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The Feasibility Of Conducting A Longitudinal Study On Children In Care Or Children Leaving Care Within The Irish Context

BY
DR CARMEL DEVANEY AND DR CLIONA ROONEY

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An Roinn Leanaí
agus Gnóthaí Óige
Department of
Children and Youth Affairs



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency



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The authors of this report are:

Dr Carmel Devaney and Dr Cliona Rooney.

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For further information, please contact:

UNESCO Child and Family Research Centre
Institute for Lifecourse and Society
Upper Newcastle Road
National University of Ireland Galway
Galway, Ireland

T: +353 91 495 398

E: cfrc@nuigalway.ie

W: www.nuigalway.ie/childandfamilyresearch

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The UNESCO Child and Family Research Centre (UCFRC) is part of the Institute for Lifecourse and Society at the National University of Ireland Galway. Founded in 2007, through support from The Atlantic Philanthropies, Ireland and the Health Services Executive, with a base in the School of Political Science and Sociology, the mission of the Centre is to help create the conditions for excellent policies, services and practices that improve the lives of children, youth and families through research, education and service development. The UCFRC has an extensive network of relationships and research collaborations internationally and is widely recognised for its core expertise in the areas of Family Support and Youth Development.

Contact Details:

UNESCO Child and Family Research Centre, Institute for Lifecourse and Society, Upper Newcastle Road, National University of Ireland Galway, Ireland

T: +353 91 495 398

E: cfrc@nuigalway.ie

W: www.nuigalway.ie/childandfamilyresearch

Twitter: [@UNESCO_CFRC](https://twitter.com/UNESCO_CFRC)

Facebook: [@cfrc.nuig](https://www.facebook.com/cfrc.nuig)

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Executive Summary

The research question

This study investigated the feasibility of conducting a longitudinal study on children in care or children leaving care within the Irish context. Specific objectives of this research included analysing the benefits and risks of a longitudinal study of young people leaving care as a stand-alone study compared to a study of young people currently in care or leaving care; systematically examining the technical, methodological and value for money barriers and enablers for conducting such a study; reviewing the policies and practices underpinning such longitudinal studies; analysing how a longitudinal study of children in care / leaving care in Ireland links with longitudinal studies of the general population and developing recommendations including costings to support future tendering options.

Data and methodology

A longitudinal study on children who leave care was proposed as an action by the Health Service Executive (HSE) in response to a recommendation by the Report of the Commission to Inquire into Child Abuse (2009). The action, contained within the Report's Implementation Plan (no 65), stated that: 'The HSE will, with their consent, conduct a longitudinal study to follow young people who leave care for 10 years, to map their transition to adulthood'. This action was subsequently included in the National Strategy for Research and Data in Children's Lives, 2011- 2016 (DCYA, 2011). As part of the implementation of this Strategy the HSE commissioned the UNESCO Child and Family Research Centre (UCFRC), at the National University of Ireland, Galway (NUIG) to undertake a scoping study to identify and document the key issues for consideration in undertaking a research project of this kind. The scoping study provided findings on a number of key issues relating to the design and implementation of longitudinal studies and was published by the Department of Children and Youth Affairs (Devaney, 2013). This feasibility study builds on that scoping exercise. This feasibility study was conducted using a concurrent mixed method strategy involving a combination of secondary data generated through literature and policy reviews, cost analysis, and primary data generated through expert interviews.

Key findings

Need for an Irish longitudinal study on children in care

Interviews with key informants and documentary analysis has identified a particular need to examine the experiences and outcomes of children and young people who have experienced the Irish care system and to continue to trace this population as they progress out of care and/ or aftercare in young adulthood. Such research will:

- Provide a comprehensive real time account of the experiences of children and young people in care and leaving care in Ireland;
- Measure a range of children and young people's outcomes over time while they are in care and when they leave care;
- Identify developmental determinants of outcomes for children and young people in care;
- Developmentally trace children and young people in care compared to population norms;

- Identify differences in needs over the life course and the critical times when children may require specific supports that are determinant to support their success and well-being as they go into adulthood;
- Inform policy makers and service managers on how best to tailor services to the developmental needs of children and young people;
- Assess whether current service provision can adequately respond to the developmental needs of the population they are designed to serve.

Barriers associated with this type of study include high attrition rates and difficulty locating hard to reach groups. These barriers can be minimised by using researchers who understand the context, using qualitative methods to build rapport with participants, having regular contact with participants, including participants from a relatively young age while still in care, and using age appropriate and innovative methodologies that will engage and interest participants. International experts interviewed as part of this project recommend using mixed methods when children are in stable childhood years to minimise attrition. Quantitative methods are useful to trace outcomes over time while qualitative research is necessary to understand the wider context and experience of being in care and leaving care and to encourage retention.

Need to compare outcomes of children in care with the general population of children

This study has also outlined a need to compare the outcomes of children in care with the general population of children in Ireland. There will be a need to benchmark existing measures used by the Irish longitudinal study on Growing Up in Ireland (GUI) to check for their appropriateness for longitudinal study of children in care, to ascertain if new measures specifically relating to children in care need to be added, to see if questions used are still relevant and to examine how best to compare results retrospectively to GUI results.

Need for an in-depth planning phase pre-pilot and piloting phase

It will be necessary to conduct an in-depth planning pre-pilot phase to minimise barriers, to plan and to successfully implement a longitudinal study of children in care or leaving care. Design decisions will be made at this stage through consultations with key stakeholders and advisory groups. Conducting a pilot study at each phase or wave will help to test instruments and refine measurements. Advisory groups should consist of professionals from policy and practice, carers, parents, guardians, researchers and academics with experience of longitudinal research on children in care and children and young people with care experience.

Methodological barriers and enablers

Documentary analysis and interviews with experts from existing longitudinal studies on children in care or leaving care have identified barriers and enablers towards conducting such a study in the Irish context. Barriers and enablers are summarised using Tables 3 to 5 (p. 33, 37, 43) and Tables 7 to 8 (p.48 and p.54) and focus on various stages of a longitudinal study including developing a longitudinal study, project management, longitudinal participants and dealing with data. Given the longevity of the recommended study it will be fundamental to ensure that respondents are supported and encouraged to participate. Therefore, expert ethical advisors will be required, data collection activities should be engaging for participants and regular updates on and dissemination from the project will be required. For hard to reach sub-groups there may also be a need to employ data collectors from the community. To reduce attrition experts suggested maintaining continuity of staff, using qualitative methods, engaging in multiple forms of contact with participants and planning short intervals between research waves. When budgeting there is a need to factor inflation into the cost, to accurately estimate difficulties tracing a population, to anticipate future funding and to manage incentives for participants in-house. Costs should be carefully monitored throughout the project. It is hoped that the barriers and enablers outlined in this publication can not only benefit a future longitudinal study of children in care in Ireland but might also be of use to others considering the use of this method of research.

Longitudinal Study on Children in Care and Leaving care: Research Designs Options and Associated costs

This study has also developed design options and associated costs for illustrative purposes (see addendum to main Report). The scale and duration of any future study will be dependent on the amount of funding and resources available to support it. Research design options were outlined beginning with the largest research study design and following with smaller or shorter studies. This included four design types. Research design A is a multi-cohort 12 year longitudinal study on children in care and leaving care which includes two cohorts of children and young people. Research design B is for a single cohort 12 year study on children in care and leaving care which includes only one cohort of young people. Whilst, research designs C and D illustrates a possible single-cohort Longitudinal Study on Children in Care and Leaving Care collecting data with young people more regularly over a shorter time period.

Implications for policy and future research

Evidence from policy documents shows that there is a need to achieve good outcomes for children and families in Ireland. This study has demonstrated that a longitudinal study on children in care and leaving care within the Irish context would contribute to advance critical understanding of the needs and experiences of children and young people in and leaving care. It has shown that although there are challenges associated with conducting such a significant study it is possible and requires serious consideration. This study has offered illustrative examples of how a longitudinal study might look. It also provided an understanding of the potential risks and enablers towards carrying out such a study. Developing a longitudinal study that begins when participants are in care offers the most robust design and opportunity to focus on the impact of childhood experiences on later outcomes. It would greatly assist policy makers and service managers to assess current service provision.

This Report presents the findings of research into the feasibility of conducting a longitudinal study on children in care or children leaving care within the Irish context. Out-of-home care options for children deemed to be 'at risk' in Ireland include foster care, relative foster care, residential care and adoption (DCYA, 2015).

1.1 Aims and Objectives of the Study

The overall aim of the study is to ascertain the feasibility of conducting a longitudinal study on children in care or leaving care within the Irish system. Specific objectives of the research include:

- To analyse the benefits and risks of a longitudinal study of young people leaving care as a stand-alone study compared to a longitudinal study of young people currently in care or leaving care;
- To systematically examine the technical, methodological and value for money barriers and enablers for conducting such a longitudinal study within an Irish context and with international comparator countries;
- To review current and previous longitudinal studies of young children in care or leaving care and the policies and practices underpinning such approaches in international comparator countries;
- To analyse how a longitudinal study of children in care or leaving care within an Irish context links with longitudinal studies of the general population such as Growing Up in Ireland (GUI) and The Irish Longitudinal Study on Ageing (TILDA);
- To develop a set of recommendations including costings to support future tendering options.

1.2 Methodology

A longitudinal study on children who leave care was proposed as an action by the Health Service Executive (HSE) in response to a recommendation by the Report of the Commission to Inquire into Child Abuse (2009). The action, contained within the Report's Implementation Plan (no 65), stated that: 'The HSE will, with their consent, conduct a longitudinal study to follow young people who leave care for 10 years, to map their transition to adulthood'. This action was subsequently included in the National Strategy for Research and Data in Children's Lives, 2011- 2016 (DCYA, 2011). As part of the implementation of this Strategy the HSE commissioned the UNESCO Child and Family Research Centre (UCFRC), at the National University of Ireland, Galway (NUIG) to undertake a scoping study to identify and document the key issues for consideration in undertaking a research project of this kind. The scoping study provided findings on a number of key issues relating to the design and implementation of longitudinal studies and was published by the Department of Children and Youth Affairs (Devaney, 2013). This feasibility study builds on that scoping exercise.

This study was carried out using a concurrent mixed method strategy involving a combination of secondary data generated through literature and policy reviews, cost analysis, and primary data generated through expert interviews with participants from the area of Irish policy and practice and from the field of longitudinal research. Ethical approval for the study was granted by Tusla's Research Ethics Review Group and the National University of Ireland Galway (NUIG) Research Ethics Committee. The research took place over twelve months and included four phases.

Phase 1: Documentary Analysis - Extensive Literature Review

This involved an analysis of existing literature on longitudinal studies of children, children in care and children leaving care and the findings from this phase guided the selection of interviewees. The review focused on the methodological issues involved in designing and conducting prospective longitudinal studies rather than their findings. It also involved a policy and practice review which provides a brief overview of developments in the child protection and welfare system in Ireland. It focused on legislative, policy and practice developments over the past three decades in particular and describes the current provision of Alternative Care.

Phase 2: Expert interviews relating to the Irish Alternative Care policy and practice context

This involved interviews with eight experts in the area of Irish policy and practice context. Interviewees were purposively sampled based upon their knowledge of the child protection and welfare system inclusive of the Alternative Care system and the policy context which informs and underpins this system and on longitudinal studies in Ireland. One to one semi structured interviews were carried out via telephone or face to face. The focus of these interviews was on the policy and practice context within which the Alternative Care system operates, the rationale for a longitudinal study on children in care / leaving care, the feasibility of conducting such a study within the current landscape. The interviews were audio recorded and transcribed verbatim. Data was analysed using thematic framework analysis.

Phase 3: Expert interviews with experts in the area of longitudinal studies of children and young people or children in care or leaving care.

In this phase interviews were conducted with 24 principal investigators and senior researchers of existing international longitudinal studies. Semi-structured interviews were conducted with researchers from six national longitudinal studies about general populations of children, 11 longitudinal studies on children in care and six longitudinal studies of children leaving care. Suitable projects were identified during the documentary analysis phase of the study. The focus of these interviews was design and implementation of research studies which are longitudinal in nature with children and young people in care or who had left care or with the general population. A description of each of the longitudinal studies explored during phase three is available in Appendix 3. One to one interviews were carried out via telephone and Skype. Interviews were audio recorded and analysed in full using thematic framework analysis.

Interview schedules were piloted with a member of the Measuring Youth Well-Being project research team. This project assessed the feasibility of implementing a European Longitudinal Study for Children and Young People on the topic of well-being, prioritising both scientific and policy imperatives (<https://fp7-myweb.eu/>). Following the pilot interview, a number of amendments were made to the interview schedule. For instance, broad questions were sub divided into more specific questions. Further questions were added, for example, it was suggested to include questions regarding weighting, inclusion and exclusion criteria and to differentiate between response and recruitment rates.

Phase 4: Comparative analysis with Growing up In Ireland

In this phase the principal investigator of the Growing up in Ireland (GUI) longitudinal study was interviewed to ascertain how a longitudinal study of children in care or leaving care can relate conceptually and methodologically to the GUI study. The principal investigator of The Irish Longitudinal Study on Ageing (TILDA) was also interviewed to examine conceptual and methodological links with this study. These face to face interviews were audio recorded, transcribed verbatim and analysed using thematic framework analysis.

1.3 Structure of the Report

Following the introductory chapter, Chapter Two provides detailed background information on the context of children in care in Ireland and a review of the literature in the context of methodological issues involved in the design of prospective longitudinal studies. Chapter Three reports on 8 semi-structured interviews with key expert informants in the area of children in care in Ireland. It also reports on our findings from qualitative interviews with 24 principal investigators and senior researchers of national and international longitudinal studies. Chapter Four provides an overview of our conclusions and discusses the implications for a longitudinal study. An addendum to the main Report outlines research design options for a proposed longitudinal study and details the associated costs.

2 Chapter Two: Literature Review and Documentary Analysis

2.1 Introduction

This chapter firstly, outlines the methodological issues involved in designing and conducting prospective longitudinal studies. It considers the results of an extensive literature review of existing longitudinal studies of children, children in care and children leaving care. Secondly, it provides an overview of policy and practice developments in the area of children and families services in Ireland. The next section will begin by discussing the background of longitudinal research and existing longitudinal research of children in care. It will then consider methodological research under four key areas namely the importance of longitudinal research on children in care, initial design and piloting, working with stakeholders and the structure of the research team.

2.2 Background of Longitudinal Research

Hermanowicz (2013) defines longitudinal research as data that is collected about a distinct subject or individual across two or more periods. This is in contrast to cross-sectional data, which corresponds to the circumstances of respondents at one particular point in time (Ruspini, 2002). Longitudinal studies can be used to examine developmental change and aims to uncover when and for how long an effect will last. Rajulton (2001) asserts that longitudinal data is obtained through repeated measurements of individuals over a period. Longitudinal studies aim to find out when and for how long an effect will last and must have at least three repeated measurements with a minimum of one variable (Ployhart & Ward, 2011). Longitudinal studies are also used to compare behaviour prior to and after life events (Loeber & Farrington, 1994). Four commonly used types of longitudinal study designs include retrospective (event history or duration data), perspective (panel), combined retrospective and repeated cross-sectional studies (Loeber & Farrington, 1994; Ruspini, 2002). Retrospective studies only correspond to the past and prospective longitudinal studies follow participants into the future (Loeber & Farrington, 1994; Devaney, 2013). Repeated cross-sectional studies are carried out at regular time points but with mostly different or new samples each time (Ruspini, 2002). A drawback of longitudinal studies compared to cross-sectional designs is that they take a long time to complete. In response to this, an accelerated longitudinal design was developed by Bell (Loeber & Farrington, 1994). Accelerated longitudinal designs examine more than one age cohort simultaneously to increase sample size and reduce time (a multi-cohort study).

Carduff, Murray and Kendall (2015) suggest that qualitative longitudinal research offers an in-depth understanding of phenomena that change through time. Longitudinal studies are also a useful tool for causal studies on individual behaviour and can highlight patterns of change (Rajulton, 2001). Advantages of prospective over retrospective longitudinal studies include less problems with recall bias and less need for the use of administrative data (Caruana, Roman, Hernández Sánchez, & Solli, 2015; Devaney, 2013). The advantage of repeated cross-sectional design over panel studies are that they take less time to carry out, are less expensive and have no attrition problems (Ruspini, 2002). Ruspini (2002) notes that there are a variety of types of panel designs for instance consumer panels, household panel studies, rotating or split panels, cohort panels and linked or administrative panels. However, unlike panel studies repeated cross-sectional designs are not useful for studying developmental patterns or behavioural changes within groups.

Cohort prospective studies can help to establish sequencing of events and correct the “cohort effect”¹ and identify “sleeper effects”² (Caruana et al., 2015; Ruspini, 2002). Disadvantages of longitudinal research include expense, problems accessing certain groups due to privacy, missing data, attrition requiring researchers with strong analytical skills and a need for complex statistical procedures to measure some data (Caruana et al., 2015; Newman, 2010; Rajulton, 2001).

Longitudinal studies are typically used to examine social phenomena or groups of people such as immigration, ageing, disease, household types and indigenous populations. Longitudinal studies are also used to describe the lives of children to enhance policy or services. Prospective longitudinal designs allow researchers to use data from various factors relating to a child’s life including school family or community and it facilitates data collection from a number of sources including parents, carers, teachers and staff (Devaney, 2013). Examples of national longitudinal studies that focus on the lives of children include Growing up in Ireland (GUI), Growing up in Australia, Growing up in Scotland, Growing up in New Zealand and the Danish Longitudinal Survey of children (DALSC). More specifically, there are a number of longitudinal studies that focus on the lives of children in care or leaving care (see Figure 4, Figure 5 and Appendix 3).

2.3 Existing Longitudinal Research on Children in Care or Leaving Care

The first longitudinal study of children in care was carried out by Fanshel and Shinn (1978). The study was an assessment of 624 children aged from infancy to 12 years in New York over the course of their experience in foster care and after discharge (Fanshel & Shinn, 1978). Since then longitudinal projects have been developed internationally and have focused on a variety of groups including children in residential care, kinship care, foster care, adoption and those who have left the alternative care system. Figure 1 outlines the growth in international studies that have examined children in care or leaving care since 1978. Studies are carried out in a variety of settings with various methods that are specific to aims and objectives of the research project. Appendix 3 summarises existing longitudinal studies examining the lives of children in care and leaving care that were explored as part of this feasibility report. Figure 2 and Figure 3 gives a visual representation of the variety of studies and their location of the studies that were consulted as part of this feasibility report.

1 The term cohort effect is used in social science to describe variations in the characteristics of an area of study (such as the incidence of a characteristic or the age at onset) over time among individuals who are defined by some shared temporal experience or common life experience, such as year of birth.

2 Connections between events and transitions that are widely separated in time because they took place in very different periods.

Figure 1 Timeline of Longitudinal Studies on children in care or leaving care

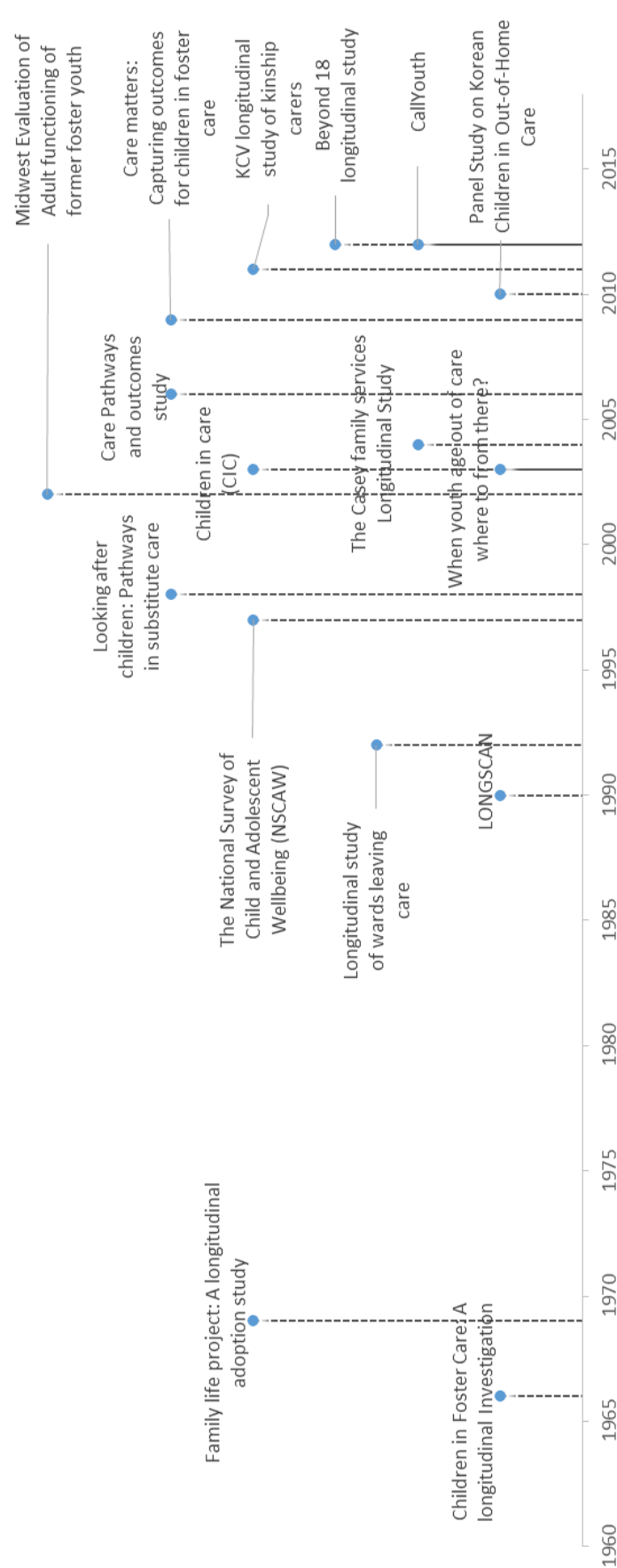
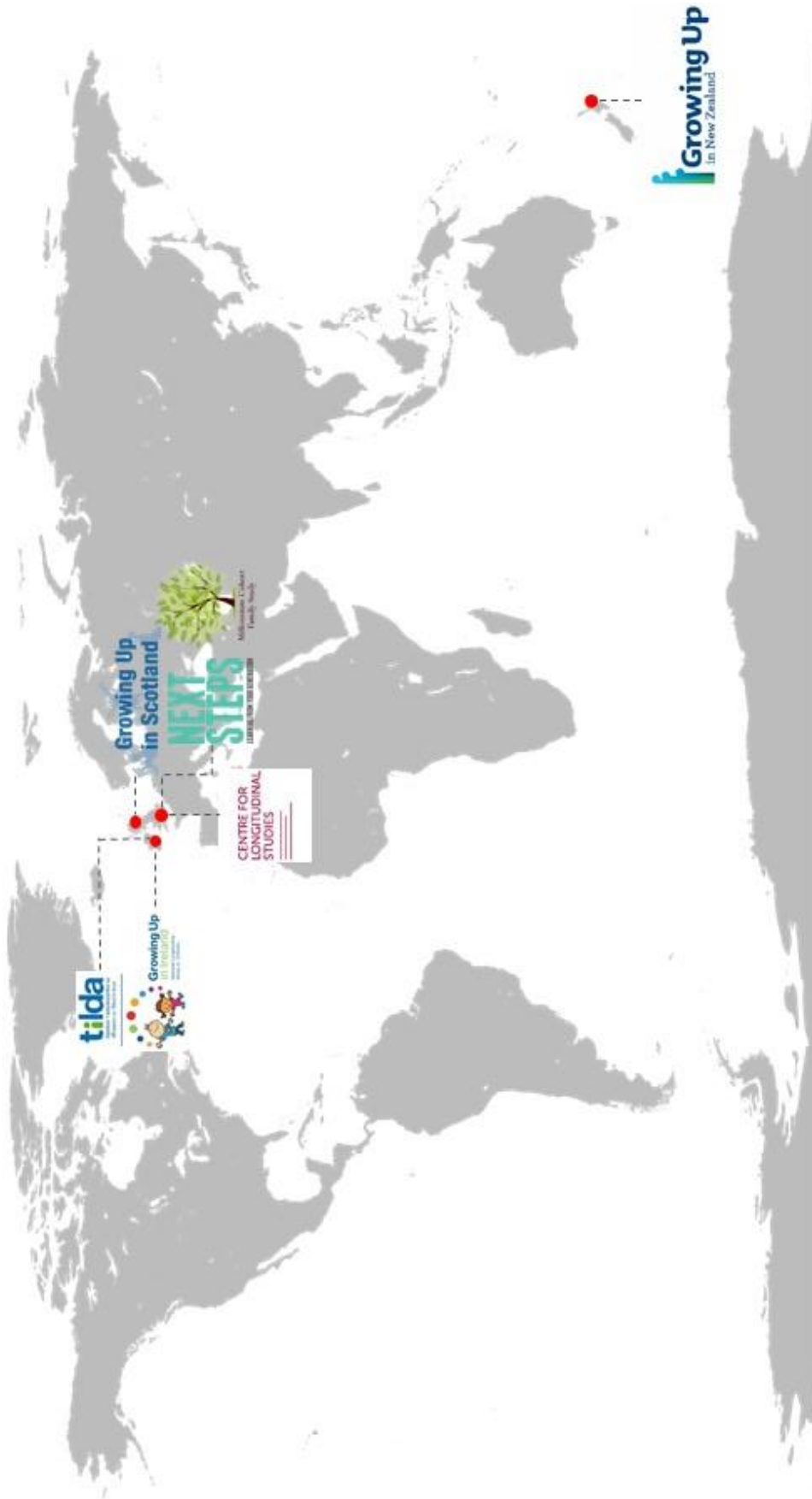


Figure 2 Global spread of longitudinal studies of children in care or leaving care interviewed as part of this feasibility study



Figure 3 Global spread of national studies of children interviewed as part of this study



2.4 Importance of Longitudinal Research on Children in Care

Researchers have identified the importance of capturing the experience of young people who are in care or leaving care through longitudinal studies. Existing longitudinal studies of children in care are conducted to document the perceptions and experiences of being in care in real time (Cashmore and Paxman, 1996; Cashmore & Paxman, 2007). Longitudinal studies are also carried out to evaluate service needs and whether those needs are addressed by policy (Cashmore and Paxman, 1996; Courtney, Charles, Okpych, Napolitano, & Halsted, 2014; Rutman, Hubberstay, Feduniw, & Brown, 2007). Longitudinal research is employed to examine the outcomes of children in care. For instance, Jackson et al (2012) and Huffhines et al (2016) use this approach to focus on the outcomes of youth in foster home and residential settings. Types of outcomes analysed through longitudinal research include psychological, educational and physical outcomes. Longitudinal research also enables us to better understand the processes, supports and resources that make a positive difference for youth who are leaving the care system (Rutman et al., 2007). Longitudinal studies of children are important tools to investigate intergenerational links, social networks, civic engagement and services (Joshi & Fitzsimons, 2016). Longitudinal studies of children in care or leaving care have a range of diverse designs and structures such as those outlined above.

