‘Getting the big picture’:  
A synopsis and critique of Australian out of-home care research

Dr Leah Bromfield and Dr Alexandra Osborn

There is enormous pressure on the Australian out-of-home care system to meet the demand for suitable placements. At 30 June 2006, there were 27,188 children and young people living within formal out-of-home care placements in Australia. This is almost double the number of children who were living in out-of-home care just ten years ago (Australian Institute of Health and Welfare, 2007). A limitation of these data is that children who both entered and left care prior to 30 June were not included in this annual figure. There were 2,123 more children in out-of-home care on 30 June 2006 than there were on 30 June 2005. However, there were 12,810 children who were placed on an order at some point during the year. The “throughput” of children on short-term orders places significant pressure on placement availability throughout the year.

As a federation of states and territories, Australian jurisdictions differ in the way out-of-home care services are provided. Some jurisdictions rely solely on non-government organisations to provide services, while other jurisdictions use a mix of government and non-government service providers. The many organisations involved in providing out-of-home care services in Australia face some common problems in meeting the demand for placements due to a combination of factors, including the:

- reduction in placement options;
- inability to recruit adequate numbers of foster carers;
- characteristics of children entering care; and
- emphasis on children’s need for stability.

Negative events associated with the placement of children in institutional care in the past (Australian Senate Community Affairs Committee, 2004) and a preference for family-based foster care contributed to the scaling back of residential care facilities in the 1980s and 1990s. Placement options were reduced due to the substantial reduction in residential care and group homes across the country, and consequently there was an increased reliance on foster care (Barber, 2001; Barber & Delfabbro, 2004).

However, the recruitment of adequate numbers of suitable foster carers is a major problem that plagues foster care systems around the world (Barber & Gilbertson,
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2001; Victorian Department of Human Services, 2003). In Australia and internationally, while the need for foster carers has been rising, there have been decreasing numbers of individuals willing to foster. This has been attributed to the greater participation of women in the workforce, the inadequacy of remuneration provided to carers, increasing expectations of carers, and attrition as existing carers age (McHugh, 2002; Siminski, Chalmers, & McHugh, 2005). These and other reasons (e.g., the challenging behaviours of children in care, inadequate support) have also contributed to decreased retention rates for existing carers.

Out-of-home care is viewed as an intervention of last resort, and the preference is always for children to be reunited with their natural parents if possible. However, research into issues such as attachment and early brain development has also highlighted the need for children to have stable and secure placements (whether that be with their natural parents or in out-of-home care). This means decision-making regarding whether a child will be reunified with their parents or remain in care needs to occur relatively quickly, especially for very young children. Permanent placements are sought for those children who are to remain in care. The emphasis on achieving “placement stability” and on “permanency planning” has resulted in an increasing trend over the last five years for children to enter care at an earlier age and to remain in care longer (Australian Institute of Health and Welfare, 2007). This decreases the capacity for existing carers to care for additional children entering the system.

The consequences of the increasing numbers of children requiring care and a reduction in the availability of suitable placement options have been twofold. The first is that out-of-home care is now more likely to be used only as a last option for children and families requiring support. Consequently, only those children whose needs are most serious are placed into care. The second consequence is that it is becoming increasingly difficult to find suitable placements for many children in care (Barber & Delfabbro, 2004; Barber, Delfabbro, & Cooper, 2000; Victorian Department of Human Services, 2003). Placement stability continues to be a challenging feature of most care systems in Australia and many other Western countries, and is one of the strongest symptoms of what many see as the failure of current out-of-home care systems.

The combination of these and other factors has resulted in out-of-home care service systems that have reached a crisis point. There is an urgent need for research in this area to inform evidence-based approaches to problems arising as a consequence of these recent trends in out-of-home care (Cashmore, Higgins, Bromfield, & Scott, 2006).
Background to the report

This paper is based on the report *Out-of-home care in Australia: Messages from research* (Bromfield, Higgins, Osborn, Panozzo, & Richardson, 2005), commissioned by the Australian Government Department of Families, Community Services and Indigenous Affairs on behalf of the Community and Disability Services Ministers’ Advisory Council (CDSMAC) Foster Care Working Group. The Working Group comprised representatives from all Australian state and territory governments and the Australian Government. The purpose of the Working Group was to coordinate the development and implementation of the National Plan for Foster Children, Young People and their Carers 2004–2006 (Community and Disability Services Ministers’ Conference, 2004).

The aim of this project was to extend the *Audit of Australian out-of-home care research* (Cashmore & Ainsworth, 2004, see box inset for further information) by reviewing Australian out-of-home care research identified in the audit, as well as new research published after the release of the audit in 2004, to determine:

- what we know from Australian out-of-home care research;
- the quality of the evidence base;
- research gaps and duplication (if any); and
- priorities for future research.

Research reviewed

The primary source of information for identifying Australian out-of-home care research in this project was the *Audit of Australian out-of-home care research* (Cashmore & Ainsworth, 2004). Cashmore and Ainsworth identified 95 Australian research studies investigating out-of-home care as having commenced or been completed during the 10-year period 1995–2004. To capture research completed after the audit, the Australian Family and Society Abstracts database was searched for publications released between 2004–2006.

Cashmore and Ainsworth (2004) defined “research” as “the systematic gathering of information involving data collection and analysis, using either original data or administrative data sets” (p. 9). A slightly broader definition of “research” was employed in this project, including, for example, qualitative findings from case audits.

The 2004 audit identified 95 Australian research studies that had commenced or been completed during the ten-year period 1995–2004. Not all these studies were completed, nor was there a project report or published paper identified describing the findings for every completed project. Using the search strategy described, we were able to identify 80 publications describing Australian research *completed* between 1995 and 2006. There are other Australian out-of-home care research studies that are not yet completed or for which there is no publicly available project report.

For ease of understanding, published (e.g., a journal article) and unpublished (e.g., a student thesis) papers and reports are all hereafter referred to as “publications”. Using the search strategy described, we were able to identify 80 publications describing Australian research completed between 1995 and 2006. Research published after October 2006 has not been included in this review.

Publications of Australian out-of-home care research were categorised into ten broad areas:

- characteristics of natural families when children enter care;
- outcomes for children and young people in care;
- foster families;
- issues relating to reunification;
- participation of children and young people in care in decisions affecting their lives;
young people leaving care;
cultural considerations in out-of-home care;
residential and specialised models of care;
kinship care; and
issues for professionals in associated field working with children and young people in out-of-home care.

A synopsis of key findings from each area is presented here. This synopsis draws from more detailed individual papers published on the National Child Protection Clearinghouse website as part of the Research Briefs series (www.aifs.gov.au/nch/pubs/brief/menu.html#research). Each section is presented using the same format to answer three questions:
1. How much research has been done in the area?
2. What is the quality of the research in the area?
3. What do we know from Australian research in the area?

For detailed papers on each of the topics discussed in this paper go to the National Child Protection Clearinghouse website and check out the Research Briefs series (www.aifs.gov.au/nch/pubs/brief/menu.html#research)

1 Characteristics of natural families when children enter care

1.1 How much research has been done in this area?

Three of the studies identified and reviewed had findings related to the characteristics of children and young people’s natural families when they enter care (see Table 1).

1.2 What is the quality of the research on the characteristics of natural families when children enter care?

The three studies reviewed were well designed, with appropriate sample sizes, and used both quantitative and qualitative methodologies. Sample sizes ranged from 81 to 294. The use of quantitative methodologies with adequate sample sizes enhanced the ability to generalise from the study findings.

1.3 What do we know from Australian research on the characteristics of natural families when children enter care?

Evidence on the characteristics of natural families when children enter care is drawn from research concerning three different sub-groups. In a study examining the statutory care context, one of the main reasons for children’s entry into care was shown to be breakdown in parental performance (Fernandez, 1996). In research regarding families of children with a disability, a large proportion of families were found to have considered, or taken action towards, placing their child in out-of-home care (Llewellyn, McConnell, Thompson, & Whybrow, 2005). The authors concluded that for families to maintain family-based placements for their children, it is important that the family has the capacity to continue balancing the demands of caring and the needs of other family members.

Finally, systematic differences were reported in the reasons for entry into care between Aboriginal and non-Aboriginal children in different geographic areas. At the time of entry into care, Aboriginal children from the metropolitan areas in South Australia were less likely than non-Aboriginal children and children from rural/remote areas to be referred into care for reasons of emotional abuse or neglect. The authors theorised that this may have been because many of these children were already in informal care at the time of the referral (Barber et al., 2000).
The findings were to some extent self-evident – natural families of children entering care are under enormous stress and are characterised by inadequate parenting, which is the reason why children are entering care. It is frequently claimed that the complexity of cases coming to the attention of out-of-home care services has increased, both in terms of the characteristics of the birth families, and the characteristics of the children entering care. Longitudinal tracking of trends for families referred to out-of-home care services are needed to determine whether families are indeed becoming more complex over time and to identify trends that may be amenable to prevention.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Characteristics of natural families when children enter care</th>
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<tbody>
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</tr>
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<td>1</td>
<td>Aboriginal and non-Aboriginal children in out-of-home care</td>
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* This paper is based on data from the South Australian longitudinal study.

2  

Outcomes for children and young people in care

2.1  

How much research has been done in this area?

Twenty-one research studies on the issue of outcomes for children and young people in care were reviewed (see Table 2). Eleven of the studies identified with findings related to the outcomes of children in care were based on data collected for the South Australian longitudinal study. These studies were grouped into five sub-themes: the wellbeing of children and young people in care, placement stability, permanency planning, educational needs, and family contact.
The South Australian longitudinal study

Fourteen of the quantitative studies identified in this paper were authored by a consortium of researchers, including Jim Barber and Paul Delfabbro, using one data source: the South Australian longitudinal study of children in out-of-home care. Studies that form part of the South Australian longitudinal study are flagged with an asterisk (*) in Tables 1 to 10 of this paper. The South Australian longitudinal study comprised a sample of 235 children (121 boys, 114 girls) referred into new foster care placements in South Australia over a 12-month period; 164 (70%) of the children who remained in care were followed up. In addition to the quantitative measures, interviews were conducted with children (25 boys, 23 girls). The publications emerging from the longitudinal study of South Australian children are methodologically rigorous. However, a limitation of the Australian out-of-home care evidence base is that so much of the evidence is focussed on a single sample drawn from one jurisdiction. Although the South Australian longitudinal study was methodologically rigorous, further research is required investigating factors associated with differing outcomes for children in care in other states and territories with different geographies and population distributions. It is worth noting that these findings are by no means irrelevant to other jurisdictions: research has shown approaches to child protection in Australian states and territories are more similar than different (Bromfield & Higgins, 2005).

