Anglicare Victoria

Out Of Home Care
Outcomes Framework

2017

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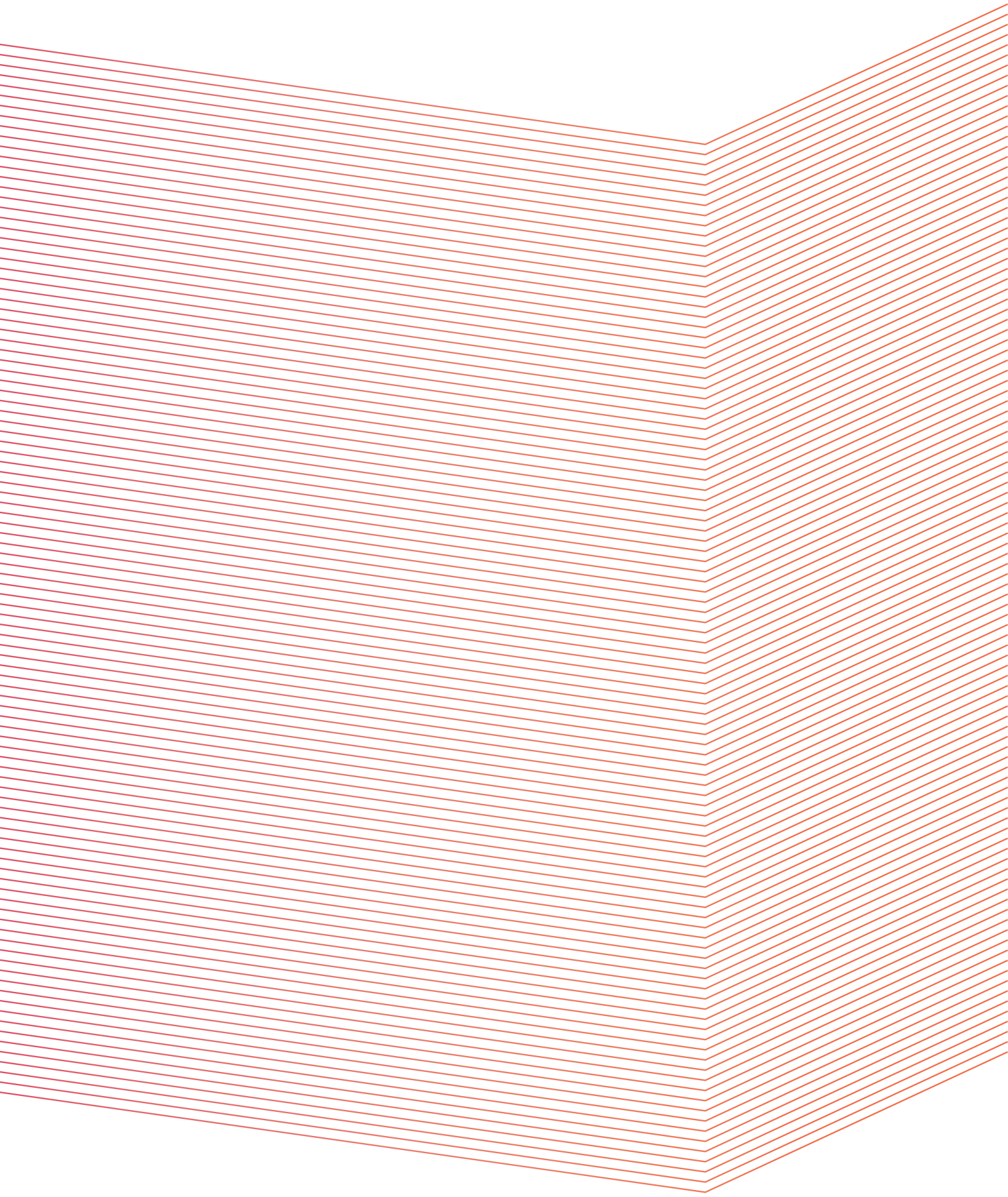

Introduction

Recent years have witnessed an increased focus on evidence-based practice and outcomes measurement across Government, health and community services sector. There is a growing expectation that services move beyond output reporting, and a recognition that practice innovation and newly-funded service streams evolve to include some form of embedded outcomes measurement. Across the sector, our collective ability to demonstrate that services and programs lead to demonstrable improvements in the lives of clients is being challenged.

An important component of building the evidence base to support practice is the development of a theoretically grounded and practice-informed outcomes assessment (or quality assurance) framework. These frameworks, when implemented alongside evidence-based programs, provide a means of articulating the impact of services and programs on key areas of client wellbeing and functioning.

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Outcomes research: What we know about the life-course trajectories of children and young people in care

There is now a large body of literature focussed on the generally poor outcomes that follow experiences of abuse, maltreatment and adversity. A main conclusion to emerge from this literature is that, on average, children/young people in care experience significant and long-term disruptions in their developmental trajectories. Specifically, the bulk of research evidence points to significantly elevated levels of emotion and behavioural dysregulation (aggression, violence, post-traumatic stress, anxiety, depression), and chronic and long-term multiple service system involvement.

