Researchers are required to sign an AIHW confidentiality agreement and this is forwarded to the Technical Assessment Team by the POCLS team with a request for amendment and an updated Technical Assessment form. Following assessment, these are forwarded to the AIHW Ethics Committee. Only approved researchers are allowed accessed to the data.

The linked AIHW data and POCLS data sets are stored in a separate folder on SURE and the curation is undertaken by AIHW.

Figure 1: Process for requesting access to linkage data



3 Templates to apply for access to the data

The template in Section 3.1 is completed by named researchers to gain access to all record linkage data except for attendance and suspension data. The templates in Section 3.2 are completed by named researchers to gain access to the attendance and suspension data.

3.1 Self-declaration form

Self-declaration form to be completed and provided to DCJ by the named researcher (on the letterhead of the lead researcher's institution) to gain access to all record linkage data except for attendance and suspension data.

Declaration

I/We:

Of: *[insert address of CI institution]*

in the State of [insert the State where the chief investigator resides], declare as follows:

I/we have approval from the NSW Population and Health Services Research Ethics Committee (HREC/14/CIPHS/74, Cancer Institute NSW: 2014/12/570) to use the linkage data as supplied to the NSW Department of Communities and Justice (DCJ) funded Pathways of Care Longitudinal Study of Children and Young People in Out-of-Home Care (POCLS).

For the analysis I am/we are undertaking under the research agreement with DCJ, I/we would like to use these linkage data set(s): *[insert]*

to answer the following research question(s):

[insert research questions]

My/our proposed data analysis falls within the scope of the POCLS and I/we understand the conditions for using this data. I/we also understand that approval is required from the relevant data custodians before publishing or presenting the results of the analysis.

Yours sincerely,

[Lead researcher signature]
[Date]

3.2 Template letter and statement form

Template letter to the data custodian to be completed by the named researcher on their institution's letterhead to gain access to the attendance and suspension data:

Ref:

[Name]
[Address 1]
[Address 2]
[State Postcode]

Dear NSW Department of Education

I have approval from the NSW Population and Health Services Research Ethics Committee (HREC/14/CIPHS/74 Cancer Institute NSW: 2014/12/570) to use the linkage data as supplied to the NSW Department of Communities and Justice (DCJ) funded Pathways of Care Longitudinal Study of Children and Young People in Out-of-Home Care (POCLS)

The NSW PHSREC conditions of use of the linkage data stipulate that the relevant data custodian and DCJ be informed of any proposed data analysis to ensure that this use is within the remit of specific research questions proposed in the original sign-off by both the relevant data custodian and the granted ethics approval.

I would like to use the variables nominated below to answer the following research question/s:

Research question/s:

[insert]

Nominated variables and rationale for use:

[insert]

The research question accords with that specified, and approved by the NSW PHSREC. Please let me know if you have any questions regarding this.

I have attached a signed statement acknowledging I am an eligible user of the data and understand the conditions of use of this data. DCJ has also signed an acknowledgement that the proposed analysis aligns with the research questions approved of by the data custodian and the NSW PHSREC at the time of ethics application.

I would appreciate it if you could countersign the attached statement(s) to acknowledge your approval for use of these variables to answer the nominated research question, and return by email to the POCLS Project Manager

Pathways@dcj.nsw.gov.au. If you have any concerns please contact me on *[insert email address and/or contact number]*.

I have attached a copy of the NSW PHSREC ethics approval. I also understand that approval is required from you before publishing or presenting the results of this analysis.

Thank you for supporting the use of linked data for this research. It allows us to compare the broad outcomes for children who have experienced out-of-home care under a variety of circumstances.

Yours sincerely,

[Researcher signature]
[Date]

Attachment:
Signed Statement Form from the researcher and DCJ

Statement Form

Statement Form to send to the data custodian signed by the researcher and DCJ:

Researcher Agreement

I have read and understood the *Guidelines for Using Record Linkage Data* provided to researchers analysing data from the Pathways of Care Longitudinal Study (POCLS). I am aware I cannot make this data available to others (who are not ethics approved by NSW PHSREC) to analyse, including other researchers working with me on this project such as statisticians or research assistants.

PRINT NAME……

Signed……

Date……

DCJ Agreement

I…… the Chief Investigator of the POCLS being undertaken by the NSW Department of Communities and Justice (DCJ) agree that the use of the nominated variables to answer the specified research question are within the parameters of standing research ethics committee agreements (University of NSW Research Ethics Committee (HC10335 & HC 16542), Aboriginal Health and Medical Research Committee (No. 766/10) and the NSW Population and Health Services Research Ethics Committee (HREC/14/CIPHS/74 Cancer Institute NSW: 2014/12/570).

PRINT NAME……

Signed……

Date……

Data Custodian Agreement

I ……., data custodian of

……Data Collection agree to the use of the nominated variables by the above named researcher to answer the research question specified.

