PEER REVIEW HISTORY

BMJ Paediatrics Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	WHAT IS THE TIMELINESS AND EXTENT OF HEALTH SERVICE USE OF VICTORIAN (AUSTRALIA) CHILDREN IN THE YEAR AFTER ENTRY TO OUT-OF-HOME CARE?: PROTOCOL FOR A RETROSPECTIVE COHORT STUDY USING LINKED ADMINISTRATIVE DATA.
AUTHORS	McLean, Karen; Hiscock, Harriet; Scott, Dorothy; Goldfeld, Sharon

VERSION 1 – REVIEW

REVIEWER	Reviewer name: Karen Zwi Institution and Country: Sydney Children's Hospitals Network Competing interests: nil
REVIEW RETURNED	06-Nov-2018

GENERAL COMMENTS	This is an excellent protocol addressing a much needed research topic. My suggestions/queries are as follows: 1. Explanatory variables seem scanty. Could reasons for entry into OOHC, pre-existing health conditions, pre-existing access to healthcare, SES and other factors be important predictors as well? 2. Does the analysis need to include adjustments for those who leave OOHC in less than 12 months, and also for children entering care from the same family, or going into the same foster family? 3. Can the morbidity load be extrapolated from the initial health assessment and the care benchmarked against the recommendations suggested? Finally Indigenous should be capitalised. I look forward to seeing the results of this excellent study.

VERSION 1 – AUTHOR RESPONSE

Reviewer comment Response

1. Explanatory variables seem scanty. Could reasons for entry into OOHC, pre-existing access to healthcare, SES and other factors be important predictors as well?

There are limited explanatory variables offered in the available administrative datasets including few diagnosis-specific codes. This will limit any direct correlation between morbidity load and health service use potentially those that have an impact upon the extent and timing of health service use. These limitations are included on page 14 but have been strengthened:

It will not be possible to directly analyse whether the extent of health service utilisation is in proportion to actual morbidity load. Such interpretation will rely on local and international morbidity data from audits of smaller OOHC cohorts.

We will be accessing primary substantiated abuse and secondary substantiated abuses, and therefore will be able to analyse data by type of abuse (which is the reason for entry to OOHC). We have amended Table 3 to include this. Pre-existing health service access will not be available due to our decision to examine health service use only once the child was in out-of-home care and not prior to entry - part of the justification for the waiver of consent required to access the data.

Type	**Variable**
Child	Sex
	Age
	Aboriginal and Torres Strait Islander status
Reason for entry to OOHC	Primary substantiated abuse
	Secondary substantiated abuses
Care system	Care type (foster, kinship, residential, other)
	Agency
	Region (metropolitan, regional, rural)

2. Does the analysis need to include adjustments for those who leave OOHC in less than 12 months, and also for children entering care from the same family, or going into the same foster family?

Response: We have alluded to the need to adjust for duration in care (due to children leaving in less than 12 months) on page 12, but this has been edited to make it clearer:

As some of the cohort will exit OOHC before twelve months, analysis and interpretation will depend upon the pattern and proportion of children exiting the cohort and adjusted accordingly.

We are not extracting any data from the child protection database (Client Relationship Information System -CRIS) that might identify siblings nor whether or not siblings (or unrelated children) were in the same placement. While foster families themselves are likely to impact upon a child's use of health services, this is only one of many factors and this study is not designed to answer that question.

3. Can the morbidity load be extrapolated from the initial health assessment and the care benchmarked against the recommendations suggested?

Response: This study does not have capacity to include clinical information from health assessments as adequate information is not held in any of the datasets that will be accessed. This suggestion does point to another gap in evidence that we are unable to address in this study:

understanding the extent to which health assessments and health management plans are adhered to and the impact upon outcomes.

The limitation concerning actual morbidity load has been addressed as per reviewer point 1 (see above). The limitation regarding understanding outcomes of assessments has been added into page 14:

It will not be possible to directly analyse whether the extent of health service utilisation is in proportion to actual morbidity load. Such interpretation will rely on local and international morbidity data from audits of smaller OOHC cohorts. We will also be unable to determine the impact of assessment upon health outcomes.

4. Finally Indigenous should be capitalised.

Response: This has been done (appears on page 4 line 7 of the introduction)