Research also highlights:

- The multiple negative impacts of early traumatic experiences. In the context of child maltreatment, there is evidence of significant and sustained impacts at the neurobiological and psychological levels that help explain the development of psychopathology and related outcomes (Cicchetti, 2013).
- That normative development is influenced by a confluence of genetic/dispositional and environmental factors that can be undermined during critical stages of development, including antenatally, during infancy, early childhood, and adolescence.
- That maltreatment experienced during adolescence has differential, and often more pervasively negative impacts, than maltreatment occurring in childhood (Thornberry, Henry, Ireland & Smith, 2010).
- The importance of incorporating life-course and developmental frameworks in outcomes measurement.
- The impact of Out of Home Care (OOHC) placement on child and adolescent outcomes. While evidence clearly points to the generally poor outcomes experienced by children and young people who are either in care and who have exited or 'aged out' of care, there is also evidence showing that adults who have experienced childhood maltreatment and adversity (but who have not had contact with child protection or OOHC systems) also experience a range of negative outcomes, predominantly in their mental health and adjustment (Edwards, Holden, Felitti & Anda, 2003). As such, there is no conclusive evidence that placement in OHC by itself increases the risk of poor outcomes.
- The impact of OOHC placement however, depends on a range of factors, including age of entry into care and length of stay. It also fundamentally depends on the stability and type of placement. For example, Luke, Sinclair and O'Higgins (2015) found that children and young people in residential care had consistently poorer educational outcomes, compared to children and young people in kinship and foster care. This pattern has been observed across multiple studies, including an Anglicare Victoria analysis of the differential profiles of children and young people in care (Corrales, 2015).

Overall, there is strong evidence to support the claim that children and young people in care experience a range of negative outcomes. There is also growing consensus that the impact of OOHC is complex, and depends on a broad range of factors including systemic issues that may contribute to instability, as well as the fundamental heterogeneity of the children and young people in the care system.

Despite the breadth and sophistication of current research, the focus remains on outcomes that are often linked to conceptions of life success that may not be shared, or owned, by individuals. Low educational attainment, unemployment, criminal justice system involvement, welfare dependence, mental health difficulties and homelessness, while fundamentally important, can be conceptualised as obstacles that limit, to varying degrees, an individual's ability to be a full, active participant in society.

In contrast however, outcomes are best conceptualised as states of being. Conceptually, outcomes are reflective of broader human needs, drives and potentials which, if fulfilled, allow individuals to reach for and enact their potential in meaningful and self-determined ways.

The Framework

'Wellbeing': The core outcome for children and young people in OHC.

Much of the narrative on outcomes within the child, youth and families sector conflates mechanisms with outcomes. Education is a case in point. Existing outcomes frameworks focus on enrolment, attendance, progress and attainment, which all reflect mechanisms, or processes that may lead to an eventual outcome by virtue of the opportunities opened up to individuals through educational attainment. Put another way, completing Year 12 is an 'outcome' only to the extent that it increases the human capital (i.e., knowledge, skills, expertise) of an individual, compared to someone who has not completed Year 12, and may increase a person's objective quality of life into the future. However, educational attainment on its own does not necessarily increase a person's social capital - that is, a person's sense of connection to others in his/her life. Without social capital, the value of human capital is diminished. The current focus on outcomes, therefore, places a great amount of emphasis on providing children and young people in care with the resources they need to increase their social capital.

Recently there has been a discernible shift in the outcomes literature, towards a greater emphasis on definitions of outcomes that are centred on the concept of wellbeing. This is consistent with the principles of trauma-informed care, but also reflects a broader acknowledgement that wellbeing is a necessary condition for achieving valued and meaningful goals.

The psychological literature has devoted much attention to the construct of wellbeing, although typically the focus has been on the absence of psychopathology. There are, however, a number of theoretical frameworks that position wellbeing as a positive construct, emphasising the importance of self-worth, relatedness and connectedness, autonomy, mastery/competence, and a general sense of purpose and meaning in life (Cummins & Lau, 2005; Ryff & Keyes, 1995). These concepts are well-articulated in much of the social work and social welfare literature, although they do not appear to have been translated well to the language of outcomes. As a result, assessment or quality assurance frameworks have traditionally been decontextualized from a robust theoretical framework that positions wellbeing at the centre of outcomes measurement.

Conceptual Basis

To address this gap, Anglicare's Victoria's outcomes framework has a strong conceptual basis, underpinned by three integrated theoretical perspectives:

- Attachment and trauma theories
- Self-determination theory
- Resilience theory.

These theories form the basis of a robust and empirically defensible outcomes model, which represents a unique opportunity for Anglicare Victoria to position itself as a leader in the area of outcomes assessment in the OOHC space. It does so in the following ways:

1. Wellbeing is the core construct of interest. This represents a shift from existing approaches, which emphasise process over outcomes.
2. The theoretical framework provides justification for focussing on wellbeing, but also highlights the core areas that need to be measured as part of an outcomes framework
3. These areas can be defended, both theoretically and empirically, as factors that have been shown to positively affect development, thereby leading to more positive outcomes across a range of life areas or domains.

Anglicare Victoria's outcomes framework will form the basis of an Anglicare-wide 'evaluation and assessment framework' to be implemented across all OOHC programs. This will in turn contribute to building the evidence base to support programs and services.

Anglicare Victoria's outcomes framework can also form the basis of a broader, sector-wide outcomes measurement and quality assurance template, to bring consistency of language and measurement to the OOHC sector.