PRINT NAME……

Signed……

Date……

Appendix 1– Data sets and variables in the POCLS Data Linkage

1. NSW Ministry of Health

Table 1. Perinatal Data Collection

RATIONALE: Generally the rationale for the selection of the variables in this collection is that they are factors that have a detrimental affect developmental outcomes of children regardless of whether they enter OOHC or not. If there are more babies than expected in OOHC who are for instance born to young mothers, this needs to be taken into account when looking at the effects of child maltreatment and OOHC. Variables selected were limited by the Ethics requirements

Data period: Information is about the study child's birth so does not need to be updated regularly.

Variable requested	Description
Mother's age [age]	Maternal age at birth of child. Young parent age is associated poor child developmental outcomes.
Mother's SLA of residence [sla_2011_code, sla_2001_code, sla_2006_code, sla_1996_code]	Geographic area is often a marker of SES and also associated with child developmental outcomes. This needs to be taken into account when comparing children across groups
Mother's Statistical area 2 of residence [sa2_2011_code]	Geographic area is often a marker of SES and also associated with child developmental outcomes. This needs to be taken into account when comparing children across groups
Mother's Statistical area 3 of residence [sa3_2011_code]	Geographic area is often a marker of SES and also associated with child developmental outcomes. This needs to be taken into account when comparing children across groups
Mother's Statistical area 4 of residence [sa4_2011_code]	Geographic area is often a marker of SES and also associated with child developmental outcomes. This needs to be taken into account when comparing children across groups
Mother's remoteness area of residence [ra_2011_code]	Useful geographical boundary for describing service use
Previous pregnancy >20 weeks gestation? [prevpreg]	The more children in the family the more demands of the parents and the greater the risk for abuse and neglect and subsequent entry into OOHC. Later born children in large families may be at increased risk.
Number of previous pregnancies [pregnum]	Assist with birth order analyses

Antenatal care [anc]	Indicator of pregnancy support
Number of antenatal visits [ancarenum]	Indicator of pregnancy support
Smoking during pregnancy [smoke]	Indicator of antenatal risk
Smoking during first half of pregnancy [smoke1st]	Indicator of antenatal risk
Cigarettes per day during the first half pregnancy [smoke1stgp_recode]	Indicator of antenatal risk
Number of cigarettes smoked on average per day during the first half of pregnancy [smokeqty1st]	Indicator of antenatal risk
Smoking during the second half of pregnancy [smoke2nd]	Indicator of antenatal risk
Cigarettes per day 2nd half pregnancy [smokeqty]	Indicator of antenatal risk
Cigarettes per day during the second half pregnancy [smoke2ndgp_recode]	Indicator of antenatal risk
Number of cigarettes smoked on average per day during the second half of pregnancy [smokeqty2nd]	Indicator of antenatal risk
Type of delivery [delivery_recode]	Indicator of perinatal risk
Main indication for caesarean section – recode [cswhy_recode]	Indicator of perinatal risk

Birth order [plurnum]	Essential information for any child in OOHC
Gestational age [gestage]	Best clinical estimate. Premature birth is associated with poor child developmental outcomes
Birthweight [bweight]	Usually within an hour of birth. Low birth weight is associated with poor child developmental outcomes
APGAR score (1 min) [apgar1]	1 minute after birth. The 1 minute APGAR score is predictive of later developmental outcomes
APGAR score (5 min) [apgar5]	5 minutes after birth. The 5 minute APGAR score is predictive of later developmental outcomes
Admitted to special care nursery [admitscn]	Babies who have experienced care in special care are likely to have compromised development than those who did not experience this
Admitted to neonatal intensive care unit [admitnic]	Babies who have experienced care in a neonatal intensive care are likely to have compromised development than those who did not experience this
Admission to Special Care Nursery or Neonatal Intensive Care [scn_nic]	
Was a birth defect the main reason for admission to SCN/NICU? [nic_bdef]	Babies who have experienced care in a neonatal intensive care or special care due to birth defects are likely to have compromised development than those who did not experience this
Resuscitation of baby [bresusci]	Indicator of perinatal risk
Resuscitation of baby [bresusci]	Indicator of perinatal risk
Resuscitation of baby [bresus2011]	Indicator of perinatal risk
DELIVERY	Type of Delivery
DELIV98	Delivery
DELIV2011	Type of Birth
DELIV2011_CODE	Newborn Birth Type Code
NEOMORB	Admission to SCN Or NICU (4Hrs+)?

Table 2. Emergency Department Data Collection

RATIONALE: Generally the rationale looking at these variables in this data collection is that number of emergency presentations (especially for injury and poisoning) is correlated with child abuse and neglect and sometimes used a proxy measure for maltreatment. Both the number and reason for presentation need to be considered.