2.5 Initial Design and Piloting

It is critical to invest time and resources towards planning and designing a longitudinal study. Issues that should be considered in the early stages of a study include deciding on aims and objectives, identifying the context, designing research waves, identifying funding, considering the length of a study and to identify potential challenges. This section will describe some of the decisions that are made during the piloting and in-depth planning phase of a longitudinal study. It is fundamental to consider the aims and objectives at the outset of a longitudinal study. Fanshel and Shinn (1978) outline the importance of defining clear objectives that are pertinent to longitudinal methods. Runyan (1998) recommends the application of a thematic framework at the start of longitudinal studies on children in care. It is also important to define major dependent variables at the start and to develop research questions which focus on change or relate to time (Fanshel & Shinn, 1978). Morrow and Crivello (2015) suggest that questions used in qualitative longitudinal research relate to life course, trajectories, critical moments and change. Therefore, the decision to use a longitudinal method will depend upon the research question or hypothesis. The area of interest and associated questions will relate to trajectories over time.

The in-depth planning pre-pilot stage is also used to design the overall structure of the longitudinal study and to select an approach. For instance whether a single cohort, multi-cohort or accelerated approach will be undertaken. Talpin (2005) defines an accelerated approach as one that incorporates cross-sectional elements. It is recommended to employ this approach for short timeframes (Talpin, 2005). A multi-cohort approach analyses more than one age group of participants who are traced over the same number of years. Greene et al (2010) employ a two cohort design in Growing up in Ireland (GUI) as it suggested that for GUI a single cohort design would only produce policy relevant information after decades of research. Therefore a multi-cohort project is timelier and enables researchers to focus on a greater range of policy relevant topics (Greene et al., 2010).

As well as using multiple cohorts for policy purposes some longitudinal studies of children in care compare cohorts of children in care to children in the general population. The decision to design a comparative study is made during the in-depth planning stage pre-pilot. For instance, Cashmore and Paxman (1996) interviewed two comparison groups who were not in care, one group lived in supported accommodation and the other lived with parents to check for generalisability of findings. During the piloting stage research teams test and refine data collecting instruments. To compare results with the general population of children, many research

projects employ pre-existing scales or measurements. However, Newman (2010) indicates that research questions should be specific and reflect the needs of the specific cohort under investigation. They also caution that there is a need to focus on key policy areas as it can be expensive and burdensome to measure every area of interest (Newman, 2010). If it is decided to use pre-existing scales then it is necessary to ensure that the questions asked and the tests are relevant to the specific cohort under investigation. Although Courtney et al (2014) used pre-existing scales from generic longitudinal studies of general population of children it was necessary to develop additional questions that were specific to the perceptions of children in foster care. Items were also taken directly from the National Longitudinal Study of Adolescent Health. It is also possible to use similar measures to existing longitudinal studies to compare results to outcomes in other jurisdictions (Greene et al., 2010). Furthermore, Talpin (2005) recommend collaborating or using similar tools to existing longitudinal studies for comparative purposes as it helps to identify the issues that are specific to children in care and suggests that developing tools with others will reduce costs overall.

It is critical to consider the context of a longitudinal study at an early stage. Fargas-Malet et al (2010) state that the context of a study will affect the quality of information obtained from children and that research should be conducted in a comfortable confidential setting such as their own home. Although accessing children through schools has advantages there are also a number of disadvantages, these include limited timetables, oversaturation of research conducted through schools, children finding it difficult to decline taking part and difficulty finding a confidential space (Fargas-Malet et al., 2010). Pettigrew (1990) states that the selection of research sites are shaped by the research question or topic. When conducting longitudinal research with adults who have left care it is important to note that researchers may need to travel to meet participants or visit settings that are challenging. For instance Cashmore and Paxman (2007) conducted most interviews in participants' homes but also carried out interviews in parks, cafes, friends' homes or in prison. It is necessary to plan for these settings and the ethical implications of meeting in challenging contexts at an early stage to minimise delays in the later stages of a study. Hunter et al (2002) and Jackson et al (2012) concur that researchers should access youth in the contexts in which they live where possible even if it is challenging. Therefore a flexible and responsive methodology is required.

It is valuable to consider the timelines or distances between research waves in the in depth-planning phase. Gaps between data collection phases are usually short to help with retention but are also chosen for practical issues for instance they may relate to critical developmental points in a child's life (Devaney, 2013; Hunter et al., 2002; Talpin, 2005). Eskenazi et al (2005) recommend optimising the frequency of contact with participants to avoid attrition while also ensuring participants are not over contacted. When planning research waves it is also necessary to predict the workload involved for researchers to ensure that timetabling runs smoothly (Hunter et al., 2002). The number of repeated measures or waves differ between projects. Ployhart and Vandenberg (2010) maintain that a longitudinal study must have more than two waves and although repeated observations improve reliability it is not always practical to maximise the number of waves. It is also necessary to pilot at each wave of a longitudinal study of children in care. Devaney (2013) notes that the piloting phase is important to test culturally and developmentally appropriate questions. Therefore, piloting studies in GUI were conducted with a cohort of participants who were a similar age to the research participants (Greene et al., 2010). Joshi and Fitzsimons (2016) hired a fieldwork company to conduct both the pilot study and the main phase data collection. Newman (2010) and Caruana et al (2015) advise that following the initial design of a longitudinal study, a research team will typically spend a year implementing the study and this phase should include the final development of a protocol along with the development of a manual with operations or procedures. It is also necessary to factor in time needed to hire and train staff in longitudinal methods.

2.6 Working with Stakeholders

Longitudinal studies require an ability to develop good relationships with numerous groups of key stakeholders and participants at all stages of the research process. This section will therefore uncover the importance of maintaining strong links with others by discussing the use of advisory groups, developing a rapport with gatekeepers along with attrition, retention and response rates from participants. Advisory groups and steering group committees are used throughout longitudinal studies to maximise their policy potential. Advisory groups are employed to fine tune research instruments and survey domains. For example, Cashmore and Paxman (1996) discussed the design of questionnaires with project steering committees, academics and child welfare agencies. Courtney et al (2014) recommends including a broad range of stakeholders in advisory or steering group committees to review survey instrument domains at an early phase as this will ensure that survey items will be relevant for policy. Joshi and Fitzsimons (2016) employed a broad spectrum of stakeholders with diverse experience in areas relating to policy to assist with developing objectives and theoretical frameworks. It is also necessary to include cohorts of former children in care and after care, their families, foster parents, social care workers and social workers in the advisory process (Duerr, Berrick, Frasch, & Fox, 2000; Talpin, 2005). Participatory approaches and partnership based approaches throughout the research process are highly recommended. If the correct stakeholders are involved in advisory groups throughout the research process then it will lead to cost savings, improvements in data collection, well considered ideas and more relevant findings (Talpin, 2005).

It is also fundamental to develop a strong rapport with the state agencies responsible for children in care at an early stage. It is particularly important to establish trusting relationships with child welfare personnel which can be achieved by a collaborative approach to the research (Huffhines et al., 2016). Rutman et al (2007) met with representatives from relevant child welfare agencies to help to develop a sample frame and to discuss the project. Sanders and Munford (2017) also relied on developing good connections between researchers and youth agencies. They achieved this through building a collaborative relationship with target organisations at the beginning and by assisting agencies with evaluations, preparing funding along with providing policy advice to youth agencies. Jackson et al (2012) maintain that it is essential to provide regular progress updates to state agencies and to meet regularly with key stakeholders such as parents, foster children or agency staff. They also caution that relationships with state agencies develop slowly but help enormously when tracking such a transient group of participants. However, Sanders and Munford (2017) caution that barriers towards maintaining a good relationship with agency staff or gaining access to participants include staff turnover, heavy workloads and unhelpful employees.

Attrition is a major challenge for conducting a longitudinal study of children in care and leaving care. Overall attrition levels of between 30 and 70% are reported with regard to longitudinal studies (Gustavson et al., 2012). Yee and Niemeier (1997) contend that longitudinal studies are most appropriate for stationary populations. In the case of children leaving care, the transient nature of the population is a particular issue for researchers (Rutman et al., 2007; Talpin, 2005). When Cashmore and Paxman (2007) returned to follow up they found that participants lived in widely dispersed locations and many lived in remote rural areas. Rutman et al (2007) analysed participants who remained in their study against those who exited the research and found that their attrition group was younger, had less frequent contact with their mother and fewer were pregnant or parents. They suggest that the attrition group may be less stable overall or on the verge of exiting care and becoming less stable. Talpin (2005) indicates that attrition is usually highest between the first and second wave of a study. Ployhart and Vandenberg (2010) assert that poor attrition rates can lead to missing data. In order to mitigate against this it is important to plan to have a larger sample than necessary at wave one and researchers should also establish the approximate likely level of missing data by looking at similar projects (Ployhart & Vandenberg, 2010). Rutman et al (2007) suggest maintaining short gaps between waves for instance six to nine months rather than one year.

In order to maximise retention Sanders and Munford (2017) have developed a five step method called PARTH³. Jackson et al (2012) elude that participants' experiences at previous time points is a deciding factor in whether participants take part in the next wave and therefore, the research process should be comfortable for subjects. In order to maintain contact with participants longitudinal researchers have employed a number of strategies. Hard to reach communities are sometimes interviewed by members of their own community to help them to feel at ease. For example, Cashmore and Paxman (1996; 2007) employed Aboriginal female interviewers to conduct interviews with Aboriginal participants. Newman (2010) suggests compiling multiple ways of contacting participants and to also respect participants' time by adhering to the requested study date along with providing an exit interview to explain follow-up procedures. Sanders and Munford (2017) recommend that research teams need to have an awareness of the complex lives of children in care and to realise that it requires intense commitment to relocate youth who are keen to take part. Many projects offer incentives to participants for taking part for example Courtney et al (2014) offered \$50 to interviewees, Jackson et al (2012) provided teachers with gift vouchers and Kotch (2000) made a payment of \$30 to parents. Rutman et al (2007) offered peer-support from adults who had lived in the care system to participants. However, Fargas-Malet et al (2010) point out that some authors are against the practice of offering tokens to children. It is also fundamental to maintain regular contact with participants and this is often achieved through newsletters, birthday cards or parties (Newman, 2010). Retention strategies require careful planning and there is a need to collect additional contact information for participants for instance the phone numbers of grandparents, parents or partners (Rutman et al., 2007; Sanders & Munford, 2017).

2.7 Conducting a Longitudinal Study of Children in Care

Conducting a longitudinal study of children in care will be considered in terms of recruitment, sampling, organisation, methods used and analysis. In terms of recruitment there are access challenges to consider. For instance, administrative data systems are not designed to facilitate recruitment, foster families may be wary of researchers and there needs to be a balance between recruitment and coercion (Jackson et al., 2012; Rutman et al., 2007). Sanders and Munford's (2017) institutional review board (IRB) waived the requirement for parental consent prior to approaching young people to improve recruitment. Wilke et al (2017) draw from theory of Tailored Panel Management (TPM), which states that there are four components that influence recruitment namely, credibility, consistency, communication and compensation (Estrada et al., 2014). There is a need for credible data collectors that have knowledge of the field and can build a good relationship with participants (Wilke et al., 2017). It is important to meet with stakeholders at an early stage to facilitate effective recruitment (Wilke et al., 2017). Meeting with stakeholders at an early stage can increase recruitment numbers, however it is important to accommodate the schedules of stakeholders. Issues with regard to data protection and access to data will need to be considered in detail at an early stage.

Although technology such as SMS can be used to access participants it is necessary to use a variety of recruitment approaches (Saunders and Munford, 2017). Therefore Rutman et al (2007) placed posters in youth friendly organisations. Project names and logos enhance the credibility of the study. Consistency can be enhanced through the use of project name and logo, consistent expectations from participants, predictable timing of surveys (Wilke et al., 2017). For example Jackson et al (2012) used logos and imprinted the logos onto merchandise for the SPARK project. Communication is strengthened through the development of a communications protocol, with automatic pre and post survey notifications and reminder emails or texts. Participants can be asked to provide personal emails to facilitate re-recruitment (Wilke et al., 2017). In terms of compensation participants can be offered a choice of incentives and the incentives increased in amount over time. Saunders and Munford (2017) recommend setting up face to face introductory sessions with participants to explain the project at the outset and therefore researchers are required to have strong interpersonal skills.

³ The PARTH model is an online tool for people working with vulnerable youth. It is based on a set of practice orientations identified in the Youth Transitions project and research carried out by Professor Robyn Munford and Professor Jackie Sanders at the School of Social Work, at Massey University, New Zealand. It is designed to guide interactions with young people on immediate issues, as well as their long-term goals. http://www.youthsay.co.nz/massey/learning/departments/centres-research/resilience-research/parth/parth_home.cfm

Devaney (2013) notes that a poor sample frame can affect recruitment bias and the generalisability of a longitudinal project. Sanders and Munford (2017) highlight issues using traditional methods such as purposive or random sampling to access participants and therefore developed a community saturation approach to access marginalised groups. Their approach consisted of negotiating access to client files from state agencies and identifying young people who met the inclusion criteria of the research and files were searched until no new cases were generated. Although Green et al (2010) accessed their sample through schools, Jackson et al (2012) state that it is challenging to access children through schools as foster youth often attend different schools in their lifetime and teachers have busy schedules. Yee and Niemeier (1997) comment that sampling weights can be used in longitudinal studies to reduce sampling bias. Courtney et al (2014) used sampling weights to ensure that their sample was representative of the population of California adolescents in foster care. Devaney (2013) contends that many different sampling approaches could be undertaken including simple random sampling, systematic sampling, stratified random sampling or cluster sampling. However, the selection of the sampling technique will depend upon the research question being asked and access to the sample frame (Newman, 2010).

Longitudinal projects on children in care use a variety of research methods and techniques. Devaney (2013) states that the advantage of qualitative longitudinal research is that large amounts of qualitative data can be collected from different perspectives concurrently. Greene et al (2010) assert that qualitative information is important to enable participants to uniquely describe their personal experiences. Huffhines et al (2016) used case file analysis however, they warned that information contained in these files may be vague and uninformative. Participants can include a variety of stakeholders including caregivers, social workers and children. To ensure that data collection is confidential, sensitive information was gathered using audio computer-assisted self-interview. It is also crucial to use engaging research methods to increase the likelihood of participants committing to the next research wave. Fargas-Malet et al (2010) suggest using techniques such as diaries, narrative techniques, drawings, observations, participatory techniques and prompts such as wishes or word cards. Furthermore, Taplin (2005) maintains that techniques must be developmentally appropriate. It is fundamental to maintain good records or logs throughout the longitudinal process. Major decisions should be recorded in a log and manuals should be revised and participants' details regularly updated (Taplin, 2005; Newman, 2010). In terms of analysis Ployhart (2010) states that analytical decisions need to be made throughout the project. However, it is important to consider using time-dependent covariates and to include this in the study design (Newman, 2010). Furthermore, Ployhart (2010) advises that it is necessary to describe how the data is coded and to report why a particular analytical method is used. Missing data is an inevitable due to attrition and therefore Newman (2010) maintains that newer studies should learn from the experiences of existing longitudinal researchers. Longitudinal researchers also suggest that research findings should be anonymised and made available to the wider research community for external analysis.

2.8 Structure of the Research Team

In terms of structuring a research team it is fundamental to include an administration team with expertise in budget, human resources and the research environment (Newman, 2010). Jackson et al (2012) and Huffhines et al (2016) acknowledge that accessing participants through state agencies can be a burdensome task for agency personnel with busy workloads, therefore, they employed a retired state agency worker along with a case file liaison officer to access necessary information. Pettigrew (1990) asserts that it is necessary to hire staff who have an understanding of issues under investigation. It is also vital to employ enthusiastic workers with experience of community based research (Rutman et al., 2007; Sanders & Munford, 2017). There may also be a need to train staff in skills such as conducting semi-structured interviews or analysis and senior coders may be in a position to offer training to junior employees (Huffhines et al., 2016; Talpin, 2005). Throughout the research process there will be a need for regular team meetings to resolve coding and data collection issues (Huffhines et al., 2016; Pettigrew, 1990).

2.9 Section Summary

This section has provided an overview of longitudinal studies and has discussed the importance of conducting longitudinal research about children in care or leaving care. This section has identified methodological barriers and enablers towards conducting a longitudinal study of children in care or leaving care. Important aspects to consider include the initial design and piloting stage, methods used, analysis, recruitment, retention, attrition, sampling and the structure of the research team. It is clear that longitudinal research of children in care is necessary to fully understand their experiences and outcomes. Longitudinal studies are also used to compare and contrast the outcomes of children in care with the general population. Existing longitudinal studies of children in care or leaving care have diverse designs and structures. However, all longitudinal studies require careful planning and design. During the piloting stage researchers must make strategic decisions regarding data collection instruments and the context of the study. There is a need to meet with key stakeholders and build rapport at an early stage to maximise retention rates. Advisory groups can help to ensure that the design of longitudinal studies to ensure they provide the necessary information on children and young people's pre-care, in-care and after-care experiences and their connections with participants outcomes. This knowledge and learning will be used to inform future policy and practices in child protection, welfare and alternative care. A partnership based participatory research approach warrants consideration at the design stage to maximise engagement and the added value of longitudinal studies. The learning will also be useful for informing future research studies with children, young people, families and carers. When conducting longitudinal studies there is a need to maintain multiple forms of contact to help retain participants in the study. Studies also use logos and incentives to encourage long term participation in their studies. Although a variety of methods can be used in longitudinal research projects, methods must be developmentally appropriate, engaging and qualitative information is considered to be important to examine the personal experiences of children in care. The structure of the research team also differs across longitudinal studies of children in care or leaving care. However, it is fundamental to include experienced research staff and those with specialist expertise particularly in the area of costing. It is also advisable to employ staff with experience of working with children in care and welfare agencies.

The next section provides a brief overview of the children and families services in Ireland with particular attention to the Alternative Care area. It also highlights recent key policy and legislative developments in this area.

2.10 Children and Families Services; Policy and Practice Context

2.10.1 Child Protection and Welfare Services

Tusla, the Irish national Child and Family Agency, established in 2014 by the Child and Family Agency Act 2013, is the dedicated State agency responsible for improving wellbeing and outcomes for children. Tusla was established as part of a comprehensive reform and consolidation of child protection, early intervention and family support services in Ireland. The Child and Family Agency's services include a range of universal and targeted services, including; Child protection and welfare services, Educational Welfare Services, Psychological Services, Alternative care (including foster care, residential care and special care), Family and Locally-based Community Supports, Early Years Services and Domestic, Sexual and Gender-based Violence Services. Prior to the Child and Family Agency Act, child protection and welfare services was under the remit of the Health Services Executive (HSE) and the Health Boards as was legislated for in the Child Care Act 1991.

2.10.2 An historical overview of Child Protection and Welfare Services

From the foundation of the Irish State (in 1922) onwards the provision of support services was primarily provided by the Churches, particularly the Catholic Church, with an overriding view that families and communities should generally service themselves. Together, the 1908 Children's Act and the Irish Constitution (Bunreacht Na hÉireann, 1937) provided the main legal framework for child care until the early 1990s. As the Constitution has enshrined the protection of the family from undue interference from the State, a sensitive and largely minimalist approach to intervention in family life found its way into child protection and welfare discourse (Devaney and McGregor, 2016). The Irish Society for the Prevention of Cruelty to Children (ISPCC), initially established under the auspices of the National Society for the Prevention of Cruelty to Children, administered the child protection services in Ireland until the late 1960's. In addition, the State also held a long-standing residual role for protection of the children who came directly within the remit of the statutory services. This work originated under the Poor Law provision and included the boarding out (fostering) of children from workhouses and subsequent county mother and baby homes established in the 1920's. Inspectors of 'Boarded Out' children were employed from 1902 up to 1970 to carry out the statutory duties of finding foster families for children in the workhouses, supervising these placements and monitoring private arrangements. From the 1940's, they were gradually replaced by child care officers which by 1970 were mostly social workers though some nurses and community welfare officers also acted in this capacity (Devaney, 2011; Devaney and McGregor, 2016).

