

**Tomison, A M; Stanley, J (2001). Strategic Directions in Child Protection: Informing Policy and Practice. Unpublished report for the South Australian Department of Human Services**

**Brief No. 5**  
**Alternative care: Comparative analysis of**  
**kin versus residential models**

**Note:** This brief has been broadened to include: foster care, kinship foster care, residential care and other models of out-of-home-care, due to the low numbers of children in Australia who are now in residential care.

**Overview of trends in alternative care**

Child welfare in Australia has an early history of using both foster and institutional care. In the 1980s and 1990s Australia had a closure of residential placements for children, resulting in a heavy reliance on foster care for children in out-of-home placements. Bath (1997) reports that there has been a consistent national trend of declining numbers in residential care. This is particularly noted in ACT, NSW and Queensland, with very small numbers in residential care in SA and Queensland. In 1983, 42% of children in out-of-home care were in residential care (Bath 1997). In the period from 1983 to 1996, numbers of children in residential care have decreased by close to 75% (Bath 1997). In the three years to 1996 there was an increase of close to 20% of children in care, nationally (Bath 1997). Between 1996 and 2000 the number of children in out-of-home care increased by 21% (Australian Institute of Health and Welfare (AIHW) 2001). Only 7% of these children were in residential care (AIHW 2001).

One outcome of this has been difficulty in obtaining foster care homes. The closure of residential placements also highlighted the issue that not all children are able to be adequately cared for in foster care, particularly those children who display severely disturbed behaviour (See brief no. 6).

In the 1990s, Australia has followed the US trend of moving to prevent out-of-home placements in general and promoting family preservation and reunification. This policy has been supported by a recent emergence of programs based on parent education and training, a trend towards family support policies in protective services and a facilitation of child and family contact (Ainsworth 1997). One outcome of this philosophical change has been the belief that foster care for a child will only be for a short period. For some children this has proved not to be so, with the adverse consequence that these children may experience multiple short-term foster placements, or frequent moves between their birth family and foster care. (It is interesting to note that the proportion of Australian children who have been in out-of-home care for five years or more, as at June 2000, is highest in SA - 39% (AIHW 2001).)

Two other trends are worthy of note. First, the shift to developing a variety of out-of-home arrangements to more closely tailor placement to the needs of the

child. [Note that the Australian Council of Welfare Agencies has developed standards for residential and foster care services (AIHW 1989, 1991, 1993).]

Second, there has also been a recent move, both overseas and in Australia, towards permanency planning for children known to protective services. While this move to permanency planning has resulted in a strong push, and resultant policy, for adoption of children in the US, such a trend has not yet been seen in Australia, except in NSW (Department of Community Services, 2001). Ainsworth (1997) reports there has been little success in reducing the numbers of children in foster care in the US. (7.7 children per 1000 children in the US (1994 figure) are in foster care, compared to 2.7 per 1000 children in foster care in Australia (1996 figure).) Another recent global trend has been to formalise the use of the child's relatives to foster the child and use kinship care as an option of first choice (Ainsworth & Maluccio 1998; Gebel 1996).

### **Placement changes for children in out-of-home-care**

Although an area not often researched, there is a recognition by many child welfare practitioners that many children in out-of-home-care experience multiple placement changes. Ainsworth (2001) notes that international reports document failures to provide a continuous and stable placement for children in foster care (Curtis, Dale & Kendall 1999; Forde 1999). This trend is supported by the limited Australian research (Delfabbro, Barber & Cooper 2000; Fernandez 1996; Wise 1999).

The recently released report from the UK on messages from research stated that the alternative care system was noted for having too many cases where the child was subject to multiple unplanned temporary placements; whereas planned respite for suitable, targeted families appeared to work well (Department of Health 2001). The report noted that there was a tendency to rely on arranging more suitable accommodation to ensure a child's safety when court action would have produced a better outcome, workers being overly reluctant to use the court system (the latter was perceived as an unintended consequence of the introduction of the Children's Act 1989)

Webster and colleagues (2000) examined the placement moves of over 5500 children in one US State who entered out-of-home care between the ages of 0 to 6 years. Approximately 30% of the children in kinship care (extended family etc.) and 52% in non-relative care experienced placement instability (3+ moves after the first year in care). Kinship-placed children had fewer moves regardless of age. Leslie et al. (2000) refers to research by Duerr-Berrick and colleagues (1994) which also found that children fostered by kin have fewer out-of-home placements.