Data period: 1 January 2005 to 30 June 2020

Variable requested	Description
Actual departure date (date)	This is essential to calculate length of time in ED
Actual departure time	This is essential to calculate length of time in ED
Arrival date (date)	Provides a count of the number of visits to emergency departments in hospitals and can be matched to the child's OOHC status at the time.
Arrival time	
Clinical codeset	Diagnosis of CYP by ICD -10. The type/diagnosis (especially injury and poisoning) at time of emergency presentations is associated with child abuse and neglect (often used a s proxy for maltreatment for research purposes)
Departure ready date (date)	This will be essential to caculate the length of time in ED
Departure ready time	This will be essential to caculate the length of time in ED
Principal ED diagnosis	Diagnosis of child/young person by ICD -10 (22 categories). The type/diagnosis at the time of emergency presentations. Injuries and poisoning are associated with child abuse and neglect.
Type of visit	The reason the child presents to the ED
Local Health District of Facility	This would be useful to understand the geographycal boundary of service use
Nurse Practitioner seen time	
Need for interpreter service	Assist in CALD analysis
Triage category	This would indicate the urgency level
Triage date (date)	Essential to calculate the length of time in ED before assessed
Triage time	Essential to calculate the length of time in ED before assessed
LHD 2010 CODE	Useful geographical boundary for describing service use
SA2 2011 CODE	Useful geographical boundary for describing service use
SA3 2011 CODE	Useful geographical boundary for describing service use
SLA 1996 CODE	Useful geographical boundary for describing service use

Table 3. Admitted patient data collection

RATIONALE: Poor health of children may be associated with an increased likelihood of entering OOHC or it may be that the experience of maltreatment and OOHC compromise health.

Data period: 1 July 2001 to 29 June 2020

Variable requested	Description
Local Health District of facility	Useful to understand geographical boundary for service use
Australian Refined Diagnosis Related Group	Maybe useful in estimating direct costs
ARDRG version	
Clinical codeset	Diagnosis of child/young person by ICD 10. Children entering care may have poorer general health, may suffer more from chronic illnesses and may have a history of admissions for injury and poisonings
Condition onset flags	Useful to identify conditions acquired during admission
Country of birth (SACC)	Assist in CALD analysis
Days in psychiatric unit	Provides an index of the mental health of children and young people in the sample.
Diagnosis codes	Diagnosis of child/young person by ICD 10. Children entering care may have poorer general health, may suffer more from chronic illnesses and may have a history of admissions for injury and poisonings.
Emergency status	Indicate if the child's admission was emergency or planned
Emergency Department Status	Flag to indicate if the child has been trated within the emergency department
Episode end date (date)	To calculate length of stay and bed days
Episode leave days total	Necessary to consider when calculating length of stay because 'Episode length of stay' may not always be accurate
Episode length of stay	Days admitted to hospital
Episode start date (date)	Number of admissions to hospital. Provides comparison data for those in care and those returned to birth parents.
Hours in ICU	Potentially valuable information
Hours on mechanical ventilation	Potentially valuable information
Involuntary days in psychiatric unit	This is potentially useful information for OOHC children with mental health issue

Last psychiatric admission date (date)	This is potentially useful information for OOHC children with mental health issue
Major Diagnostic Category	Broad diagnosis of child young person (23 broad categories).
Mode of separation	This variable enables summary mode of separation information to a gsingle admission
Service Related Group	Category of principal type of service
LHD 2010 CODE	Useful geographical boundary for describing service use
SA2 2011 CODE	Useful geographical boundary for describing service use
SA3 2011 CODE	Useful geographical boundary for describing service use
SLA 2011 CODE	Useful geographical boundary for describing service use

Table 4. Mental Health-Ambulatory data Collection

RATIONALE: Children who have been abused and have entered OOHC are more likely to suffer poor mental health. The longitudinal nature of the study allows for more causal explanations to be sought rather than relying on correlational data.

Data period: 1 January 2001 to 30 June 2020

Variable requested	Description
Activity start time	Treatment activity acts as a marker for having a mental health issue even if it does not attract a clear diagnosis. It would allow for counts of treatment events which can be matched to the child's OOHC status.
Activity Code Mental Health	This would best describe the service/activity that is being undertaken by the service provider
Activity Codeset	Code that best describes the service/activity that is being undertaken by the service provider
Activity Duration	Would help us to understand the duration of activity for the child and whether the child was in OOHC at that time.
Activity Start Date	Treatment activity acts as a marker for having a mental health issue even if it does not attract a clear diagnosis. It would allow for counts of treatment events which can be matched to the child's OOHC status.
Country of Birth	Assist in CALD analysis
Legal Status	The legal status of a person under the NSW Mental Health Act 190 at a point in time
Local Health District of Residence	Allows for geographic comparisons to be made

Mental Health Additional Diagnosis (3 fields)	Secondary and tertiary diagnosed mental health issues may be related with the type, severity and chronicity of abuse and neglect as well as placement type and stability.
Mental Health Diagnosis Group	The primary diagnosed mental health issue may be related with the type, severity and chronicity of abuse and neglect as well as placement type and stability.
Mental Health Diagnosis Code	The mental health diagnosis code chiefly responsible for the occasioning the client/patient's presentation to a community mental health facility
Postcode of Residence	
Principal Service Category	The primary purpose or treatment goal of the activity or service contact
Service Event ID	Unique identifier within the system that links activities in order to obtain the data specified above.
Source of Referral Type	essential information to know the service entity type from which the child was referred to this service
Clinical codeset	Clinical codeset

Table 5. NSW RBDM Death Registration Data

RATIONALE: If some children in the sample have died (especially if restored to their parents and so no longer the responsibility of the Minister) it may be easy to draw the erroneous conclusion that their restoration was a success because they have not been reported to child protection services.