The services offering residential care to children in Reformatory and Industrial Schools were administered by religious organisations. Children who were involved in crime, as well as children who were orphaned, neglected or 'illegitimate' were housed and cared for in industrial schools, with no distinction between the two groups. However, in the 1930s, State attention began to focus on the differing needs of these children and a Commission of Inquiry was established to examine the operation of the institutions which incarcerated a wide variety of children. The resultant Report stated that it had a number of reservations with respect to the operation of the schools, mainly in regard to the nature of the education and training obtained, the large numbers of disabled children found in the schools, the lack of support from local authorities and the stigma attached to the schools (Department of Education, 1936). Following on from this, the Tuairim Report published in 1966 argued for the replacement of the 1908 legislation to take into account the present needs of Irish society and contemporary theories and methods of child care and protection. The report also advocated for all child care services to be administered through the [then] Department of Health. It was recommended that children could be better cared for without splitting up the family (Raftery and O' Sullivan, 1999; Devaney, 2011; Devaney and Mc Gregor, 2016). In response to this a committee was established to review the Reformatory and Industrial Schools systems in operation. The Report of this committee (the Kennedy Report, 1970) was instrumental in highlighting the unrealistic nature of dealing with children in care in isolation, with a strong emphasis on preventing children from being placed in care. The publication of the Kennedy Report coincided with a major reorganisation of the health and social services with the passing of Health Act (1970). This legislation decentralized the delivery of these services to the eight regional Health Boards and the Community Care programmes became responsible for the delivery of the personal social services which included those of residential childcare and child protection (Skehill, 2003b). As a result of the recommendations in the Kennedy Report committee a Task Force on Child Care Services was established in 1974 to look at all aspects of children's services with the intention of preparing a new Children's Bill. The Task Force reported an absence of co-ordinated planning across Departments with responsibility for children, and a mirroring of this at service delivery level (The Task Force Report, 1980). The Report was instrumental in advancing long-awaited legislation on children's care and protection and in informing and shaping associated service developments.

As the first major legislation enacted since the formation of the State the 1991 Child Care Act represented a landmark in the history of children's services in Ireland. The Act is founded on the premise that it is generally in the best interest of children to grow up at home. The Act places a statutory duty on Health Boards [now Tusla] to identify and promote the welfare of children who are not receiving adequate care and protection and to provide a range of child care and family support services. In performing these duties the [then] Health Boards must regard the welfare of the child as the first and paramount consideration, have regard to the rights and duties of parents, give due consideration to the child's wishes and have regard to the principle that it is generally better for the child to be brought up in their own families (Section 3). The overall aim is for the State to support the role of parents in a humane way, rather than supplanting it (Ferguson and Kenny, 1995).

A number of other key developments ensued. In 1992, Ireland ratified the United Nations Convention on the Rights of the Child (UNCRC). The Convention, adopted by the United Nations in 1989, is founded on the belief that for a child to develop there are accepted pre-conditions which must be present and provided. The Convention recognises that children have a range of civil, political, economic, social and cultural rights. Ireland's first National Children's Strategy, *Our Children - Their Lives*, was published in 2000 and outlined its vision for the future to be: "an Ireland where children are respected as young citizens with a valued contribution to make and a voice of their own; where children are cherished and supported by family and the wider society; where they enjoy a fulfilling childhood and realise their potential" (p.10). Other legislative advances of note include the 2001 Children Act, which introduced significant new sections to the Child Care Act 1991 specifically in relation to special care facilities for children who require secure accommodation and suitable accommodation for homeless children. The main provisions in the Act, which was described by Shannon (2005) as a fundamental revolution in the law relating to juvenile justice in Ireland were in relation to preventing criminal behaviour, diversion from the criminal justice system, and principles of restorative justice. In 1999, the National Guidelines on child protection and welfare were introduced and were subsequently revised in 2011 and again in 2017 with the enactment of the Children First Act 2015 (DCYA, 2017).

In early 2011, a newly elected coalition government appointed for the first time a senior Minister with responsibility for children while in 2012 an amendment to the Constitution was passed in order to strengthen children's rights in the Irish Constitution. *Better Outcomes, Brighter Futures: the National Policy Framework for Children and Young People 2014-2020* was launched in April 2014. It represents the first overarching national children's policy framework comprehending the age ranges spanning children and young people (0 – 24 years). It sets out five National Outcomes for children and young people. These are the overarching and unifying outcomes structuring policy for children and young people across government, agencies and sectors which have a role and remit for working with children and young people. The five national outcomes for all children and young people are that they are: Active and healthy with physical and mental well-being; Achieving full potential in all areas of learning and development; Safe and protected from harm; Have economic security and opportunity; and are Connected, respected and contributing to their world. The policy adopts a whole Government approach and will be underpinned by a number of constituent strategies in the areas of early years, youth and participation. Underpinning these developments is the State's present commitment to stability in children's lives with particularly attention paid to times of transition, children's rights, evidence-based practice, outcomes-focused research, and children's participation in society.

In 2009, the Commission to Inquire into Child Abuse and the Dublin Archdiocese Commission of Investigation published their reports, known as the Ryan and Murphy reports, respectively. The Commission to Inquire into Child Abuse was established pursuant to the Commission to Inquire into Child Abuse Act 2000, and heard evidence of abuse from persons who allege that they suffered abuse in childhood, in institutions, during the period from 1940 or earlier, until 2009. The Commission inquired into abuse of children in institutions during that period, and, where satisfied that abuse occurred, sought to determine the causes, nature, circumstances and extent of such abuse (Commission to Inquire into Child Abuse, 2009). The Dublin Archdiocese Commission

of Investigation into the handling of clerical child sexual abuse in the Archdiocese of Dublin over the period 1975 to 2004 began its investigation in 2006 and reported on the abuse of 320 children by 46 priests (Murphy, 2009). The Government through Office of the Minister for Children and Youth Affairs published a response to the Ryan Report in the form of an “Implementation Plan” (2009) and the Government allocated funding of €24 million as a demonstration of its commitment to reform the child protection and welfare system. The government categorically stated that it: “accepted all the recommendations of the Commission and is committed to their implementation (2009, p.1). Arising out of the Action Plan, the Child and Family Agency (Tusla) was tasked to implement the following action of the Ryan Report Recommendation 7.09 that childcare services should be reviewed on a regular basis: ‘conduct a longitudinal study to follow young people who leave care for 10 years, to map their transition to adulthood’. In 2013, the Department of Children and Youth Affairs published a report as part of the implementation of the National Strategy for Research and Data on Children’s Lives 2011-2016 on a Scoping Study on the Longitudinal Study of Children Who Leave Care commissioned by HSE Children and Family Services and conducted by Dr Devaney (UCFRC), at the National University of Ireland, Galway. The scoping study provided information and literature review findings on a number of key issues relating to longitudinal studies. The fourth and final Department of Children and Youth Affairs Ryan Report Implementation Group Progress Report (2014) noted that it has not been possible to proceed with the recommendation due to resource restrictions and other competing demands in the sector and that the recommendation will be kept under review. In order to build on the scoping study conducted by NUIG in 2013 a feasibility study on conducting a longitudinal study of young people in care / leaving care within an Irish context was commissioned by Tusla and DCYA with the support of the Irish Research Council in 2017. The Child and Family Agency’s (Tusla) Corporate Plan 2018 – 2020 makes provision within the its Research function to: ‘support the ongoing consideration for a future commission on a longitudinal study of children in care’ (Ref 5.3).

2.10.3 Alternative Care

Alternative Care refers to formal public-welfare supported arrangements, or private arrangements under statutory governance for children living out of their own homes. It is defined by the UN as ‘all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment’ (UN Guidelines for Alternative Care, 2010, p. 6). The Child and Family Agency has a statutory responsibility to provide Alternative Care Services under the provisions the Child Care Act, 1991, the Children Act, 2001 and the Child Care (Amendment) Act, 2007. Children who require admission to care are accommodated through placement in foster care, placement with relatives, or residential care. The legal basis for placing children in care in Ireland are detailed in Appendix 2.

Children’s Residential Services aim to provide a physically, emotionally and psychologically safe space in which children and young people can heal, develop and move forward in their lives. Over 90% of the 142 Children’s Residential Centres nationally are community based (www.tusla.ie). The requirements for placing a child in a children’s residential centre and for the running of these centres are laid out in the Child Care (Placement of Children in Residential Care) Regulations 1995. All Children’s Residential Centres are subject to statutory inspection. The Office of the Chief Inspector of Social Services in the Health Information Quality Authority (HIQA) carries out this function. HIQA inspect and register statutory (Child and Family Agency) children’s residential centres. The Child and Family Agency inspect and register voluntary and private (for profit) children’s residential centres. The statutory framework which underpins this work is laid out in the Child Care (Placement in Residential Care) Regulations 1995. In addition, National Standards for Children’s Residential Centres (2001) have been in operation and are based on the requirements of legislation, regulation and findings from research. The standards allow the Inspectors to form judgments about the quality of services provided in these centres.

Special Care is part of a continuum of State care available to children and young people provided by Tusla. Young people referred to Special Care Services are between 11 and 17 years, very vulnerable, sometimes very challenging, with complex psychological and sociological profiles, high numbers of previous placements which have frequently broken down. Special Care is short term, stabilising and safe care in a secured therapeutic environment. The aim of the Special Care intervention is to provide an individualised programme of support and skilled therapeutic intervention which will enable the child/young person to stabilise and then move to a less secure placement based on the assessed needs of that child/young person. Given the restriction on the child/young person's liberty, a placement in Special Care can only be made pursuant to an Order of the High Court. Tusla, the Child and Family Agency and maintain Special Care Units. The service delivered in Special Care Units includes:

- Provision of a short term intervention in a safe and secure environment in which care and specialised interventions, including therapeutic inputs which are focused on the individual needs of the child/young person.
- Provision of care which assists young people to develop internal controls and reduce risk taking behaviour, enhance self-esteem, promote abilities and strengths and the capacity for constructive choice, resilience and individual responsibility.
- The provision of specialised educational and clinical services which aim to promote the child/young person's welfare and development.

Tusla also has a responsibility to provide Aftercare services. In addition, services are provided for children who are homeless or who are separated children seeking asylum and Tusla has responsibilities with regards to adoption processes.

The Agency is committed to the principle that the family affords the best environment for raising children and the objective of external intervention should be to support families within the community. Similar to international developments in child welfare policy and practice, there has been a decisive shift away from institutional, residential type care towards foster care arrangements in Ireland (Clarke and Eustace, 2010; Munro and Gilligan, 2013) and Ireland now has one of highest rates of family-based care placements globally. The vast majority of children in care live in foster care and many of these children remain living with their foster care families when they reach 18 years with ongoing financial support and advice. At the end of Q4 2017, Tusla, the Child and Family Agency, reported that there were 6,189 children in care with 92% placed in foster care.

However, a considerable proportion of children spend protracted periods of time in care (e.g. up to five years or more) with adoption from care only recently enacted through the Adoption Amendment Act 2016 (McCaughren and McGregor 2017). Research evidence on children in care suggests that the opportunities of this group to actively participate in society can be severely limited due to placement instability and various types of neglect and abuse that they often experience from childhood (Daly and Gilligan, 2005). Moreover, studies show that there are strong correlations between factors like age at entry to care, ethnicity and length of time spent in care and outcomes (Moran et al., 2016), meaning that some children in care may have greater or lesser likelihood of reaching the five national outcomes, depending on context (Mc Sherry et al., 2008). However, it is generally accepted that globally, children in care are at risk and are found to experience relatively less positive outcomes for health, education and overall well-being (Stein, 2008). Youth exiting care are a particularly vulnerable group due to their history of abuse and trauma before entering care, placement disruption and multiple moves they might have experienced whilst in care, low levels of educational qualification, and the stressors associated with leaving care to live independently. The literature indicates that in some cases, youth aging out-of-care are more likely to experience a range of socioeconomic challenges that other young people

in society do not often face (Pinkerton and Rooney, 2014). According to the DCYA children who come into residential care or short term foster care placements late in their teens make up a particularly vulnerable group. They may have not had enough time to develop the relationships with carers and to create a stable placement and to ensure supports are in place for their future (www.dcy.a.ie).

2.10.4 Aftercare Provision

The purpose of aftercare is to provide young people with a range of services to assist them with their needs as they transition into independent adult life. Section 45 of the Child Care Act 1991 places a duty on Tusla to decide whether each person leaving care has a “need for assistance” and if so, to provide services in accordance with the legislation and subject to resources. Young people who have had a care history with Tusla are entitled to an aftercare service based on their assessed needs. The core eligible age range for aftercare is from 18 years up to 21 years. This can be extended until the completion of a course of education in which a young person is engaged, up to the age of 23 years. The Child Care (Amendment) Act 2015 strengthens the legislative provisions regarding aftercare, imposing a statutory duty on Tusla to prepare an aftercare plan for an eligible child or eligible young person. The aim is to create an explicit, as opposed to implicit, statement of Tusla’s duty to satisfy itself as to the child’s or young person’s need for assistance by preparing a plan that identifies those needs for aftercare supports.

The aftercare provisions of the Act of 2015 (the relevant sections of which came into effect from 1 September 2017) impose an obligation on Tusla:

- i. To prepare an aftercare plan for an eligible child before they reach the age of 18
- ii. To prepare an aftercare plan, on request, for an eligible adult aged 18, 19 or 20.
- iii. In relation to an eligible adult, to review the operation of an aftercare plan where there has been a change in that adult’s circumstances or additional needs have arisen.

The National Aftercare Policy for Alternative Care (2017) states that Tusla is committed to delivering and implementing an aftercare service for young people and young adults which is responsive, inclusive and relevant to each young person’s circumstances. This will provide an equitable, holistic and integrated service to young people and young adults to support their changing needs and their pathway to adulthood (p.3). This National Policy on Aftercare was developed to provide a consistent approach to the provision of aftercare services. It is being implemented nationally and is monitored by the Tusla Aftercare Implementation Group. The function of the National Aftercare Implementation Group is to ensure the operation of an aftercare service.

The transition between care and aftercare can be challenging for young people. The usual challenges of leaving home can occur, but often, the young person does not have a stable background to lean on for support. Some young people will also carry the impact of early difficulties. It is possible that young people, on leaving care, will declare themselves independent of state services and be reluctant to engage with the aftercare service. At the end of Q4 2017, Tusla advised that 2,037 young adults were in receipt of an aftercare service. Of these, 96% were aged 18 to 22 years. Of those in receipt of an aftercare service, 57% of 18-22 year olds were in full-time education. 45% of the 18-22 year olds remained living with their foster carers.

Young people leaving care need ongoing support in order to achieve their potential. Providing an appropriate aftercare service is of key importance for achieving positive outcomes for young people leaving care. It is essential that a young person receives the support that meets their specific needs and situation.

2.11 Conclusion

This section has provided an overview of longitudinal studies and has discussed the importance of conducting longitudinal research about children in care or leaving care. This section has identified methodological barriers and enablers towards conducting a longitudinal study of children in care or leaving care. It also provided an overview of the policy and practice context in which Alternative Care and the wider child protection system is situated. The next section presents the findings from semi-structured interviews conducted with key informants in the area of child welfare and children in care in Ireland.

3 Chapter Three: Analysis of Expert Interviews

3.1 Theme 1: Technical Methodological and Value for Money Barriers and Enablers for Conducting a Longitudinal Study on Children in Care or Leaving Care

This section presents a comprehensive thematic analysis of semi-structured interviews provided by the phase three study participants. Interviews were conducted with 24 principal investigators and senior researchers of longitudinal studies internationally. The longitudinal studies examined can be categorized into three areas as follows: (a) national longitudinal studies of children; (b) longitudinal studies of children in care; (c) longitudinal studies of children leaving care (see Table 1).

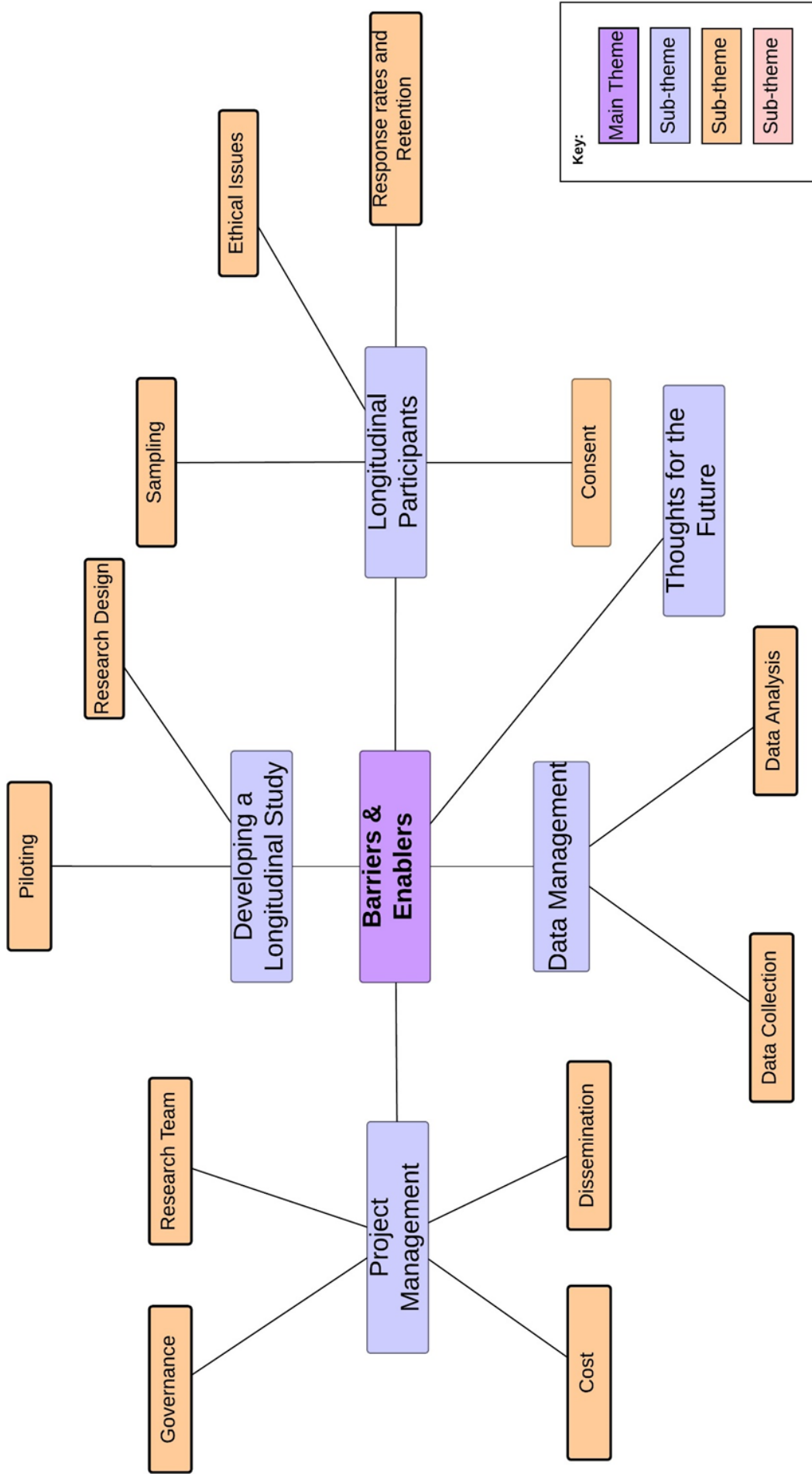
Table 1 Expert research participants

NATIONAL LONGITUDINAL STUDIES	
Project name	Country
Next Steps (LSYPE)	UK
Growing up in Scotland (GUS)	Scotland
Growing up in New Zealand (GUNZ)	New Zealand
Millennium Cohort Study (MCS)	UK
Growing up in Ireland (GUI)	Ireland
The Irish Longitudinal Study of Aging (TILDA)	Ireland
LONGITUDINAL STUDIES OF CHILDREN IN CARE	
Project name	Country
LONGSCAN	USA
Children in care (CIC): A Danish Longitudinal Study	Denmark
Panel study on Korean children	Korea
Foster care placements in California	USA
UCLA Ties project (UCLA)	USA
Pathways of care longitudinal study (POCLS)	Australia
Care Pathways and Outcomes Study (CPOS)	Northern Ireland
English and Romanian study (ERA)	UK and Romania

Study Pathways to Adjustment and Resilience in Kids (SPARK)	USA
Permanently Progressing	Scotland
Growing up in care	Australia
LONGITUDINAL STUDIES OF CHILDREN LEAVING CARE	
Project name	Country
CalYouth study	USA
Midwest study	USA
Beyond 18	Australia
Positive outcomes for youth from care project	Canada
Youth Transitions (NZ)	New Zealand
Longitudinal study of wards leaving care	Australia

This section also seeks to identify the technical, methodological and value for money barriers and enablers for conducting a longitudinal study on children in care or leaving care. Interview analysis produced one overarching theme namely barriers and enablers. Barriers and enablers are discussed around five sub-themes entitled; developing a longitudinal study, longitudinal participants, managing data, project management and thoughts for the future (see Figure 4).

Figure 4 Technical methodological and value for money; Barriers and Enablers



3.1.1 Developing a Longitudinal Study

Developing a longitudinal study will be considered in terms of overall research design and piloting. Interviewees discussed the importance of an in-depth planning pre-pilot stage to enable researchers to identify whether a longitudinal study was necessary, to minimise challenges and to create plans for their study: *“So if you don’t have to rush the implementation that will save you a lot of headaches down the line”* (POCLS). Researchers determine whether longitudinal research was the most appropriate method and developed aims and narrow research questions at an early stage. Longitudinal methods are most appropriate to measure change over time: *“I guess sort of the crux of a longitudinal study is looking at change over time. So presumably your research questions are going to reflect that”*. LONGSCAN also stated that questions may change as the project progresses and new developments emerge.

Participants discussed projects’ aims and objectives. As longitudinal studies relate to changes between time periods, many studies’ aims related to this. For instance, GUI stated that their project was set up to look at sort of developmental trajectories of children. MCS sought to trace children to understand how early circumstances influence adult outcomes:

“But it was more of the long-term vision of kind of following children through life, and understanding how early childhood circumstances and parents and parental backgrounds and so on affect children’s transitions in life, and children’s outcomes as adults, and lots of things, you know their jobs, their education, their health”.

In line with this, most studies relating to child protection or children in care aimed to uncover the impact of early experiences of children in care towards outcomes:

“We wanted to see what happens with them when they came, as they were going through care...and see what we could learn so we could do things better. And really to inform the policy and practice of how we deal with children in out of home care” (POCLS).

GUS explained that funders often request cross-sectional information and therefore, the aim of GUS was to produce both cross-sectional and longitudinal results. SPARK noted that questions should be *“as impactful and humanly as possible”*. LSYPE created broad and multidisciplinary questions to meet stakeholders’ requirements. Methodologies are also informed by research questions:

“I think it really comes down to the types of questions you are interested in....a lot of the questions I’m interested in, are really questions that are best addressed by administrative data” (Foster Care placements in California).

GUS advised that longitudinal data should link to administrative data for instance health or education. They describe this linkage as *“extremely valuable”* because it can help to free up space in the longitudinal questionnaire to collect fresh data. Also if people miss a wave they can still be tracked using administrative data. Nonetheless, some longitudinal studies such as CPOS and Youth Transitions were initially designed as shorter cross-sectional research and later developed into longitudinal studies. Respondents asserted that it is important to learn from pre-existing studies at this stage to enable researchers to minimise challenges or barriers during later phases:

I had to become much more knowledgeable about how people do these long-term studies...I had to go read...and I had to go find studies where they were successful at doing this longitudinal thing, and really learn about those methods (SPARK).