## Residential care

There is a trend in all states and territories for preference for foster care placement over residential and group care type placements (Clark 1998). Ainsworth states that:

...the decline in numbers of residential placements in Australia seems to suggest a unique belief, that is not supported by evidence, that out-of-home care can always be provided by non-residential, primarily foster care, settings (2001: 12).

Residential type placements tend now to be kept for the more difficult children (Clark 1998). However, there is a recent trend, supported by the authors of this Brief, that there is a need to re-think residential care and do it better - however this issue is widely divided.

Whittaker says:

Group care in any of its forms, is no panacea. Yet, it deserves a thoughtful, critical review to determine its proper place and function in the overall continuum of care and services (Whittaker 2000:72).

Whittaker (2000) summarises what he calls, a bias against group/residential care, and identifies the problems and questions that need answering. However, some researchers believe that solving the problems is going to take major change. Gelles (cited in Whittaker), in an indictment of 'progress', says:

(L)et's quit kidding ourselves that rounding up the usual suspects in an attempt to solve the problem of the child welfare system is really going to work . . . nothing short of rebuilding the child welfare system is going to be satisfactory (Whittaker 2000:9).

DoH provides a useful overview of what is wrong with residential care (as does the UK Utting Report – Department of Health 1997) and what can be done to improve it. They suggest a framework for change that encompasses case planning, managing difficult behaviour, therapeutic supports, and issues of staffing and agency management. Ainsworth (1997) reports that the commonly held view that group situations of care for children have a negative impact on children, may not be correct. Smith (1995), in an examination of the historical record of orphanages believes that there are characteristics that would make the creation of a new system of orphanages expensive and highly unfeasible.

The edited book, *Rethinking Orphanages for the 21<sup>st</sup> Century*, provides an excellent overview of the history of orphanages in the US, the issues faced, previous debates on the role of orphanages, the evidence of the negative impact of residing in residential care (the authors adopt too dismissive a tone regarding the potential negative impacts on children and young people) and provides some issues for consideration when/if planning future residential care (McKenzie 1999). Unfortunately, with regard to the latter, the text is somewhat superficial. The author says:

The issue is whether or not orphanages can be – will be – part of the solution for some children (McKenzie 1999:4).

The book argues that the child welfare system in America is in need of major reform. The demand for foster care places exceeds the supply. Adoption is not an option for many children, they may be difficult to place or legally unavailable for adoption. This leaves many children with no safe place to go or caught in a cycle of short-term foster placements. The book explores the option of the use of private orphanages or children's homes as a practical and affordable way of placing all vulnerable children in a safe environment.

Ainsworth (2001) notes that there is new evidence appearing that residential placement that provides treatment to troubled children, may be effective. He states that the UK and US are now reviewing residential programs for 'at risk' youth. Ainsworth (2001) that this is occurring despite the background of publicity about institutional abuse. Ainsworth believes that it time from Australia to move beyond ideology and look at new evidence that is emerging which suggests that 'carefully planned' and 'professionally managed' residential placements have a place as part of a total program of care options.

#### **Kinship vs non-family foster care**

Within the general shift to a foster care-based alternative care system, one trend evident in the US (which is also apparent in Australia, particularly with Indigenous children, Ainsworth 1997) is a rapidly increase in the proportion of children in kinship care, compared with other foster and care options (Ainsworth & Maluccio 1998; Leslie et al. 2000). It is now often considered to be the preferred option of alternative care for the child, perceived as reflecting family preservation philosophies (Gleeson & Craig 1994, quoted in Beeman & Boisen 1999).

Research evidence to support this shift in foster care policy and practice in Australia '...is virtually non-existent' (Ainsworth 1997; Ainsworth & Maluccio 1998:7). Much of the research on kinship versus non-family foster care, has not been done. It is not known which produces the best outcomes for the child nor which is better for family reunification (Ainsworth 1997). Thus, Ainsworth concludes that the preference for kin foster care appears to be based on an ideological position.