2.2 What is the quality of the evidence base on the outcomes for children and young people in care?

In general, the Australian research that related to outcomes for children and young people in care was of a very high quality relative to other areas of out-of-home care research. The studies were well designed, with all but one study comprising a large sample (n = 235 to 606), and several employing a prospective design with pre-post assessments and a comparison group. Triangulation of information sources (asking different groups of respondents, such as both foster carers and teachers, to answer the same questions) was used to improve the reliability of data collected. However, 11 of the 21 studies were based on data from the South Australian longitudinal study. (See text box above for a discussion of the limitations of over-reliance on a single sample to inform the evidence-base.) The single study with a small sample size (n = 47) examined a methodological issue rather than drawing conclusions about the outcomes for children in care. In this study, Tarren-Sweeney, Hazell, and Carr (2004) examined the inter-rater agreement between foster parents and teachers regarding children’s behaviour problems, and concluded that for children in long-term foster care, foster parents or teachers may be used as informants for total problems, externalising problems and social/attention problems, but not necessarily for internalising problems. The sample was adequate for this purpose.

2.3 What do we know from Australian research on the outcomes for children and young people in care?

2.3.1 The wellbeing of children and young people in care

The majority of children in care were in good physical health and displayed improvements in psychological functioning over time (Barber & Delfabbro, 2005; Victorian Department of Human Services, 2002). However, children in care experienced significantly poorer mental health outcomes than children who had never been in care (O’Neill, 1999a; O’Neill & Absler, 1999; Tarren-Sweeney, 2006; Tarren-Sweeney & Hazell, 2005, 2006), and a significant minority of children in care experienced complex psychological and behavioural problems. For example, in a Victorian study, 18% had a diagnosed mental health issue, 20% had a physical disability, 14% had an intellectual disability, and 14% had threatened suicide (Victorian Department of Human Services, 2002). Adolescents were
more likely to exhibit behavioural problems than younger children. However, problem behaviours in adolescence may have been a reaction to trauma experienced in earlier developmental stages (Delfabbro, Barber, & Cooper, 2002a). For more information about trauma symptoms at different stages of child development, see the *Child development and trauma guide* (Victorian Government Department of Human Services, 2007). In the South Australian longitudinal study, Aboriginal children from metropolitan areas and rural non-Aboriginal children were found to be the most reliant on the formal out-of-home care system (Barber et al., 2000).

The significant minority of children in care with complex psychological and behavioural problems tended to be the same children who experienced significant levels of placement disruption. In their study, Osborn and Delfabbro (2006b) found that almost 60% of the children and young people with a history of placement disruption fell into the “abnormal” clinical range on the Total Difficulties Score for the Strengths and Difficulties Questionnaire. Children with a history of placement disruption also tended to have a family history characterised by significant trauma, suggesting that significant early trauma and abuse is associated with subsequent placement instability (Osborn & Delfabbro, 2006b). Children with behavioural problems cost the out-of-home care system a great deal of resources. Cost–benefit analyses need to be conducted to estimate the cost of additional therapeutic services compared with the current cost of caring for children with special needs (Delfabbro & Barber, 2003, 2004).

Brief wellbeing assessments at intake can identify children at risk of significant behavioural problems and in need of support during the early phases of placement from those with a lowered risk (Barber & Delfabbro, 2003b; Barber, Delfabbro, & Cooper, 2001). Early therapeutic intervention with these children may enhance their wellbeing, and provide them with greater opportunity for stability while in care.

### 2.3.2 Placement stability

Data from both the South Australian longitudinal study and the Victorian Department of Human Services indicated that the majority (approximately 75%) of children in care obtain a stable and successful placement within their first 12 months in care. Ongoing and severe placement disruption appears to affect a relatively small (15–20%) subgroup of children in care (Delfabbro & Barber, 2003; Delfabbro, Barber, & Cooper, 2000; Victorian Department of Human Services, 2002).

The findings from one study questioned the notion that placement disruption is inherently bad, reporting that early placement disruption may not be damaging, but placement disruption extending beyond 12 months should be closely monitored and the need for additional supports assessed (Barber & Delfabbro, 2003a, 2004; Delfabbro & Barber, 2003). Osborn and Delfabbro (2006a, 2006b) reported that children with a history of placement disruption experienced an average of 11 placements during their time in care and five placement breakdowns in the previous two years. The study showed a strong correlation between early trauma/abuse and subsequent placement instability. Australian researchers have concluded that foster care appears to be unsuitable for a small subpopulation of young people in care and that there is an urgent need for a wider range of placement options for this subgroup (Barber & Delfabbro, 2002; Barber et al., 2001).

Children with high levels of placement disruption were reliably identified as those children who had experienced two or more breakdowns due to their behaviour in the previous two years (Barber & Delfabbro, 2002; Barber et al., 2001; Delfabbro & Barber, 2003; Delfabbro et al., 2000). This suggests that this group could be identified relatively early in their care experience and provided with alternative placement options, were they available.

### 2.3.3 Permanency planning

There was limited Australian research investigating the issue of permanency planning. The single study with findings relevant to this issue reported that alternative placement options, such as treatment foster care or group care, can achieve positive outcomes with adolescents who are not suited to conventional foster care (Barber et al., 2001).
2.3.4 **Educational needs**

Research into the educational experiences of children in care highlighted education as an issue needing greater attention in care plans. Research has shown that children in care are less likely than other children to continue their education beyond the minimum school leaving age. They are likely to attend a large number of different schools and to experience substantial periods of absence from school (CREATE Foundation, 2006). Educational disruption was frequently a direct result of statutory intervention, with a large proportion of children in care having to change school as a result of a placement change (Barber et al., 2000; Delfabbro & Barber, 2003; Delfabbro et al., 2000). Children in care also reported educational disruption as a result of school suspensions and expulsions (CREATE Foundation, 2006). School changes were more likely when children were older or were placed a long distance away from their families (Barber et al., 2000; Delfabbro & Barber, 2003; Delfabbro et al., 2000).

2.3.5 **Family contact**

Contact between children in care and their natural parents (referred to as ‘parental contact’) was found to be positively associated with reunification and negatively associated with time in care (Delfabbro et al., 2002a). There are advantages and disadvantages to parental contact for children in care and it is likely that a single rule will not serve the best interests of all children. While parental contact was associated with reunification, it was not clear whether parental contact improved outcomes for children (Delfabbro et al., 2002a). The characteristics of the children themselves may help to explain both the likelihood of reunification and degree of family contact. This is discussed further in section 4, which describes issues relating to reunification.

In brief, the findings related to the outcomes for children and young people in care demonstrated a worrying trend of increasingly complex behavioural problems and extensive placement instability. Children in care have consistently poorer outcomes than children who have never been in care. Research shows that most children in care show improved functioning over time, and that high levels of placement instability are most likely to be experienced by children with significant trauma and abuse histories. The findings suggest that these children are likely to have better outcomes if they are placed in care than if they remain in abusive and neglectful environments (but there was no direct measure of this).

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<tr>
<th>Table 2</th>
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<td>1 Placement disruption in out-of-home care in SA</td>
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<td>2 Placement disruption and wellbeing of children in foster care</td>
<td>Barber &amp; Delfabbro (2003a)*</td>
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<td>Research area</td>
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<td>20 The reliability for foster parents' reports</td>
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* This paper is based on data from the South Australian longitudinal study.

Note: For a detailed review of each study and discussions of the evidence base in relation to outcomes for children and young people in care, see Osborn and Bromfield (2007a).

### 3 Foster families

#### 3.1 How much research has been done in this area?

There is a limited body of Australian research on the recruitment, retention and support of carers, and the assessment and training of carers. The key Australian research findings presented within this research brief are from a total of 14 studies published between 1994 and 2006 (see Table 3). They are categorised into five sub-themes: carer recruitment; carer retention, satisfaction and support; impact of fostering on carers’ natural children and families; training carers; and the professionalisation of foster carers.

#### 3.2 What is the quality of the evidence base on foster families?

There was a large number of studies of foster families relative to other areas of Australian out-of-home care research. However, the research fell into several sub-themes, with only a small number of studies relevant to each of these areas. With the exception of research into recruitment, the research on foster families also tended to be largely descriptive or qualitative in nature. Sample sizes ranged from 61 to 800 for the quantitative studies, and the majority were 300 or more. Samples for the qualitative studies clustered around 20 participants. While there is a role for descriptive and qualitative research, research of this nature frequently cannot be generalised to other samples. Quantitative research is needed in this area.

#### 3.3 What do we know from Australian research on foster families?

##### 3.3.1 Carer recruitment

Foster carer families were most likely to include women aged 35–54 years who were not in the labour force. Research showed that increases in female labour force participation are expected to contribute to a continuing decline in the number of foster carers over the next decade (Siminski et al., 2005).

Most foster carers had always planned to foster or had known a specific child in need of care (Siminski et al., 2005). The majority of the population was not reached or engaged by recruitment campaigns (South Australian Department of Family and Community Services, 1997). The most
common reasons for not fostering were the disruption to the person’s own family circumstances and the financial costs associated with foster care (McHugh et al., 2004). In a study that specifically examined the recruitment of carers for Aboriginal and Torres Strait Islander children in care, Higgins, Bromfield, and Richardson (2005) found that while some culturally specific factors aid the recruitment of Indigenous carers (e.g., commitment to community), others are a hindrance (e.g., heightened prevalence of poverty, mental health problems, criminal records, etc. in the community of Indigenous adults). Past practices of forced removal of Indigenous children from their families and their communities were both a barrier and a motivating factor to become a carer for Indigenous adults.

Foster carer recruitment is an extremely time-consuming activity. At each stage of the application procedure, individuals withdraw or are rejected. An overwhelming majority of individuals who enquired about being a foster carer were found not to have become carers 10 months after their inquiry (Keogh & Svensson, 1999; Lawrence, 1994). Broad-based media strategies were considered excellent for awareness-raising and creating an initial interest in fostering, but were less successful in the conversion of enquiries into actual carers (Keogh & Svensson, 1999; Lawrence, 1994; McHugh et al., 2004; Victorian Department of Human Services, 2003). One of the “best” recruitment strategies was the use of current and experienced carers to recruit by word-of-mouth (Higgins et al., 2005; Keogh & Svensson, 1999; Lawrence, 1994; McHugh et al., 2004; Victorian Department of Human Services, 2003).

3.3.2 Carer retention, satisfaction and support

The majority of carers felt they had “good” or “just enough” support (Australian Foster Care Association, 2001; McHugh et al., 2004). This finding related to “support” in the broad sense and may have included family, friends, peer support groups and non-government agencies, as well as statutory departments responsible for the case management of children in care. However, carers reported that they were often dissatisfied as they did not feel adequately supported by the relevant state or territory government department (Australian Foster Care Association, 2001; Briggs & Broadhurst, 2005; McHugh et al., 2004). There was a range of specific challenges that research suggested carers may have needed extra support to overcome.

In relation to remuneration and financial support, research showed that the standard carer subsidy to meet the basic costs of care was inadequate. Estimates of the costs of children based on children living with their families were not adequate, as children in care tend to have more complex needs than children who have never lived in care (McHugh, 2002).

Foster carers were found to be vulnerable to false and malicious allegations that they abused children in their care. Carers and their families were also vulnerable to intimidation, threats, violence and damage to property by foster children (Australian Foster Care Association, 2001; Briggs & Broadhurst, 2005). When such situations occurred, those carers surveyed reported a lack of support. This has serious implications for the foster care system, including the retention of experienced carers and the outcomes for children in care (Briggs & Broadhurst, 2005).