In line with this, POCLS also consulted with researchers from existing longitudinal studies during the in depth planning pre-pilot stage. The timeline for the in depth planning pre-pilot phase varied across projects; with POCLS commenting that it took almost ten years to begin their research and that during this time they conducted focus groups with carers. Researchers used the in depth planning pre-pilot stage to clarify theoretical frameworks and to develop focused research objectives as it is crucial for those considering the use

of longitudinal methods to be clear of their aims and objectives. For instance, LONGSCAN researchers were advised by experts to develop a theoretical framework to guide data collection:

Too much of the (existing) work...was really looking at maltreatment in a piecemeal manner, and was not considering overall theoretical models. And this did not help in terms of our understanding of...maltreatment. So we identified theoretical models and used those models to identify various domains that we wanted to assess.

Developing a theoretical framework at an early stage informed the domains that researchers would be interested in measuring. Developing research questions often involved close consultation with government or key stakeholders: “So there was a lot of consultation with (stakeholders) about what the key research questions should be...effective research design and how the survey might go out” (Beyond 18). For multi-site projects such as LONGSCAN researchers stated that research questions were developed through consultation meetings between PIs from each site.

It was established that each interviewee consulted with other researchers from pre-existing longitudinal studies and also examined existing longitudinal studies of the general population of children in their country. In CIC, children in care were a sub-sample of a national study and in order to compare groups they employed a similar questionnaire: “last time we had one big questionnaire with lots of filters, depending on which type of young person you were” (CIC). Other studies such as POCLS included some elements that were comparable to general population studies and other international longitudinal projects. Although many projects used similar instruments to existing longitudinal studies of children in general they were often conducted at different time points.

GUI predicted that the pilot stage is particularly important for a longitudinal study of children in care and therefore it is fundamental to use tools that are appropriate for participants’ backgrounds. Piloting was used by researchers to test research instruments, recruitment, timelines and sampling techniques. This was a continuous process and instruments were tested before each wave. In many cases different subjects were invited to participate in each piloting phase however, GUI used a consistent sample of children at each stage of piloting. LONGSCAN used interviews carried out during staff training as pilot interviews and research instruments were tested at each stage to help select the most appropriate method for that particular age group: “We tried to assess the domains that were most relevant at each developmental period... We identified problem areas that might be relevant for kids who were younger, versus those when they get into adolescence, and there are other types of issues” (LONGSCAN). The Principal Investigator of CALYouth and Mid-West study stressed the importance of using the piloting phase to test survey technology. This would also enable researchers to uncover the length of time that it takes participants to respond to survey questions. UCLA noted that the piloting stage is important to gauge how to ask people for information without overwhelming them which encourages higher retention rates. It is also a useful stage to test the ability of young children to answer particular questions. For instance, CALYouth and Midwest studies tested children’s’ standard of reading which helped the research team to develop appropriate research instruments. GUI had a children’s advisory board (CAF) and stated that these twelve different groups of nine year old children were important for testing instruments. It is also important to pilot the sensitivity of the questions asked. GUI also stated that it is important to decide during piloting who the study will include for example teachers, parents and children. Although GUI used the same pilot group at each phase others used different samples.

Many studies did not use the pilot stage to examine retention issues however, GUNZ felt that it was beneficial to test their strategies for contacting families at the outset. The piloting phase was fundamental to determine the ability to trace children: “There may be issues about tracing, and the feasibility of that, which are relevant in a different way to your particular study” (ERA). According to participants it is crucial to pilot sampling procedures: “getting access to figuring out how you’re gonna get data to identify the sample. It’s really important to have figured out a few months before

you try to go on the field” (CalYouth and Midwest). It is also important to create a logical and clear system for sampling, contacting and tracing participants: *“If you’re doing a longitudinal study then you need to...keep records of people in a way that you wouldn’t have to if you were just doing a cross-sectional study”* (POCLS).

If pre-existing databases are used to develop a sample frame then it is important to assess their quality and to check for errors at an early stage. As there are many barriers to accessing a sample of children and young people in care, it is beneficial to pilot the sampling process. During the piloting stage researchers also built up a rapport with advocacy bodies, stakeholders and policy makers. It was difficult for interviewees to determine the cost of piloting however, one respondent estimated that it cost approximately €700,000 to pilot the ‘Growing up in New Zealand’ study.

3.1.2 Research Design

All participants emphasised that designing a longitudinal study is a detailed and time consuming process which is critical for the success of the project. UCLA recommend that it is essential to spend time planning longitudinal research: *“Just plan a lot in the beginning. Because once things get up and going, then it’s really hard to change them”*. Longitudinal projects are often driven by policy needs for example, GUS policy stakeholders were interested in how rapidly children develop and how often their circumstances change thus data were collected annually in the early stages of the project. Also, a number of phases developed as a result of aims and objectives and with budgeting constraints.

The Growing up in care study found that it was difficult to maintain consistent time gaps between research waves and this was as a result of the nature of out of home care along with care worker workloads: *“But I think one of the problems also in carrying out a longitudinal study in a sensitive area like out of home care is that it can’t be planned too systematically. Because you know there’s always crises that foster parents are going through, or difficulties that children are going through”*. In terms of including people from various ethnic backgrounds, LSYPE used best practice guidelines and ensured that all material was available in most universal languages. Some other studies such as LSYPE over sampled ethnic minority groups to ensure that they were included. They also oversampled areas that had higher levels of deprivation as this linked to their research question which related to poverty. LONGSCAN stated that developing a multi-site longitudinal study enabled the team to examine their topics in greater breadth.

In terms of using an accelerated design, LONGSCAN stated that one of the challenges associated with this is that researchers need to identify developmentally appropriate measures for two or more cohorts simultaneously. Although developing two protocols at one time enables faster data collection, it is not possible to have a real-time understanding of both groups. The decision to use an accelerated approach depends upon the aims and objectives of a research project. According to UCLA this approach may be more suited to projects that are attempting to make group comparisons. Midwest notes that an accelerated approach is useful if there are no policy or practice changes during the study and they recommend that this method would be more beneficial for relatively short timeframes. They also warned that it can be more difficult to build a relationship with older cohorts and that therefore, this approach would incur more expense. GUS used this approach to quickly generate cross-sectional information. GUI stated that the decision to use two cohorts was based upon the recommendations of an initial feasibility study. GUI’s older cohort began at age 9 because this is regarded as a relatively stable period in middle childhood. They also informed that it is important to have a balance between asking participants consistent questions between phases and ensuring that the questions are age appropriate.

A barrier towards the use of administrative data is that databases may be disorderly and there may be a significant amount of missing data. MCS invested in maintaining clear records and documenting the variables that needed to be coded from administrative databases. However, researchers cautioned about relying too heavily on administrative data:

“we fell into where we had this rule, we’re not going to ask carers and children any questions where we have it in administrative data and then we realised like to actually find out some information at the time of the interview is quite hard in administrative data”.

Researchers noted that the selected methodology depends on the research aims and objectives. It is important to ensure that the research question can be answered (in part) using administrative data. If the research question is about human or individual experience then administrative data is less appropriate and there may be a need for a qualitative or mixed method approach.

3.1.3 Summary: Developing a Longitudinal Study

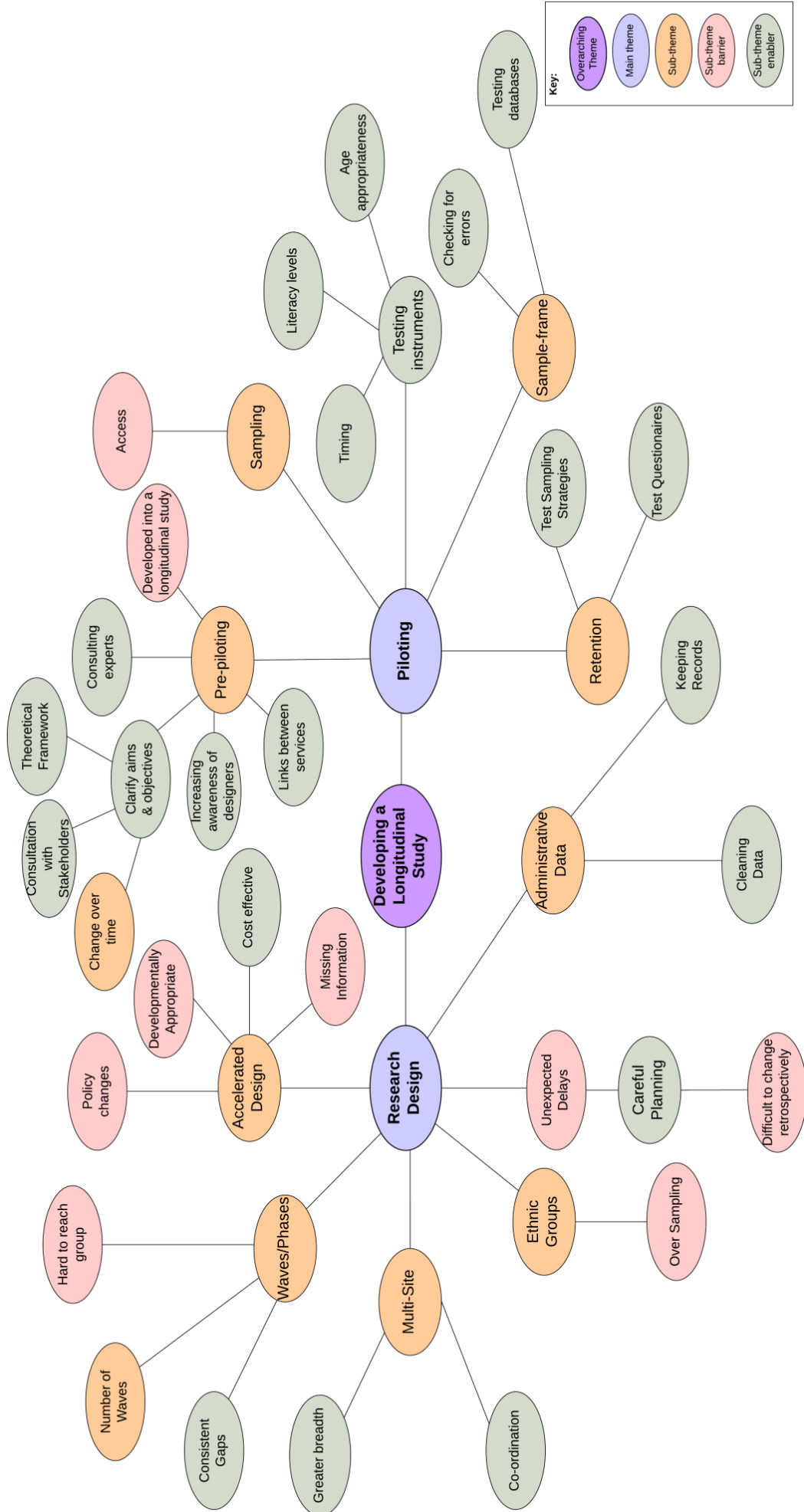
This section discussed developing longitudinal studies in terms of both overall research design and piloting. It was evident that it is important to engage in careful planning and implementation at the outset. Early consultation with key stakeholders is fundamental. Instruments need to be carefully tested during the in depth planning pre-pilot phase. Table 2 summarises both the barriers and enablers towards developing a longitudinal study. Figure 5 offers a diagrammatic account of the issues discussed by participants in this study. Although barriers and enablers are presented side by side, they do not necessarily correspond to each other.

Table 2 Barriers and enablers relating to developing a longitudinal study

BARRIERS	ENABLERS
Unexpected delays	Careful planning and implementation
Selecting inappropriate methods	Developing research questions that are longitudinal in nature
	Using the in depth planning pre-pilot stage to identify whether a longitudinal study is the most appropriate method to answer the research question
Little relevance to theory	Using the in depth planning pre-pilot stage to develop a theoretical framework for the study
Lack of relevance to others	Early consultation with key stakeholders and policy makers

Broad aims and objectives	Refine research aims and objectives during the piloting phase
Results that are not comparable to the general population of children	Develop links to national longitudinal studies on children through consultation and analysis of existing research methods. Use similar instruments as appropriate
Unexpected challenges during data collection phase	Use piloting phase to test instruments Refine developmentally appropriate measures during the pilot phase
Poor retention rates	Test questionnaires and children's reading ability to ensure that you maintain their interest Test strategies to contact families Refine access and sampling strategies
Deciding whether to use an accelerated approach or not: One group will not provide current information on early years Expensive	Useful for group comparisons More beneficial over short timeframes
Administrative databases may be disorderly and this can be expensive to clean	Keep code books and diaries of why recoding or organising decisions are made at an early stage in case staff change at a later date.
Number of waves: Difficult to maintain consistent time gaps between research waves	
Use of different time points to existing general longitudinal study of children	Multi-site longitudinal study allowed researchers to explore topics in greater depth

Figure 5 Developing a longitudinal study



3.1.4 Longitudinal Participants

In this section working with participants will be discussed in terms of ethical issues, sampling, consent, response rates and retention rates. SPARK advise significant attention is paid to liaising with ethics boards and state agencies to ensure that longitudinal studies meet ethical standards. CalYouth and Midwest suggest that there is a need to carefully outline the research process to participants at the outset to ensure that participants feel comfortable. It is necessary to be sensitive to the safety of the situation and the context of the research therefore CalYouth and Midwest administered sensitive questions using audio-computer self-interviewing. MCS used an opt-out model of sampling using child benefit records however, this method is no longer appropriate due to data protection laws. POCLS advised that, if possible, it is a good idea to get a signed agreement for the whole study rather than for each wave. For longitudinal projects that use data from different sources it is important to make participants fully aware of how their data will be used. In terms of data security POCLS found that using a secure portal gave them confidence that their system was more secure than using USBs, however, it costs about Aus\$2,000 for each researcher to access data in the portal. When POCLS archived the data they stipulated that anyone wishing to publish from the data must present it first to ensure that people did not misinterpret the data or use it unethically. POCLS also caution that delays in the research process are possible due to ethics. There is a need to balance meeting ethical requirements with developing a rapport with participants. Projects such as the longitudinal study of wards leaving care used online surveys and therefore it was difficult to monitor people's reactions to sensitive questions. In order to minimise distress LONGSCAN developed an algorithm which allowed participants to flag difficult issues. GUI stressed the importance of having a strong ethics committee. They also stated that the commissioners or funders of a longitudinal study should form part of the overall governance structure but there should also be an independently constituted objective ethics committee:

No-one realises they're out there, and yet they're absolutely essential. You know it's brilliant to go in in front of an ethics committee and make a submission to them, and then you know get them to criticise it. And you know Growing Up in Ireland has benefited massively from that, from that sort of set of cold objective eyes coming at it purely from an ethical point of view.

Interviewees discussed sampling barriers; for instance it was often difficult to access children in care. "Initially figuring out how to engage with youths who are vulnerable and at 'the margins' as it were, was the challenge" (Youth Transitions). This was often overcome by maintaining a good rapport with gatekeepers: "But in the end that was relatively easy. Some agencies were better at supporting it than others" (Youth Transitions). Due to retention challenges or gaps when children could not participate every year, some studies added additional participants who did not take part in the first phase whereas other studies expanded the cohort age. Some longitudinal studies such as the Life Study were discontinued. It was suggested that discontinued studies were perhaps too time consuming and also that the methods used were quite intensive or onerous on longitudinal participants. To minimise this issue it was recommended to start with small measures and demands on participants:

I think you've to kind of start slowly and get people on board, and then gradually build it up over time. Because if you try to start and come in and say right we want to interview you for six hours and do lots of different tests...it's gonna be hard to get people on board, and it might just put people off for next time if you want to get them again (MCS).

LSYPE advised that having a sample frame with almost 100% population coverage is one of the most important starting points and for many projects the absence of a sample frame was viewed as a barrier. Youth Transitions overcame this by using a community saturation approach where they worked through client lists in local communities until they could not identify any new names. However, this approach is time consuming and does not always result in sufficient numbers to fill the sample. Others such as CIC accessed participants from administrative databases, where they accessed every child who had entered care and their sample sizes grew every year with this approach. Other studies used a geographical sampling approach.

Difficult to reach groups were often recruited through gatekeepers and support agencies. Interviewees recommended sending recruitment letters through support agencies and maintaining a good rapport with gatekeepers: *“I think like a thing is to have good relationships with a range of organisations that can help you in terms of tracking down”* (CPOS). Youth Transitions negotiated with various organisations through meetings and consultation surrounding ethical approval to gain access to participants. In line with this, SPARK designed their project around stakeholders needs: *“So I did a lot of meetings to try to figure out ahead of time what the agency needed, what they were interested in, what would help them. Because I really wanted this to be a partnership”* (SPARK). Creating a comfortable environment enabled them to maintain their sample of participants. In Youth Transitions it was difficult to access youths however, when participants realised that researchers took so much time to locate, plan and support them, they were less inclined to exit the study.

In terms of accessing people from different ethnic groups Youth Transitions stated it is important to be honest with participants and found that coming from a different ethnic background to participants was not an issue:

Most of us were older white females, in the early phases we were quite worried about it, but we work from a Positive Youth Development (PYD) perspective and always work from a base of enormous respect and care for participants. We found in the end it wasn't a problem... I reckon it is more about knowing you are different and working really hard to ensure the things you say and the things you do are clearly respectful.

This is in contrast to other studies who felt it was important to use researchers who come from the same ethnic background as participants: *“I think also it really helps when some of the people who are interacting with the participants also kind of are members of those groups as well”* (UCLA). POCLS found that children in residential care were the most difficult to reach group also CPOS state that it was challenging for their study to representatively sample children from a mixture of placements. Due to low numbers some studies used a top up sample to increase their sample in the second wave and many projects used inclusion and exclusion criteria which related to their research question. A number of projects excluded those who did not use English as their first language and many excluded children with mental illness or disabilities. Growing up in care sampled children who had their first placement in a long-term care programme. However, to make the sample as representative as possible it is sometimes necessary to translate protocols and questions into several languages.

Longitudinal studies sought consent from parents or guardians, public child welfare agencies and sometimes judicial councils as well as the assent of minors. CalYouth stated that they request assent in writing when the participants are children and when the child is an adult they use verbal consent. GUS felt that the main issue in terms of consent is to ensure that participants understand that although it's a longitudinal project they do not have to commit themselves to on-going participation. POCLS used age appropriate agreement forms for participants and many studies provided information sessions for social work and education leaders to help them to understand the project. CalYouth and Midwest participants were trained to assess the ability of young people to participate.

In terms of retention, CalYouth and Midwest recommended the use of administrative databases as they linked their database to college enrolment records to help track participants. It is important to have a strong sample frame to help maintain good contact details for young people and to reduce attrition. Beyond 18 stated that the age of participants did not have a huge impact on attrition. This was in contrast to CalYouth, Midwest and MCS who recommended commencing studies with children who are in care to see the impact of living in care in their lives:

I concluded long ago that to try to start once they're out of care, you really immediately undermined your study by ensuring that your response rates are gonna be less than optimal. But the other reason we start when they're still in care is that you know we're studying care leavers (CalYouth and Midwest).

CalYouth also asserted that long periods of time between waves should be avoided, however this needs to be considered in line with funding: *“If I had unlimited funds, I would have done interviews every year”*. Changing carers between waves was sometimes viewed as a barrier for strong retention rates as sometimes new carers are suspicious of researchers and some children were having difficulties after changing placement. This barrier was minimised through record linkage data:

Often the carer says no, I’m just too busy. So we’re finding that we’re getting less kids in our sample who have multiple placements. But then for those kids we do have the record linkage data, so we will have some data on them (POCLS).

The challenge of participants changing address or phone numbers was overcome through hiring staff who dealt solely with retention or maintaining good records with multiple forms of contact. Retention teams were efficient for organisations that were running more than one longitudinal project simultaneously. As maintaining contact with participants between phases is important, they also send participants birthday cards and reminders of events. MCS found that socioeconomically disadvantaged groups tended to drop out at a greater rate than others and it was also challenging for studies to maintain contact with participants who had left care. This is sometimes due to moving around, busy lives or a lack of interest in topics. Interviewees overcame this challenge through persistence, determination, collecting alternative contact details and contacting them regularly. Researchers used engaging research methods to keep children interested for example the use of figurines and checkerboards. Exhibiting professionalism is important for retention and GUI used quality assurance checks to insure that interviews were carried out in a professional manner.

Incentives were also recommended to maintain children and young people’s interest. GUS used targeted incentives for groups that were more likely to drop out. Growing up in Care noted that continuity of staff is also important. When external data collecting companies are used it is necessary to ensure that they will be proactive in pursuing difficult to reach participants: *“The interviewers would trace them in the field as well. The interviewers would also be skilled and trained at persuading them to take part”* (LSYPE). Qualitative methods were viewed as important for maintaining retention rates: *“The thing that I think is important is that a face to face contact with an interview engages people. Sending them questionnaires does not”* (ERA). Studies that solely used questionnaires had higher attrition rates. Meeting in locations that were convenient to participants was important and this also included participants who were in prison. In terms of maintaining contact with participants MSC found that it was best practice to use a variety of methods including Facebook groups and technology. However, they determined that young people enjoy receiving letters in the post as it’s a novelty. It was also important for families to realise that their time was valued and therefore, Growing up in New Zealand sent executive summaries to each participant.

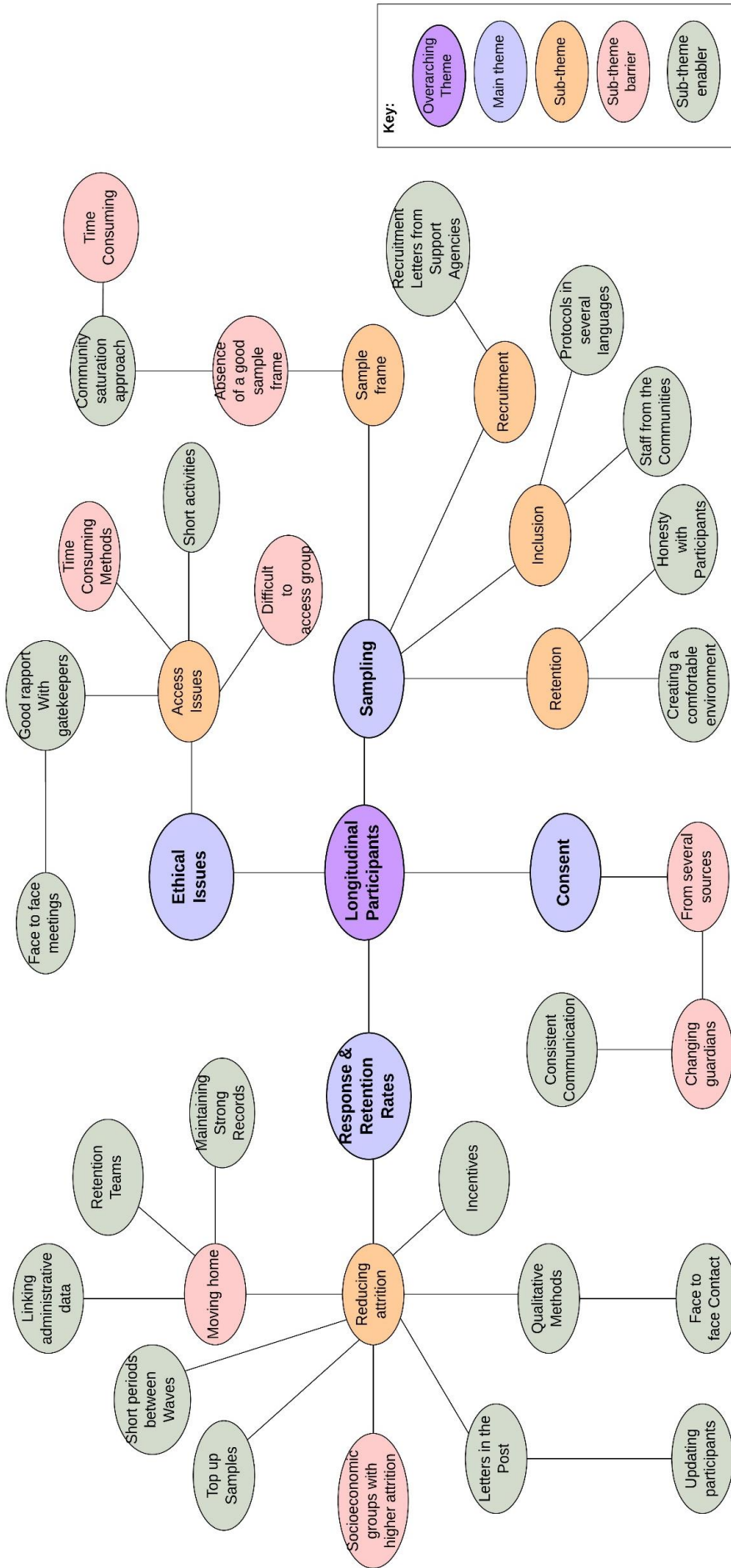
3.1.5 Summary: Longitudinal Participants

To overcome difficulties with retention and meeting ethical standards there is need to meet with stakeholders and to make participants feel comfortable at an early stage of the project. Retention issues can also be minimised by having short intervals between waves, using engaging methods, employing data collectors from the communities involved, using qualitative methods and keeping participants informed of results. Table 3 and Figure 6 summarises the barriers and enablers associated with longitudinal participants. Although barriers and enablers are presented side by side they do not correspond to each other in every case.