While Leslie and colleagues (2000) refer to a few studies on kinship care which show both positive and negative outcomes for children, they also note that there is little research to guide practice. Much of the research that has been undertaken has studied the children at one point of time, despite the fact that their placement status may undergo many changes (Leslie et al. 2000). Indeed, the issue of placement changes greatly complicates research (Leslie et al. 2000). Clarke (1998) also comments on the lack of evaluative data on outcomes in substitute care. She also notes the difficulties associated with evaluating substitute care.

The growth in the use of kinship fostering also appears to have occurred for pragmatic reasons, due to the difficulty in obtaining foster parents (Ainsworth & Maluccio 1998; Beeman & Boisen 1999; Leslie et al. 2000). Kinship fostering

also falls in line with the current conservative ethos of 'family values' (Ainsworth & Maluccio 1998).

The Journal, *Child Welfare*, regularly considers foster care issues, and devotes 1996, issue number 5, to this, where the detailed discussions can be examined. Hornby and colleagues (1996) look at the different needs of children in relative and non-relative foster care. The resourcing needs are different (funds and training/support) and there is a greater likelihood of adoption with kinship care. Link (1996) also found that kinship fostering increased the likelihood of adoption of the child. The arrangement of kinship fostering can be formal, where statutory processes are involved, or informal, where the family voluntarily places the child. The authors analyse kinship policy options and make recommendations using the results of a two -yr national study of policies in five US states (Hornby, Zeller & Karraker 1996). McLean and Thomas (1996) examine the issue of formal versus informal kinship. They note that while dramatically less resources are given to informal kinship, this needs to be examined in relation to child outcomes.

The authors of this Brief note that the literature generally overlooks an important issue in relation to kinship care - familial patterns or predispositions to maltreatment. A child may still be at risk of maltreatment when he or she is placed in kinship care, due for example, to the intergenerational transmission of abuse. While it is assumed a vetting process will be used that explicitly searches for other maltreatment in the family history, there is currently no literature available that appears to address this issue explicitly.

### **Child protection workers' perception of kinship care**

US research has looked at the issue of how child welfare professionals view kinship foster care (Beeman & Boisen 1999). In general, workers look on this favourably, believing it is beneficial to the child in terms of their sense of belonging and formation of identity (Beeman & Boisen 1999).

### **Practice standards and the greater complexity associated with kinship foster care in comparison with non-family foster care**

The increase in the formal use of kinship care has '...created considerable confusion and controversy in the United States' (Ainsworth & Maluccio 1998:4). This relates to matters such as financial arrangements, contact with original family, formal supervision, support and legal relationships and the extent of assessment needed of kin carers. There are no established protocols in Australia or the United States to guide decisions about placing children with kinship carers (Ainsworth & Maluccio 1998). There is virtually no research base on which to base any guidelines which might be developed (Ainsworth & Maluccio 1998).

### **Outcomes of foster care**

Maluccio (1998) overviews the findings of many studies of out-of-home care (particularly foster care), focusing on describing the populations served,

outcomes of foster care etc. He (and the authors cited) note the significant difficulties in accurately determining outcomes for the out-of-home care system.

*Comparison of kinship care with non-family foster care in terms of some measures of outcome*

Pecora & Maluccio (website) refer to a US study undertaken by Wilson and Conroy (1999) (see abstract below) which found that more children 'always felt loved' in kinship care (94%) than non-relative foster care (82%) and considerably more children than in residential care (46%). Equal numbers of children 'always felt safe' in kin and non-kin foster care (92%), than in residential care (64%). Pecora & Maluccio (website) also point out that research on comparative outcomes between the various placement options is complex, because of the lack of control groups and the placement changes that children undergo.

*Contentment/wellbeing of children in foster care*

The Smith and colleagues study (1999) found that the majority of children (in both kin and non-family foster care) were living where they wanted to be and seeing as much of their birth families as they wished. However, in both family and non-family foster care, children who had experienced major difficulties in their birth family, experienced behavioural and relationship problems (Smith et al. 1999). It would seem that it is the female carer who takes almost all the responsibility for care of the foster child (Smith et al. 1999). Leslie et al. (2000) refers to research by Zuravin and colleagues (1997) which found that children fostered by kin experienced less maltreatment than children in non-family foster care.