Summary Concepts

The psychosocial tasks positioned around the concept of wellbeing reflect contemporary research on the factors that not only improve wellbeing, but importantly, are linked to healthy and positive development through childhood and adolescence. In this respect they are inherently developmentally grounded. Moreover, they allow for the capture of a broad range of indicators that can speak to service providers' ability to positively influence the developmental trajectories of children and young people in care.

A range of key concepts underlying the framework's development are outlined in the document Anglicare Victoria's Out of Home Care outcomes assessment framework: Theoretical and conceptual underpinnings (available upon request). These also align with stakeholder consultation held with key program staff. Drawing on the theory, research and practice, the following key themes are embedded in Anglicare Victoria's outcomes framework:

1. Wellbeing is a central outcome of interest. It is a positive outcome in that it reflects more than just the absence of psychological distress or psychopathology, but also a person's capacity to effectively adapt to his/her social environment, to perceive a good quality of life, to form meaningful and valued interpersonal relationships, to feel a sense of mastery over his/her environment, a sense of achievement and competence in areas that are personally meaningful and satisfying, and a sense of ownership and control over his/her life.
2. Resilience can be seen as a component of wellbeing. While the term has been most notably used to describe a process, resilient functioning is more closely aligned with contemporary definitions of wellbeing. In this respect, resilient functioning is assessed through the various resources (both internal and external) that individuals can draw upon to assist in their adaptation and development.
3. Autonomy, competence and mastery are underlying factors that promote wellbeing through their links with resilient functioning and adaptation. These three concepts, along with safety, are the pillars that support the achievement of wellbeing, in that their absence has been shown to diminish wellbeing across the life-course.

In addition to these three themes, there are a range of psychosocial developmental tasks that are central to understanding the outcomes of children and young people in care. These tasks in turn inform the key indicators in the outcomes framework, and include:

1. Self-regulation (emotional and behavioural)
2. Psychological distress
3. Educational engagement, progress and attainment
4. Meaningful and positive relationships with peers and adults
5. A sense of belonging and connection
6. Community participation and engagement
7. Stability
8. Physical development and health

The Conceptual Map

The conceptual articulating Anglicare Victoria's outcomes framework is presented in Figure 1.

The concepts of safety, autonomy, competence and relatedness provide a structure around the outcome of wellbeing, but are also discrete psychosocial tasks associated with wellbeing themselves. These can be conceptualised as 'overarching pillars' that frame and inform both the central concept of wellbeing, as well as the eight underlying key indicators

This 'framing' represents the theoretical premise that in order to achieve positive psychosocial functioning, children and young people need to experience environments that:

- Are safe (physically, psychologically, emotionally),
- Promote autonomy
- Allow for the development of competence and a sense of relatedness.

The provision of these environments is also predicated on the presence of trusting, supportive and nurturing relationships, specifically with adults.

Figure 1. Conceptual map

The outcomes tool

Five validated instruments form the basis of the outcomes tool. These measures are publicly available, have been normed with Australian or international populations that share similar characteristics with children and young people in OOHC, and directly map onto various constructs that underpin this framework (see Table 1 below). The five measures are:

1. The Personal Wellbeing Index – School Children (PWI-SC: Cummins & Lau, 2005). This measure has been normed with a broad range of Australian school-aged children, including Aboriginal and Torres Strait Islander adolescents, and young people experiencing hardship and marginalisation (Tomyn, Tyszkiewicz & Norrish, 2014). The PWI-SC has seven questions that cover seven areas of wellbeing ***from the child or young person's perspective***. As such, it is completed by clients aged 12 years and older, to reflect their perspective on how satisfied or happy they feel with different elements of their lives.
2. Child and Youth Resilience Measure – 12 (CYRM-12: Liebenberg, Ungar & LeBlanc, 2013). The CYRM-12 has been designed to capture core elements of resilient functioning, that have been found to have cross-cultural applicability. It contains 12 items that measure the presence of internal and external factors that promote resilience and adaptability. It is completed by caseworkers or carers for all children aged 5 years or older.
3. Kessler 6 (K6: Kessler et al., 2003). The K6 is a brief measure of psychological distress. It contains 6 items measuring the presence of symptoms associated with anxiety and depression occurring over a 30 day period. It is intended to be used as a ***screener*** measure to identify the potential presence of clinically significant mood or anxiety disorders. In the Anglicare Victoria outcomes framework the K6 is **completed by young people aged 12 years and older, reflecting *their assessment of the experience of psychological distress***.
4. The Strengths and Difficulties Questionnaire (SDQ: Goodman, 1997) is a well-established measure of emotional and behavioural difficulties. It has been extensively normed with a range of child and adolescent populations, including Australian children and young people (Lawrence et al., 2015). The SDQ contains 25 items clustered into five scales – emotional difficulties, conduct problems, hyperactivity, peer problems and prosocial behaviour. It also contains a Total Difficulties Score, which provides an indication of overall psychosocial functioning. In the Anglicare Victoria outcomes framework it is completed by caseworkers or carers.
5. The Brief Early Skills and Support Index (BESSI: Hughes, Daly, Foley, White & Devine, 2015). The BESSI is a 30 item screener measured intended to identify barriers to educational engagement among 2.5 to 5.5 year old children. It contains four scales – behavioural adjustment, language and cognition, daily living skills which reflects developmental tasks associated with socialisation, and family support. Norms are available based on a large sample of children in the United Kingdom, including children experiencing financial hardship. Due to its strong developmental focus, separate norms have been provided for three stages of development equivalent to toddlers, children in 3 year old kinder, and children in 4 year old kinder. The BESSI is completed by caseworkers.