Table 3 Barriers and enablers relating to longitudinal participants

BARRIERS	ENABLERS
Difficulties meeting ethical standards	Meet with agencies face to face
Difficulties with retention	Help participants to feel comfortable
	Ask sensitive questions via audio computer self-interviewing
Confidentiality when sharing data with other researchers	Ensure that participants are fully aware of how their data will be used
Expensive to access portal	Use of secure portals
Misrepresentation of secondary data	
Difficult to access group	Presentations from those wishing to publish
Absence of good sample frame	Develop a good rapport with gate keepers
Difficult to access subgroups	Expanded the cohort in wave 2
	Employing data collectors from subgroups
Gaining consent	Translating protocols into multiple languages
	Sought consent from parents, guardians, public child welfare agencies and judicial councils.
Maintaining contact	Sought assent and used verbal consent when the children became adults.
	Use of age appropriate agreement forms.
	Staff were trained to assess the ability of young people to participate.
	Use of linked administrative database
High attrition of particular groups	Short interval between waves
	Reminders
	Multiple forms of contact
	Engaging research methods
	Continuity of staff
	Qualitative meetings
	Sending executive summaries to each participant

Figure 6 Longitudinal participants



3.1.6 Data Management

In this section the theme of dealing with data will be explored through a discussion on data collection and data analysis. A challenge for researchers was adapting their studies to suit some of the life issues that children in care were experiencing. For instance, in some cases older children had started to use drugs. CPOS also noted that some of their participants developed ADHD and autism:

Our measures with the children were quite flexible. So we were able to use them differently depending on the young people's abilities. There's also been a young person who had a learning difficulty, and one of his sisters agreed to sit with him to do the measures. So what's been good is we've been flexible in terms of how to do it (CPOS).

For projects that did not use external data collection companies it was an issue when children were not at home for prearranged interviews. This was overcome by phoning before travelling to remind them. It was also essential to employ interviewers who demonstrated commitment and maintained a cheerful attitude when children did not attend interviews: They (participants) saw them (interviewer) as somebody who was consistent, somebody who was there, and somebody who listened to them" (LONGSCAN). Interviewer training was also considered important and POCLS employed computerised training. Longitudinal researchers also needed to navigate through many different bureaucratic systems including schools, child protection services and sometimes criminal justice systems to access children or young adults. There are also the logistical challenges of contacting families who frequently move home and schools. Many families are vulnerable and have limited time to engage with researchers: "one completed interview can be the result of multiple contact" (GUNZ).

In terms of data collection tools researchers emphasised the importance of selecting instruments that were best suited to answering the research questions. They also outlined the value of including parents and teachers in qualitative interviews to "examine the child from every angle" (SPARK). It is also useful to incorporate tools that maintain children's engagement such as IPAD games. Selecting the most appropriate data collection tools is a long process: "You can't really spin this stuff out in three months or four months and have beautiful questionnaires and a recruited sample" (PCOLS). Researchers commented that the choice of data collection tools and assessment are driven by policy committees and the data that is needed. It is also important to anticipate change as often more useful instruments are developed midway through longitudinal studies. Growing up in care advised that it is beneficial to send newsletters every six months to carers, participants and agencies outlining ongoing findings during the data collection phase. The newsletters will allow gatekeepers and participants to see the benefits of the study. MCS found that compliance rates for surveys were lower than qualitative work. In order to counteract this barrier, they explained the survey process to children during home visits and sent reminders to their mobile phones. For multi-site projects it was fundamental to use the same data collection tools and instruments across all sites. However, LONGSCAN noted that they also used sub-studies that were individual and used individual measures for single sites.

For quality purposes, when working with field work companies, researcher teams had survey teams that worked closely with field work agencies. Quantitative studies commented that in hindsight they would include face to face surveys combined with telephone interviews rather than online surveys as they would enable researchers to develop a better rapport with participants. It was noted that online surveys are cheaper but require a greater deal of follow-up to maintain compliance. Using a mixed methods approach was viewed by many as the best option to use: "I think using a mixture of both quantitative and qualitative methods would still be my preferred option. They give you different information" (ERA).

In terms of data analysis for quantitative longitudinal research PCOLS recommend keeping a data dictionary for the duration of the project. UCLA highlighted the importance of maintaining consistent labelling across waves and maintaining clarity throughout: *“one thing that data analysis depends on is having really good records of the data, having a really clear code book, and making sure that the data has been processed and cleaned”*. It is also recommended to maintain original data files before they are cleaned to refer back to years later if necessary. Changing measures mid-stream was a challenge for researchers. LONGSCAN noted that improved software was released during the study:

In thinking about the data analysis that’s available, you could come up with almost an infinite number of ways you might have designed the study differently. But having in your mind those more powerful techniques I think might colour things.

Many studies used data archiving to enable other researchers to use the data. Many studies found that making data available to others was beneficial: *“The national archiving I think has made the data much more beneficial, and probably moved the field forward more than those informal things I think”* (LONGSCAN). However, LONGSCAN had a five year embargo before the data became available to secondary users. MCS run training and webinar courses to make data more accessible to policy makers. In terms of analysing administrative data, there is a need to identify the usefulness of that data and many studies use mixed methods to counter balance the negative aspects of administrative data: *“It changes you know on a daily basis. Whatever data we get is always just a snapshot of what’s going on at the time, because of the way it’s meant to be used. Not everything that we would want is recorded there”* (Beyond 18). Some agencies are reluctant to release data. GUI noted that anonymising and archiving qualitative data requires a lot of resources. For quantitative measures it was also recommended to employ a good statistician. SPARK suggested that there is a need to train staff and that it can also be difficult to recruit people with appropriate skills and experience.

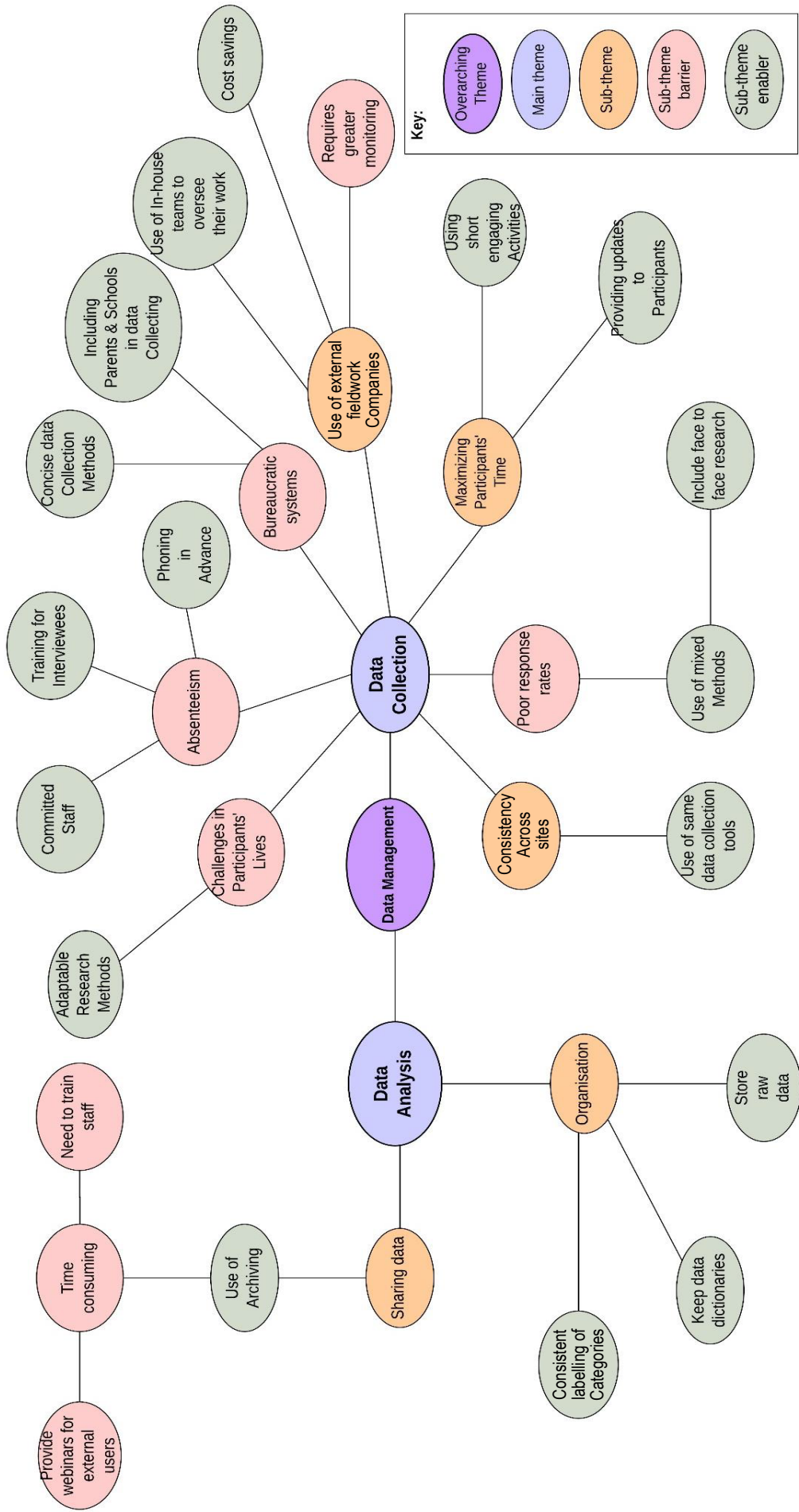
3.1.7 Summary: Data Management

Participants identified a need for adaptable research methods to deal with changes in participants’ lives. To minimise attrition there is a need to maximise participants’ time and therefore short engaging activities should be used. Although quantitative methods are more representative and less expensive than qualitative methods, surveys require a greater deal of follow up and can have poor attrition rates. To increase rigour and retention mixed methods tools are employed. Costs may be minimised through the use of external fieldwork companies. Table 4 and Figure 7 summaries the barriers and enablers associated with dealing with data. Although barriers and enablers are presented side by side they do not necessarily correspond to each other in every case.

Table 4 Barriers and enablers relating to data management

BARRIERS	ENABLERS
Challenges in participants lives	Adaptable research measures
Absenteeism	Phoning participants in advance of interviews Committed staff Training for interviewers
Bureaucratic system	Concise data collection methods Involving schools and parents in the data collection phase
Maximising use of participant's time	Using short engaging activities Providing participants with updates through newsletters
Challenging to meet policy objectives	Data tools driven by the steering group policy committees
Poor response rates for surveys	Use of face to face interviews Taking a mixed methods approach
Consistency across multi-site projects	Using the same data collection tools at each site Use of sub-studies within sites
Collaborating with external fieldwork companies	Specific in-house survey teams act as project managers for external agencies
Field work agencies required greater monitoring in-house	Cost savings through use of field work agencies
Rigour	Use of mixed methods
Consistency over long periods of time	Keeping data dictionaries Consistent labelling of categories Storing unclean original datasets
Analysing data	Staff training in statistics Employ a good statistician
Sharing data	Use of archiving Training and web-seminars for secondary data users
Online surveys require a greater deal of follow up	Online surveys are less expensive than qualitative interviews

Figure 7 Data management



3.1.8 Project Management

Manging longitudinal projects in terms of governance, structuring the research team, dissemination and cost will be discussed in this section. The structures of governing bodies that helped to steer projects varied across longitudinal studies. Participants described formal governing bodies for instance GUS stated that their project was governed by the Scottish government. Structurally it had a project manager within the Scottish government and a senior programme board that included senior civil service analysts including the chief statistician. The use of formal quantitative advisory groups and analytical groups within government bodies was of huge benefit to the project. POCLS felt that there is a need to include a mixture of government and non-government members in advisory groups. CPOS used three advisory groups. The first advisory group was made up of professionals from both policy and practice and advocacy groups. The second group included national and international academics with expertise in the area of longitudinal studies. The third group was made up of carers, parents and children with experience of the foster care system. SPARK also suggested that it is important to include researchers from previous longitudinal studies in advisory committees as they understand the challenges involved in longitudinal research. LSYPE consulted with a scientific advisory group for each wave of their survey. These groups contained academic experts from different areas including health and employment. They also used open consultation and conferences to gather a range of researcher viewpoints.

Participants also described the strengths of advisory committees. Beyond 18 found that advisory committees were particularly useful at the design stages of projects as it was necessary to have sector and expert input. They were also used to discuss dissemination and promotional strategies. CalYouth found that advisory groups reduced the chance of missing important questions. For longitudinal studies such as LSYPE that use data archiving to make their data available to others, it was hoped that consultation would make the data more relevant:

We hope that the fact that we've been inclusive and broad at the beginning with what is collected will mean that more and more people use the data, so that the data gets more impact and you know more policy use. And we'll have more academics using the data for writing papers and having an impact, ultimately obviously making the lives better of the next generation (LSYPE).

A challenge with advisory groups is prioritising key interests and making sure that the survey does not become too long: *“Every year we face a challenge in whittling that down and agreeing priorities, and collecting enough data to do what we want to do, but also cover enough areas” (GUS).*

The structure of research teams varied across research projects and each interviewee had different advice. GUNZ felt that it was important to have a core group of researchers, who assist with the research design and engagement with stakeholders. But that it is also essential to employ an operational project management group who will ensure that the project remains on budget, compliance with contracts and maintain quality. The panel study on Korean Children also recommend employing a manager to deal with costs. POCLS stated that it is important to also recruit a good data manager at the outset. Large national studies such as MCS employed different teams to maintain specific aspects of the project for instance recruitment or survey design and they used regular project board meetings to facilitate collaboration. LSYPE have four main operational teams. Youth transitions maintained that it is necessary to keep staff focused on specific key areas of the project: *“Having people for whom it is their job and not loading anything else on them is a good idea. It is best if they can just do that and do nothing else, because you will be chasing at nights and weekends”.* When working with external data collectors it is important to employ a member of staff to monitor their work, shadow their fieldwork and to use real-time monitoring to prevent data loss. CIC recommend beginning longitudinal studies with staff who have a mixed range of experience. To help children from minority groups to feel comfortable many interviewees recommended employing interviewers from the same ethnic background. ERA also maintain that

it is important to have an experienced PI leading the study: “Because there are a lot of things that crop up, so you need an experienced PI who has gone through the challenges before”. CalYouth and Midwest believe that it is essential for PIs to be familiar with the demographic group that is under investigation. Positive outcomes for youth from care project maintain that team communication is really important and therefore it is necessary to have regular meetings. In terms of the characteristics of a researcher POCLS maintain that PIs should be charismatic leaders to instil confidence in the project, be persistent and have “an eye for detail”. ERA highlighted the fact that it is important for the team to have a collective range of skills:

You need to have people who represent the range of skills needed. Because nobody’s got all the skills needed. And so you need a team who will work together as a team, respecting the fact that each of us has something to contribute, but nobody within the team can do everything

In terms of dissemination projects used multiple means of dissemination including archiving, conference presentations, journal articles, online publications and public outputs such as webinars or through the media. Studies developed communication strategies and larger longitudinal studies used communication teams that focused on publishing.

Close links with policy makers through conferences and advisory groups meant that longitudinal studies also had a strong impact on policy decisions. For example; in the case of the Midwest study, empirical evidence that emerged from the longitudinal study led to an extension of foster care across the United States of America. In the UCLA project their results informed amicus curiae briefs for the courts⁴. Furthermore, Youth Transitions have influenced changes in approaches to care, protection and youth justice in New Zealand:

“We have fed into lots of changes in government delivery approaches throughout the course of the research primarily in care and protection and youth justice. In general, the policy community operates on a deficit of information about the actual impact of policies on the lives of vulnerable youth and so the research is really important here in terms of putting a human face on terrible, vindictive policies”.

The MCS demonstrated that results from their study influenced the promotion of breast feeding in the UK:

“I suppose one of the big impacts in the early days was breastfeeding. In the study, there was important evidence showing that it reduced respiratory infections and diarrhoea and so on amongst babies. On the back of that, the national institute of clinical excellence (NICE) changed their guidelines around breastfeeding. I suppose the evidence from the study was very important in that decision”.

On a larger scale, LONGSCAN’s findings are presented regularly to key stakeholders throughout the US in relation to the practice and policy implications for child safety, permanency and well-being.

⁴ An amicus curiae is someone who is not a party to a case and may or may not have been solicited by a party, who assists a court by offering information, expertise, or insight that has a bearing on the issues in the case, and is typically presented in the form of a brief. The decision on whether to consider an amicus brief lies within the discretion of the court

3.1.9 Cost

Participants did not offer significant detail regarding the costs associated with their particular longitudinal studies. Nonetheless, researchers discussed the challenges associated with cost. In terms of administrative data, CalYouth recommend that researchers would identify administrative data sources at an early stage and be generous with cost estimates. In their experience it is less expensive for public agencies to request the data. MCS believed that working with administrative data requires expertise but is more cost effective than trying to collect the data directly. Many researchers noted that it is important to allow for enough time to complete data analysis. In some cases longitudinal studies applied for separate and supplementary funding to maximise analysis output:

Because I think all researchers tend to underestimate that what's involved in dealing with the data. You've usually planned carefully in terms of gathering the data, because you have to do that. But you don't always plan as well as one likes (ERA).

When dealing with data relating to children in care many studies were required to converse with multiple states or local authorities and this was time consuming. In order to minimise time constraints Permanently Progressing recommend including survey software in research funding bids. In terms of data collection, qualitative interviews were viewed as important for attrition and helping participants to feel at ease. However, it was generally felt that they were expensive. CIC estimate that one face to face interview costs approximately €135 to complete. Yet, POCLS maintained that one interview costs approximately €320 euro including fieldwork, management support, and training. Seven of the PI's provided information on the approximate costs of the research projects they were involved in. LONGSCAN also provided a detailed breakdown of the cost of a subsequent five year follow-up study and on the cost of individual interviews (see Table 5). Many projects altered their data collection phases to suit funding needs and cuts. For instance, LONGSCAN had brief interviews rather than full interviews and did not include interviews for one wave when funding was not secured. LSYPE substituted telephone interviews with mixed mode interviews using web and telephone to reduce costs. Other studies used online surveys only. Whilst using pre-existing surveys can reduce development costs, MCS found that the costs of measuring scales and licenses need to be included. Rather than purchasing measures SPARK employed a computer programmer to design a computer programme. They found this to be more cost effective in the long run as the participants input their answers into the programme and they did not need to pay staff to input data. The Panel Survey on Korean Children decided to use a paper and pencil method as the questionnaire was lengthy. GUNZ maintain that sample size has a minimal impact upon cost: *"But I think there's a bit of a fallacy out there that suggests that the bigger the sample size, the exponentially greater the cost is gonna be. And actually it's pretty much the inverse of it"*. Many studies commented that personnel was the biggest overhead with SPARK suggesting that personnel accounted for 70% of their budget. MCS maintained that managing several longitudinal studies reduced costs overall.

When budgeting for longitudinal studies it is also important to note that costs increase over time. LONGSCAN pointed out that when project begin they usually focus on specific geographical areas however, children can move vast distances and this can led to increased travel costs in the latter stages of longitudinal projects. Inflation is also an issue as many grants do not increase funding for later waves. Beyond 18 found that careful planning can minimise expenses in the long run. There is also a need to carefully manage the scope of projects and not to over promise research that is not included in the budget to funders. However, gaining advice from expert advisory groups will help to keep projects focused. When working with more than one council or body there is a need to make it as representative as possible but this will add to the cost of projects. As it is easy to underestimate the difficulties of finding a population, it is also important to be aware of unrealistic estimates from survey companies.

TILDA suggested that it is important to have a clear initial budget and to understand what is expected of the research team. TILDA note that it is important to anticipate future funding. For example, they did not have funding to analyse a blood sample however, they took the samples and then froze them until funding became available to analyse. Limited numbers of personnel is always a challenge:

I would like a larger data team because that's... But I also like that I just think we produce cleaner data faster, meaning that the researchers can take it up and run with it faster, and more documentation around it so people can understand the data more. I think that would be good.

While data is available for public access they have hot desk access for more sensitive data where people can apply to enter their premise to analyse data onsite. As they do not have funding for a full time laboratory technician to take samples from the freezer they charge researchers for the use of blood samples. It is important to manage incentives in-house as fieldwork companies are required to charge Value Added Tax (VAT). UCLA advise that when developing a research proposal it is necessary to ensure it is aligned to the available budget. Permanently Progressing advised that it is often necessary to secure funding and design a strong baseline project and to apply for additional funding subsequently. However, it was challenging for PIs to deliver research for existing funders and to simultaneously apply for new grants. It was also noted by Growing up in care that when interviewing or working with external agencies they are offering researchers their time and this costs them financially. TILDA advised that it is cost effective to hire an external fieldwork company to collect data. By hiring an external company it meant that they were not required to directly hire short term contracted researchers to collect data in-house. It mean that they could offer longer contracts to in-house research staff who could publish data.

GUI stated that it is important not to be too ambitious and to specify exactly what you are trying to find out at an early stage: *“the best advice I can give you now at your stage and planning for the feasibility study and planning for one of these is to try to define yourself, every move you make, try to define it.”* There is a need to define what children in care is and to ask important questions such as what groups will be interviewed, will archiving be used or will the data collection be outsourced? All these issues and the length of the study will determine the cost. Anonymization of data for upload onto a database is a specialist, labour intensive and costly process. It's also important to monitor costs at every stage: *“We literally constantly monitor costs. Constantly. We spend a lot of time doing it. So you know that is something which is really important”* (GUI). Overall researchers advised that it is necessary to balance cost savings with using the most appropriate data collection tools to answer the research question:

So I guess the most obvious ways to minimise costs are to have a small sample, and to not do face to face data collection, do remote data collection through the web or through paper questionnaires. But obviously there are downsides to those things as well, in particular in terms of the mode of data collection in terms of what the response rate will be. Because face to face, you'd get a higher response rate than on the web or telephone. (LSYPE).