*Caregiver attributes and attitudes in foster care*

Caregiver attributes and attitudes impacts on the experience of the child in foster care, the quality of care, and the ability of the carer to meet the child's needs. Some research has been undertaken on understanding whether a fostered child is likely to have a different experience in kin foster care and non-family foster care. There are suggestions that there are broad differences in these caregivers in the US. Kinship foster carers are likely to be older, less educated and have lower income levels, than non-family foster carers (Gebel 1996). Kinship foster carers also appear to have more health and mental health problems than non-family carers (Ainsworth & Maluccio 1998). Research in the US has also shown that kinship carers are often single women from minority groups (Ainsworth & Maluccio 1998). There does not appear to be similar research to this in Australia.

*Comparison of kinship care with non-family foster care (adult outcomes)*

Ainsworth & Maluccio (1998) report on a US study undertaken by Benedict, Zuravin and Stallings (1996) who examined a number of measures of adult functioning of children who had been in kin and non-family foster care. In relation to education, employment, income and housing, no significant difference was found between the two groups. In relation to physical and mental health, life stresses, social support, drug use and violence, the only statistical difference was that the kin group had a higher heroin usage.

### **Training and support of foster carers**

(see Brief no. 8 in relation to support for foster carers)

Despite the need for greater support by kin carers, the level of external support (including training) associated with kinship foster care is typically much less than that offered with non-family foster care (Ainsworth & Maluccio 1998). Non-family carers have also been found to receive more frequent caseworker contact (Gebel 1996).

In addition, the literature often reports a problem with training of foster carers (Smith, Gollop, Taylor & Atwood 1999); this is particularly so with kin foster carers (Beeman & Boisen 1999). Only about half of the foster carers had received any training in the small New Zealand study by Smith and colleagues (1999).

### **Family reunification**

Ainsworth & Maluccio (1998) report that there is some suggestion (based on US research) that children stay longer in kinship care than non-family foster care and have lower rates of family reunification. Ainsworth & Maluccio (1998) point out that there are no clear policies or programs that support birth parents to have their children returned. Without a research and policy base,

...child protection agencies may simply be following a fashionable trend with no certainty that kinship care is in the long-term interest of all children who are placed in out-of-home care (Ainsworth & Maluccio 1998:7).

Leslie et al. (2000) refers to research by Duerr-Berrick and colleagues (1994) which found that children fostered by kin are more likely to be placed with siblings and have more contact with birth parents.

### **Conclusions**

There is insufficient research evidence to provide a lot of guidance on alternative care options for children. Much of the evidence that exists comes from US research. Australian research is needed (Ainsworth 1997). The message appears to be that what is needed is a range of options which are well supported and well resourced. In addition to this, there needs to be a responsive protection system with workers and managers who are able to fully assess the issues and respond to the needs of each child with flexibility, empathy and intelligence.

The following are some thoughts on 'best practice' in alternative care:

- The best interests of the child has to be the 'reason' for all action taken.
- All placement decisions need to be based on a complete assessment of the child's needs.
- The need to move from a 'crisis' type response to provision of alternative care, so the child is moved (and prepared for the move) prior to the crisis. Thus all parties should see the move as positive.
- There is a need to provide a range of options in relation to alternative care, according to the child's needs.
- A careful assessment of the location of the alternative care which is based on the needs of the child. For example, it may be important to maintain the child's peer friendship and school continuity, or be near supportive relatives etc.
- There is a need for flexibility to respond to the needs of each child.
- There is a need for the placement provider and place to be fully accessed prior to any placement of a child.
- Placement needs to be accompanied by a long-term plan tailored to meet the child's needs.
- There is a need to adequately support the placement so it doesn't break down. This will involve material resources, information/advise/counselling/ for the providers.
- There is a need for counselling/support/treatment for the child to address the original trauma that resulted in need for alternative care, the issue of contact with birth family and dislocation issues.
- One option is to engage the services of a 'mentor', outside the protective system, who maintains contact with the child throughout his or her moves and this is maintained once the child returns home. This person is likely to be a volunteer, but needs to be very well trained and supported, with professional back up access and support. Another model could be that each child has a 'mentor' from inside the protection department who undertakes a similar function to the volunteer, proposed above.
- The whole practice of alternative care needs to be based on available research evidence, and supported by an on-going research program to support practice.