Additional measures have been adapted from existing measures, or where appropriate, developed specifically for this outcomes framework to ensure the core elements of the model are adequately captured.

ORIMA Research were commissioned to develop an on-line portal that can be used across multiple devices (desktop/laptop, tablets and smartphones). This platform contains a number of important features aimed at reducing data input burden and duplication, including:

- An interface with the DHHS outcomes survey. ORIMA designed the online platform for the DHHS survey, which means that where overlap exists between both surveys, the systems can 'communicate' with each other and import the relevant data
- Pre-selection of relevant questions based on a child or young person's age. Once a child/young person's date of birth is entered into the survey, only the questions that are relevant for that child's age group will be visible.
- Pre-selection of relevant questions based on previous responses. For example, if a child is attending school all questions relating to non-attendance will be blocked out and the survey will skip to the next relevant section.

In addition, the ORIMA system contains a number of in-built reporting functions that enable quick and easily interpretable information about the outcomes of children and people within and across OHC programs. To assist with usability, and to ensure that the information collected through the survey has maximum utility for practice, a 'traffic light' system was embedded into the reporting functions of the ORIMA portal. **This system applies specifically to data obtained through the validated instruments**, and provides:

- A quick visual guide on each child/young person's score
- How this score compares to relevant norms for other children/young people with similar characteristics and/or from similar populations
- An indication of whether the score represents an area of concern or whether the child/young person is on track.

Examples of summary reports containing the traffic light system can be found in Figures 2a and 2b and 2c.

Figure 2a. Example report for a 3 year old child

Learning and Education (BESSI)		
	Behavioural adjustment	1
	Language and cognition	0
	Daily living skills	2
	Family support	0

This report provides information on the four domains of the BESSI, which is the only validated instrument applicable to this age group. The report shows that compared to other children aged 2.5 to 3.5 years old, this child is meeting normative milestones on behavioural adjustment, as well as language and cognition. There are some concerns about his/her ability to function independently especially within an educational setting. There are no concerns about his/her family environment. This information can be used to inform on-going case planning, by directing the care team's attention to the child's development of socialisation and social skills.

Figure 2b. Example report for a 12 year old client

Resilience - The Child and Youth Resilience Measure (CYRM-12)		
	The Child and Youth Resilience Measure	24
Psychological distress - K6		
	K6	12
Psychosocial functioning - The Strengths and Difficulties Questionnaire (SDQ)		
	Emotional symptoms/difficulties	8
	Conduct problems	7
	Hyperactivity	10
	Peer problems	8
	Prosocial	3
	Total difficulties	33
Relationships with carers and other significant adults - Individual Protective Factors Index - Presence of Caring scale		
	Individual Protective Factors Index - Presence of Caring scale	24

Figure 2b provides a summary report for a 12 year old client. This report shows that, compared to other children of a similar age and demographic profile, this client:

- Showed high levels of resilient functioning (as measured through the Child and Youth Resilience Measure – 12; ref)
- Exhibited moderate signs of psychological distress (as measured through the Kessler 6)
- Exhibited problems across every way of psychosocial functioning measured through the Strengths and Difficulties Questionnaire (SDQ; ref) including difficulties with emotional and behavioural regulation, aggression and hostility, relationships with peers, and social skills
- Was experiencing moderate difficulties in the quality and strength of relationships with trusted adults.

A summary report for a 17 year old client is presented in Figure 2c. Based on the information in that report, this client:

- Self-reported high levels of wellbeing five of the seven areas covered in the Personal Wellbeing Index (PWI: ref); however, compared to other young people of a similar demographic profile, reported moderately low levels of wellbeing on the quality of his/her relationships, and his/her sense of connection to community
- Self-reported no signs of psychological distress
- Showed high levels of resilience functioning
- Exhibited high levels of difficulty in regulating his/her emotion, exhibited 'externalising' behaviour marked by aggression and hostility, moderate levels of difficulty with his/her social skills, but no difficulties in his/her ability to regulate behaviour (i.e., sit still, pay attention, problem solve) or in his/her relationship with peers
- Was experiencing some difficulties in the quality and strength of his/her relationship with trusted adults.

The information contained in the summary report indicates that while this young person shows strong signs of resilience, he/she nevertheless is not satisfied with his/her relationships or connection to community. He/she is also exhibiting significant difficulties in managing emotions and some elements of his/her behaviour. Interestingly, in a self-report measure of psychological distress the client scored within a normal range. From a case planning and formulation perspective, this contradiction in findings should generate discussions about the young person's own assessment of his/her psychological wellbeing, compared to his/her care team's assessment.

Moreover, given the client's age the information contain in the summary report can provide guidance on the supports that are likely going to be needed during the transition out of care, and post-care.