Data period: to June 2020

Variable requested	Description
Date of death (date)	This is a longitudinal study and as such the analyses are time dependent. Date of death is particularly important when investigating children who have been abused and neglected.
Age at death in years	For convenience
Local Health District (LHD) Code 2010 (of residence)	Useful geographical boundary for describing service use
SA4 Geographic Region 2011 Code (of residence)	Useful geographical boundary for describing service use
SA3 Geographic Region 2011 Code (of residence)	Useful geographical boundary for describing service use

SA2 Geographic Region 2011 Code (of residence)	Useful geographical boundary for describing service use

Table 6. ABS Mortality Data

RATIONALE: Children who are 'known to DCJ' are over-represented in the child mortality rates.

Data period: to September 2018

Variable requested	Description
Date of death (date)	This is a longitudinal study and as such the analyses are time dependent. Date of death is particularly important when investigating children who have been abused and neglected.
Age at death (age in years)	For convenience
Place of Occurrence of External Cause of Death	
Underlying Cause of Death Diagnosis Code	What proportion of these deaths is associated with preventable accidents, abuse or illness and are there any markers that some children are particularly at risk?
ICD version	What proportion of these deaths is associated with preventable accidents, abuse or illness and are there any markers that some children are particularly at risk?
Contributing causes of death (ICD-10)	What proportion of these deaths is associated with preventable accidents, abuse or illness and are there any markers that some children are particularly at risk?
SA4 CODE	Useful geographical boundary
SA3 CODE	Useful geographical boundary
SA2 CODE	Useful geographical boundary
ABS revision status	Supplied with all data releases

2. Commonwealth Australian Early Development Census

Table 7. Australian Early Development Census

RATIONALE: The AEDC is administered nationally to children a few months into their first year of school with a 97% response rate. It provides a screening assessment on 5 developmental dimensions: Physical Health and Well-being; Language and Cognitive; Emotional Maturity; Social Competence; and Communication and General Knowledge. Includes children from government, Independent and Catholic schools.

Data period: 2009 to 2018

Variable requested	Description/hypotheses
Year	Year in which AEDC completed
Cycle	AEDC Collection Cycle
LBOTE	Language background other than English
LGACode	Local Goverment Area Code
LGAName	Local Government Area Name
RemotenessCode	Remoteness Area Code
Remoteness	Remoteness Area Name
SA1Code	Statistical area level 1 code
SA1MainCode	Statistical area level 1 main code
SA2Code	Statistical area level 2 code
SA2MainCode	Statistical area level 2 main code
SA2Name	Statistical area level 2 name
SEIFACategory	SEIFA-IRSD category (quintile) within Australia
LocalCommunityID	Local Community Identifier used in 2010.
LocalCommunity	The AEDC Local Community in which the child resides
CommunityID	A code corresponding with AEDC Community.
Community	The AEDC community name.
State	State or Territory at the time of testing
A1	how many days this child has been absent since the start of the year.
D1	To identify if the child has a physical disability that affects their ability to do school work in a regular classroom.
D5	To identify if the child has a learning disability that affects their ability to do school work in a regular classroom.
PHYS	The child's physical health and wellbeing domain score
SOC	The child's physical social competence domain score

EMOT	The child's emotional maturity domain score
LANGCOG	The child's (school-based) language and cognitive skills domain score
COMGEN	Tthe child's communication skills and general knowledge domain score
PHYSValid	The validity of the child's results on the physical health and wellbeing domain
SOCValid	The validity of the child's results on the social competence domain
EMOTValid	The validity of the child's results on the emotional maturity domain
LANGCOGValid	Talidity of the child's results on the language and cognitive skills (school-based) domain
COMGENValid	The validity of the child's results on the communication skills and general knowledge domain
PHYSCategory	Vulnerable – Physical health and wellbeing
SOCCategory	Vulnerable – Social competence
EMOTCategory	Vulnerable – Emotional maturity
LANGCOGCategory	Vulnerable – Language and cognition
COMGENCategory	Vulnerable – Communication
LowTotal	Number of domains in which a child is at risk
HighTotal	Number of domains in which the child is on track
DV1	Vulnerable – One or more domains
DV2	Vulnerable - Two or more domains.
OnTrack0	On track on no domains
OnTrack1	On track on one or more domains
OnTrack2	On track on two or more domains
OnTrack3	On track on three or more domains.
OnTrack4	On track on four or more domains.
OnTrack5	On track on five domains
PHYS_1_Vuln	Vulnerable – Physical readiness for school day
PHYS_2_Vuln	Vulnerable – Physical independence
PHYS_3_Vuln	Vulnerable – Gross and fine motor skills
SOC_1_Vuln	Vulnerable – Overall social competence
SOC_2_Vuln	Vulnerable – Responsibility and respect
SOC_3_Vuln	Vulnerable - Approaches to learning.
SOC_4_Vuln	Vulnerable - Readiness to explore new things
EMOT_1_Vuln	Vulnerable - Prosocial and helping behaviour.
EMOT_2_Vuln	Vulnerable - Anxious and fearful behaviour
EMOT_3_Vuln	Vulnerable - Aggressive behaviour
EMOT_4_Vuln	Vulnerable - Hyperactive and inattentive behaviour