Most carers ceased fostering due to a change in their personal circumstances (McHugh et al., 2004; Victorian Department of Human Services, 2003). However, there does appear to be a link between support and retention, with participants from several studies reporting that carers stopped fostering due to burn out, lack of support, effects on their families, and the foster children being difficult. System factors were also directly implicated in placement failure (Gilbertson & Barber, 2003b; McHugh et al., 2004; Victorian Department of Human Services, 2003). Carer retention may be improved if carers are better supported through improved reimbursement packages, increased recognition and involvement (e.g., input into decisions regarding foster children), better information about the child, and increased levels of support (such as, access to support services and respite) (Australian Foster Care Association, 2001; Butcher, 2005; Higgins et al., 2005; McHugh et al., 2004; Victorian Department of Human Services, 2003).
3.3.3 Impact of fostering on carers’ natural children and families

The limited research into experiences of foster parents’ natural children showed that foster children do have an impact on natural children. Foster children encourage positive experiences (e.g., sharing, responsibility, caring and independence), but these are coupled with the contradictory experiences of loss (e.g., sharing the attention of parents), resentment and a wish to escape (Nuske, 2004).

3.3.4 Training

Although some carers felt they received sufficient training, many felt that further training to fully prepare them for the role of caring was a priority. This is similar to the findings in relation to support. Some carers reported that they did not receive any training prior to having children placed in their care (Australian Foster Care Association, 2001; Butcher, 2005; Higgins et al., 2005; McHugh et al., 2004). Carers wanted training that was both practically oriented and nationally accredited, as well as specialist training to enable carers to provide therapeutic foster care (Butcher, 2005).

3.3.5 The professionalisation of foster carers

Carer requests for nationally accredited training and specialist training in treatment foster care may be an indication of carers’ support for the professionalisation of foster care (Butcher, 2005). The prospect of professionalising foster care in Australia needs more attention. Of the 450 carers surveyed in a study by Smyth and McHugh (2006), a majority of carers surveyed supported the professionalisation of foster care, but a significant minority did not.

Research to date has focused on carers’ perspectives of whether they are getting “enough” training and support. There is a need for research to evaluate models of recruitment, assessment, training and support of carers to determine which methods are the most effective in recruiting and retaining carers and ensuring that carers are adequately prepared and supported to perform their important role. Research is also needed to investigate the degree to which carers access existing training and support services, and factors that both help and hinder their involvement. Overall, the research in the area of foster families shows that we still do not know enough about recruitment and that carers report needing more support and increased training.

<table>
<thead>
<tr>
<th>Table 3</th>
<th>Foster families</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research area</strong></td>
<td><strong>Authors</strong></td>
</tr>
<tr>
<td>1 Foster carers’ views about fostering</td>
<td>Australian Foster Care Association (2001)</td>
</tr>
<tr>
<td>2 The abuse of Australian foster carers</td>
<td>Briggs &amp; Broadhurst (2005)</td>
</tr>
<tr>
<td>3 The training and status of foster carers in Queensland</td>
<td>Butcher (2005)</td>
</tr>
<tr>
<td>4 Carer perspectives on placement breakdown</td>
<td>Gilbertson &amp; Barber (2003b)</td>
</tr>
<tr>
<td>Research area</td>
<td>Authors</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>5 Recruitment, assessment, training and support of carers of Indigenous children</td>
<td>Higgins, Bromfield, &amp; Richardson (2005)</td>
</tr>
<tr>
<td>6 Recruitment strategies</td>
<td>Keogh &amp; Svensson (1999)</td>
</tr>
<tr>
<td>7 Recruitment strategies</td>
<td>Lawrence (1994)</td>
</tr>
</tbody>
</table>
| 8 The foster carer payment system in Australia                               | McHugh (2002)                                | Qualitative                     | Stage 1: $n = 120$ directors of child welfare agencies (gov., NGO & Indigenous); $n = 6$ presidents of foster care associations  
Stage 2: $n = 159$ carers (Indigenous and non-Indigenous) in 26 focus groups                                      | The agencies and associations reported that the standard subsidy to meet the basic costs of care was inadequate. |
<p>| 9 The availability of foster carers in NSW                                    | McHugh, McNab, Smyth, Chalmers, Siminski, &amp; Saunders (2004) | Quantitative and qualitative     | Postal survey with 450 carers (45% response rate, 22 were Indigenous carers); focus groups were held with 50 carers and 30 workers from OOHC and fostering teams                  | The existing carers that were surveyed indicated that carers cease to foster due to burn out, lack of support, effects on their families, the foster children being difficult, or changes to their own personal circumstances. |
| 10 The views of biological children within foster families                   | Nuske (2004)                                 | Qualitative                     | $n = 22$ young people aged between 9 and 32 years                                               | The personal narratives of the biological children of carers indicated their experience as being contradictory, with both positives and negatives of having foster children in the home. |
| 11 Profile and projections of foster carers in NSW                           | Siminski, Chalmers &amp; McHugh (2005)          | Quantitative                    | Based on Australian Bureau of Statistics 2001 Census data                                      | Foster families in NSW were most likely to include women aged 35–54 years who were not in the labour force. Future projections and the potential factors that may influence the number of carers recruited were reported. |
| 12 Exploring the dimensions of professional foster care                      | Smyth &amp; McHugh (2006)                        | Quantitative                    | Postal surveys with $n = 450$ carers                                                            | The majority of foster carers felt that their role was and should be seen as semi-professional or professional. |</p>
<table>
<thead>
<tr>
<th>Research area</th>
<th>Authors</th>
<th>Methodology</th>
<th>Sample</th>
<th>Relevant findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Recruitment strategies</td>
<td>South Australian Department of Family and Community Services (1997)</td>
<td>Quantitative</td>
<td>$n = 4500$ telephone numbers randomly selected from Adelaide and country regions; a member of the household aged over 18 years was invited to participate; $n = 3020$ interviews were completed</td>
<td>A major finding from the study was that the majority of the population was not reached or engaged by recruitment campaigns.</td>
</tr>
<tr>
<td>14 Views of past and present foster carers in Victoria</td>
<td>Victorian Department of Human Services (2003)</td>
<td>Quantitative and qualitative research: $n = 20$ interviews with professionals; $10$ focus groups with past, present and potential carers; $n = 10$ interviews with carers representing specific sub-groups (e.g., Indigenous, kinship carers)—collected in metropolitan and regional areas. Qualitative research stage 1: $n = 250$ caregivers ($n = 163$ present carers, $n = 87$ past carers); $n = 200$ potential carers. Qualitative research stage 1: $n = 202$ carers ($n = 132$ current carers, $n = 70$ past carers)</td>
<td>Qualitative analysis suggested that improved reimbursement packages, increased recognition and involvement (e.g., input into decisions regarding foster children) and increased levels of support (e.g., access to support services) were particularly associated with satisfaction.</td>
<td></td>
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</tbody>
</table>

Note: For a detailed review of each study and discussions of the evidence base in relation to foster families, see Osborn, Panozzo, Richardson, and Bromfield (2007).  

## 4 Issues relating to reunification

### 4.1 How much research has been done in this area?

The key research findings presented within this section are from a total of eight publications covering various issues relating to reunification (see Table 4). This research was published between 1996 and 2006. The studies are grouped into three sub-themes: factors associated with reunification, family contact for children in care, and experiences of parents of children in care.

### 4.2 What is the quality of the evidence base on issues relating to reunification?

The research in the area of issues relating to reunification drew very heavily on findings from the South Australian longitudinal study. Although the South Australian longitudinal study was methodologically rigorous, further research is required investigating factors associated with reunification in other states and territories with different geographies and population distributions. With some notable exceptions, such as the study by Fernandez (1996), the remaining research in this area tended to be small-sample qualitative studies. While these studies are also largely methodologically rigorous, there is a need for large-scale quantitative findings that can be generalised to other samples. In particular, this area could benefit from further prospective longitudinal research. Given the specific preferencing of family reunification in legislation and policy around Australia, the absence of an adequate evidence base to inform policy and practice in this area constitutes a significant gap in Australian research.
4.3 What do we know from Australian research on issues relating to reunification?

4.3.1 Factors associated with reunification

The South Australian longitudinal study showed that 60% of reunifications could be predicted based on three factors: ethnicity, neglect and parental incapacity, and that 40% of cases were reunified due to the mother's improved ability to cope (Delfabbro, Barber, & Cooper, 2003). Aboriginal children from metropolitan areas in South Australia and non-Aboriginal children from rural areas in South Australia experienced the longest periods of time in out-of-home care (Barber et al., 2000).

4.3.2 Family contact for children in care

Delfabbro, Barber, and Cooper (2002a) found that at least one form of regular parental contact could increase the likelihood of family reunification and decrease the amount of time a child remains in care. The majority of caseworkers also regarded family contact positively. However, family contact was less likely for children from rural areas in South Australia, children of Aboriginal background, and children who scored higher on a measure of hyperactivity. In a further study specifically examining the factors associated with early reunification (i.e., in the first four months of placement), Delfabbro, Barber, and Cooper (2003) found that non-Aboriginal children and those placed because of parental incapacity were significantly more likely to go home compared with neglected children and Aboriginal children. The authors argued that it is very likely that both contact and reunification owe their connection to other factors; for example, children who are better adjusted or who had a good relationship with their parents tended to remain in contact, and these children were more likely to go home.

Discussion of family contact has centred on contact between children in care and their natural parents. However, family contact may also refer to contact between children in care and their siblings or extended family. In addition to increasing the likelihood of reunification, family contact is thought to have a positive impact on the sense of identity and connection of children in care. One mechanism for maintaining children’s family networks while in care is to place sibling groups removed from their natural families in care together. Sibling placement has been formally encouraged in legislation in the US and UK. In Australia, there is a lack of data regarding the placement of sibling groups, which may have contributed to the limited attention given to this issue and sibling placement not being adequately addressed in the legislation (Ainsworth & Maluccio, 2002).

4.3.3 Experiences of parents of children in care

Birth parents experience a sense of powerlessness, alienation, sadness, loss and despair after having their children removed (Fernandez, 1996; O’Neill, 2005). Parents reportedly found involvement with child protection both threatening and confusing and experienced overt exclusion from out-of-home care services in Australia (Mackinnon, 1998; Thomson & Thorpe, 2003). The challenge for case workers is to ensure the involvement of natural parents, while at the same time ensuring the safety of the child and not compromising placement stability (Thorpe, 2002).

There is a need for ongoing support and services for natural parents of children in care (Delfabbro et al., 2003; Fernandez, 1996; O’Neill, 2005; Scott & Honner, 2003). Methods that engage, encourage and empower natural parents may assist them to maintain contact with their children and work towards personal change and family reunification (Thomson & Thorpe, 2003, 2004).