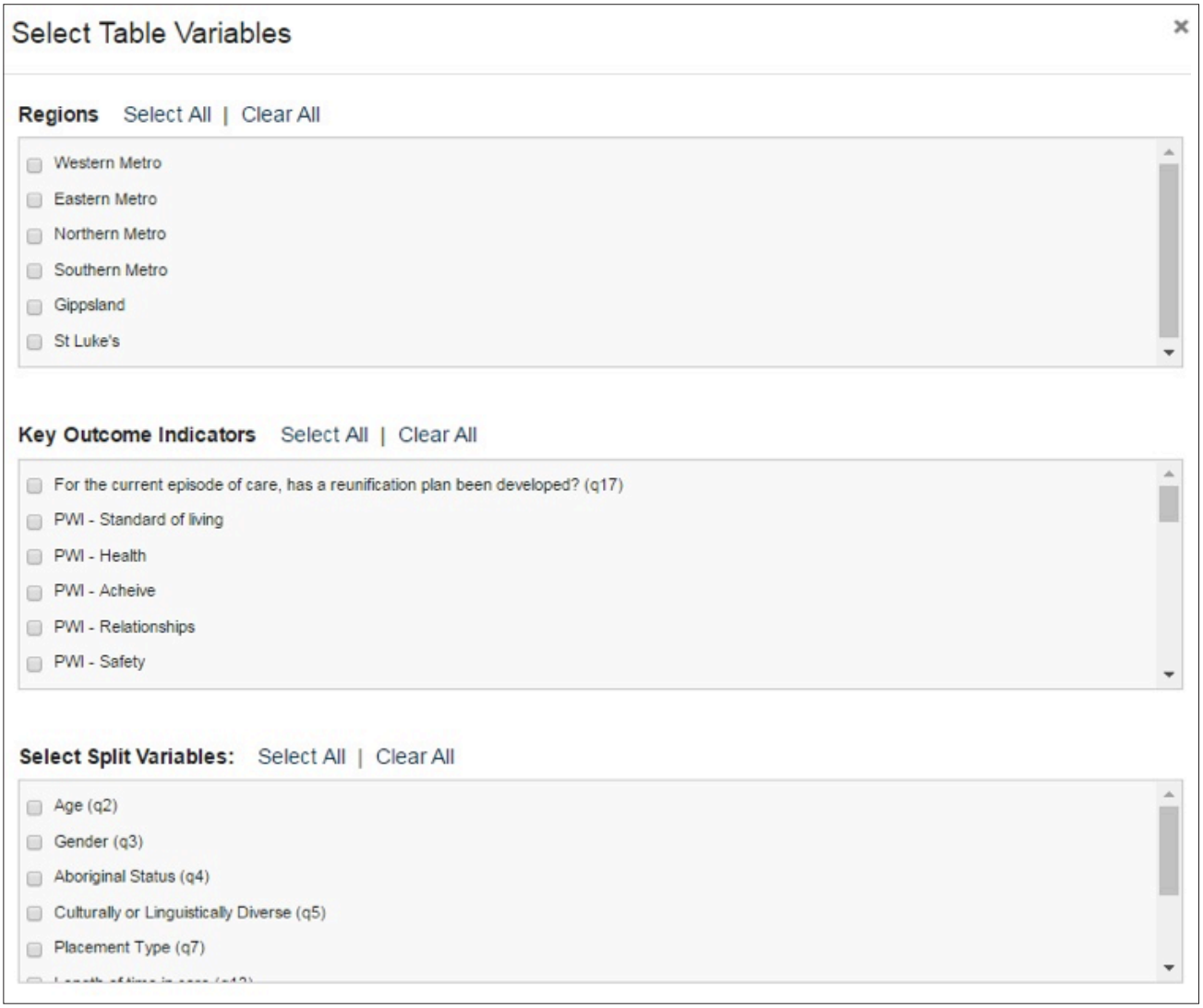
Figure 2c. Example report for 17 year old client

Wellbeing - Personal Wellbeing Index - School Children		
	Standard of living	70
	Health	100
	Achieve	90
	Relationships	60
	Safety	100
	Community	70
	Future	70
Resilience - The Child and Youth Resilience Measure (CYRM-12)		
	The Child and Youth Resilience Measure	31
Psychological distress - K6		
	K6	4
Psychosocial functioning - The Strengths and Difficulties Questionnaire (SDQ)		
	Emotional symptoms/difficulties	5
	Conduct problems	5
	Hyperactivity	3
	Peer problems	1
	Prosocial	5
	Total difficulties	14
Relationships with carers and other significant adults - Individual Protective Factors Index - Presence of Caring scale		
	Individual Protective Factors Index - Presence of Caring scale	24