*Messages from Research* provides an excellent summary of the current situation in relation to residential care, saying:

Residential care was once at the fulcrum of services for children in need. Today it falls short of society's expectations. There is a manifestly smaller demand for it and too great a proportion of the few who experience it seem to suffer as a result; they certainly do not benefit as much as they should . . . . Today, while there continues to be disagreement about the benefits of children's homes, secure units, hostels and other residential placements, most commentators would say that the time has come for radical, well-planned development. . . . Few suggest [residential care] has nothing to offer at all; the key questions concern what benefits, for whom and under what circumstances (DoH 1998:5).

Finally, like many important issues in child protection, it is worth considering the focus or preference for particular types of care as a pendulum that swings from a focus entirely on residential care, to one where foster care responses are provided in the vast majority of cases and residential care is vilified. Although considerably more research and evaluation on this subject is needed, what is clear from the history of alternative care is the need *not* to make (yet another) stringent policy that removes particular care options. Clearly, there will always be children and young people who will benefit from a residential placement, while others (perhaps most) will benefit from a family-like placement. Future policy should focus on improving a range of care options to ensure the alternative care system is better placed to meet children's needs, and not simply expect a 'one size fits all' approach will be adequate.

## Literature

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### The issue of substitute care

Association of Children's Welfare Agencies (NSW) 1998

Attempting to understand what is occurring in the New South Wales substitute care system by analysing the available data, this paper sets out to make sense of the complex official data available from the Department of Community Services with the intention of providing answers to the following questions: how many children are in substitute care; are the numbers increasing, decreasing or remaining the same; why do children come into care; what forms of care do they receive; what is the relationship, if any, between child protection figures and substitute care figures; and how long do children stay in care and how and why do children and young people leave care? Issues are addressed of: Aboriginal children, non-English speaking background children; at risk children; residential care; foster care; parental illness; family conflict; kinship care; juvenile justice system; and respite care. Recommendations for improvements in the development of the data collection system for substitute care are provided.

Cashmore (2000)

This is a paper from the symposium on permanency planning held at the Australian Institute of Family Studies' 7th National Conference, July 2000. It reviews research related to factors affecting psychosocial outcomes and placement stability in out of home care, the results of which reinforce the view of the need for a variety of placement options for children. The author traces the development of the permanency planning movement; discusses outcome measures; reviews factors affecting outcomes and stability in care; explores children's and young people's views; discusses barriers to permanency and implications for policy and practice.

McFadden & Worrell (1999)

Some examples of the international transfer of foster care knowledge and practice technology are examined briefly in this paper which traces some contributions of the International Foster Care Organisation (IFCO) to this process. The focus is on issues related to foster care in the formal child welfare systems of countries participating in the IFCO, addressing an international trend in foster care away from severing children's family and community attachments, to providing a wider range, including kinship care. Other issues discussed are: indigenous people and foster care; and family continuity as a philosophy of child welfare.

Maluccio, Ainsworth & Thoburn (2000) (see Brief No. 6)

Markiewicz (1996)

This paper traces the history of child welfare in Victoria, from the formation of the Children's Welfare Department to the present time. It draws principally upon the Annual Reports of the responsible state government department, to illustrate trends in out of home placement for children and young people admitted to care. It describes substantial shifts in direction to the institutions in the 1960s, deinstitutionalisation of the 1980s, and the re emergence of home based care as a favoured, economical option. The paper traces the ebbs and flows in numbers, periods of overcrowding and the current reduced number of children and young people in care. It notes events impacting on evolving child welfare history in Victoria, the child migration program, building projects, the establishment of family group homes, regionalisation, external review, the Children and Young Persons Act (1989), and mandatory reporting legislation. Themes emerging include: early child welfare as a period of rescue and reform; the monitoring of standards and re entry of the department to residential care; the building of institutions and rising numbers in care; redevelopment and the emergence of a community focus; the expansion of child protection; and the phasing out of old models and the search for cost efficient alternatives. A challenge for the 1990s is the need for deliberate and planned monitoring and evaluation as institutional and residential care give way to home based care, and numbers of admissions decrease. The paper aims to provide useful, historical material for readers with an interest in child welfare work which would benefit from a descriptive review of the past.