In brief, the findings indicated that ethnicity, neglect and parental capacity were the primary predictors of reunification. Family contact increased the likelihood of reunification, but some groups of children were less likely to experience family contact. Better support for natural parents may help to increase the likelihood of family contact and reunification.
### Table 4  Issues relating to reunification

<table>
<thead>
<tr>
<th>Research area</th>
<th>Authors</th>
<th>Methodology</th>
<th>Sample</th>
<th>Relevant findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 UK and US research concerning the placement of siblings</td>
<td>Ainsworth &amp; Maluccio (2002)</td>
<td>Policy comparison</td>
<td>Not applicable</td>
<td>Placement of siblings together is encouraged at both the practice and legislation level in the UK and the US, whereas it has not yet been thoroughly addressed in Australian state and territory legislation.</td>
</tr>
<tr>
<td>2 The differences and similarities between Aboriginal and non-Aboriginal children in care in South Australia</td>
<td>Barber, Delfabbro, &amp; Cooper (2000)*</td>
<td>Quantitative</td>
<td>(n = 38) Aboriginal children ((M = 10) years; 53% girls; 58% metro area) and (n = 198) non-Aboriginal children ((M = 10.91) years; 48% girls; 76% metro area)</td>
<td>Aboriginal children from Adelaide metropolitan areas and non-Aboriginal children from SA rural areas experienced the longest periods of time in out-of-home care. Aboriginal children were also less likely to have family contact than non-Aboriginal children.</td>
</tr>
<tr>
<td>3 Factors associated with parental contact for children in out-of-home care in South Australia</td>
<td>Delfabbro, Barber, &amp; Cooper (2002b)*</td>
<td>Quantitative</td>
<td>(n = 235) children (121 boys, 114 girls) in care in South Australia</td>
<td>Family contact was less likely for children from rural backgrounds, of Aboriginal background, and for children who scored higher on a measure of hyperactivity.</td>
</tr>
<tr>
<td>4 The factors that contribute to short-term reunification</td>
<td>Delfabbro, Barber, &amp; Cooper (2003)*</td>
<td>Quantitative</td>
<td>(n = 235) children (121 boys, 114 girls) in care in South Australia</td>
<td>Non-Aboriginal children and those placed because of parental incapacity were significantly more likely to go home.</td>
</tr>
<tr>
<td>5 Pre- and post-placement experiences of natural parents</td>
<td>Fernandez (1996)</td>
<td>Qualitative</td>
<td>(n = 294) children entering care, (n = 115) parents</td>
<td>The author advocated for a more participatory empowerment-oriented practice to support and supplement parents in their parenting task.</td>
</tr>
<tr>
<td>6 Engaging natural parents</td>
<td>MacKinnon (1998)</td>
<td>Qualitative</td>
<td>(n = 44) families (mothers, fathers and children) in which children were perceived as being at risk of abuse and who had involvement with both child protection and a therapist; (n = 20) therapists; (n = 8) child protection district officers Some but not all of the children had been removed from the care of their parents due to abuse or neglect</td>
<td>Parents found involvement with child protection both threatening and confusing. An engagement model for working with parents was found to contribute to enhanced therapeutic relationships.</td>
</tr>
<tr>
<td>7 Parents who have children removed by the child protection system</td>
<td>O’Neill (2005)</td>
<td>Qualitative</td>
<td>(n = 10) birth parents</td>
<td>One of the main issues was the sense of loss and despair felt by the birth parents.</td>
</tr>
<tr>
<td>8 Engaging families who have children in out-of-home care</td>
<td>Scott &amp; Honner (2003)</td>
<td>Qualitative</td>
<td>Unspecified number of interviews with children/ young people and their families; and with practitioners</td>
<td>The authors provide a list of examples of best practice for engaging families who have children in out-of-home care.</td>
</tr>
</tbody>
</table>

* This paper is based on data from the South Australian longitudinal study.

Note: For a detailed review of each study and discussions of the evidence base in issues relating to reunification, see Panazzo, Osborn, and Bromfield (2007).
5 Participation of children and young people in care in decisions affecting their lives

5.1 How much research has been done in this area?

The key research findings presented here are from a total of 12 research studies that have incorporated the views of children and young people in care undertaken between 2000 and 2006 (see Table 5). These studies were grouped into three sub-themes: including the views of children and young people in care, family and identity from the viewpoint of children and young people in care, and the involvement of children and young people in research.

5.2 What is the quality of the evidence base on the participation of children and young people in care in decisions affecting their lives?

The Australian research in the area of the participation of children and young people in care in decisions affecting their lives was limited in its scope, and the findings need to be considered with some caution. All 12 of the Australian studies were qualitative, and therefore findings cannot be generalised to all children in care. Furthermore, as mentioned previously, in some cases findings may have been affected by selection bias and this further impacts on the extent the research findings can be generalised.

5.3 What do we know from Australian research on the participation of children and young people?

5.3.1 Including the views of children and young people in care

The majority of children in care reported that they were relatively happy and thought they were better off as a result of being in foster care (Delfabbro, Barber, & Bentham, 2002; New South Wales Community Services Commission, 2000). However, it was found that even small oversights could have a lasting and negative impact on the child or young person; for example, not being told why workers had moved on or not being able to bring a pet to a new placement (CREATE Foundation, 2004; New South Wales Community Services Commission, 2000). Systemic factors (e.g., slow systemic procedures, failure to consult young people during court processes) contributed to a negative care experience for a group of children and young people (CREATE Foundation, 2004, 2005, 2006), and a prevailing theme “was the depth of unhappiness felt by most children and their foster carers when placements break down” (Gilbertson & Barber, 2003a, p. 194). Interestingly, those who experienced a move from a placement they liked fared considerably worse than those young people who were moved from a placement they disliked (Gilbertson & Barber, 2003a).

A stable, trusting relationship with at least one person (whether their carer or even their caseworker) was shown to be important for children and young people in care (CREATE Foundation, 2004; New South Wales Community Services Commission, 2000; O’Neill, 2004). Finally, it was found that being heard can enhance children’s and young people’s self-esteem and feeling of empowerment, can benefit them psychologically and can better ensure that their needs are met (Delfabbro, Barber, & Bentham, 2002; Mason & Gibson, 2004).

5.3.2 Family and identity from the viewpoint of children and young people in care

Research with young people in care and with care leavers showed that issues of family and identity were of importance to young people in care and at times presented a challenge. For example, children and young people reported that they struggled with “how to be part of a new family while maintaining a relationship with their birth family” (O’Neill, 2004, p. 216). While relationships were complex, there was a need for options to be kept open to enable foster children to maximise opportunities for connection with either foster or natural families (Gardner, 2004a). However, Gardner (2004b) also cautioned that relationships with natural parents should not be nurtured at the expense of relationships with foster families, who can be a major source of support for foster children in adulthood.
Children were found to have a capacity to form relationships whenever suitable opportunities were available (Gardner, 2004a). However, there was a strong need for children to feel that they were loved, cared about and also cared for (Mason & Gibson, 2004). The ability to be able to make choices, such as who to call “Mum” or “Dad”, and to explain their background was also significant in the building of identity (O’Neill, 2004).

5.3.3 The involvement of children and young people in research

An unexpected theme within the research was the finding that many children and young people were excluded from studies due to agency social workers not cooperating with the research project, or social workers and/or carers vetoing their participation (CREATE Foundation, 2005; Gilbertson & Barber, 2002; New South Wales Community Services Commission, 2000; Western Australian Department for Community Development, 2004). This was not a direct area of study, but was observed as a limitation by many of the researchers who involved children and young people in their studies. The problems encountered by the researchers are concerning as it goes against a key tenet of the United Nations Convention on the Rights of the Child, which states that children’s views should be taken into account in any decision that is likely to affect their wellbeing or position in life. Gilbertson and Barber (2002) advocated for the appointment of an independent representative for children in care to review research proposals and to negotiate research access to children.

In brief, the findings related to the participation of children and young people in care demonstrated that the process creates for the children and young people a sense of power and control and provides them with “a voice” with which to describe their experiences and perspectives on what is important for them. Together, the studies demonstrated how important it is to provide opportunities for children and young people in care to be heard (i.e., through participatory research) and that this process is crucial to ensure that their needs are met.

<table>
<thead>
<tr>
<th>Research area</th>
<th>Authors</th>
<th>Methodology</th>
<th>Sample</th>
<th>Relevant findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 The experiences of children and young people in care</td>
<td>CREATE Foundation (2004)</td>
<td>Quantitative and qualitative</td>
<td>$n = 18$ children and young people in foster care in the ACT aged 9–17 years (8 males, 10 females)</td>
<td>Identified many positive experiences for children and young people in out-of-home care in ACT.</td>
</tr>
<tr>
<td>2 Experiences of care and connections with culture among Indigenous children and young people in care</td>
<td>CREATE Foundation (2005)</td>
<td>Qualitative</td>
<td>$n = 13$ Indigenous children and young people in care</td>
<td>There were common themes around the need to improve access to information, placement with kin, sibling placements, regular contact with birth parents and relatives, and cultural needs.</td>
</tr>
<tr>
<td>3 Education of Australian children and young people in care</td>
<td>CREATE Foundation (2006)</td>
<td>Qualitative and quantitative</td>
<td>$n = 297$ children and young people in care in Australia aged 10–17 years</td>
<td>Children and young people in care in Australia have a lack of involvement of in their care plans.</td>
</tr>
<tr>
<td>4 Foster children’s satisfaction with their current placement</td>
<td>Delfabbro, Barber, &amp; Bentham (2002)*</td>
<td>Quantitative and qualitative</td>
<td>Sample 1: $n = 51$ children (28 boys, 23 girls) recently placed into care</td>
<td>Over 80% of children reported being satisfied with their caseworker and their placement.</td>
</tr>
<tr>
<td>Research area</td>
<td>Authors</td>
<td>Methodology</td>
<td>Sample</td>
<td>Relevant findings</td>
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<tr>
<td>5 Child-related perceptions of family</td>
<td>Gardner (2004a)</td>
<td>Qualitative</td>
<td>Sample 1: ( n = 43 ) children (22 boys, 21 girls) in long-term foster care; Sample 2: ( n = 39 ) adults (11 males, 28 females) who had been in foster care as children</td>
<td>Recommended that options need to be kept open to enable foster children to maximise opportunities for connection with foster and natural families.</td>
</tr>
<tr>
<td>6 Child and adult perceptions of family</td>
<td>Gardner (2004b)</td>
<td>Qualitative</td>
<td>( n = 39 ) adults (11 males, 28 females) who had been in foster care as children</td>
<td>Many similarities were noted between childhood and adult representations of family. Again recommends that options remain open to provide opportunities for relationships to thrive.</td>
</tr>
<tr>
<td>7 Obstacles to involving children and young people in research</td>
<td>Gilbertson &amp; Barber (2002)</td>
<td>Qualitative</td>
<td>Sample 1: ( n = 11 ) young people eligible; ( n = 2 ) participated; Samples 2 &amp; 3: ( n = 91 ) eligible; ( n = 25 ) participated</td>
<td>Non-response rates of 72.5–82% reported and large numbers of young people were excluded because agency social workers did not cooperate with the project.</td>
</tr>
<tr>
<td>8 Placement breakdown from the perspective of young people</td>
<td>Gilbertson &amp; Barber (2003a)</td>
<td>Qualitative</td>
<td>( n = 19 ) carers who ended placements due to a young person’s disruptive behaviour</td>
<td>A dominant theme to emerge was the unhappiness, powerlessness, isolation and even desperation of the young people.</td>
</tr>
<tr>
<td>9 Improving out-of-home care services through participatory research</td>
<td>Mason &amp; Gibson (2004)</td>
<td>Qualitative</td>
<td>Sample 1: ( n = 47 ) children and young people; ( n = 10 ) birth parents; ( n = 34 ) carers; ( n = 20 ) workers; and ( n = 4 ) members of the senior management team; Sample 2: ( n = 13 ) young people; ( n = 15 ) carers; ( n = 28 ) workers; and ( n = 8 ) birth parents; Sample 3: ( n = 3 ) young people</td>
<td>Participants reported that maintaining connections based on familiarity/knowing and/or having something is very important.</td>
</tr>
<tr>
<td>10 Identification of children’s needs and issues on foster care from their perspective</td>
<td>New South Wales Community Services Commission (2000)</td>
<td>Qualitative</td>
<td>( n = 66 ) children and young people in departmental and NGO foster care in NSW</td>
<td>Generally speaking, the children and young people saw themselves as better off in foster care and were reasonably happy.</td>
</tr>
<tr>
<td>11 Experiences of children, permanent carers and other supportive adults where children have been placed into the out-of-home care system</td>
<td>O’Neill (2004)</td>
<td>Qualitative</td>
<td>( n = 8 ) young people who had experienced multiple previous placements; their permanent carers (birth and/or foster families); and their teachers and case-workers</td>
<td>“The children struggled with the emotional effects of past abuse and neglect, as well as learning how to be part of a new family, while maintaining a relationship with their birth family” (p. 216).</td>
</tr>
<tr>
<td>Research area</td>
<td>Authors</td>
<td>Methodology</td>
<td>Sample</td>
<td>Relevant findings</td>
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<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>12 Views of Indigenous children and young people</td>
<td>Western Australian Department for Community</td>
<td>Quantitative and</td>
<td>n = 13 Indigenous children and young people in WA</td>
<td>One of the key recommendations was that caseworkers, carers and residential workers be trained in the importance of Indigenous children’s and young people’s connections to their culture.</td>
</tr>
<tr>
<td>in care</td>
<td>Development (2004)</td>
<td>qualitative</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* This paper is based on data from the South Australian longitudinal study.