Dashboards and reporting

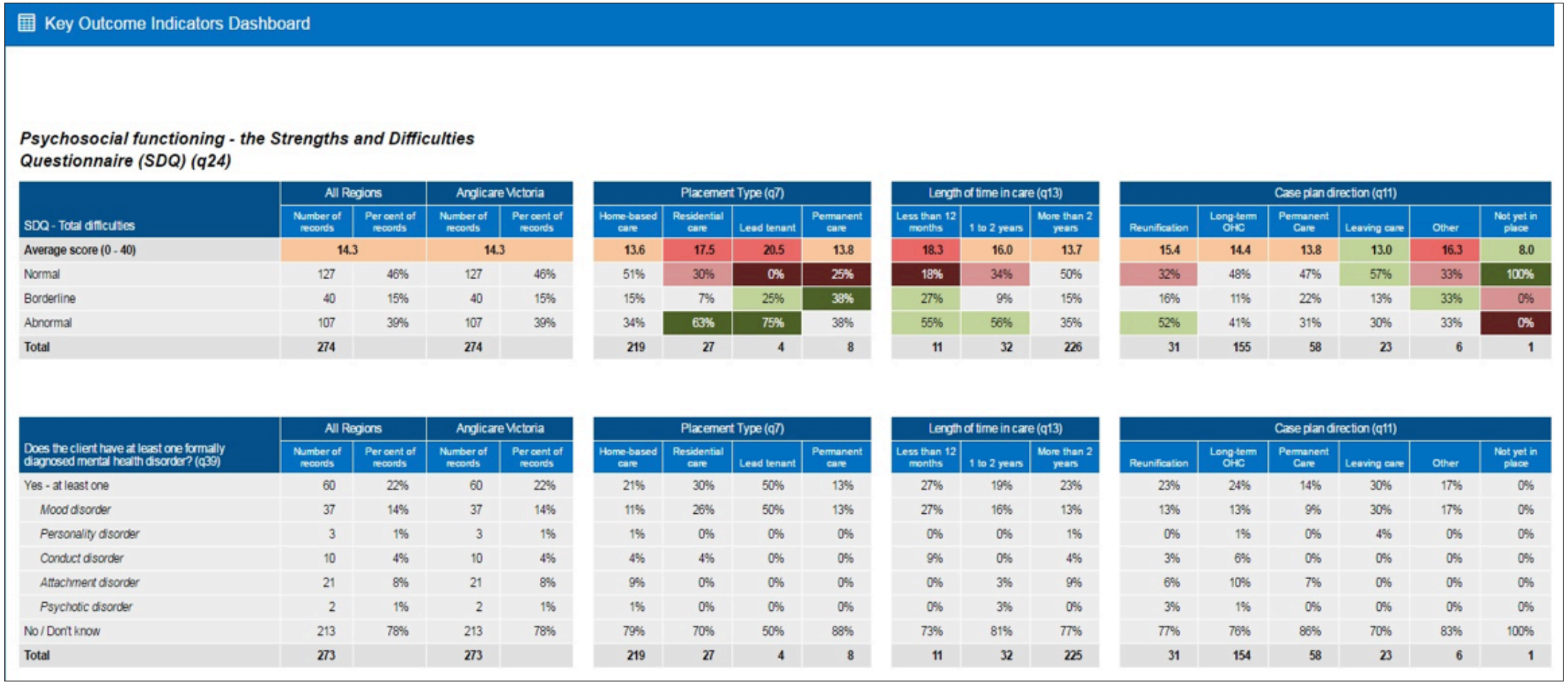
In addition to the individual client reports, the ORIMA Research portal also produces a range of 'dashboards' that provide information about key outcomes. Dashboards can show information for all of the OOHC programs across Anglicare Victoria, or for programs in specific regions. They also allow outcomes to be 'split' by a range of variables, including gender, age, Aboriginal or Torres Strait Islander (ATSI) status, Culturally and Linguistically Diverse (CALD) status, disability status, and placement type. An example of the range of options available for viewing dashboards is provided in Figure 3.

Figure 3. Outcome and variable selection through ORIMA dashboard reporting system



Once the relevant variables have been selected, dashboards are generated showing the proportion of clients who have achieved, or met, the selected outcome. Information is therefore presented in aggregate form, allowing for comparisons between and across regions. An example of a dashboard is presented below.

Figure 4. Dashboard report for selected variables for all of Anglicare Victoria



Key Outcome Indicators Dashboard

Psychosocial functioning - the Strengths and Difficulties Questionnaire (SDQ) (q24)

SDQ - Total difficulties	All Regions		Anglicare Victoria		Placement Type (q7)				Length of time in care (q13)			Case plan direction (q11)					
	Number of records	Per cent of records	Number of records	Per cent of records	Home-based care	Residential care	Lead tenant	Permanent care	Less than 12 months	1 to 2 years	More than 2 years	Reunification	Long-term OHC	Permanent Care	Leaving care	Other	Not yet in place
Average score (0 - 40)	14.3		14.3		13.6	17.5	20.5	13.8	18.3	16.0	13.7	15.4	14.4	13.8	13.0	16.3	8.0
Normal	127	46%	127	46%	51%	30%	0%	25%	18%	34%	50%	32%	48%	47%	57%	33%	100%
Borderline	40	15%	40	15%	15%	7%	25%	38%	27%	9%	15%	16%	11%	22%	13%	33%	0%
Abnormal	107	39%	107	39%	34%	63%	75%	38%	55%	56%	35%	52%	41%	31%	30%	33%	0%
Total	274		274		219	27	4	8	11	32	226	31	155	58	23	6	1

Does the client have at least one formally diagnosed mental health disorder? (q39)	All Regions		Anglicare Victoria		Placement Type (q7)				Length of time in care (q13)			Case plan direction (q11)					
	Number of records	Per cent of records	Number of records	Per cent of records	Home-based care	Residential care	Lead tenant	Permanent care	Less than 12 months	1 to 2 years	More than 2 years	Reunification	Long-term OHC	Permanent Care	Leaving care	Other	Not yet in place
Yes - at least one	60	22%	60	22%	21%	30%	50%	13%	27%	19%	23%	23%	24%	14%	30%	17%	0%
Mood disorder	37	14%	37	14%	11%	26%	50%	13%	27%	16%	13%	13%	13%	9%	30%	17%	0%
Personality disorder	3	1%	3	1%	1%	0%	0%	0%	0%	0%	1%	0%	1%	0%	4%	0%	0%
Conduct disorder	10	4%	10	4%	4%	4%	0%	0%	9%	0%	4%	3%	6%	0%	0%	0%	0%
Attachment disorder	21	8%	21	8%	9%	0%	0%	0%	0%	3%	9%	6%	10%	7%	0%	0%	0%
Psychotic disorder	2	1%	2	1%	1%	0%	0%	0%	0%	3%	0%	3%	1%	0%	0%	0%	0%
No / Don't know	213	78%	213	78%	79%	70%	50%	88%	73%	81%	77%	77%	76%	86%	70%	83%	100%
Total	273		273		219	27	4	8	11	32	225	31	154	58	23	6	1