LANGCOG_1_Vuln	Vulnerable - Basic literacy
LANGCOG_2_Vuln	Vulnerable - Interest in literacy/numeracy and memory
LANGCOG_3_Vuln	Vulnerable - Advanced literacy
LANGCOG_4_Vuln	Vulnerable - basic numeracy
PHYS_1	Physical readiness for school day
PHYS_2	Physical independence
PHYS_3	Gross and fine motor skills
SOC_1	Overall social competence
SOC_2	Responsibility and respect
SOC_3	Approaches to learning
SOC_4	Readiness to explore new things
EMOT_1	Prosocial and helping behaviour
EMOT_2	Anxious and fearful behaviour
EMOT_3	Aggressive behaviour
EMOT_4	Hyperactive and inattentive behaviour
LANGCOG_1	Basic literacy
LANGCOG_2	Interest in literacy/numeracy and memory
LANGCOG_3	Advanced literacy
LANGCOG_4	Basic numeracy
COMGEN_1	Communication skills and general knowledge
CreationDate	File creation date
SOURCE	SOURCE
D2	Variable to indicate if the child has a visual impairment
D3	Variable to indicate if the child has a hearing impairment
D4	Variable to indicate if the child has a speech impairment
D6	Variable to indicate if the child has an emotional problem
D7	Variable to indicate if the child has a behavioural problem
D8	Variable to indicate if the child has problems at home
D9	Variable to indicate if the child is affected by trauma, isolation or difficulties associated with resettlement
DevDiff	Variable to indicate if the child was reported as having any developmental difficulties. Derived developmental difficulty item for students with a condition that affects learning
E4	Variable to indicate the child attended other language or religion classes
E5	Variable to indicate the child is adapting to school
E6	Variable to indicate the parents are actively engaged with the school
E7	Variable to indicate the child is regularly read to at home
E2	Variable to indicate if the child has been in care or early childhood education programs
E2d	Variable to indicate the child attended Pre-school or Kindergarten

3. Bureau of Crime Statistics and Research

Table 8. ROD DATA

RATIONALE: Children and young people in OOHC are more likely to have contact with the juvenile justice system. It is hypothesised that the severity, type and chronicity of abuse and neglect will be associated with offending and the seriousness of the offence. It will be investigated whether entry into OOHC acts as a catalyst for change in either increasing or decreasing the probability of offending and the seriousness of the offence. Of interest is also the impact of services offered, penalties received and the experience and length of any custodial sentence on the risk of reoffending.

Data periods:

Custody 1 March 2008 to 28 March 2020, Proven 23 March 2007 to 20 December 2019

Variable requested	Description
indexdate	Date of either caution, conference, finalised court appearance or other client-specified date (eg date of exit from treatment). For unit record requests of finalised charges this is the date of the caution, conference or court appearance that finalised each charge.
index_pooffdate	Offence date of the principal offence at index contact
jd	"Jurisdiction of index contact (C = Children's Crt, L = Local Crt, D = District Crt, S = Supreme Crt, R = Drug Court, Y = conference, P = police caution, A=cannabis caution"
provenoff	if a court appearance, conviction status at index contact: (1=no proven offences, 2=at least one proven offence, 3=all offences proven)
lga	lga
index_poanzsoc	ANZSOC group of principal offence at index contact
index_poanzsoc_desc	Description of ANZSOC group of principal offence at index contact
ANZSOC_Division	ANZSOC group of principal offence at index contact
ANZSoc_division_descrip	ANZSOC Division on 16 overarching categories
index_polawpart	Lawpart code of the principal offence at the index contact

index_pomsr	Seriousness index (Median Severity Ranking) of principal offence at index contact (low values=more serious)
index_ppencode	if a court appearance, principal penalty type at index contact (pencode)
index_ppenval	Principal penalty value at index contact (penval)
index_ptotval	The duration of total term for principal penalty if a prison sentence (totval) where a non-parole period has been set
index_ppenunit	Unit of the principal penalty (penunit)
SOURCEOOFA	SOURCEOOFA
Source	Source
case_number	ROD court appearance/case identifier (build 202003)
MentalHealthOutcomeEver	Whether ever had a mental health outcome for any offence (Y, N)
sa4	Statistical area level 4 (SA4) at contact
SEIFA	Index of relative socio-economic disadvantage (IRSD) (SEIFA 2016) for residential postcode (low values = more disadvantage)
SEIFA_q	Quartile within NSW of IRSD (SEIFA 2016) for residential postcode (1 = most disadvantage, 4 = least disadvantage)
SEIFA_pct	Percentile within NSW of IRSD (SEIFA 2016) for residential postcode (low values = more disadvantage)
aria_mean	Mean ARIA remoteness index (2001, thresholded) for residential postcode
RemotenessArea	ABS remoteness area (2016) for residential postcode (Major cities, Inner regional, Outer regional, Remote, Very remote)
CourtDescription	Name of the court where the matter was finalised, blank if non-court
legalrep	Whether legally represented (Represented, Not represented, blank if non-court)
bail	Bail status at finalisation (Bail dispensed with, On bail, Bail refused (+ warrants pre 2010), In custody for a prior offence, Warrant executed - Police custody (2010 +), blank if non-court)