Note: For a detailed review of each study and discussions of the evidence base in relation to the participation of children and young people in care in decisions affecting their lives, see Osborn and Bromfield (2007b).

6 Young people leaving care

6.1 How much research has been done in this area?

There were eight studies that examined issues regarding young people leaving care (see Table 6). These studies were grouped into two sub-themes: outcomes for young people leaving care; and policies, practices and legislation for young people leaving care.

6.2 What is the quality of the evidence base on young people leaving care?

Australian research into young people leaving care has included some very good quality studies in an area in which policy was largely absent. Research to date has thus been able to inform the development of policy in this area. However, there have still been relatively few studies undertaken in this area. In addition, an inherent problem of the research in this area is that legislation, policies and practices differ between each state and territory in Australia. As such, the findings from a study conducted in one state and territory may not be able to be generalised to another state or territory. Research in this area included one of the few cost–benefit studies in the Australian out-of-home care evidence base, demonstrating the potential benefits of research of this nature. As policy is being developed in this area, there is a need to evaluate models of support implemented for care leavers and their effectiveness in assisting young people to transition from care to independent living.

6.3 What do we know from Australian research on young people leaving care?

6.3.1 Outcomes for young people leaving care

Young people leaving care were found to be at great risk of experiencing negative life outcomes (Cashmore & Paxman, 1996). Periods of homelessness since leaving care affected close to half of the young people (Maunders, Liddell, Liddell, & Green, 1999).

Maunders et al. also reported that some care leavers had been involved in committing offences since leaving care (4 of the 43 young people interviewed had experienced being or were currently imprisoned).

There were a range of factors that assisted or inhibited the transition of young people that needed to be acknowledged and addressed prior to the young person transitioning from care to independence (Maunders et al., 1999). Young people needed to develop more employment and independent living skills and more social and emotional skills before they could be expected (or be able) to live independently (Cashmore & Paxman, 1996; Maunders et al., 1999). A sense of security, stability, continuity and social support were strong predictors of better outcomes for young people’s long-term outcomes after leaving care (Cashmore & Paxman, 2006).
6.3.2 Policies, practices and legislation for young people leaving care

The Australian Senate Community Affairs Committee (2004) enquiry, Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children recommended a gradual and functional transition from dependence to interdependence for care leavers. Australian researchers have also argued strongly that there is a need for minimum leaving care standards and a range of support services for care leavers (Mendes, 2005; Mendes & Moslehuddin, 2004a). An integrated model of leaving-care support up to 25 years of age was recommended by Raman, Inder, and Forbes (2005).

New South Wales has specific programs and provides ongoing support for care leavers up to 25 years of age (Mendes & Moslehuddin, 2004b). Legislative changes in relation to care leavers need to be evaluated in each state and territory. Future research is also needed on a national level, based on common methodologies to improve outcomes for all care leavers (Mendes & Moslehuddin, 2006).

In a report examining the cost–benefits of providing supporting to care leavers, Raman et al. (2005) concluded that a prudent economist would spend a little now to save a lot in the future, and that the cost of doing nothing is detrimental to young people, society and the economy at large.

Overall, the research clearly highlighted that the vast majority of care leavers suffer from, or are at a greater risk of, negative outcomes in their social and psychological functioning, financial status, educational and vocational pursuits. The research findings presented here show that young people leaving care include a number who are among the most vulnerable and disadvantaged in their age group, while others are faring much better. Clearly, the research highlighted the need for a range of support services to be available for care leavers.

Table 6 Young people leaving care

<table>
<thead>
<tr>
<th>Research area</th>
<th>Authors</th>
<th>Methodology</th>
<th>Sample</th>
<th>Relevant findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Outcomes for young people leaving care</td>
<td>Cashmore &amp; Paxman (1996)</td>
<td>Quantitative and qualitative</td>
<td>n = 47 young care leavers (18 males, 29 females) from NSW; comparison groups of n = 20 young people who left home early, and n = 20 young people remaining at home; n = 39 district officers</td>
<td>A key finding was that the level of support offered to young people appears to be ad hoc and arbitrary.</td>
</tr>
<tr>
<td>2 Outcomes for young people leaving care</td>
<td>Cashmore &amp; Paxman (2006)</td>
<td>Quantitative and qualitative</td>
<td>n = 47 young care leavers (18 males, 29 females) from NSW</td>
<td>“Felt” security, continuity in care and social support after care were significant predictors of young people’s outcomes 4–5 years after leaving care.</td>
</tr>
<tr>
<td>3 Outcomes for young people leaving care</td>
<td>Maunders, Liddell, Liddell, &amp; Green (1999)</td>
<td>Qualitative</td>
<td>n = 19 focus groups; interviews with n = 24 individual service providers; almost 200 care and protection workers across Australia; n = 43 young people who had left care from 5 states and the Northern Territory</td>
<td>Half of the young people reported experiencing a period of homelessness since leaving care, almost half reported having committed criminal offences and just over a third of young women had become pregnant or had a child soon after leaving care.</td>
</tr>
<tr>
<td>4 Victorian case study of the leaving care debate</td>
<td>Mendes (2005)</td>
<td>Policy analysis</td>
<td>Not applicable</td>
<td>Highlights the importance of providing a range of support services to care leavers to ensure improved outcomes.</td>
</tr>
</tbody>
</table>
7.1 How much research has been done in this area?

There were 13 studies that examined culturally appropriate practices for Aboriginal and Torres Strait Islander children in out-of-home care or compared Aboriginal and Torres Strait Islander children and non-Indigenous samples on specific factors (see Table 7). These studies were grouped into four sub-themes: measuring the wellbeing of Aboriginal and Torres Strait Islander children, outcomes for Indigenous children and young people in care, service system responses for Indigenous children and young people, and recruiting and supporting Indigenous carers. There has been no Australian research examining practices and policies that address the needs of other ethnic minority groups in out-of-home care.

7.2 What is the quality of the evidence base on cultural considerations?

Australian out-of-home care research with findings of specific relevance to Aboriginal and Torres Strait Islander peoples is divided into several disparate areas, each of which comprises a small number of studies. Of these studies, very few were conducted specifically to investigate issues in out-of-home care for Aboriginal and Torres Strait Islander peoples. The evidence that does exist can not be generalised due to the small samples and potential sampling bias in the quantitative studies. The qualitative studies were of mixed quality or were exploratory in nature.

The Western Australian Aboriginal Child Health Survey demonstrated some surprising differences in the health of Aboriginal children in urban versus remote areas (Zubrick et al., 2004). The only research examining regional differences in outcomes for children in care was the South Australian longitudinal study and it is not known whether these findings could be generalised to other jurisdictions. It is important for future research examining issues for Aboriginal and Torres Strait Islander children to recognise that Indigenous peoples in Australia are not one homogenous group—there are likely to be regional and cultural differences between different peoples.
Overall, there has been very little research in this area, and that which has been conducted can not be generalised. Thus, it is not possible to claim an evidence base exists in relation to issues of out-of-home care for Aboriginal and Torres Strait Islander peoples. Given the significant over-representation of Aboriginal and Torres Strait Islander children in care in Australia, the lack of quality research in this area represents a major failure.

7.3 What do we know from Australian research on cultural considerations?

7.3.1 Measuring the wellbeing of Aboriginal and Torres Strait Islander children

Although not strictly “research”, two critical analyses of the suitability of current theories for measuring the wellbeing of Indigenous children have important implications for future research into the outcomes of Indigenous children in care. McMahon and Reck (2003) showed that the use of administrative indicators to measure case outcomes (e.g., placement breakdown, reunification) is widespread, but that indicators that reflect a child’s wellbeing and how they are functioning are rarely used. And what are the indicators of wellbeing for Aboriginal and Torres Strait Islander peoples? The use of concepts such as attachment and bonding (or at least the Western understanding of these psychological terms) to assess the wellbeing of Aboriginal and Torres Strait Islander children are inconsistent with Aboriginal and Torres Strait Islander values of relatedness and childrearing practices (Yeo, 2003). Wellbeing indicators for Aboriginal and Torres Strait Islander children should include cultural and spiritual dimensions as well as physical, emotional and social status (McMahon & Reck, 2003).

7.3.2 Outcomes for Indigenous children and young people in care

South Australian research has shown that Aboriginal children were less likely than non-Aboriginal children to have contact with their families, particularly in the first few months after being placed into care, and were also less likely to be reunified with family (Barber et al., 2000; Delfabbro, Barber, & Cooper, 2002b; Delfabbro et al., 2003). Aboriginal children from metropolitan areas in South Australia and non-Aboriginal children from rural areas in South Australia experienced the longest periods of time in out-of-home care (Barber et al., 2000). None of these factors is a direct measure of Aboriginal children’s wellbeing. However, Delfabbro, Barber, and Cooper (2002b) theorised that children with poorer adjustment or relationships with their parents would have less family contact and would be more likely to remain in care. The lower rates of family contact and family reunification for Aboriginal children may be an indicator of their poor adjustment. In comparison, a study based on a sample of children in care from four Australian states ($n = 364$) measured child wellbeing using the Strengths and Difficulties Questionnaire. The study showed that Indigenous children’s peer functioning and overall behavioural and emotional functioning was significantly better than the non-Indigenous sample (Osborn & Delfabbro, 2006b).