Intersection with the DHHS Outcomes Framework

The Anglicare Victoria OOHC outcomes framework shares some conceptual overlap with the DHHS framework, but differs in important ways, including:

- A strong emphasis on informing case management and planning
- An explicit focus on individual wellbeing and the factors that promote it
- An explicit theoretical underpinning, based on attachment, trauma, resilience and self-determination theories
- The inclusion of validated measures with normed data. This will allow Anglicare Victoria to 'benchmark' how children and young people in our programs are faring compared to similar populations, thereby providing greater insight into the areas that require targeted and potentially intensive intervention.

Despite these important differences, Anglicare Victoria's framework supplements the information collected as part of the DHHS outcomes survey, specifically in relation to children and young people's:

- Mental health and wellbeing
- Sense of connection
- Their sense of competence and achievement
- Their perceived wellbeing in relation to various areas in their life, including safety, relationships, autonomy, and health.

Next steps

The first stage of data collection was complete in December 2016. The first stage of data collection was intended as a pilot, to provide Anglicare Victoria with information about the elements of the assessment instrument that work well, and those that can be discarded. Data are currently being analysed, and modifications will be made to the assessment instrument in the coming months.

Anglicare Victoria intends to conduct this outcomes assessment every six months, thereby providing staff at every level of the organisation with up-to-date information about clients' progress towards outcomes. There is some scope for 'longitudinal' tracking of outcomes among the sub-set of clients who remain with Anglicare Victoria over multiple waves of data collection. More broadly, however, there is scope with the assessment instrument and the ORIMA portal to begin mapping trends over time reflecting Anglicare Victoria's capacity to meaningful and positively effect change in the lives of the children and young people in our OOHC programs.

Table 1. Example Outcomes Matrix: Outcomes areas and related instruments of measurement.

MEASURES				Core Outcome: WELLBEING											
				Overarching Pillars				Sub-outcome Areas							
Measure	**Description**	**Age Range**	**Usability**	Safety	Autonomy	Relatedness	Competence	Sense of Belonging	Education	Community Connectedness	Physical Health	Meaningful Relationships	Stability	Psychological Distress	Self- Regulation
K6 (Kessler et al., 2003).	Measure of psychological distress, specifically anxiety and depressed mood. **6 items** rated on a 5- point scale. Extensively validated and found to be reliable with youth samples	Adolescence (10-17 years)	✓ Free to access. ✓ No training required. ✓ Easy to score and interpret. ✓ Completed by the child/young person											✓	
Strengths and Difficulties Questionnaire (SDQ: Goodman, 1997).	Measures five areas of psychosocial functioning: emotional symptoms, conduct problems, hyperactivity, peer problems, and prosocial or rule-governed behaviour. **25 items** rated on a 3-point scale Validated and normed. In LAC and DHHS outcomes framework	Childhood to adolescence (5-17 years)	✓ Free to access. ✓ No training required. ✓ Easy to score and interpret.									✓		✓	✓

MEASURES				Core Outcome: WELLBEING											
				Overarching Pillars				Sub-outcome Areas							
Measure	Description	Age Range	Usability	Safety	Autonomy	Relatedness	Competence	Sense of Belonging	Education	Community Connectedness	Physical Health	Meaningful Relationships	Stability	Psychological Distress	Self- Regulation
Child and Youth Resilience Measure – 12 (CYRM-12; Liebenberg, Ungar & LeBlanc, 2013).	Measures core components of resilient functioning **12-items** rated on a 5 point scale Longer version (28-items) empirically validated, and shown to be reliable and cross-culturally sensitive.	Childhood and adolescence (5-17 years)	✓ Free to access. ✓ No training required. ✓ Can be completed by person who knows the child/ young person well. ✓ Easy to score and interpret.		✓	✓	✓	✓		✓		✓			✓
Personal Wellbeing Index – School Children (PWI-SC: Cummins & Lau, 2005).	Measures 10 distinct elements that contribute to overall wellbeing. **7-items** rated on a 10 point scale Widely validated and normed.	Adolescence (12-17 years)	✓ Free to access. ✓ No training required ✓ Completed by the child/young person.	✓	✓	✓	✓				✓	✓			

MEASURES				Core Outcome: WELLBEING											
				Overarching Pillars				Sub-outcome Areas							
Measure	Description	Age Range	Usability	Safety	Autonomy	Relatedness	Competence	Sense of Belonging	Education	Community Connectedness	Physical Health	Meaningful Relationships	Stability	Psychological Distress	Self- Regulation
The Brief Early Skills and Support Index (BESSI: Hughes, Daly, Foley, White & Devine, 2015)	Measures four elements of psychosocial development that have been empirically linked to school readiness – behavioural adjustment, language and cognition, daily living skills, and family support **30 items** rated on a 4 point scale Validated and normed with a UK sample **Modified version only includes 6 items** rated on 4 point scale Has been adapted for inclusion in this framework.	2-5 years old	✓ Free to access. ✓ No training required. ✓ Developed for use by professionals ✓ Easy to score and interpret		✓		✓		✓						✓