earliest_first_appearance_date	Earliest of the first appearance dates for the charges at the court appearance
convict	Whether guilty of at least one offence and whether there is at least one conviction (Not guilty of any offence, Guilty without conviction, Guilty with at least one conviction, blank if non-court)
MentalHealthOutcomeIndex	Whether had a mental health outcome for any offence at the court appearance (Y, N, always N if non-court)
MentalHealthDismissalIndex	Whether had a mental health dismissal at the court appearance
Disposal_Outcome	Detailed court disposal outcome, e.g. Defended hearing: Guilty of at least one charge, Defended hearing: Not guilty of all charges, Sentenced by the lower courts after a guilty plea, Convicted ex parte, etc
AggSentenceTotalTerm	The total term of the aggregate sentence in months, derived from the earliest commencement date and the latest expiry date across all prison penalties imposed in the case
AggSentenceNpp	The non-parole period of the aggregate sentence in months. Where all penalties are fixed terms, this will be missing.
Table_Reforms_Offences	Table reforms offences flag for court appearance (description of tranches of Table reforms of lawparts affected by Table reforms, N/A otherwise, blank if non-court)
po_charge_offence_no	ROD identifier of principal offence or most serious unproven offence (build 202003)
po_charge_date	Charge date for principal offence or most serious unproven offence
po_first_appearance_date	First court appearance date for principal offence or most serious unproven offence
po_dv	Whether the principal offence or most serious unproven offence was domestic violence related
po_pca_range	If applicable, type of drink/drug driving of principal offence or most serious unproven offence (Low range PCA, Mid range PCA, High range PCA, Special range PCA, Illicit drug present, Drive under the influence of alcohol/drugs)
po_drug_type	Drug type of principal offence or most serious unproven offence if relevant

po_counts	Number of counts of principal offence or most serious unproven offence
po_outcome	Charge level outcome of principal offence or most serious unproven offence (Guilty, Not guilty, Dismissed, Withdrawn, Mental health dismissal, Otherwise disposed of, Unknown, blank if non-court)
po_Plea	If a court appearance, plea to the principal offence or most serious unproven offence (Guilty, Not guilty, No plea entered / other)
num_proven_concurr	Number of proven concurrent offences at contact (including principal offence)
num_proven_hom	Number of proven homicide or related offences (defined as offences under ANZSOC 01)
num_proven_actsinj	Number of proven acts intended to cause injury (defined as offences under ANZSOC 02)
num_proven_assault	Number of proven assault offences (defined as offences under ANZSOC 021)
num_proven_serassault	Number of proven serious assault offences (defined as offences under ANZSOC 0211, 0212)
num_proven_sexassrel	Number of proven sexual assault and related offences (defined as offences under ANZSOC 03)
num_proven_sexassault	Number of proven sexual assault offences (defined as offences under ANZSOC 0311, 0312)
num_proven_dangneg	Number of proven dangerous or negligent acts endangering persons (defined as offences under ANZSOC 04)
num_proven_abdhar	Number of proven abduction, harassment and other offences against the person (defined as offences under ANZSOC 05)
num_proven_robrel	Number of proven robbery, extortion or related offences (defined as offences under ANZSOC 06)
num_proven_rob	Number of proven robbery offences (defined as offences under ANZSOC 0611, 0612)
num_proven_brent	Number of proven unlawful entry with intent/burglary, break and enter (defined as offences under ANZSOC 07)
num_proven_theft	Number of proven theft offences or related (defined as offences under ANZSOC 08)

num_proven_fraud	Number of proven fraud offences or related (defined as offences under ANZSOC 09)
num_proven_drug	Number of proven drug offences (defined as offences under ANZSOC 10)
num_proven_weap	Number of proven weapons or explosives offences (defined as offences under ANZSOC 11)
num_proven_propdam	Number of proven property damage or environmental pollution offences (defined as offences under ANZSOC 12)
num_proven_pubord	Number of proven public order offences (defined as offences under ANZSOC 13)
num_proven_traff	Number of proven traffic offences (defined as offences under ANZSOC 14)
num_proven_drive	Number of proven offences of driving while licence disqualified or suspended (defined as offences under ANZSOC 1411)
num_proven_pca	Number of proven PCA offences (defined as offences under ANZSOC 0411 or 1431)
num_proven_just	Number of proven offences against justice procedures (defined as offences under ANZSOC 15)
num_proven_brcust	Number of proven breach of custodial order offences (defined as offences under ANZSOC 151)
num_proven_brcomm	Number of proven breach of community order offences (defined as offences under ANZSOC 152)
num_proven_brviol	Number of proven breach of violence order offences (defined as offences under ANZSOC 153)
num_proven_brADVO	Number of proven breach of ADVO offences (defined as offences under ANZSOC 1531)
num_proven_strindict	Number of proven strictly indictable offences
num_proven_indict	Number of proven indictable offences
num_proven_dvflag	Number of proven offences that are DV-flagged
num_proven_DVassault	Number of proven assault offences that are DV-flagged