7.3.3 Service system responses for Indigenous children and young people

Several studies have examined the adequacy of service system responses in meeting the unique needs of Aboriginal children. Such studies or reviews were frequently undertaken by statutory departments seeking to identify ways to enhance responses to Aboriginal and Torres Strait Islander children and their families.

Research in the late 1990s showed that placement services for Aboriginal children did not comprise adequate or appropriate care planning, and children and young people were remaining in out-of-home care for inordinate lengths of time, with no clear vision for permanency (Victorian Department of Human Services, 1998). Further, the study found that Aboriginal out-of-home care agencies reported that there was insufficient staff time and resources to provide adequate services. A limitation of this study was that there were no non-Indigenous agencies interviewed, so it is not clear whether the staff time and resource pressures were greater in Indigenous than non-Indigenous agencies during that period. The results of a New South Wales enquiry published in 2001 revealed that the absence of a policy and practice framework in relation to the Aboriginal Child Placement Principle (for a description of the principle see Richardson, Bromfield & Osborn, 2007) resulted in
inconsistencies by government and non-government agencies in their attempts to comply with the principle (New South Wales Community Services Commission, 2001). This no longer appears to be a significant issue. The Australian Institute of Health and Welfare’s Child protection Australia 2005–06 (2007) reported that 85.6% of Aboriginal children in New South Wales were placed with relatives/kin, other Indigenous caregivers or in Indigenous residential care.

Based on the research they conducted, the then Western Australian Department for Community Development (2004) concluded that serious consideration needs to be given to the creation of a “cultural” plan for Indigenous children in care in order to explore ways in which children can remain connected to families of origin and culture. The CREATE Foundation (2005) also found that caseworkers, carers and residential workers needed training regarding the value of connecting Indigenous children and young people to their culture.

7.3.4 Recruiting and supporting Indigenous carers

The Aboriginal Child Placement Principle has been formally recognised as the principle that guides placement of Indigenous children in every state and territory in Australia. The principle preferences placement of Aboriginal children with Aboriginal people. However, Aboriginal and Torres Strait Islander children are over-represented in out-of-home care and there is an insufficient number of Indigenous carers to meet demand (Higgins et al., 2005).

The inadequacy of current systems and procedures for preparing and supporting Aboriginal and Torres Strait Islander carers was noted in several studies (Higgins et al., 2005; New South Wales Community Services Commission, 2001; Victorian Department of Human Services, 1998). Recruitment of Indigenous carers is both aided and hindered by several culturally specific factors. For example, Aboriginal and Torres Strait Islander peoples experience disproportionate levels of material disadvantage, which limits their ability to become carers, and places additional financial strain on existing carers (Higgins et al., 2005; McHugh, 2002). Community-based (especially word-of-mouth) strategies were reported by participants as being the most effective way of recruiting Indigenous carers. Such strategies were also more effective when undertaken by Indigenous people (Higgins et al., 2005; McHugh et al., 2004).

In relation to assessment, training and support, research showed that existing assessment techniques and requirements were not culturally appropriate for Aboriginal and Torres Strait Islander people and may actually prevent Indigenous people from becoming carers. In addition, some Indigenous carers were not comfortable with accessing mainstream training sessions. Carers reported that when they were adequately prepared for the role of carer they felt supported. Carers talked about the need for adequate and timely financial support, respectful relationships with the department, and practical and emotional support. Ongoing support for carers was crucial to prevent “burn out” and loss of carers (Higgins et al., 2005; McHugh et al., 2004; Victorian Department of Human Services, 1998).

In brief, the limited research in this area demonstrated that it is vitally important that research on outcomes for Aboriginal and Torres Strait Islander children addresses issues that reflect the principles that guide welfare provision to Indigenous children. For instance, there is a need for research that compares child outcomes for those who are placed in accordance with the Aboriginal Child Placement Principle (with kinship and non-related Aboriginal and Torres Strait Islander placements) and those who are placed in non-Indigenous placements.
Table 7: Cultural considerations in out-of-home care

<table>
<thead>
<tr>
<th>Research area</th>
<th>Authors</th>
<th>Methodology</th>
<th>Sample</th>
<th>Relevant findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aboriginal and non-Aboriginal children in out-of-home care</td>
<td>Barber, Delfabbro, &amp; Cooper (2000)*</td>
<td>Quantitative</td>
<td>( n = 38 ) Aboriginal children (( M = 10 ) years; 53% girls; 58% metro area) and ( n = 198 ) non-Aboriginal children (( M = 10.91 ) years; 48% girls; 76% metro area)</td>
</tr>
<tr>
<td>2</td>
<td>Indigenous children and young people in care in WA</td>
<td>CREATE Foundation (2005)</td>
<td>Qualitative</td>
<td>Random selection of ( n = 13 ) of the ( n = 50 ) Indigenous children and young people in care included in the WA Department for Community Development (2004) case audit</td>
</tr>
<tr>
<td>3</td>
<td>The differences between Aboriginal and non-Aboriginal children in measures of parental contact, wellbeing and placement status in South Australian out-of-home care</td>
<td>Delfabbro, Barber, &amp; Cooper (2002b)*</td>
<td>Quantitative</td>
<td>( n = 235 ) children (121 boys, 114 girls); ( M = 10.8 ) years</td>
</tr>
<tr>
<td>4</td>
<td>The factors that contribute to short-term reunification</td>
<td>Delfabbro, Barber, &amp; Cooper (2003)*</td>
<td>Quantitative</td>
<td>( n = 235 ) children (121 boys, 114 girls); ( M = 10.8 ) years</td>
</tr>
<tr>
<td>5</td>
<td>Recruitment, assessment, training and support of carers of Indigenous children</td>
<td>Higgins, Bromfield, &amp; Richardson (2005)</td>
<td>Qualitative</td>
<td>( n = 80 ) interviews with professionals across Australia; ( n = 3 ) focus groups with carers; ( n = 2 ) focus groups with children in care</td>
</tr>
<tr>
<td>6</td>
<td>Specific needs of Aboriginal and Torres Strait Islander carers in relation to the foster payment system</td>
<td>McHugh (2002)</td>
<td>Qualitative</td>
<td>Stage 1: ( n = 120 ) directors of child welfare agencies (gov., NGO &amp; Indigenous); ( n = 6 ) presidents of foster care associations Stage 2: ( n = 159 ) carers (Indigenous and non-Indigenous) in 26 focus groups</td>
</tr>
<tr>
<td>7</td>
<td>Recruitment, support and retention of Aboriginal and Torres Strait Islander foster carers</td>
<td>McHugh, McNab, Smyth, Chalmers, Siminski, &amp; Saunders (2004)</td>
<td>Qualitative and quantitative</td>
<td>Postal survey with ( n = 450 ) carers (45% response rate, ( n = 22 ) Indigenous carers); focus groups with ( n = 50 ) carers and ( n = 30 ) workers from OOHPC and fostering teams</td>
</tr>
<tr>
<td>Research area</td>
<td>Authors</td>
<td>Methodology</td>
<td>Sample</td>
<td>Relevant findings</td>
</tr>
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<td>------------------------------------------------------------------------------</td>
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<td>-------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>8 Indicators of wellbeing for Aboriginal and Torres Strait Islander children in care</td>
<td>McMahon &amp; Reck (2003)</td>
<td>Critical analysis</td>
<td>Not applicable</td>
<td>It was recommended that the wellbeing of Aboriginal and Torres Strait Islander children should include cultural and spiritual dimensions as well as physical, emotional and social status.</td>
</tr>
<tr>
<td>9 Family contact, educational, health, social and recreational issues for Aboriginal and Torres Strait Islander children in care</td>
<td>New South Wales Community Services Commission (2001)</td>
<td>Qualitative</td>
<td>n = 15 case reviews of Aboriginal and Torres Strait Islander children in care</td>
<td>Although the majority of the children and young people were benefiting from their care experiences, too often this was related to “good luck” rather than effective casework intervention.</td>
</tr>
<tr>
<td>10 National comparative profile study of children and young people with high support needs in out-of-home care</td>
<td>Osborn &amp; Delfabbro (2006b)</td>
<td>Quantitative</td>
<td>n = 364 children (212 males, 152 girls); M = 12.92 years</td>
<td>Peer functioning and overall behavioural and emotional functioning of the Indigenous sample was significantly better at the time of review than the non-Indigenous sample.</td>
</tr>
<tr>
<td>11 Out-of-home care services for Aboriginal children and young people in Victoria</td>
<td>Victorian Department of Human Services (1998)</td>
<td>Qualitative</td>
<td>Internal review with n = 6 community consultations with Aboriginal agencies involved in the provision of out-of-home care; case-record data for children cared for by the agencies; and an unspecified number of focus groups with Aboriginal carers</td>
<td>Case-related statistical data suggested that placement services for Aboriginal children were provided with insufficient care planning, and children and young people were remaining in out-of-home care for inordinate lengths of time, with no clear vision for permanency.</td>
</tr>
<tr>
<td>12 Indigenous children and young people in the care of the then WA Department for Community Development (now the Department for Child Protection)</td>
<td>WA Department for Community Development (2004)</td>
<td>Qualitative and quantitative</td>
<td>Internal case review audit of n = 50 Indigenous young people in care</td>
<td>Recommendations included that serious consideration be given to the creation of a “cultural” plan for Indigenous children and young people in care to explore ways in which children can remain connected to families of origin and culture.</td>
</tr>
<tr>
<td>13 Applicability of assessments of the bonding and attachment of Australian Aboriginal and Torres Strait Islander children to their carers</td>
<td>Yeo (2003)</td>
<td>Critical analysis</td>
<td>Not applicable</td>
<td>The use of concepts such as bonding and attachment to assess the wellbeing of Aboriginal and Torres Strait Islander children are inconsistent with Aboriginal and Torres Strait Islander values of relatedness and childrearing practices.</td>
</tr>
</tbody>
</table>

* This paper is based on data from the South Australian longitudinal study.

Note: For a detailed review of each study and discussions of the evidence base in relation to cultural considerations in out-of-home care, see Richardson, Bromfield, and Osborn (2007).
8 Residential and specialised models of care

8.1 How much research has been done in this area?

The results from nine research studies that relate to residential and specialised models of care in Australia, conducted between 1997 and 2006, were reviewed (see Table 8). These studies were grouped into three sub-themes: the role of residential care in the care continuum, intensive support services and models of care, and treatment (or specialised) foster care.

8.2 What is the quality of the evidence base on residential and specialised models of care?

There is a real need to address the limited number of care options available for children and young people with high support needs in Australian out-of-home care. Appropriately designed residential care and treatment foster care should form a component of out-of-home care services. However, few conclusions can be drawn about what constitutes “appropriately designed” residential and specialised foster care. The few evaluations that were conducted were small-sample retrospective evaluations. Although Australian research indicates that there is some promise in implementing specialised models of care, none of the models identified were rigorously evaluated to determine their impact on children’s outcomes in terms of change over time or change in comparison to a group of children in care who did not receive the program. Australian research to date is thus unable to inform policy makers or practitioners of what the essential components for intensive support services and models of care are.