MEASURES	Core Outcome: WELLBEING											
	Overarching Pillars				Sub-outcome Areas							
	Safety	Autonomy	Relatedness	Competence	Sense of Belonging	Education	Community Connectedness	Physical Health	Meaningful Relationships	Stability	Psychological Distress	Self- Regulation
Additional measures, either derived from the DHHS outcomes survey, or developed specifically for this project include: 1. Education – attendance, progress, achievement, connection/belonging to school, care-giver support, and work readiness 2. Developmental milestones – including self-care skills for older children and adolescents 3. Safety and risk taking behaviour – tobacco, alcohol and illicit substances, sexually risk behaviour, bullying (victimisation and perpetration) 4. Sense of belonging – connection to culture and community 5. Disabilities and impairments 6. Relationships – contact with birth and extended family, modified version of the Presence of Caring scale from the Individual Protective Factors Index (Phillips & Springer, 1992) 7. Psychological health – self-harm, suicide ideation and attempts, formal diagnoses of mental disorders 8. Stability – focus predominantly on placements, although there is some overlap in items relating to meaningful relationships and sibling connection	✓				✓	✓	✓	✓		✓	✓	

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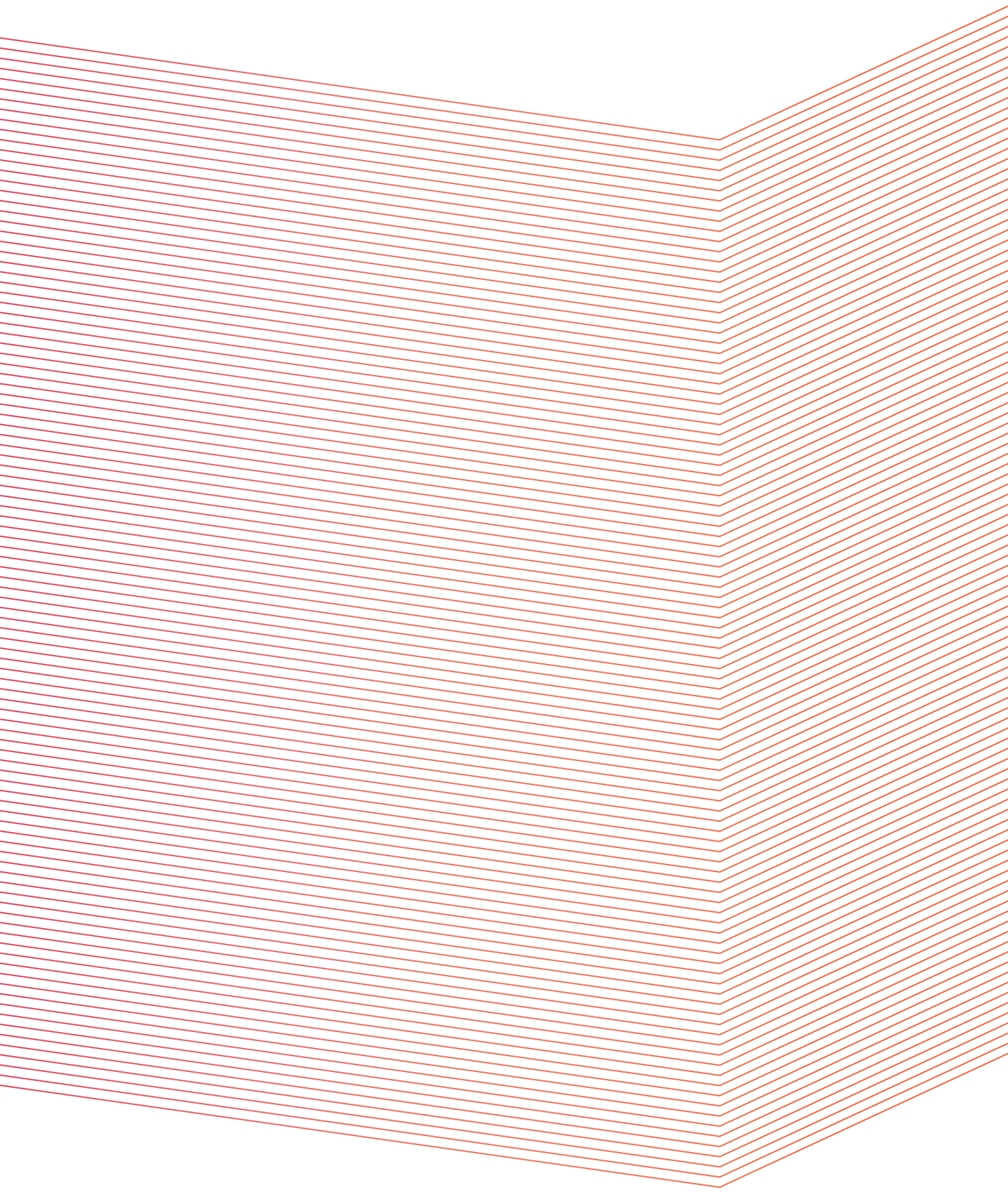


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