num_all_hom	Number of proven & unproven homicide or related offences (defined as offences under ANZSOC 01)
num_all_actsinj	Number of proven & unproven acts intended to cause injury (defined as offences under ANZSOC 02)
num_all_assault	Number of proven & unproven assault offences (defined as offences under ANZSOC 021)
num_all_serassault	Number of proven & unproven serious assault offences (defined as offences under ANZSOC 0211, 0212)
num_all_sexassrel	Number of proven & unproven sexual assault and related offences (defined as offences under ANZSOC 03)
num_all_sexassault	Number of proven & unproven sexual assault offences (defined as offences under ANZSOC 0311, 0312)
num_all_dangneg	Number of proven & unproven dangerous or negligent acts endangering persons (defined as offences under ANZSOC 04)
num_all_abdhar	Number of proven & unproven abduction, harassment and other offences against the person (defined as offences under ANZSOC 05)
num_all_robrel	Number of proven & unproven robbery, extortion or related offences (defined as offences under ANZSOC 06)
num_all_rob	Number of proven & unproven robbery offences (defined as offences under ANZSOC 0611, 0612)
num_all_brent	Number of proven & unproven unlawful entry with intent/burglary, break and enter (defined as offences under ANZSOC 07)
num_all_theft	Number of proven & unproven theft offences or related (defined as offences under ANZSOC 08)
num_all_fraud	Number of proven & unproven fraud offences or related (defined as offences under ANZSOC 09)
num_all_drug	Number of proven & unproven drug offences (defined as offences under ANZSOC 10)
num_all_weap	Number of proven & unproven weapons or explosives offences (defined as offences under ANZSOC 11)
num_all_propdam	Number of proven & unproven property damage or environmental pollution offences (defined as offences under ANZSOC 12)

num_all_pubord	Number of proven & unproven public order offences (defined as offences under ANZSOC 13)
num_all_traff	Number of proven & unproven traffic offences (defined as offences under ANZSOC 14)
num_all_drive	Number of proven & unproven offences of driving while licence disqualified or suspended (defined as offences under ANZSOC 1411)
num_all_pca	Number of PCA proven & unproven offences (defined as offences under ANZSOC 0411 or 1431)
num_all_just	Number of proven & unproven offences against justice procedures (defined as offences under ANZSOC 15)
num_all_brcust	Number of proven & unproven breach of custodial order offences (defined as offences under ANZSOC 151)
num_all_brcomm	Number of proven & unproven breach of community order offences (defined as offences under ANZSOC 152)
num_all_brviol	Number of proven & unproven breach of violence order offences (defined as offences under ANZSOC 153)
num_all_brADVO	Number of proven & unproven breach of ADVO offences (defined as offences under ANZSOC 1531)
num_all_strindict	Number of proven & unproven strictly indictable offences
num_all_indict	Number of proven & unproven indictable offences
num_all_dvflag	Number of proven & unproven offences that are DV-flagged
num_all_DVassault	Number of proven & unproven assault offences that are DV-flagged
Custody data	
AdmissionDate	Start date for the particular episode
DischargeDate	End date for the particular episode
ConvictionDate	The first sentence date
DataSource	Juvenile or Adult
ReceptionStatus	Legal status when admitted
CurrentStatus	Current legal status (for current inmates only)
DischargeType	Why they were discharged

SOURCE	SOURCE indicating whether the values are adult or juvenile
DaysinCustody	days in Custody end date minus startdate
CustodyEpisodeID	Custody episode ID (ROD custody episode identifier)
ReceptionDate	Reception date
LegalStatusDischarge	Legal status at discharge if recorded (sentenced, remand)

4. NSW Education Standards (NESA)

Table 9. NAPLAN

RATIONALE: Children and young people in OOHC are at greater risk of underachieving at school. NAPLAN scores provide a screening measure of achievement which can be compared with the general population of the same grade, as well as monitoring the positive or negative progress of individual children throughout their schooling. Of particular interest are reading and numeracy and whether a child was substantially above, above, close to, below or substantially below average compared with Australian general population norms as well as in comparison to their peers at their school.