Rigorous evaluations, including cost–benefit analyses, are needed to determine the effective components of residential care, intensive support services, group care and treatment foster care, and to examine what types of children and young people are more likely to benefit from what types of services at what time in their care experience. Research is also needed to trial the effectiveness in the Australian context of alternative types of services that have been found to be effective overseas. It is important that future research includes the views of children and young people regarding the design and evaluation of models of care. Finally, research is needed to compare the outcomes of children in treatment foster care relative to other types of care, and the cost–benefits of such programs. Demonstrated program efficacy is essential, given the demands on welfare funding within Australia; it is important that those programs that are funded are actually effective in achieving their aims.

8.3 What do we know from Australian research on residential and specialised models of care?

8.3.1 The role of residential care in the care continuum

On the basis of their research, Delfabbro and Osborn (2005) argued that conventional home-based (foster and kinship) care is not suitable for some children and young people with complex behavioural problems and high levels of placement instability. Residential care should be considered a viable option for these children and young people. Flynn, Ludowici, Scott, and Spence (2005) similarly argued that residential care should be used selectively for children and young people with high support needs, sibling groups, young people moving on to independent living, and children and young people following a foster placement breakdown. There appears to be consensus among Australian researchers that, while foster care remains the preferred form of out-of-home placement, there is a definite place for residential care in the service system (Flynn et al., 2005; Delfabbro & Osborn, 2005).

Delfabbro, Osborn, and Barber (2005) reviewed the different components that comprise treatment programs and how programs can be designed or differentiated based on a proposed model. The authors noted that many forms of residential and group care options in North America that were previously thought to be very restrictive can actually be less restrictive than home-based care environments. However, the authors concluded that the elements that characterise care (e.g., levels
of discipline, routine, autonomy and free time), rather than the type of care (foster or residential), determine how restrictive the placement will be. The implication of this research is that greater effort needs to be put into establishing the optimal characteristics of care, rather than ideal placement type, that will result in the best outcomes for children.

There are some children unsuited to conventional home-based foster care. Appropriately designed residential and group care and treatment foster care involving specially trained foster carers should form a component of out-of-home care services (Delfabbro & Osborn, 2005; Delfabbro et al., 2005; Flynn et al., 2005). In a paper examining not just what placement options should be included in the Australian out-of-home care system but the care continuum itself, Delfabbro and colleagues (2005) argued that the care continuum should be re-evaluated and residential care be considered as an option when children first enter care, where they can be assessed and receive appropriate treatment services.

### 8.3.2 Intensive support services and models of care

Many practitioners and researchers argue that residential care is too restrictive and not as “normalised” as family-based foster care. However, in recent years, research has provided evidence that residential care may not be as “bad” as previously thought and may in fact be the most appropriate care type for some children. State and territory governments have begun to reappraise the role that residential care can play in their range of placement options and there are growing numbers of residential care models available for trauma-related behaviours in children and young people in care. However, there has been little evaluation to determine what characteristics define an effective model of care.

Those services that had been reviewed or evaluated indicated that models of care that included intensive support services showed some promise in enhancing the outcomes for children in care. For example, Clark (1997) reported that intensive services appeared to be achieving their aims of linking young people to education and training, providing access to treatment services and linking young people to their families and community and that there was evidence to support the continued development of community-based intensive out-of-home care support services for young people with emotional and behavioural problems. Kelly (1999) reported that the success of placements could be enhanced by a number of factors: improved placement planning and case management support, introduction of case plans, and development of the role of residential staff. The author concluded that for one-to-one home-based care to be a viable option, it was necessary for the component to be situated within an established adolescent placement or home-based care structure. In an evaluation of a manual-based education program designed to promote self-control, self-reflection and self-confidence in young men and women, Raymond (2005) reported that there were promising signs that the Rock and Water program was effective, but further evaluation was warranted.

### 8.3.3 Treatment (or specialised) foster care

Australian research into treatment or specialised foster care comprised two studies, both of which described and evaluated a specific program. Gilbertson, Richardson, and Barber (2005) investigated the Special Youth Carer program. The Special Youth Carer program is an innovative program developed by Anglicare in South Australia in response to the needs of at-risk adolescents. Participants in the Special Youth Carer program achieved some positive improvement in their behaviour and placement stability. Szirom, McDougall, and Mitchell (2005) investigated the Treatment and Care for Kids (TrACK) program. The Treatment and Care for Kids program is designed to achieve improved outcomes for children in statutory care who present with a range of complex needs and challenging behaviours. Children participating in the TrACK program were reported to have had significant changes in critical areas of emotional, psychological and social functioning, including improvement in self-esteem, ability to verbalise fears and worries, and ability to establish and maintain relationships with carers and demonstrate affection. Overall, it would appear that treatment and specialised models of foster care show some promise in improving outcomes for children in care. However, the two evaluations were both retrospective, with very small samples (7–8 participants).
Many of the children and young people referred to intensive support services displayed challenging behaviours, had experienced a long history of placement disruption and had often been in care for many years (Clark, 1997). Case planning assisted to achieve stability of placements. In the absence of case planning and stability, young people’s health, education, social and recreational needs were often neglected (New South Wales Community Services Commission, 1999).

In brief, trends in service provision indicate that residential and specialised models of care are being implemented in Australian states and territories. However, there is very little evidence that these programs are being routinely evaluated. The findings from this review demonstrate that much more research is needed into residential and specialised models of care in Australia. The general consensus appears to be in support of residential care playing a role in the continuum of care services available for children and young people in out-of-home care. In addition, there is a recognised need for specialised models of residential or group care and treatment foster care to address the limited number of placement options for children and young people with challenging emotional and behavioural difficulties.

<table>
<thead>
<tr>
<th>Table 8</th>
<th>Residential and specialised models of care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research area</strong></td>
<td><strong>Authors</strong></td>
</tr>
<tr>
<td>1</td>
<td>A review of intensive out-of-home care support services</td>
</tr>
<tr>
<td>2</td>
<td>Meeting the needs of children and young people in care</td>
</tr>
<tr>
<td>3</td>
<td>Continuum of services and treatment for children and young people with high support needs</td>
</tr>
<tr>
<td>4</td>
<td>Residential care in NSW</td>
</tr>
<tr>
<td>5</td>
<td>Special Youth Carer Program</td>
</tr>
<tr>
<td>6</td>
<td>Evaluation of the High Risk Adolescents Project (HRA)</td>
</tr>
</tbody>
</table>
### Research area | Authors | Methodology | Sample | Relevant findings
--- | --- | --- | --- | ---
7 | A review of intensive support services in NSW | New South Wales Community Services Commission (1999) | Qualitative | Case-records for $n = 17$ young people (13 males, 4 females; aged 9–15 years) in substitute care in Sydney | Highlighted the importance of case planning to achieve stability of placements and contended that, in the absence of case planning and stability, young people’s health, education, social and recreational needs were often neglected.


9 | TrACK treatment foster care program | Szirom, McDougall, & Mitchell (2005) | Qualitative | $n = 7$ children and their carers who had been in the TrACK program for a minimum of six months | Significant improvements were noted in a range of behaviours commonly referred to as “challenging.”

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Note: For a detailed review of each study and discussions of the evidence base in relation to residential and specialised models of care, see Osborn and Bromfield (2007c).

### 9 Kinship care

#### 9.1 How much research has been done in this area?

The results from four research studies in Australia had findings that contributed to the Australian evidence base on kinship care (see Table 9).

#### 9.2 What is the quality of the evidence base on kinship care?

Australian research regarding kinship care is very limited. Two large exploratory studies have been conducted that were methodologically sound, but they identified issues that need further research rather than providing an evidence base. In addition, two studies investigating specific issues for grandparents have been completed, both of which provided insufficient description of the methodology to judge the quality of the research. There has been no Australian research to investigate the outcomes for children in kinship care compared to children in other forms of out-of-home care. This is a major limitation, as there is therefore no evidence to support a key tenet of policy and practice for Australian Indigenous children (i.e., the preferring of kinship placements for Indigenous children formalised in the Aboriginal Child Placement Principle). Evaluation is urgently needed to assess the applicability of the existing policy framework for recruiting, assessing, training and supporting kinship carers and to provide evidence-informed strategies to better meet the needs of kinship carers.

#### 9.3 What do we know from Australian research on kinship care?

Overall, the research demonstrated that kinship care is the fastest growing form of out-of-home care in Australia (Mason, Fallool, Gibbons, Spence, & Scott, 2002) and that kinship care placements require the same entitlements to monitoring and support as non-relative foster care placements (Council on the Ageing National Seniors, 2003). Differentiating kinship and foster care was not useful for Indigenous Australians (Higgins et al., 2005).

Research in this area has focused on grandparents caring for grandchildren, as this is one of the largest groups of kinship carers. Research showed that grandparents were disappointed and felt let down by both state/territory and Commonwealth governments, especially in relation to the financial and legal issues that they face and the lack of recognition and support that they receive (Council on the Ageing National Seniors, 2003). The growing number of grandparents raising grandchildren due to parental substance abuse needed greater social, financial and service supports (Baldock & Petit, 2006).
In summary, Australian research was consistent with international research findings, which have shown that kinship foster carers are recruited differently from non-relative foster carers, and yet assessment procedures have not been modified to account for the different circumstances. Kinship care placements receive less (and in some instances receive no) monitoring, training and support. This is problematic, as kinship carers tend to have higher rates of poverty and disadvantage and tend to require more support than non-relative foster carers. There is limited international research examining the outcomes for children in kinship care and the findings are somewhat inconsistent. From the international evidence available, it appears that children in kinship care have worse outcomes than children who have never lived in care, but do at least as well, if not better, than children in non-relative foster care. Australian research is urgently needed to examine children’s outcomes in kinship care. Finally, one of the primary strengths of kinship care is that children in kinship care (both Indigenous and non-Indigenous) can benefit from maintaining family, cultural and community connections.

<table>
<thead>
<tr>
<th>Table 9</th>
<th>Kinship care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Research area</td>
</tr>
<tr>
<td>1</td>
<td>Grandparents raising grandchildren because of parental use of alcohol and other drugs</td>
</tr>
<tr>
<td>2</td>
<td>Grandparents raising grandchildren</td>
</tr>
<tr>
<td>3</td>
<td>Recruitment, assessment, training and support of Indigenous carers</td>
</tr>
<tr>
<td>4</td>
<td>Kinship care in New South Wales</td>
</tr>
</tbody>
</table>

Note: For a detailed review of each study and discussions of the evidence base in relation to kinship care, see Bromfield and Osborn (2007).

10 Issues for professionals in associated fields working with children and young people in out-of-home care

10.1 How much research has been done in this area?

Two publications, both by O’Neill (1999b, 2000), were identified that had findings contributing to knowledge regarding issues for non-child welfare professionals involved with children in out-of-home care (see Table 10). There were no studies directly relating to professional issues for people working in welfare professions such as in statutory out-of-home care services. However, many of the studies in other areas (e.g., outcomes for children, recruitment and support of carers) have findings and implications for welfare professionals.
10.2 What is the quality of the evidence base on issues for professionals in associated fields working with children and young people in out-of-home care?