Table 5 Overall cost of longitudinal studies

PROJECT NAME	DURATION	COST IN EURO
<i>GUNZ</i>	2009-present	€1.7 - 3 million
<i>PCOLS</i>	2009-2015+	-
<i>SPARK</i>	2009-2014 (5 years)	€1.4 million
<i>Pair</i>	5 years	€3.2 million
<i>LONGSCAN San Diego</i>	20 years	€4.2 million
	5 year (follow up study)	€680,000
	Qualitative interviews	€340,000
<i>GUS single wave</i>	2005-Present	€800,000 to €1.1 million
<i>Beyond 18</i>	2015-2018	€645,000

3.1.10 Summary: Project Management

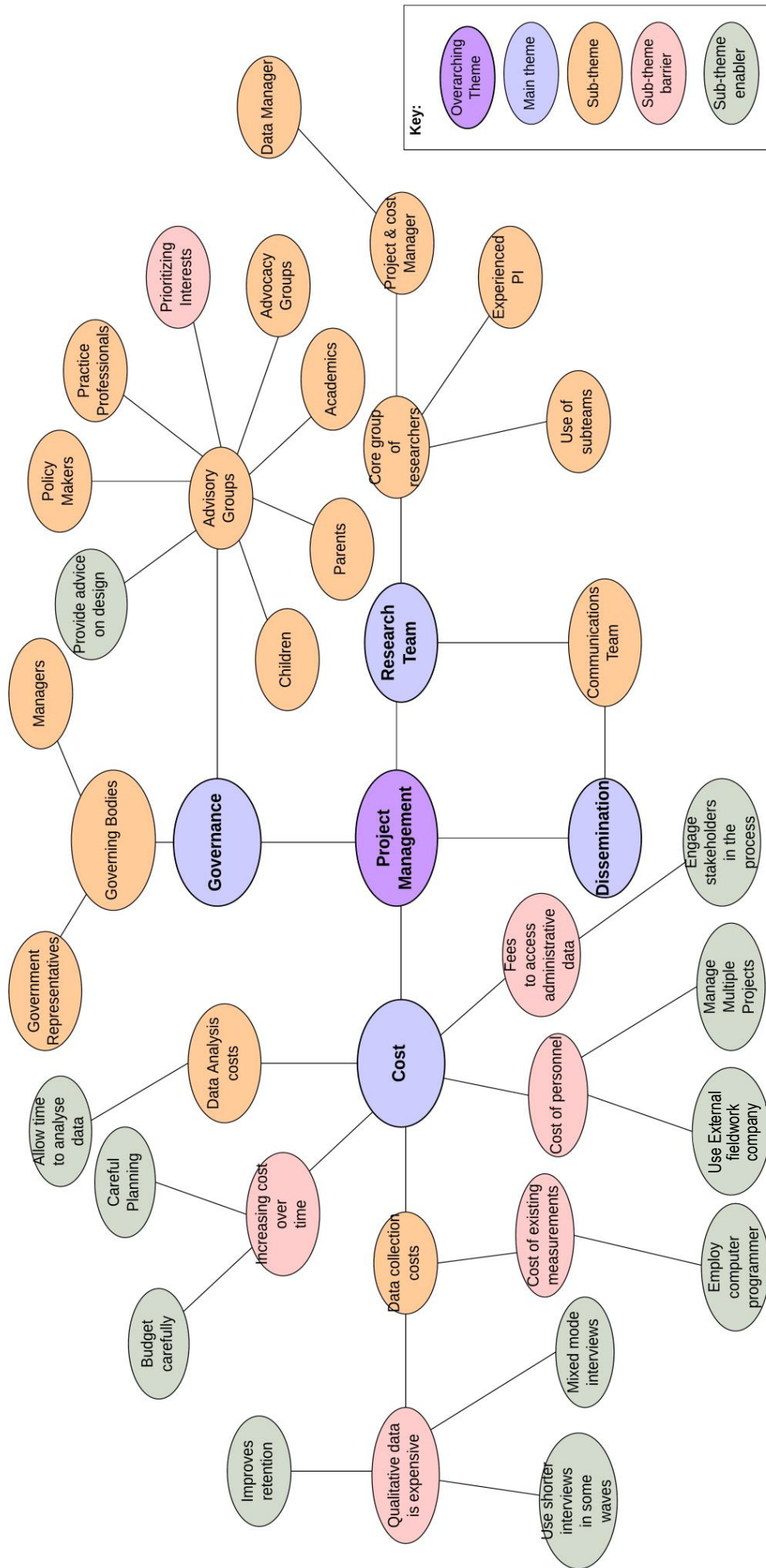
This section discussed project management of a longitudinal study in terms of governance, structuring the research team, dissemination and cost. There is a need to include government representatives and system managers in governing bodies. Multiple advisory groups are necessary to provide design advice and to develop a holistic longitudinal study. Communication teams can improve dissemination of results. In terms of costs research teams need to have a broad mix of experience and expertise. Cost challenges include cost of personnel, the cost of qualitative research, inflation and the cost of anonymising data. There is a need to constantly monitor costs during longitudinal studies. Table 6 summarises barriers and enablers relating to project management. Although barriers and enablers are presented side by side do not correspond to each other in every case.

Table 6 Project management barriers and enablers

BARRIERS	ENABLERS
Structuring governing bodies	Include government representatives and managers
	Multiple advisory groups: Can include professionals from policy, practice and advocacy groups. National and international academics and researchers from previous longitudinal studies Carers, parents and children with experience of care
Developing strategies	Advisory groups can help to advise on design, dissemination and promotional strategies
Prioritising interests of various groups	
Developing a research team	Need a core group of researchers Need for an experienced PI Operational project and cost managers Need for a data manager Larger systems use different teams for each part of the longitudinal study May need a separate team to work with external agencies
Appropriate dissemination	Communication teams to focus on publishing Use links to policy makers, advisory groups, webinars, contact with media and conference presentations to disseminate results
Fees to access administrative data	Identify administrative data sources at an early stage. Be generous with cost estimates for accessing administrative data
Analysing administrative data requires expertise	Analysing existing administrative data is more cost effective than collecting data directly. Important to allow time to complete data analysis.
Qualitative methods are expensive	Less attrition with qualitative methods Use shorter interviews in some waves Use mixed mode interviews with web based programmes.

Using existing scales or measurements can be expensive	Employ a computer programmer to develop self-administered questionnaires.
Personnel costs	Manage several longitudinal projects Use of external data collection companies
Increasing costs over time	Factor inflation into budgetary planning Careful planning
Over ambitious scope	Do not over promise to stakeholders at the outset
Cost of attrition	At planning stage, do not underestimate difficulties with finding a population
Over spending	Develop a clear initial budget and associated research design. Anticipate future funding
Paying VAT towards incentives	Manage incentives in house as external data companies will be charged VAT
Data anonymization is expensive	Decide whether archiving will be used at an early stage and if so factor the cost of data anonymization into the budget
	Monitor costs throughout the project and balance this with using the most appropriate data collection tools.

Figure 8 Project management



3.1.11 Thoughts for the Future

Participants discussed the advantages and disadvantages of longitudinal research. They also offered advice for future longitudinal research and described the next steps for their own longitudinal research. Growing up in care maintained that with longitudinal studies it is possible to monitor changes as they occur in real time. SPARK felt that it is important to carry out longitudinal research of young people in care to prevent negative outcomes. The advantages of longitudinal research depends upon the objectives of the study. GUS found that the impact of longitudinal research over cross-sectional research is that it has the ability to focus on the impact of early circumstances on later outcomes.

According to CalYouth the main disadvantage of longitudinal research is that they take a long time to complete and pertain to a particular historical period in the life of a country. Therefore, if a longitudinal researcher wishes to examine a particular policy it is important to wait until that policy is implemented before beginning the research. At some point the study will also become dated.

In terms of advice for the future research, GUI state that when setting up a longitudinal study the first step is to identify the main stakeholders and then to set up an appropriate consultative process with each stakeholder group. There is then a need to prepare briefing documents to set up the study. Within this is it important to include as many important stakeholders as possible as it would be extremely questionable to exclude big stakeholders: “The last thing you want to do is set up a longitudinal study of children in care say, and then find that there’s a big stakeholder group who you haven’t consulted with”. Participants stressed that it is fundamental to build strong relationships with organisations who work with children in care: *“Build and retain strong relationships with the organisations that work with these youth and also with the parents if you can, these are the relationships that will help you re-find the youth and who will also provide you with the most satisfying ways of working out how to make your research most useful to them”* (Youth Transitions).

Growing up in care stated that it is essential to think carefully about the aims of the study and that it is useful to have at least two perspectives for example children as well as carers and that in terms of methodology it is important to *“tailor your objectives to your resources”*. Some longitudinal studies suggest that if they had more resources they would have preferred to carry out more qualitative research. It is also essential to use consistent measures across each wave for comparative purposes: *“Not changing measures mid-stream. I think designing, just in terms of the retention strategy, focusing more on the kids rather than just the adults”* (LONGSCAN). Before commencing a longitudinal study it is fundamental to understand the reasons for needing that type of study and to ensure that the longitudinal aspect of the project is maximised: *“make sure that in running and designing and developing a longitudinal project, you are maximising that unique feature of that project, that longitudinal feature”* (GUS). Many participants maintained that it is essential to have a qualitative element to longitudinal studies of children in care:

I think actually getting as much as you can about the actual experiences of these individuals, which means going beyond just collecting the quantitative data. I think the qualitative piece is so crucial, and gives you a much better understanding of what the lives of these individuals are like (LONGSCAN).

In terms of next steps many of the participants are about to engage in the next sweep of data collecting. The Panel study on Korean children will examine independent living and some of the children first explored as part of CPOS are now parents themselves. However, ERA warn that there must be a purpose to each wave of data collection:

I think it's important in longitudinal studies not to go on following them simply because they're there. But on the other hand, if there are new issues that require a further follow-up, one should do them.

3.1.12 Theme 1: Summary

This chapter has considered the technical, methodological and value for money barriers and enablers for conducting a longitudinal study of children in care or leaving care. It has identified a need for organisations involved to think carefully about the aims and objectives of the study at the outset. It is possible to monitor changes in children’s lives in real time through longitudinal research and this is important to identify and promote positive outcomes as well as prevent negative outcomes. In terms of next steps, for a longitudinal study of children in care in Ireland it is fundamental to identify main stakeholder groups and to set up consultative processes with each group. It is also necessary to develop consistent measures across research waves or phases. Table 7 below summarises barriers and enablers relating to thoughts for the future. Although barriers and enablers are presented side by side they do not correspond to each other in every case.

Table 7 Barriers and enablers relating to thoughts for the future

BARRIERS	ENABLERS
Longitudinal studies take a long time to complete	Monitors changes as they occur in real time Helps to prevent negative outcomes for children
Longitudinal studies pertain to particular historical periods and can become dated	Relationships with a range of key stakeholders
	Think carefully about the aims and objectives of the study
	Mixed method designs

3.2 Theme 2: Children and Families Policy & Practice Context in Ireland

This section presents a comprehensive thematic analysis of semi-structured interviews conducted with eight experts in the area of child welfare and children in care in Ireland. Interviewees came from research, policy and practice backgrounds. Participants worked primarily in the Irish context and some also had international experience of working with children in care.

3.2.1 Existing Data

Respondents discussed existing research gaps within the Irish context. They concurred that there is a paucity of research or information that tracks individual children within the Irish care system. Respondents felt that the child welfare system could learn a great deal of information by tracking the outcomes of children in care: *“there’s a huge learning for us if we can track the young people in young adulthood and see what we did going back say ten or fifteen years, did it work on the kids when they reached adulthood? And where are they? And also what do they say about the care we provided?”* (Participant 7). Furthermore, Participant 6 suggested that there is a need for further information regarding the age a child enters the care system and their outcomes. This participant felt that although there is information on this internationally, there is little information in the Irish context. It was also maintained that by bridging this gap funding could become targeted towards the areas that need it most. Participant 4 commented that existing research in relation to children in care is often small scale and qualitative in nature.

3.2.2 Existing Data Collection Systems

Respondents overall noted that Tusla is a relatively new organisation and therefore it may be difficult to collate information on children who entered care before its foundation. Participants also noted that different services within Tusla have different data collection systems and that the National Child Care Information System (NCCIS) project is attempting to collate many of these systems into a national system. Although new to the organisation Participant 8 maintained that the type of data collected has greatly improved: *“I have to say that the data has improved hugely in the last number of years, particularly I suppose since Tusla’s been set up because of the fact that they have you know performance data, monthly or quarterly reports, annual reports”*. Most interviewees relied on care plans, quarterly reports and social worker reports to gain information regarding children in care. Although quarterly reports are publically available, care plans are confidential. However, Tusla collects metrics information and as part of this, each area has an information officer who collates data. Participant 2 stated that this information is reported to a National Performance and Reporting Information Manager and each information officer is provided with a definition document which lists the questions that they must ask social workers. Through using metrics Tusla can show how many children are placed in care settings at a given time. Tusla publish data from the metrics quarterly and annually. Currently the metrics outline the number of children in care, workers and staff. However, Participant 2 felt that there is a need to examine developing processes that would begin to collate information regarding development outcomes for children in care. Currently the metrics outline a number of areas including child protection, children in care, staff etc. Overall, the importance of carrying out research into the lives of children in care in the Irish context was stressed:

We need to keep building on that knowledge, and I think being sensitive to context you know is crucial, so that we don’t always rely on what is happening internationally. You know that we’re building our own knowledge base of what’s happening nationally (Participant 4).

3.2.3 Benefits of Longitudinal Research in an Irish Context

All participants outlined the importance of research into children in care in Ireland and highlighted the need for longitudinal data in this area. Respondents generally suggested that existing knowledge gaps could be filled by conducting a longitudinal study. Participant 4 maintained that there is a need to carry out research into children in care to support Tusla’s role in delivering the best possible service to children and to deliver the strongest possible outcomes for families. This participant found that there is a requirement to balance research knowledge and to fill research gaps. Participants 5 and 8 maintained that a longitudinal study is necessary to evaluate practice in comparison to other jurisdictions. Participants also noted a need to compare the outcomes of children in care to the national population in the areas of education and wellbeing and to further compare outcomes of children in different types of care and in different parts of the country. A longitudinal study would also enable practitioners to understand change over time. Participants outlined the importance of being able to predict outcomes for children. They commented that the need to explore the outcomes of children in care could best be achieved by undertaking a longitudinal study. There is also a necessity for policy makers and practitioners to learn more about the lives of young people in care:

The issue was, how do we know how young people are progressing in Ireland? You know what do we know about their pathways? What do we know about their long-term outcomes? And so the interest in longitudinal types of studies to try inform what life is like for young people I think as a researcher has kind of been there for quite some time (Participant 4).

Although participants felt that a longitudinal study of children in care would be beneficial for policy makers they also noted that it is a costly method. However, participants believed that despite cost implications, a longitudinal study can provide important insights into the outcomes of children in care and would have value for researchers, policy makers alongside practitioners. In line with this, one participant, stated that

currently there are short-term indicators that show the impact of education and continuity of family support. However, there are no long-term indicators to measure the impact of family support measures on the lives of adults who are over the age of 23.

Participants noted that there is an increase in the number of children in care completing third level education and that a longitudinal study might offer an insight into whether *“this would serve them better in the long run”* or not. Furthermore participants felt that the findings of longitudinal research could inform staff training within Tusla and university education for social workers. The need to apply learning from longitudinal results to practice was also echoed. It was suggested that a longitudinal study would offer insights into the effectiveness or ineffectiveness of the services that are currently provided. An understanding of children’s overall experience of care and the impact of services towards preparing children for independent living would also be gleaned within a longitudinal study and the supports available to children after they leave could be examined. Anecdotally, one participant stated that in some cases the children of people who grow up in care also enter the care system. This participant suggested that a longitudinal study might offer an indication of how to break this repetitive cycle. Overall it is hoped that the results of a longitudinal study would inform the work of Tusla: *“I would hope that the learning from the longitudinal study will be brought back to us as a service, and that we use that to improve our services for kids in care”*.

3.2.4 Challenges of Longitudinal Research in an Irish Context

Respondents discussed some of the challenges that they would associate with conducting a longitudinal study of children in care within an Irish context. Participants stated that before developing a longitudinal study that explores outcomes it is necessary to identify how good outcomes are measured: *“how do you measure good outcomes? Is it if you have a job, you’re self-sufficient, you have a family, you’ve kids, the kids are living with you”*. Participants noted that if administrative data is used as part of the longitudinal study then the resourcing of staff and services would need to be planned from the outset: *“It’s a systems, it’s a co-ordinating piece. I think there’s gonna have to be a sort of resource allocation to it. I think I would see that as a challenge to the data collection...probably the biggest one”*. This participant suggested that it may require a huge amount of resources to clean administrative data and perhaps would require hiring external experts. Participants also noted that staffing should be carefully considered at the outset: *“It’s much better if you can obviously think about what is going to happen ten years down the line you know as people move on and roles change. What are the structures in place?”*

Respondents discussed potential issues relating to sampling children in care for a longitudinal study. Developing a sample frame was highlighted as potential challenging. Sampling in conjunction with key partners was advocated. The challenges potentially associated with consent was noted with acknowledgements that there may be an issue as parents’ consent can change over time. In keeping with this, participants noted that it is important to establish protocols around consent. Participants also noted that there may be a need to include the views of the parents of younger children in the research. Furthermore, participants commented that there is a balance between hearing the voice of the child and causing undue stress: *“sometimes, given the nature of the work, we have to assess the benefit/harm ratio of going directly to a young person who may be quite traumatised by their experience”*.

Participants stated that existing research on children in care and deficit indicators in Ireland focuses on the most vulnerable groups. Although it is important to cater for the needs of those who are most vulnerable, it is also fundamental that policy does not centre around one particular group of children. Therefore, Participant 6 maintained that there is a strong need to uncover whether policy is working for a variety of cases. Many participants felt that perhaps cohorts of children in care are not being examined. It was noted that many children in care do not define themselves as being in care and this might pose a challenge for engaging children in a longitudinal study: *“I think the challenge to a longitudinal study would be to engage with young people who don’t really have the identity of being in care”* (Participant 6). Furthermore participant

7 suggested that it may be challenging to engage with adults who have left care and with children who do not engage with advocacy groups such as EPIC:

Some of our kids don't want to engage in these services, and they think no I'm fine on my own, and I don't need that. So I think the challenge would be to capture those kids that don't pop up in other services that we provide. And maybe the kids who didn't avail of aftercare when they left.

Participant 3 concurred with this and suggested that children with successful outcomes might be difficult for researchers to access. This participant also maintained that it might be difficult to gain access to young adults who did not remain in education after the age of 18. Participants also felt that it would be challenging to retain children who had exited the care system in a longitudinal study. Participant 3 advised that future studies should sample children with varied profiles and also suggested that people in their mid-twenties should be included. Participant 5 surmised that attrition might be influenced by a child's experience of care and that those with negative experiences would have a different interest in taking part than those who had a positive experience.

From an ethical perspective participants suggested that the management and commissioning structure of the project would need to be carefully considered:

I don't know the intention if there was a longitudinal study that is commissioned by Tusla. It's managed by Tusla...I really don't know if that is the right way to go. Because on the one hand you're offering this very challenging service to people in a very vulnerable situation. And also you want to collect this information. And so I think as an ethical issue, I think that's the big piece for me, the power dynamic.

Participants also found that getting “the governance structure right and planning for the longer term is important” and that data protection needs to be considered and in particular there is a need to identify who has access to data and the length of time that it will be kept.

3.2.5 Future Considerations

Participants advised that it is critical to have accurate definitions of terms and language used in relation to children and young people in care at the outset of the research process. A clear definitions document will inform the design and use of an administrative database. Participants maintained that the most fundamental piece of advice is to detail planning and design well in advance taking into account issues such as: how long the study will be, who will be the final custodian of the data, how, when and where will data be archived and how the project will be funded after perhaps more than a decade of work. Participants also suggested that it is important to consider the procurement process at an early stage and stated that this will impact upon how the project is contracted. Depending on how the procurement process is set up, contractors may be changed during the course of the project. It is challenging to adjust to a new contractor when the original contractor has built up their expertise: “And then you know one contractor will build up expertise, and then you have to go back out to procurement” (Participant 1). This also links in with the issue of funding whereby funding is allocated for a short period perhaps one wave and therefore a new procurement process will take place for the next phases. It is therefore important to consider governance structures early in the development of a longitudinal study of children in care:

“So you know like funding often is you know for a short to medium term, whereas longitudinal studies are a longer term. So the governance structures if you begin a longitudinal study are important” (Participant 1).

A number of participants also noted that a broad and general questionnaire could be considered for a longitudinal study of children in care with a more in-depth follow-up with some participants. However, it was also indicated that using a standardised questionnaire would bring challenges as children in care are a diverse group: “But I think a very potentially disparate group in age and other factors which make a standardised questionnaire

challenging I would think”. Participant 8 emphasised the need to include a qualitative element in a longitudinal study of children in care: *“You know that face-to-face interview is invaluable...to break the ice a little bit with the young person that they’re interviewing”*. Participants also advised that there is a need to examine the intergenerational care experience of children in care to explore why in some families more than one generation have experienced the care system. Finally, participants stressed that a longitudinal study of children in care would appeal to a diverse range of people including policy makers, politicians and practitioners. Participants maintained that a longitudinal study could provide robust information to inform policy:

“To sustain them in that information is so good that it is robust and will inform how we develop in policy and legislation. It’s multi-faceted in that way... you would hope that the findings of that approach would inform policy practice legislation. So that the secondary use of it is important, but also... I think ultimately isn’t that the goal of longitudinal research?”

3.2.6 Theme 2: Summary

This section focused on the policy and practice context of a potential longitudinal study. Analysis in this section has identified the benefits towards conducting a longitudinal study of children in care or leaving care. It was evident that there is a particular need to track the outcomes of those who have left care and now in young adulthood. There is also a need to trace the age that a child enters the care system and their outcomes. A longitudinal study could also assist with examining the intergenerational experiences of children in care. There are currently short term indicators relating to outcomes but interviewees highlighted a lack of long term indicators that could be uncovered through longitudinal research. Overall, longitudinal research would inform policy and practice plus would have relevance for both practitioners along with policy makers. However, potential challenges include difficulties with accessing adults who do not define themselves as having been in care, challenges with accessing adults who were less vulnerable and issues with contacting children with successful outcomes. There is also a need to consider staffing issues concerning access to data along with management and commissioning structures. There are potential attrition issues that may be influenced by participants’ experience of care. To maximise the usefulness of a longitudinal study it is important to have accurate definitions for children in care and to develop a clear definitions document. It is also important to plan carefully for the future and to consider the procurement process.

3.3 Theme 3: Benefits and Risks of a Longitudinal Study of Young People Leaving Care Compared to a Longitudinal Study of Young People Currently in Care

This section considers the benefits and risks of a longitudinal study of young people leaving care as a stand-alone study compared to a longitudinal study of young people currently in care. It seeks to answer the research question of: *what are the benefits and risks of a longitudinal study of young people leaving care as a stand-alone study compared to a longitudinal study of young people currently in care?* Participants were involved in six longitudinal studies of children leaving care namely; CalYouth, Midwest, Beyond 18, Youth Transitions, Longitudinal Study of Wards Leaving care and Positive outcomes for youth from Care Project.