### **Substitute care standards**

Standing Committee of Community Services and Income Security Administrators (1996)

This document provides core baseline standards for out-of-home care services. The Standards aim to establish baseline expectations to meet the needs of each child, young person and their family who, as a result of abuse, neglect or family support needs, require placement away from home, including the particular needs of Aboriginal children, children with disabilities, children from a non-English speaking background, and children living in rural and remote locations. Applicable in both government and non-government sectors, the Standards aim to ensure that the results for children, young people and their families are consistent with the principles and objectives of State and Territory legislation, and should be viewed in the context of international agreements and relevant Australian legislation, such as laws relating to discrimination, the rights of children, guardianship provisions, equal opportunity and occupational health and safety.

### **Foster care**

Ainsworth (1997)

This article reviews recent reform, research and trends in foster care (family foster care, kinship care and group care) in the US. In presenting this data, attention is drawn to the lack of comparable Australian materials. Practitioners are also cautioned against embracing US initiatives too eagerly as the time lag in the transfer of information means that these developments may have been modified by research findings by the time they come to notice in Australia.

(Journal abstract)

## **Residential care**

Clough (2000)

A book covering many issues in residential care.

Butler (1999)

In this issue of 'Practice notes', the author shares some thoughts about the out of home care system which tries to carry the burden left when family functioning fails. Her view is that the significant issues facing young people in care are more difficult than ever for residential programs to address in the light of current social, political, and economic trends. Discussion includes whether acting out and quietly disturbed behaviours have become more common, more serious, or more difficult to manage in residential care settings; deinstitutionalisation; trends in the Department of Human Services; funding issues; and, staffing issues.

Landsman et al. (2001)

A family-centred residential treatment program, Reasonable Efforts to Permanency through Adoption and Reunification Endeavors (REPARE), is evaluated in this article. This program aims to reduce the length of time seriously emotionally disturbed children spend in residential care.

McKenzie (1999)

This book identifies the failure of the current child welfare reform system to respond to children in need of placement and proposes that private orphanages or children's homes be established as viable alternatives for children who are difficult to place. Myths about orphanages are dispelled with facts, as well as findings from a survey of 1,600 orphanage alumni who reported the experience to be better than foster care. The book is divided into four sections. The first part reviews the status of child welfare services, the family preservation movement, and the need for greater safety and permanence for children. Part Two describes the history and impact of orphanages. This section analyses the 1994 orphanage debate and summarises research on the psychological effects of orphanage care and the impact of orphanages and foster care on adoptions in the United States. The results of the survey of orphanage alumni are also reported in this section. The third part outlines barriers to reestablishing private orphanages, including the philosophies of social security and social work, reluctance of the public to change systems, regulations, and funding. Part Four concludes with a proposal for child welfare reform that includes orphanages in the continuum of services. (Abstract from NISC and BiblioLine)

Owen (1999)

(see Brief no. 1)

### **Comparison of types of substitute care**

Landsman et al. (1999)

This article describes a family-centered residential treatment model and presents results from a quasi-experimental study examining its effectiveness in achieving permanency outcomes for children. Greater post discharge stability was achieved for participants in the family-centered program than in the agency's standard residential treatment service. Implications for child welfare policy and practice are highlighted. (Article abstract)

Wilson & Conroy (1999)

A randomly selected sample of 1,100 children in out-of-home care in Illinois from 1993 to 1996 were interviewed in person regarding their satisfaction with the homes in which they lived and with their caregivers. They were also asked whether they felt loved and safe, and rated the quality of their lives before and after placement into care. The children rated their satisfaction with their living arrangements and with their caregivers as high, especially those who had lived in family foster care. (Article abstract)

### **Other models of care**

Allen & Larson (1998)

Fifty programs that provide residential and treatment services to parents and children were surveyed for this study of family care services. The family care programs provide supervised living arrangements to families to allow them to live together while receiving assistance with substance abuse problems, homelessness, domestic violence, and teen parenting. Staff report that their programs are effective because they offer comprehensive services, longer treatment and after care, and focus on children's safety. Although the programs set clear goals for residents, staff understand that relapses are common during treatment and recovery. Staff commitment and peer support are also cited as essential elements of effective programs. The programs are funded primarily through public sources, although many also depend on contributions of time and supplies. Preliminary evaluations have found that the programs have been effective in reducing high-risk behaviors and increasing the education and employment status of residents. In addition, children are healthier and perform better in school. The report includes a profile of each program that provides information about the problem addressed, capacity, setting, length of stay, aftercare, budget, funding sources, and services offered for parents, other family members, and children. (Abstract from NISC and BiblioLine).

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