It is important to note that O’Neill’s (1999) study lacked specific detail concerning various aspects of the methodology used for this research. In view of this, and the very small number of publications in this area, it was concluded that there is not sufficient Australian research to establish clear messages or implications or to constitute an evidence base. There is a need for further research into the roles of teachers, doctors and other professionals involved with children and young people in out-of-home care. It is important that issues for other professionals working with children and young people in care are investigated to improve outcomes in service provision. Furthermore, future research could potentially advance a multidisciplinary approach to working with children and young people in care.

10.3 What do we know from Australian research on issues for professionals in associated fields working with children and young people in out-of-home care?

The research in relation to teachers showed that most teachers were very experienced in their profession; however they lacked specific experience with children who had moved to a new family. In addition, there were patterns of misunderstandings between teachers and carers concerning children’s discipline, behaviour, expectations and history (O’Neill, 1999b). Although it was not a piece of primary research, O’Neill (2000) identified issues for another professional group, arguing that paediatricians treating a child in out-of-home care face many challenges, such as issues of contact with birth families, parenting troubles and the treatment of children who have experienced abuse and neglect and may, as a consequence, be displaying trauma symptoms and behavioural disorders.

<table>
<thead>
<tr>
<th>Research area</th>
<th>Authors</th>
<th>Methodology</th>
<th>Sample</th>
<th>Relevant findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issues faced by teachers supporting children in out-of-home care</td>
<td>O’Neill (1999b)</td>
<td>Qualitative</td>
<td>Discussions with n = 17 teachers</td>
<td>A key finding was that teachers were less concerned than other professionals at maintaining boundaries between their personal and professional lives.</td>
</tr>
<tr>
<td>Challenges for paediatricians in treating newly established families caring for children in out-of-home care</td>
<td>O’Neill (2000)</td>
<td>Critical analysis</td>
<td>Not applicable</td>
<td>Guidelines are presented for paediatricians, including: the crucial need to listen to the parents’ accounts of the situation; to have knowledge of or access to up-to-date research and treatment information concerning various issues and conditions (e.g., sexual abuse, attention deficit hyperactive disorder, and aspects of planning regarding the child must be undertaken with the involvement of the parents).</td>
</tr>
</tbody>
</table>

Overall, what do we know?

The overarching themes emerging in relation to out-of-home care appear to be an endorsement of a policy and practice environment that is inclusive and takes a holistic approach to the child, and the child’s natural and foster families. Research into kinship care and issues relating to reunification has shown that parents and extended family networks should be included in children’s lives and at every stage of placement decision-making. Similarly, children and young people appeared to fare better when they were participants in making, rather than being passive recipients of, decisions...
about their lives. A life-course approach needs to be taken for children in out-of-home care to ensure developmentally appropriate care that will enable them to function to the best of their ability during childhood, adolescence and through adulthood. This includes assisting young people in the transition from out-of-home care to independent living arrangements.

A holistic and inclusive approach to service provision appeared to be an underlying theme for policy and practice for all children in care, but was especially important for children from culturally or linguistically diverse communities and for Aboriginal and Torres Strait Islander children. An inclusive, holistic approach to out-of-home care also needs to include the needs of natural families, natural children of foster families and the role of significant health and welfare professionals involved in the lives of children in care.

The problems associated with recruitment and retention appear, to some extent, to be a reflection of wider societal shifts and highlight the need for investigation into alternate placement options, such as residential and kinship care. More broadly, an examination needs to take place in relation to whether or not the present model of foster care is necessarily the only option, or whether more creative solutions can be identified that will attract carers to be involved in out-of-home care.

The policy and legislative framework directly influences the provision of out-of-home care services. Notably, where procedural frameworks for particular issues (for example, supports for informal kinship carers) were absent, there was little consistency in the level and type of services received by children, natural parents and foster carers.

Is the research of good quality?

Of the 80 publications reviewed in this report, 25 were quantitative studies, 27 were qualitative, and 19 used a mixed methodology. The remaining publications comprised six policy analyses and three critical analyses. At a glance, it would appear that there is a relatively even breakdown of quantitative and qualitative research designs. However, 12 of the quantitative and two of the mixed-method studies published were authored by a consortium of researchers (including Jim Barber and Paul Delfabbro), using one data source: the South Australian longitudinal study of children in out-of-home care. Excluding the South Australian longitudinal study of children in out-of-home care, there were 27 publications describing qualitative studies, 17 using mixed methodology, but only 13 others describing quantitative studies.

These findings are indicative of an over-reliance on qualitative techniques for research investigating issues in out-of-home care, the consequence of which is an evidence base rich in detail, but with limited ability to generalise.

In terms of quality, both the quantitative and qualitative research was largely “good” research (i.e., the methodology was adequately described, the sample size was appropriate and the design was suited to the research question). However, the majority of the “good” quantitative studies provided only descriptive data (they did not conduct analyses to explain possible relationships between variables). There were examples of “research excellence” in both quantitative and qualitative Australian research, but there were also examples of lower quality research. Problems with these latter studies included very small samples (even for qualitative research), and inadequate descriptions of the study methodology to enable readers to determine how the research had been conducted.

Research investigating out-of-home care (particularly research involving children who may have previously experienced abuse or neglect) is a sensitive area in which it is often difficult to obtain participants. Even after obtaining access to an appropriate group of participants, there are still many methodological issues inherent to research in this area. However, children in out-of-home care are among the most vulnerable in our community. Researchers working in this area should attempt to take all precautions possible to ensure the quality of their research and that all data are gathered and described ethically. In order to protect the most vulnerable children in our community, a reliable and methodologically rigorous body of research is needed to inform practice.
Are the messages from research getting out there?

There were several pieces of Australian research that investigated out-of-home care issues and that were identified as having been completed, but for which it was not possible to obtain a copy of the study findings. This report has highlighted the need for further methodologically rigorous out-of-home care research. However, the problems encountered in sourcing completed Australian out-of-home care research demonstrate that merely funding further research is not adequate—research must be accessible if it is to be translated into policy and practice changes (Cashmore et al., 2006). The problems encountered with sourcing these reports tended to arise when reports had been conducted or funded by charitable organisations and copies of the report were no longer available. Another problem in relation to the sourcing of reports occurred when research had been conducted or commissioned by governments and (over the passage of time) it was not apparent how to obtain copies of these reports. This highlights a key problem in the foundation of research dissemination—accessibility. Further investigation needs to be conducted regarding the feasibility of establishing a model to ensure a national collection of Australian research is held at an appropriate location that will ensure continued accessibility (this is one of the primary aims of the National Child Protection Clearinghouse). Having access to completed quality research into out-of-home care is the cornerstone of effective dissemination to inform policy and practice.

If you have undertaken or funded Australian research in the fields of child abuse prevention, child protection, or out-of-home care, please send the details to the Australian Institute of Family Studies library to be catalogued in the Australian Family and Society Abstracts database (www.aifs.gov.au), which is the repository used by the National Child Protection Clearinghouse.

What are the future research priorities?

Methodologically, there is an urgent need for multi-site or cross-jurisdictional studies, longitudinal research and evaluations of practice models. Research of this nature is more amenable to generalisation to other groups and, as such, would represent a significant contribution to the evidence base.

The principal issue that this paper highlights is the fact that there is an overall shortage of research in each area, such that it is not possible to claim an adequate Australian evidence base for sound policy and practice decisions, or to be able to single out particular areas as a priority for research. It is important to clarify that this finding relates to what we know specifically from Australian research. Policy-makers and practitioners also draw on knowledge from international research, theory, and practice wisdom. However, many of these other sources of knowledge have not been tested for their applicability to Australian children in care.

Although further quality research is required in all areas, an argument can be made as to why research should be focused on a couple of key areas as a priority. Firstly, research that assists with the prevention of children entering the out-of-home care system in the first place is a key priority. Given that the out-of-home care system does not have a neutral impact (and there is evidence that when done poorly, many children are subjected to further abuse, traumaisation through placement instability, lack of appropriate services, etc.), it is important to focus research efforts on how to reverse the increase in children entering the system. This can be achieved in two ways:

- integrating research priorities between the fields of out-of-home care and child abuse prevention and child protection; and
- evaluating the success of diversionary programs and other interventions to support families or in other ways prevent children and young people who have been or are at risk from entering out-of-home care.

There is an overall shortage of research in each area, such that it is not possible to claim an adequate Australian evidence base for sound policy and practice decisions.
Secondly, systemic issues impacting on large numbers or specific groups of children in care can be prioritised over practice issues impacting on smaller sub-groups. The poor evidence base for out-of-home care issues specific to Aboriginal and Torres Strait Islander peoples was identified in this paper as a significant research gap, given the over-representation of Aboriginal and Torres Strait Islander children and young people in out-of-home care sector. Consistent with the conclusions by Cashmore and Ainsworth (2004), kinship care and residential care were identified in this report as areas in which there were significant research gaps. For every child placed in out-of-home care, a decision must be made about the most appropriate placement type. Kinship care is the fastest-growing type of out-of-home care and there is growing support for residential care or therapeutic home-based care for children with complex needs. However, there was a lack of comparison of the outcomes for children both within (e.g., different types of residential care) and across the other different care types (e.g., kinship and foster care). As placement decisions affect all children, there is an urgent imperative to address the knowledge gap arising from the lack of research in relation to kinship care and alternative models of residential care. Large-scale longitudinal studies would enable these and other research gaps to be investigated.

Out-of-Home Care Forum: From Research into Action (Brisbane, 19 May 2006)

In May 2006, a forum was held in Brisbane that brought key parties from government, non-government organisations and research institutions together to workshop a national plan for progressing Australian out-of-home care research in areas of critical need. The forum was jointly convened by the Australian Institute of Family Studies, the Community Services Ministers’ Advisory Council, and the Child and Family Welfare Association of Australia. It was financially supported by the Australian Government, the ACT Government, and the Queensland Department of Child Safety as part of the National Plan for Foster Children, Young People and their Carers. The forum resulted in the establishment of five groups, each progressing a specific element of the out-of-home care research agenda. These sub-groups have subsequently met on various occasions and have contributed to collaborative research being initiated.

References


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☐ Statutory child protection policy maker
☐ Out-of-home care service professional
☐ Out-of-home care policy maker
☐ Other policy-related professional/program developer
☐ Foster carer/residential carer
☐ Community-based family welfare professional (e.g. family support, parent education, counsellor)
☐ Adult-centred service professional (e.g. drug and alcohol, mental health, domestic violence)
☐ Child-centred service professional (e.g. treatment of survivors of child sexual abuse, manager—early childhood program)
☐ Health professional (e.g. maternal and child health nurse, paediatrician, general practitioner, health training and administration)
☐ Legal professional (e.g. police, lawyer)
☐ Non-tertiary education or child-care professional (e.g. school teacher, careers advisor, child-care worker)
☐ Advocacy or lobby group (e.g. NAPCAN, AFCA)
☐ Media professional (e.g. journalist, editor, public relations)
☐ Politician
☐ Librarian
☐ Student
☐ Community member
☐ Other (please specify)

In your role, do you specifically target:

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☐ Culturally and linguistically diverse communities Yes ☐

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