While the studies had similarities there were also specific design distinctions depending on whether the research aims and objectives necessitated the inclusion of children in care, children leaving care or both cohorts. For instance, Positive outcomes for youth from care project, identified a research gap in the area of children leaving care in Canada *“it was a very open ended type of research questions, really coming from that place of curiosity, and then recognition that this was new territory in terms of research with this group, at least that we were aware of”*. CPOS was originally focused on children in care, however as the project progressed it became clear that tracking the children to adulthood would enable them to gain an insight into the groups outcomes as they formed families of their own. Beyond 18 identified the concerns of their advisory committee and found that issues such as concerns for accommodation could best be researched through a longitudinal study of children leaving care. Longitudinal studies of children leaving care can have a strong impact on policy and programmes. For

example, results from Positive outcomes for youth from care project, were used as the basis for developing supportive programmes for young people who age out of care. It was also used as a reference by government to justify the need for ongoing supports to youths in care.

One of the main possible challenges with developing a longitudinal study of children leaving care is gaining access to participants and retention. Beyond 18 stated that “*older adolescents and young adults are really hard to retain in studies...because they have other things going on in their lives*”. It is also important to note that young adults move around a lot for jobs and training. Positive outcomes for youth from care project, describe this group as a “*transient vulnerable marginalised community or population*”. Participants discussed discontinued studies and noted that these studies began studying children in care when they were 23 years. CalYouth advise against this and stated that “when people leave the system it is very difficult to find them”. CalYouth and Midwest advised to begin longitudinal studies of children leaving care when the children are still in care as children leave care at different ages. In terms of accelerated studies, it would also be difficult to recruit an older cohort if they had already left care. It is more difficult to recruit children who have left care as they are no longer in contact with gatekeepers such as social workers:

If we had...let's say had a cohort who were 19 and then another one that was 23, 24, the challenge to that is how we would access or recruit that group? ... It was challenging enough to try to recruit those, where at least we could have a social worker at least promote the study to the young people that she or he was working with prior to their aging out of care (Positive outcomes for youth from care project)

Participants also discussed minimising risks. Beyond 18 noted that their original intention was to begin recruitment with children at 17 however, they expanded recruitment to sixteen to increase responses. Researchers from the Wards Leaving Care study found that having a small sample size was beneficial as it meant that PIs could maintain direct contact with participants. Wards Leaving Care project interviewed the group one month before they left care, three months after they left care and then did a follow four or five years later. They successfully retained 45 out of 47 participants. They attribute developing a good rapport with participants as the main reason behind a high retention rate. They also maintained that many of their participants wanted to help children who were currently in the care system:

And we developed a bit of rapport, and also especially with those that we had provided some assistance to...I think it was cathartic for them to talk to somebody about what it was like, and for somebody to really listen. And so we had quite a good relationship with them.

It was also noted by respondents that the most successful longitudinal studies of children leaving care had a good relationship with the authorities or organisations that can provide access to a strong sample frame. They also used interim interviews between waves and incentives to maintain contact with participants. Some participants in longitudinal studies of children leaving care were in jail or lived in remote areas and wards leaving care stated that it is important to employ researchers that are prepared to travel long distances to meet with participants. Furthermore, Positive outcomes for youth from care project hired data collectors who had been in care or worked in the community. They noted that one of their senior researchers had a background in clinical counselling and that was beneficial. They also decided to embed the opportunity for peer support within the research process. As their participants had aged out of the youth services and supports of social workers, they offered respondents a number of sessions with former youth in care. The former youth in care researchers helped participants with non-clinical or counselling issues such as moving home or communication issues.

3.3.1 Theme 3: Summary

The main benefits of carrying out a longitudinal study with care leavers was that it enabled researchers to track the progress and outcomes of children in care. It also helped policy makers and practitioners to tailor existing programmes around evidenced needs and to develop programmes for care leavers. The general consensus is that retention and access to participants is particularly challenging for longitudinal studies that solely examine children who have left care. However, many studies successfully completed longitudinal studies of children who have left care. These studies usually overcame these challenges by using small samples, qualitative methods and building a good rapport with participants. Given the transient nature of this group and the need for face to face contact there may be added costs associated. Nonetheless, there is a fine balance between developing strong relationships and crossing ethical boundaries. Table 8 below summarises the barriers and enablers towards conducting a longitudinal study of children leaving care as outlined by participants.

Table 8 Barriers and enablers relating to a longitudinal study of children leaving care

BARRIERS	ENABLERS
<i>Gaining access can be challenging as young adults can be transient</i>	Can examine issues that affect adults who have left care for example accommodation and raising children
<i>Can gain a wealth of in depth information from small groups of care leavers</i>	Expensive study with the potential for high
<i>Through employing data collectors from the community policy makers can learn from adults who have left care</i>	Getting the balance right between developing strong relationships and crossing ethical boundaries
<i>Can gain insights into long term outcomes</i>	

3.4 Theme 4: Comparative Analysis with Growing up in Ireland

The Growing Up in Ireland (GUI) longitudinal study seeks to examine the developmental pathways of children in Ireland. This section seeks to uncover how a longitudinal study of children in care or leaving care can relate conceptually and methodologically to the GUI study, so that opportunities for comparative analysis between the general population of young people and this specific population could be undertaken. It seeks to answer the research question: *How could a longitudinal study of children in care or leaving care relate conceptually and methodologically to the GUI study, so that opportunities for comparative analysis between the general population of young people and this specific population could be undertaken?* Participants from the area of child welfare and children in care in Ireland and the international researchers explored the idea of using similar approaches and standardised measures to those used by GUI or longitudinal studies in other jurisdictions. Both viewpoints are detailed in this section.

3.4.1 Importance of Comparing a Longitudinal Sample of Children in Care or Leaving Care to the General Population

Participants discussed the importance of using comparative groups in longitudinal studies. ERA maintained that comparing groups was fundamental: *“I think it is always necessary. And that needs to be studied in the same sort of way, and ideally the same sort of time. Because societal conditions vary over time, and those may play a part”*. The panel study on Korean children also found it useful to compare children in care with the general population. They used similar questionnaires to compare the outcomes of children in care to the general population. In terms of linking data collected by a future Irish longitudinal study of children in care to GUI, Panel study on Korean children recommend that this would be useful however, there would also be a need for questions relating to care:

It would be very beneficial to use their survey questionnaires...I don't know whether you need to get special permission from them. But if that is a possibility, I think I would recommend that...but our questionnaires have a different set of questions related to their care.

Participants suggested that it would be beneficial to compare the experiences of the general population to children in care. However, participants noted that there may be a need to introduce specific questions about the children's care experiences and outcomes: *“I think there's a combination of being sensitive to what we know from research on what affects children in care and practice wisdom and all of that, plus some ways of kind of measuring against general population”*. Participant 1 advised that *“instrumentation or the questions that you will ask will change as people age”*. Therefore it may be necessary to develop and review questions as the project progresses.

3.4.2 Existing GUI Design and Children in Care

Currently children in care are represented in GUI on a pro-rata basis. GUI stated that there is not a sufficient number of children to do a comprehensive analysis of children. Participant 4 felt that a longitudinal study of children in care is necessary to examine the outcomes of children in care. In particular she outlined a hypothesis that breakdown of placements and interruptions to education can impact upon outcomes. Therefore, by having two studies working in parallel it would be possible to compare outcomes for children in care with children of the same age in the general population. She maintained that a longitudinal study of children in care could offer a comparison between the outcomes of the general population and children in care to provide evidence for policy makers. However, Participant 4 also noted that the sampling strategy for GUI did not facilitate an analysis of the experiences of children in care:

It was recognised that it (GUI)...could not say anything significant or powerful or robust about the experience of young people in care, because the way the GUI was set up didn't allow for that... different pockets, different cohorts of young people weren't represented, or the representative sample was so small of those groups that they weren't able to really extract information. (Participant 4).

In terms of retention Participant 1 noted that GUI have used small interim surveys to maintain an interest and contact with participants in their study. This participant also pointed out that it is important to take the data collection Statistics Act (1993) into consideration and that GUI had the support of CSO in this matter. The issue of data protection would be particularly pertinent for children in care. At the time of writing this Report (as of May 25th 2018) the General Data Protection Regulation (GDPR) will replace previous data protection laws in the European Union (see <http://gdprandyou.ie/>). The new law will give persons greater control over their data (personal data) by setting out additional and more clearly defined rights for individuals whose personal data is collected and processed by units. The GDPR also imposes corresponding and greatly increased obligations on units that collect this data. The core principles of Data Protection with regard to Personal Data requires that:

- No more data than is necessary is collected from an individual for the purpose for which it will be used;
- Personal data must be obtained fairly from an individual by giving them notice of the collection and its specific purpose;
- The data must be retained for no longer than is necessary for that specified purpose;
- Data must be kept safe and secure;
- Individual must be provided with a copy of his or her personal data if that person requests it.

The impact of this new legislation on accessing data on children and young people in care will have to be carefully considered in the planning and design of any future studies with this cohort.

3.4.3 Developing Comparative Measures

GUI have synchronised many of their measures with MCS and believe that it would be possible to also synchronise a longitudinal study of children in care with GUI. MCS believe that “*it might be important to try to align*” measures with GUI. GUI maintain that although some issues are specific to children in care many issues would be similar to that of the general population. Examples of measures that may be comparable include school performance tests, cognitive tests, socioemotional development and health. GUI advised that when designing the methodology for a longitudinal study of children in care a benchmarking exercise should be carried out to assess existing measures in GUI for their appropriateness. MCS followed on from previous national longitudinal studies of children carried out by the Centre for Longitudinal Studies. In order to harmonise measures, they also began by assessing the relevance of existing measures and particular elements of existing measures. MCS used accessed consortiums which bring together a number of cohort studies to carry out this task.

We tried to ensure that we have kind of cross cohort harmonisation in measures in so far as possible...some measures will change or some things maybe weren't asked very well in the past, and we won't want to just carry that because we want to improve that question.... There's a consortium called 'closer', which brings together lots of different cohort studies, and it sort of funds work into harmonising measures (MCS).

In line with this, Permanently Progressing advised that if researchers in the future wanted to compare the results of an Irish longitudinal study on children in care to GUI, it would be important to take policy changes in existence since the start date of GUI into consideration. However, MCS pointed out that it is easier to conduct methodological analytical work when measures are almost identical and the Panel study on Korean children used questionnaires that are similar to the national panel study. Nonetheless, many of the questions from particularly the first wave of GUI are no longer relevant for instance questions relating to information technology (IT). Participant 1 stated that if a longitudinal study of children in care use the same measures as GUI there will be time differences between the same groups:

“There'll be differences in the context of time. If you are looking at seventeen year old children, in GUI, the data collection would have happened last year. If you were looking at collecting data for a seventeen year old in five years' time. They're not directly comparable”

From a policy perspective GUI also maintained that having comparative measures is a powerful tool. It is also fundamental to use tools that have been psychometrically validated and GUI alongside other existing longitudinal studies have already used validated tools such as the Strength and Difficulties Questionnaires (SDQ) tests. GUI also recommend the use of mixed methods for an Irish longitudinal study of children in care however, given the small number of children in care in Ireland disclosure could be an issue in terms

of anonymization for archiving on IQDA or ISSDA. In their opinion a quantitative survey followed with a qualitative sub-sample might be the most appropriate research design. In terms of specific minority groups such as Travellers LONGSCAN suggested that it may be necessary to have a sub-study as groups that are more mobile than others may be more difficult to retain. In terms of selecting measures and topics for inclusion in a longitudinal study of children in care, Participant 1 noted that it can be challenging to identify the most important topics and to ask the relevant topics in a short space of time:

“It can be a hard call to decide what goes in and what goes out. And if you make the questionnaire or the participation too... Not necessarily even in the context of the questions, but too you know if you’re spending three hours with someone, the chances are they’re not going to want to participate the next time”.

This participant also commented that sensitive questions in GUI were answered using self-reporting questionnaires for confidentiality reasons. Although Participant 1 felt that it would be beneficial to use similar measures to GUI she noted that many of the assessment tools require a fee for example, the Piers Harris self-esteem test and that this would need to be factored into the overall cost of the project.

3.4.4 Theme 4: Summary

This section has examined the potential to conduct a comparative analysis between GUI and a potential longitudinal study of children in care or leaving care. It would be beneficial to compare the outcomes of children in care with the general population of children in Ireland. Synchronising measurements to GUI may be beneficial as measurements used by GUI have been psychometrically tested. Similar measurements could offer a means to compare both groups however, a benchmarking exercise would need to be carried out to ensure that the measurements are relevant. A benchmarking exercise could identify whether questions specifically relating to children in care should be included.

4

Chapter Four: Conclusion and Recommendations

This research project investigated the feasibility of conducting a longitudinal study on children in care or children leaving care within the Irish context. The main objectives were: to analyse the benefits and risks of a longitudinal study of young people leaving care as a stand-alone study compared to a study of young people currently in care or leaving care; to systematically examine the technical, methodological and value for money barriers and enablers for conducting such a study; to review the policies and practices underpinning such longitudinal studies; to analyse how a longitudinal study of children in care or leaving care in Ireland links with longitudinal studies of the general population and to develop recommendations including costings to support future tendering options. The research incorporated findings from four sequential, integrated phases of data collection and analysis; namely documentary analysis on the methodological issues involved in designing and conducting prospective longitudinal studies along with a policy and practice review; framework analysis of interviews with experts in the Irish policy and practice context and interviews with Principal Investigators and senior researchers of existing longitudinal studies and consideration of the potential for comparative analysis with GUI. This concluding chapter draws together themes that emerged across all four phases of the research in order to determine the feasibility of conducting a longitudinal study on children in care or leaving care within the Irish context.

4.1 Key Findings and Recommendations

The first key finding is that there is a particular need to examine the experiences and outcomes of children and young people who have experienced the Irish care system and to continue to trace this population as they progress out of care and/ or aftercare in young adulthood. Such research will:

- Provide a comprehensive real time account of the experiences of children and young people in care and leaving care in Ireland;
- Measure a range of children and young people's outcomes over time while they are in care and when they leave care;
- Identify developmental determinants of outcomes for children and young people in care;
- Developmentally trace children and young people in care compared to population norms;
- Identify differences in needs over the life course and the critical times when children may require specific supports that are determinant to support their success and well-being as they go into adulthood;
- Inform policy makers and service managers on how best to tailor services to the developmental needs of children and young people;
- Assess whether current service provision can adequately respond to the developmental needs of the population they are designed to serve.

The risks in conducting a longitudinal study with this population group include high rates of attrition and challenges in gaining access to 'hard to reach' populations Gustavson et al., (2012) reported attrition for longitudinal studies as between 30 and 70% while Ginn et al., (2017) note that research participants that experience vulnerability face barriers that may threaten their continued involvement in longitudinal research

studies. However, there are a number of recommended strategies which can be incorporated into the study design to mitigate potential risks. These include: using researchers who understand the context, using qualitative methods to build rapport with participants, having regular contact with participants, including participants from a relatively young age while still in care, and using age appropriate and innovative methodologies that will engage and interest participants. These methods will 'grow' together with participants, adapting to their age and interests. Although Irish informants did not emphasise the value of tracing children while still in care, international experts recommend starting longitudinal studies when children are in the care system for added value. Although this decision would ultimately depend on the objective of the research international informants advise including children while they are still in care, as it will minimise attrition and will also allow the study to identify and track issues that potentially impact upon outcomes in later years.

Furthermore, starting the study while children are in care would enable the research and ultimately practitioners and policy makers to trace the experiences and outcomes of children and young people in care and leaving care over a longer time span. As the majority of existing research on children and young people in care in Ireland relates to short term outcomes there is a lack of knowledge on their longer term trajectories and changing circumstances and the associated impact of these on participant's outcomes. The added value of a longitudinal study is that the research questions relate to life course trajectories and change over time.

We recommend establishing a multi-disciplinary inter-agency Steering Group to oversee a longitudinal study of children in care with cross departmental representation, membership from child protection and welfare services, Alternative Care, Advocacy groups and other key stakeholders. We also recommend establishing an Expert Advisory Committee comprised of national and international experts on longitudinal studies and on longitudinal studies on children and young people in care and leaving care. There is also a need for a number of advisory groups to support the work of the Steering Group. Advisors should include professionals from policy and practice, from data management and ethical advisors. An advisory group should also include children, young people, carers, and parents with experience of out of home care. The group will advise on design, implementation, promotional strategies and dissemination. The structure of the research team typically should include a core group of researchers, experienced Principal Investigators with experience of the context, budget managers and project administrators. Personnel costs may be reduced by employing a research team that is managing several projects simultaneously and by basing the research in public bodies with existing supports and infrastructure. Governing bodies should ensure that the scope of the study and the associated costs remain realistic and are carefully monitored throughout. When budgeting there is a need to factor inflation into the cost, to realistically estimate difficulties tracing this population, to anticipate future funding and to manage incentives for participants as part of the overall budget.

An in-depth planning pre-pilot stage is required at the outset of a longitudinal study to carefully plan and implement a longitudinal study of children in care and leaving care in Ireland. This detailed design work will be largely informed by the *The Feasibility Of Conducting A Longitudinal Study On Children In Care Or Children Leaving Care Within The Irish Context* (Devaney and Rooney, 2018), any additional literature or grey material published subsequently and the expertise of the Steering Group, the Expert Advisory Committee and the advisory groups for the study.

An initial in-depth planning stage will involve refining research aims and objectives, developing research questions, agreeing theoretical frameworks and selecting appropriate instruments. It will require liaison with administrators of existing data sets (across departments e.g. health, education, social protection and with GUI) to access profiling and demographic information on participants. Information required will include age, gender, region, area, number and type of placements, reasons for placement, educational attainment among others. It is important at this stage to determine major dependent variables and to develop questions that relate to changes over time. It is necessary to consider the procurement process at an early stage. Consideration will also be required on issues related to Intellectual Property (data ownership) and post-study archiving of data as well

as agreeing relevant definitions, data dictionaries etc. It is necessary to have guidance on common language and a shared understanding of key terms and categories from the beginning of the study. Consideration of the challenges involved in data collection in a broad range of environments will be required. A database to manage the data generated by this study will need to be agreed and developed by the research team with specialist advice on this as required. Decisions regarding design should be made through consultation with key groups during the planning phase who should consider a flexible design with built in contingencies to respond to the challenges that emerge during the lifetime of the study.

A number of specific tasks will be completed in relation to planning the pilot phase of the study. A sampling framework to select pilot participants will be agreed. A detailed pilot stage is necessary for each cohort to test instruments and databases, refine measures and schedules and to test strategies for sampling, contacting and recruiting participants. It is recommended to pilot with a cohort of participants who are a similar age to the research participants to test the cultural and developmental appropriateness of the research instruments. The age bracket of the children and young people selected should correspond with the mid-point of the age of children and young people in the study and carers should have experience of either residential care or fostering.

We recommend that data collection tools be considered by the steering group and key advisors during the in depth planning and piloting phases. It is advised to consider pre-existing scales and measurements where possible and to cross reference these with scales used in general population studies to allow comparison between both groups. Added advantages of using such scales include that they are validated, the available information on norms with the general population can help identify any differences with this population and they allow for comparison between studies. Where relevant necessary licences will need to be purchased and relevant training undertaken by all involved in data collection. It is further recommended to carefully consider including additional questions that are context specific and as noted measure change over time. We recommend engaging experienced experts on ethical research with children and young people who can offer advice to longitudinal researchers.

Overall, it is important to keep clear data collection records throughout the study, to label systems of categories and to store original data sets for reference. Employing a computer programmer and experienced statistician may reduce long-term costs. We recommend sharing data with others (if and when possible) through data archiving, however, participants need to be fully informed with regard to this and consent to it. If included as part of the study design the cost implications of anonymising data needs to be considered in the overall budget.

Multi-cohort longitudinal designs are used in studies that want to increase sample size and want to make group comparisons between older and younger groups of children in care. This allows for the production of relevant policy and practice information in a shorter timeframe and allows for comparisons to be made with a wider sample of the general population. A population sample is recommended for a longitudinal study on children in care and leaving care in Ireland. This would essentially mean including all children and young people in care within a specified age bracket at a particular point in time in the research sample. Parker (2011) details the advantages of population over a sample of the total population in this context. They include:

- Avoiding feelings of exclusion in already vulnerable children and young people. All are given equal chance of being involved and having their voices heard;
- Validation of findings, both favourable and unfavourable findings cannot be questioned as a flaw in sampling methods;
- Expectation of creating action and changes is stronger when it represents the needs of all the population at a policy and practice level;
- Increase accuracy in demographic data across the population, therefore a better and more in depth understanding of the role of demographics in outcomes for the population will be achieved.

Furthermore, in the Irish context the existing administrative data systems are not currently designed to easily facilitate recruitment. While the NCCIS system is currently being standardised existing systems would not lend themselves to accurate sampling strategies. Incomplete administrative data systems have been found to negatively impact on recruitment strategies in international longitudinal studies (Jackson et al., 2012). A larger sample group is also recommended as it provides a stronger baseline and can withstand the probable attrition in a longitudinal study. The numbers of the population of children and young people in care allow for the full cohort to be included therefore there would need to be a strong rationale and justification for excluding a percentage of them.

However, this method can be more costly with the older cohort more difficult to retain. Data collection with a number of participants in the same location can save on costs and time. If two cohorts are included then we would recommend to begin research with one cohort at a relatively stable time in childhood. Previous studies have identified 9 years as an appropriate and successful age to involve children in longitudinal research. If, however you want to continue to follow this cohort until they leave care there would be obvious cost implications given the timescale required. Studies have also highlighted 14 years as the outside age at which to start a longitudinal study before the participants become too difficult to engage and to allow sufficient time to build rapport with them and to include them in the study before they are moving on from care.

A strong participatory focus with children, young people and their parents and/or carers is advised. Successful engagement and retention of participants will be supported and enhanced by involving children, young people and their parents and/or carers in the design and implementation of the study. A broad engagement with the family of participants will be critical in tracing and retaining young people when they have left care. This connection and relationship building process must begin at an early stage in the research when participants are more likely to be less transient. For difficult to reach groups we further suggest employing data collectors from similar backgrounds or with similar experiences if and where possible. While it is important to gain consent and build rapport with a range of gatekeepers including parents, guardians and support agencies it must be borne in mind that this will impact upon the study's timeframe and costs.

To further reduce attrition we propose maintaining continuity of a core staff team who are familiar with the context of care, using qualitative methods along with quantitative methods, engaging in multiple types of contact with participants between data collection and planning regular short intervals between research waves. It is also important to help participants engage in the research by ensuring that they understand how data will be used, by using computer self-interviewing for sensitive questions and by providing regular and accessible research findings (potentially after each wave). There may also be a need to train staff to assess the ability of young people to participate in a longitudinal study and to collect data where there may be a disability, poor literacy levels, behavioural challenges and so forth among participants.

The final key finding is that it would be possible and beneficial to compare the outcomes of children and young people with care experience with the norms of the general population of children and young people in Ireland. Interviews with PIs from existing longitudinal studies highlighted how they successfully compared outcomes between the two groups and key informants advised that it would be beneficial to compare the Irish groups. Existing measurements used as part of GUI should be benchmarked with key stakeholders in the planning and design of a longitudinal study to assess their relevance and appropriateness for children in care or for those young people in aftercare or who have left care.

4.2 Conclusion

A longitudinal study on children in care and children leaving care within the Irish context will contribute to advancing critical understanding of the needs and experiences of children and young people in and leaving care. It will provide, for the first time a comprehensive real time account of the experiences of children and young people in care and leaving care in Ireland. It will measure a range children and young people's outcomes over time while they are in care and when they leave care and use this information to identify developmental determinants of outcomes for children and young people in care. While there are challenges associated with conducting such a significant study it is eminently possible and warrants serious consideration.

The proposed study will apply a developmental perspective to tracing children and young people in care compared to population norms and raise questions about identifying and addressing the particular needs of sub-groups within the care population, and putting in place additional support where appropriate and necessary. A longitudinal study will identify differences in needs over the life course of children and young people and highlight the critical times when children may require specific supports that are determinant to support their success and well-being as they go into adulthood. This breadth of information gleaned will be used to inform policies on care and leaving care and to enhance practice towards improving outcomes for this potentially vulnerable cohort.