Data period: 2008 to 2019

Variable Requested	Description
Year	Calendar year of NAPLAN test
YLevel	Year level
DuplicatePPN	PPN matched to more than one student record number (SRN)
PPN_multSRN_suspected_reason	Suspected reason for more than one SRN matched to PPN
SRNcountwithinPPN	Ascending count, 1 is a unique SRN or the same student with multiple SRNs within PPN
PARead	Participation - Reading
PAWrite	Participation - Writing
PALang	Participation - Language Conventions (Spelling & Grammar & Punctuation)
paNum_revised	Participation - Numeracy
grpnnusc	Grammar and Punctuation Score
numnusc	Numeracy Score
readnusc	Reading Score
splnusc	Spelling Score
writnusc	Writing Score
readband	Reading Band
splband	Spelling Band
grpnband	Grammar and Punctuation Band

writband	Writing Band
numband	Numeracy Band

5. Department of Education

Table 10. School attendance and suspension data	
RATIONALE: School is an important aspect and a key developmental outcome domain for children. Data on school attendance will enable researchers to examine more closely the links between children's behavioural problems, school attendance and education outcomes for children in OOHC. **Data period:** 2018 and 2019	
Variable Requested	**Description**
TERM_ATTENDANCE_RATE	Student attendance rate for the term
TERM_DAYS_ENROLLED	Student total days of enrolment for the term
TERM_DAYS_ABSENT_TOTAL	Student total days absence for the term
TERM_DAYS_ABSENT_LEAVE	Student total days absence due to approved leave
TERM_DAYS_ABSENT_SUSPENSION	Number of days student absent due to suspension
TERM_DAYS_ABSENT_UNEXPUNJUST	Number of days student absent due to unexplained/unjustified
TERM_DAYS_ABSENT_SICK	Number of days student absent due to sickness
TERM_DAYS_ABSENT_EXEMPT	Number of days student absent due to exemption

6. Australian Institute of Health and Welfare (AIHW)

Table 11. Medicare Benefits Schedule (MBS)
RATIONALE: To build more comprehensive measures of health service use (as indicators of the child's health state, abuse and neglect and child outcomes) in order to better characterise outcomes and better account for confounders and covariates in the relationship between OOHC and the child's safety, physical health, socio-emotional wellbeing and cognitive ability **Data period:** There are dates of service from January 1993 to 1 July 2021 in the data. Request was specified as 'earliest available to latest available'.

Variable requested	Description
Project Person Number	Unique person identifier. Allow joining with other services/ survey datasets whilst maintaining confidentiality
Amount of benefit Paid	Stratify/ focus analyses
Bulk-billing flag	Stratify/ focus analyses
Date of Processing	Assist with data cleaning
Date of Referral	Stratify/ focus analyses. Where appropriate, align date of referral with study period
Date of Service	Inform analysis of temporal relationship between exposure and event. Where appropriate, align date of service with study period; align chronology of service with other similar services
Item Category	Stratify/ focus analyses
Hospital flag	Stratify/ focus analyses; inform outcome assessment
MBS Item Number (aggregate item)	Primary variable of interest
MBS Item Number (mapped item)	Primary variable of interest
Referring Provider Postcode	Analyse continuity of care
Amount of fee charged	Inform costs to government analyses, where appropriate
Servicing provider speciality	Stratify/ focus analyses
Servicing provider practice postcode	Analyse continuity of care
Schedule Fee for items	Out of Pocket costs analyses. Inform costs to government analyses, where appropriate
Referring provider number	Allow instances where a service/ test type or specific service/ test is ordered more than once by the same provider to be identified Allow analyses of change in ordering practice over time
Servicing provider identifier	Allow instances where a service/ test type or specific service/ test is ordered more than once by the same provider to be identified Allow analyses of change in provider practice over time

Table 12. Pharmaceutical Benefits Scheme (PBS)

RATIONALE: To build more comprehensive measures of health service use (as indicators of the child's health state, abuse and neglect and child outcomes) in order to better characterise outcomes and better account for confounders and covariates in the relationship between OOHC and the child's safety, physical health, socio-emotional wellbeing and cognitive ability

Data period: There are date of prescribing from August 2001 to November 2021. Request was specified as 'earliest available to latest available'.

Variable requested	Description

Project Person Number	Unique person identifier. Allow joining with other services/ survey datasets whilst maintaining confidentiality
ATC Code	Primary variable of interest
Date of Prescribing	Inform analysis of temporal relationship between exposure and event. Where appropriate, align date of service with study period; align chronology of service with other similar services
Date of Supply	Inform analysis of temporal relationship between exposure and event. Where appropriate, align date of supply with study period; align chronology of service with other similar services
Number of scripts dispensed	Stratify/ focus analyses by original/ repeat prescription
Repeat order number	Stratify/ focus analyses by original/ repeat prescription
Benefit Amount	Allow identification of Concessional Beneficiaries. Inform costs to government analyses, where appropriate
Patient Category (derived)	Stratify/ focus analyses by patient concessional status
Under co-payment prescription type	Allow identification of under-copayment dispensings
Patient Contribution Amount	Allow identification of Concessional Beneficiaries. Out of Pocket costs analyses
PBS Item Code	Primary variable of interest
Pharmacy Postcode	Analyse continuity of care
Prescriber speciality	Stratify/ focus analyses by prescriber type
Quantity Supplied	Stratify/ focus analyses by number of repeat prescription; dose response
Scrambled Prescriber Number	Allow analyses of change in prescribing practice over time

NSW GOVERNMENT