Achieving good outcomes for children and families is a key priority of policy-makers in Ireland. This outcomes focus is evident in policy documents such as *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* (DCYA, 2014). A longitudinal study on children in care will enable Irish policy makers and service managers to identify, describe, and explore normative and non-normative changes, challenges and/or developmental milestones as they occur in children and young people's lives over time and cross reference these with their care experience. A longitudinal study beginning when participants are still in care offers the most robust design and an opportunity to focus on the impact of early circumstances on later outcomes. It will assist policy makers and service managers assess whether current service provision can adequately respond to the developmental needs of the children and young people it is intended to serve.

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Appendices

Appendix 1 Membership of Steering Group

Ms. Marian Brattman, Interim National Manager for Research, National Research Office Tusla, Child and Family Agency

Ms. Karla Charles, Policy Manager, Empowering People in Care (EPIC)

Ms. Michele Clarke, Chief Social Worker, Child Care Performance and Social Work Unit, Department of Children and Youth Affairs

Ms. Grainne Collins, National Policy Manager, Alternative Care, Tusla, Child and Family Agency

Ms. Angela Feeney, National Research Officer, National Research Office, Tusla, Child and Family Agency

Ms. Trine Kelly, Interim Professional Support Manager, Tusla, Child and Family Agency

Ms. Catriona Moloney, EPIC, School of Law, University of Limerick

Ms. Mairead Pierce, Social Work Team Leader, Tusla, Child and Family Agency

Dr. Sadhbh Whelan, Child Care Performance and Social Work Unit, Department of Children and Youth Affairs

Appendix 2 Legal reasons for being in Care (as per Child Care Act, 1991)

Voluntary Care

This is where the parents request or agree to their child being taken into the care of Tusla. In these cases, Tusla must consider the parents' wishes on aspects of how care is provided. As long as a child requires safety and welfare - Tusla must provide this. If this arrangement breaks down, Tusla may still seek a Care Order through the Court.

Emergency Care Order

Tusla can apply for an Emergency Care Order when there is reasonable cause to believe that there is an immediate and serious risk to the health or welfare of a child. An Emergency Care Order can be for a period of up to 8 days.

Interim Care Order

Tusla applies to the Court for an Interim Care Order where an application for a Care Order has been or is about to be made. This can be applied for regardless of whether an Emergency Care Order is in place, and where there is reasonable cause to believe that it is necessary for the child's health or welfare, for the child to be placed or maintained in the care of Tusla as the Care Order application comes to an end. The limit on an Interim Care Order is 28 days; however, a Court can grant an extension to that period if it is satisfied it is still necessary.

Care Order

A Care Order is applied for when a child needs protection and is unlikely to receive it without the use of one. The Court may make a Care Order when:

- a. The child has been or is being neglected, assaulted, ill-treated, or sexually abused;
- b. Or the child's health, development, or welfare has been or is being avoidably impaired or neglected;
or
- c. Or the child's health, development or welfare is likely to be avoidably impaired or neglected.

A Care Order is usually made for as short a period as possible and this decision is made by the Court. However, if necessary the Court may decide to place a child in care up to their 18th birthday.

Supervision Orders

A Supervision Order is granted by a District Court Judge and allows Tusla to visit and monitor the health and welfare of the child and to give the parents any necessary advice and support. The order is for up to a maximum of 12 months but can be renewed (see www.childlawproject.ie).

Appendix 3 Summary of longitudinal studies examined as part of this feasibility report

NATIONAL LONGITUDINAL STUDIES

Name	Next Steps (LSYPE)
<i>Location</i>	UK
<i>Duration</i>	2004 – Present
<i>Profile of Participants</i>	The study began in 2004, when the cohort members were aged 13-14
<i>Participants were born in 1989/1990</i>	
<i>Number of Participants</i>	16,000
<i>Aims and Objectives</i>	Next Steps, previously known as the Longitudinal Study of Young People in England (LSYPE), follows the lives of around 16,000 people born in 1989-90. The study began in 2004, when the cohort members were aged 13-14, and has collected information about their education and employment, economic circumstances, family life, physical and emotional health and wellbeing, social participation and attitudes. The Next Steps data has also been linked to National Pupil Database (NPD) records, which include the cohort members' individual scores at Key Stage 2, 3 and 4.
<i>Website</i>	http://www.cls.ioe.ac.uk/page.aspx?&siteid=1246&siteidtitle=Welcome+to+the+Longitudinal+Study+of+Young+People+in+England

Name	Growing up in Scotland (GUS)
<i>Location</i>	Scotland
<i>Duration</i>	2005- Present
<i>Profile of Participants</i>	Children from the early years, through childhood and beyond
<i>Participants were born in 1989/1990</i>	14,000
<i>Number of Participants</i>	Growing Up in Scotland is a longitudinal research study, tracking the lives of thousands of children & their families from the early years, through childhood and beyond. The main aim of the study is to provide new information to support policy-making in Scotland but it is also intended to provide a resource for practitioners, academics, the voluntary sector and parents.
<i>Aims and Objectives</i>	https://growingupinScotland.org.uk/
<i>Website</i>	http://www.cls.ioe.ac.uk/page.aspx?&siteid=1246&siteidtitle=Welcome+to+the+Longitudinal+Study+of+Young+People+in+England

Name	Growing up in New Zealand (GUNZ)
<i>Location</i>	New Zealand
<i>Duration</i>	2009 – Present
<i>Profile of Participants</i>	Before birth to 21 years
<i>Number of Participants</i>	7,000
<i>Aims and Objectives</i>	<i>Growing Up in New Zealand is New Zealand's contemporary longitudinal study tracking the development of approximately 7,000 New Zealand children from before birth until they are young adults. The study is designed to provide unique information about what shapes children's early development and how interventions might be targeted at the earliest opportunity to give every New Zealand child the best start in life. Here at Growing Up we are committed to maintaining contact with all our participant families and ensuring that each one of your 7,000 voices is heard and has the opportunity to contribute to research that will help shape positive outcomes for all children growing up in 21st century New Zealand.</i>
<i>Website</i>	http://www.growingup.co.nz/en.html
<i>Website</i>	http://www.cls.ioe.ac.uk/page.aspx?&siteid=1246&siteidtitle=Welcome+to+the+Longitudinal+Study+of+Young+People+in+England

Name	Millennium Cohort Study (MCS)
<i>Location</i>	UK
<i>Duration</i>	2000-Present
<i>Profile of Participants</i>	Children born in the UK in 2000-01
<i>Number of Participants</i>	19,000
<i>Aims and Objectives</i>	The Millennium Cohort Study (MCS) is a multi-disciplinary research project following the lives of around 19,000 children born in the UK in 2000-01. It is the most recent of Britain's world-renowned national longitudinal birth cohort studies. The study has been tracking the Millennium children through their early childhood years and plans to follow them into adulthood. It collects information on the children's siblings and parents. MCS's field of enquiry covers such diverse topics as parenting; childcare; school choice; child behaviour and cognitive development; child and parental health; parents' employment and education; income and poverty; housing, neighbourhood and residential mobility; and social capital and ethnicity.
<i>Website</i>	https://www.cls.ioe.ac.uk/page.aspx?siteid=851

Name	Growing up in Ireland (GUI)
<i>Location</i>	Ireland
<i>Duration</i>	2006-Present
<i>Profile of Participants</i>	Follows two cohorts of children aged 9 years (child cohort) and 9 months (infant cohort). Currently the members of the Child Cohort are around 19 years old and the Infant Cohort are 9 years old.
<i>Number of Participants</i>	18,000
<i>Aims and Objectives</i>	<p>The primary aim of the Growing Up in Ireland study is to inform Government policy in relation to children, young people and families. The founding objectives for the study were:</p> <ul style="list-style-type: none"> • to describe the lives of children in Ireland in the relevant age categories, to establish what is typical and normal as well as what is atypical and problematic • to chart the development of children over time, to examine the progress and wellbeing of children at critical periods from birth to adulthood • to identify the key factors that, independently of others, most help or hinder children’s development • to establish the effects of early childhood experiences on later life • to map dimensions of variation in children’s lives • to identify the persistent adverse effects that lead to social disadvantage and exclusion, educational difficulties, ill health, and deprivation • to obtain children’s views and opinions on their lives • to provide a bank of data on the whole child • to provide evidence for the creation of effective and responsive policies and services for children and families
<i>Website</i>	http://www.esri.ie/growing-up-in-ireland/

Name	The Irish Longitudinal Study on Ageing (TILDA)
<i>Location</i>	Ireland
<i>Duration</i>	10 year period
<i>Profile of Participants</i>	People aged 50 and over
<i>Number of Participants</i>	8,504
<i>Aims and Objectives</i>	<p>We aim to determine:</p> <ul style="list-style-type: none"> • the health status and health needs of older people • the social and economic status and needs of older people • the health, economic and social needs of families and carers of older people • the biological and environmental components of “successful ageing” • the contributions that older people are making to society and the economy • how each of these key components (health, wealth, happiness) interact such that we can ensure that Ireland meets the needs and choices of its citizens in a personalised and positive environment and with due dignity and respect
<i>Website</i>	https://tilda.tcd.ie/

Name	Growing up in New Zealand (GUNZ)
<i>Location</i>	New Zealand
<i>Duration</i>	2009 – Present
<i>Profile of Participants</i>	Before birth to 21 years
<i>Number of Participants</i>	7,000
<i>Aims and Objectives</i>	<p><i>Growing Up in New Zealand is New Zealand's contemporary longitudinal study tracking the development of approximately 7,000 New Zealand children from before birth until they are young adults. The study is designed to provide unique information about what shapes children's early development and how interventions might be targeted at the earliest opportunity to give every New Zealand child the best start in life. Here at Growing Up we are committed to maintaining contact with all our participant families and ensuring that each one of your 7,000 voices is heard and has the opportunity to contribute to research that will help shape positive outcomes for all children growing up in 21st century New Zealand.</i></p>
<i>Website</i>	http://www.growingup.co.nz/en.html

LONGITUDINAL STUDIES OF CHILDREN IN CARE	
Name	LONGSCAN
<i>Location</i>	USA
<i>Duration</i>	1990 – 2008
<i>Profile of Participants</i>	Children and their families until the children themselves become young adults. Comprehensive assessments of children, their parents, and their teachers are scheduled to occur at child ages 4, 6, 8, 12, 14, 16, and 18.
<i>Participants were born in 1989/1990</i>	1354
<i>Number of Participants</i>	16,000
<i>Aims and Objectives</i>	The goal of LONGSCAN is to follow the children and their families until the children themselves become young adults. Comprehensive assessments of children, their parents, and their teachers are scheduled to occur at child ages 4, 6, 8, 12, 14, 16, and 18. Maltreatment data is collected from multiple sources, including record reviews, at least every two years. Yearly telephone interviews allow the sites to track families and assess yearly service utilization and life events. The National Data Archive on Child Abuse and Neglect (NDACAN) makes a restricted dataset available to members of the research community who meet eligibility criteria and agree to the requirements of the data license.
<i>Website</i>	http://www.unc.edu/depts/sph/longscan/

Name	Children in Care (CIC): A Danish Longitudinal Study
<i>Location</i>	Denmark
<i>Duration</i>	2002-2013
<i>Profile of Participants</i>	Children born in 1995
<i>Number of Participants</i>	7 year cohort=600 11 year cohort= 950 15 year cohort= 1,700 18 year cohort=2,700

<i>Aims and Objectives</i>	<p>The goals of CIC is to uncover the risks and protective factors are children in care exposed to and in which phases of their childhood. Objectives are as follows:</p> <ul style="list-style-type: none"> • To uncover what different patterns of risk and protective factors do we find for subgroups of the children. • To explore which child welfare/child protection interventions are children subjected to during childhood and adolescence • To identify if certain patterns in the child's care career be identified. • To examine the developmental outcomes for children and for subgroups of children in care. • To examine both outcomes while in care, when leaving care, and after care in youth and adult life. 4. • To explore different developmental careers taking into account risk and protective factors, and the characteristics of the intervention processes.
<i>Website</i>	https://www.sfi.dk/publikationer/children-in-care-cic-a-danish-longitudinal-study-5391/

Name	Panel Study on Korean Children
<i>Location</i>	Korea
<i>Duration</i>	2010-present
<i>Profile of Participants</i>	Study began when children were 10-11 years
<i>Number of Participants</i>	
<i>Aims and Objectives</i>	Despite the increasing demand of longitudinal study for a better understanding of the growth and development of young children, it had not been easily initiated due to the vast amount of requirement of human and material resources. Therefore, KICCE has set up the Panel Study on Korean Children (PSKC) to provide more scientific and explanatory data of children for forming more appropriate national child care policy. The children in care study aims to measure their developmental outcomes and to carry out a cost benefit analysis.
<i>Website</i>	http://panel.kicce.re.kr/eng/intro/01.jsp

Name	Foster Care Placements in California (CALYouth)
<i>Location</i>	USA
<i>Duration</i>	2012-2017
<i>Profile of Participants</i>	Began baseline interviews when participants were 16.75 and 17.75 years old.
<i>Number of Participants</i>	727

<i>Aims and Objectives</i>	<ul style="list-style-type: none"> • The study addresses three research questions: • Does extending foster care past age 18 influence youths' outcomes during the transition to adulthood (e.g., education, employment, health, housing, parenting, and general well-being)? • What factors influence the types of support youth receive during the transition to adulthood in the context of extended foster care? • How do living arrangements and other services that result from extending foster care influence the relationship between extending care and youth outcomes?
<i>Website</i>	

Name	UCLA Ties Project (UCLA)
<i>Location</i>	USA
<i>Duration</i>	3 years
<i>Profile of Participants</i>	Assessments were conducted at 2 months, 12 months, 24 months
<i>Number of Participants</i>	82
<i>Aims and Objectives</i>	<p>The goal of UCLA TIES for Families is to reduce the barriers to successful adoption or permanency of children with special needs, including prenatal substance exposure, who are in foster care through:</p> <ul style="list-style-type: none"> • Education and training to prepare prospective adoptive parents • Interdisciplinary adoption-sensitive services to children and their adoptive families before, during and after placement • Advocacy for children and families at the individual, community, and government level • Education of professionals regarding needs of children with prenatal substance exposure • Collaboration and consultation with other professionals and agencies • Applied research to evaluate and improve service
<i>Website</i>	

Name	Pathways of Care Longitudinal Study (POCLS)
<i>Location</i>	Australia
<i>Duration</i>	2009 – 2015+
<i>Profile of Participants</i>	3-17 years
<i>Number of Participants</i>	A census of all children and young people who entered OOHC for the first time in NSW between May 2010 and October 2011 (18 months) (n=4,126) and received final Children's Court orders by April 2013 (n=2,828).

<i>Aims and Objectives</i>	<ul style="list-style-type: none"> • To inform policy and practice to strengthen the OOHC service system in NSW to improve the outcomes for children in OOHC and their families. • To describe the safety, health, socioemotional well-being and cognitive ability of children in OOHC. • To describe the services, interventions and pathways for children in OOHC. • To describe children's experiences in OOHC and developmental outcomes. • To understand the factors that influence the developmental outcomes of children in long-term OOHC, returned home or adopted, and on leaving care at 18 years.
<i>Website</i>	http://www.community.nsw.gov.au/about-us/research-centre/pathways-of-care-longitudinal-study

Name	Care Pathways and Outcomes Study (CPOS)
<i>Location</i>	Northern Ireland
<i>Duration</i>	2000 – 2019
<i>Profile of Participants</i>	Under 5 years – 22 years
<i>Number of Participants</i>	374
<i>Aims and Objectives</i>	It aims to find out where these children/young people end up living and how they are getting on in their placements.
<i>Website</i>	https://www.qub.ac.uk/research-centres/TheCarePathwaysandOutcomesStudy/

Name	English and Romanian Study
<i>Location</i>	UK and Romania
<i>Duration</i>	2003 – 2009
<i>Profile of Participants</i>	The ERA project followed the development of 165 adoptees from Romania who entered the U.K. between 0-42 months of age and a comparison sample of 52 non-deprived children adopted within the U.K. before 6 months of age, as a natural experiment. Both groups of children were assessed at 4, 6, 11 and 15 years of age
<i>Number of Participants</i>	165
<i>Aims and Objectives</i>	<ul style="list-style-type: none"> • This project aimed to investigate the effects of this early deprivation on long-term psychosocial and physical outcomes of the adopted children and was carried out from 2003-2009.
<i>Website</i>	https://www.kcl.ac.uk/ioppn/depts/sgdp-centre/research/Previous-Research/theenglishandromaniadoptee(era)project.aspx

Name	Study Pathways to Adjustment and Resilience in Kids (SPARK)
<i>Location</i>	USA
<i>Duration</i>	2009 to 2014
<i>Profile of Participants</i>	Youth ages eight and older who are placed in foster care. Youth, who have been in state custody for at least 30 days, and their caregivers (i.e., foster parents, kinship care providers, and residential facility staff)
<i>Number of Participants</i>	300 foster youth
<i>Aims and Objectives</i>	To documenting the process of psychological, educational, and physical outcome for youth ages eight and older who are placed in foster care.
<i>Website</i>	https://sparkproject.ku.edu/

Name	Permanently Progressing
<i>Location</i>	Scotland
<i>Duration</i>	October 2014 to November 2017
<i>Profile of Participants</i>	5 years and under
<i>Number of Participants</i>	1836
<i>Aims and Objectives</i>	The aim is to explore the experiences and outcomes for these children and identify what helps to ensure stability and security. We will use the findings to shape recommendations for policy and practice and make sure that the messages get to the people who need to hear them. Project updates can be found below.
<i>Website</i>	https://www.stir.ac.uk/ccwp/research/permanently-progressing/

Name	Growing up in Care (consists of two longitudinal studies Looking after children: Pathways in substitute care Care matters: Capturing outcomes for children in foster care)
<i>Location</i>	Australia
<i>Duration</i>	1998-2001 2009-2011
<i>Profile of Participants</i>	
<i>Number of Participants</i>	59

<i>Aims and Objectives</i>	<p>Looking after children: Pathways in substitute care aimed to research outcomes in domains of attachment, health emotional and behavioural development and education.</p> <p>Care matters: Capturing outcomes for children in foster care aimed to analyse children's experiences and outcomes of placement in foster care through multi-dimensional views of children's, foster parents and care workers perspectives.</p>
<i>Website</i>	<p>https://research.unsw.edu.au/projects/care-matters-capturing-outcomes-children-foster-care</p> <p>https://www.sciencedirect.com/science/article/pii/S0190740999000146</p>

LONGITUDINAL STUDIES OF CHILDREN IN CARE

Name	CalYouth Study
<i>Location</i>	USA
<i>Duration</i>	5-year period from 2012-2017
<i>Profile of Participants</i>	Ages 17 through 21
<i>Number of Participants</i>	727
<i>Aims and Objectives</i>	<p>The overall study addresses three primary research questions:</p> <ul style="list-style-type: none"> • Does extending foster care past age 18 influence youths' outcomes during the transition to adulthood (e.g., education, employment, health, housing, parenting, and general well-being)? • What factors influence the types of support youth receive during the transition to adulthood in the context of extended foster care? • How do living arrangements and other services that result from extended foster care influence the relationship between extending care and youth outcomes?
<i>Website</i>	http://www.chapinhall.org/research/report/findings-california-youth-transitions-adulthood-study-calyouth

Name	Midwest Study
<i>Location</i>	USA
<i>Duration</i>	
<i>Profile of Participants</i>	17 – 26 Years
<i>Number of Participants</i>	700
<i>Aims and Objectives</i>	Its purpose is to provide states with the first comprehensive view of how former foster youth are faring as they transition to adulthood since the John Chafee Foster Care Independence Act of 1999 became law.
<i>Website</i>	http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth

Name	Beyond 18
<i>Location</i>	Australia
<i>Duration</i>	June 2015 and the project will run until mid-2018.
<i>Profile of Participants</i>	18 – 21 Years
<i>Number of Participants</i>	202
<i>Aims and Objectives</i>	<p>The purpose of the study is to inform government policy in supporting more effective transitions for young people from out-of-home care. In particular, it will aim to improve young people’s move towards interdependent relationships and eventual independence by:</p> <ul style="list-style-type: none"> • Providing insights into the critical success factors associated with transition from out-of-home care • Proposing ways of enhancing out-of-home care • Proposing improvements in the transition from care • Proposing improvements post transition from care
<i>Website</i>	http://www.beyond18.com.au/

Name	Positive outcomes for youth from care project
<i>Location</i>	Canada
<i>Duration</i>	2.5 years
<i>Profile of Participants</i>	Followed a cohort of youth who were exiting foster care at age 19 from two British Columbian communities were involved in the project: a metropolitan centre and a small city.
<i>Number of Participants</i>	37
<i>Aims and Objectives</i>	<p>The study’s primary objectives were to:</p> <ul style="list-style-type: none"> • Examine the developmental trajectories of a sample of youth from care, following their exit from foster/government care, particularly in relation to social relationships, involvement with the criminal justice system, education and employment. • Provide opportunities for youth to voice their experiences of aging out of care and their perspective on how successful transitions are defined. • Examine how policies and programs can affect (i.e. help or hinder) successful transitions from care. • Examine strategies to provide youth with peer support during the process of transitioning out of care.
<i>Website</i>	https://www.uvic.ca/hsd/socialwork/assets/docs/research/WhenYouthAge2007.pdf

Name	Youth Transitions (NZ)
<i>Location</i>	New Zealand
<i>Duration</i>	6 years (2009-2016)
<i>Profile of Participants</i>	Ages ranging from 12 to 17 years at the time of the first interview.
<i>Number of Participants</i>	Started with 593 youth
<i>Aims and Objectives</i>	<ul style="list-style-type: none"> • Aims to identify services and strategies that are successful in assisting young people to achieve positive outcomes in their lives. It explores the strategies they use and their strengths, abilities, plans, relationships and services to help them cope with hard times and to make successful transitions into adulthood.
<i>Website</i>	http://www.massey.ac.nz/massey/research/research-articles/health-and-wellbeing/helping-youth-make-a-successful-transition/helping-youth-make-a-successful-transition_home.cfm http://www.youthsay.co.nz/

Name	Longitudinal Study of Wards Leaving Care
<i>Location</i>	Australia
<i>Duration</i>	1 September 1992 to 31 August 1993. Re-interviewed four to five years later.
<i>Profile of Participants</i>	The first three interviews were conducted three months before, three months after and 12 months after they were discharged from wardship. Final interviews completed five years later.
<i>Number of Participants</i>	47
<i>Aims and Objectives</i>	This study focuses on the experiences of young people leaving wardship in New South Wales. Using interviews and case studies, the study examined the circumstances, experiences, and difficulties of young people leaving wardship at the time of leaving care, and subsequently. It also evaluated the service needs of these young people and the extent to which these needs are being met by the Department of Community Services, and examined any relationships between outcomes and young people's individual characteristics, family histories and experiences in care.
<i>Website</i>	http://www.community.nsw.gov.au/__data/assets/pdf_file/0005/321728/research_wards_leavingcare2.pdf



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Institute for
Lifecourse and Society



UNESCO Child and Family Research Centre
Institute for Lifecourse and Society
Upper Newcastle Road
National University of Ireland Galway
Ireland

T: +353 91 495398
E: cfrc@nuigalway.ie
W: www.nuigalway.ie/childandfamilyresearch
Twitter: @UNESCO_CFRC
Facebook: [ucfr.nuig](https://www.facebook.com/ucfr.nuig)