Out-Of-Home Care in Australia: Messages from Research

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Contributors

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List of all Australian research reviewed

These 67 publications are a complete list of all of the Australian out-of-home care research publications reviewed in this report. These studies are discussed within the body of the report (Section 3). In addition, individual reviews of the studies denoted by a Table number are presented in tables immediately following Section 3. All other publications listed below have been reviewed within the main text. However, as these other publications were large reports, literature reviews, policy critiques or published books, and as such the findings were not able to presented in an abbreviated table form.

<table>
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<th>Research Publication</th>
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CREATE Foundation (2005), *Indigenous children and young people in care - Experiences of care and connections with culture*, Perth, WA.


Delfabbro, P. H., Barber, J. G. & Cooper, L. (2003), "Predictors of short term reunification in South Australian substitute care", *Child Welfare*, vol. 82, no. 1,


Scott, T. & Honner, J. (2003), *The most enduring of relationships: Engaging families who have children in substitute care*, Monograph no. 26, Publisher, Melbourne.


Section 1.
Introduction

Australian Commonwealth, State and Territory Community Services and Disability Ministers recognise the importance of the out-of-home care service system in delivering services to one of the most vulnerable groups of children in our community.

Structure of out-of-home care

As a federation of states and territories Australian jurisdictions differ in the way services are provided. Each has responsibility for its own health and welfare issues, in some jurisdictions there is a reliance solely on non-government organisations to provide services and in other jurisdictions there is a mix of government and non-government service providers.

It is difficult to separate out-of-home care issues from the “hard end” of child protection. Policies and practices, as well as organisational cultures regarding the investigation of child protection cases within State and Territory departments responsible for child protection influence the size and nature of the out-of-home care population, and the approach of government to the support both of children and carers. For a current review of the child protection systems, including a description of the departments responsible for the protection of children, the legislation under which they operate, the grounds for intervention, and a description of the intake, investigation, and case management process, see Bromfield and Higgins (2005).

Types of out-of-home care

In the second senate report inquiring into children in institutional or out-of-home care, the different types of out-of-home care were defined as:

*Home-based care* – where placement is in the home of a carer who is reimbursed for expenses in caring for the child. The three categories of home-based care are:
  *Foster care* – where care is provided in the private home of a substitute family which receives payment that is intended to cover the child’s living expenses;
  *Kinship care* – where the caregiver is a family member or a person with a pre-existing relationship with the child;
  *Other home-based care* – care in private homes that does not fit into the above categories.

*Residential care* – where placement is in a residential building whose purpose is to provide placement for children and where there is paid staff. This includes facilities where there is rostered staff, where there is a live-in carer and where staff are off-site (for example, a lead tenant or supported residence arrangement).

*Family group homes* – where placement is in a residential building which is owned by the jurisdiction and which typically run like family homes, have a limited number of children and are cared for around the clock by paid resident or substitute parents.

*Independent living* – where children are living independently, such as those in
private boarding arrangements.

*Other* – where the placement type does not fit into the above categories or is unknown” (Australian Government Department of Senate Community Affairs Committee 2005, p. 78).

Out-of-home care can be either formally or informally arranged. Informal care refers to arrangements made without intervention by statutory authorities or courts; and formal care occurs following a child protection intervention (either by voluntary agreement or care and protection court order). Most children (between 78 and 100 per cent) in out-of-home care in Australia are on care and protection orders (AIHW 2005). The extent to which each type of care is used and the availability and supports for each of these types of out-of-home care depends on the policy and funding arrangements within each jurisdiction.

**Purpose of this report**

There are growing numbers of children in out-of-home care, in Australia and internationally (AIHW 2005; Association of Children's Welfare Agencies 1998; Australian Foster Care Association; Barber and Delfabbro 2004; Cuddeback 2004; O'Brien 2001).

The emphasis on achieving “placement stability” and on “permanency planning” has increased the pressure on the system as children remain in care longer. This has decreased the capacity for existing carers to take on new children entering the system (AIHW 2005).

The negative events associated with the placement of children in institutional care in the past (Australian Government Department of Senate Community Affairs Committee 2004) and preference for family-based foster care contributed to the scaling back of residential care facilities in the 1980s and 1990s, and consequently an increased reliance on foster care (Barber and Delfabbro 2004).

In Australia and internationally, while the number of children needing placements has been rising, there are decreasing numbers of foster care placements available (Broad 2001; Brown, Cohon and Wheeler 2002; Dubowitz, Feigelman, Harrington, Starr Jr, Zuravin and Sawyer 1994; Leos-Urbel, Bess and Geen 2002; McHugh 2002; O'Brien 2001; Siminski, Chalmers and McHugh 2005). This has been attributed to the changing work roles of women, the economic cost of foster care for carers, the increasing expectations on foster carers, and attrition as existing carers age (McHugh 2002; Siminski et al. 2005).

With the scaling back of residential care facilities, the increasing difficulty of placing children in foster care, and greater recognition of need for children to maintain familial and cultural connections, there are increasing numbers of children in Australia and internationally being placed in kinship care (Broad 2001; Brown et al. 2002; Dubowitz et al. 1994; Leos-Urbel et al. 2002; Mason, Falloon, Gibbons, Spense and Scott; O'Brien 2001).
Child welfare services are recognising the importance of family support and early intervention. Out-of-home care is viewed as a last resort, and the preference is always for children to be reunited with their birth parents if possible. This shift in the “hard end” of child welfare practice has meant that children who enter out-of-home care are likely to have chronic child maltreatment and family disruption prior to entering care, and therefore have more complex needs than children entering such care in the past (Victorian Department of Human Services 2003).

Recognition of the benefits of familial contact has resulted in a push toward siblings being placed together, thus there are increasing numbers of sibling groups in need of family based foster care (Barber and Gilbertson 2001).

Recent trends in child welfare and out-of-home care (for example, increased demands arising due to the complex needs of children) have resulted in changing standards for children in care, and hence a change to the role of foster carers towards greater professionalisation thus placing extra demands on carers (Barbell and Freundlich 2001).

As children are staying in care for longer, the age profile of children in care is also changing, and it is becoming apparent that the needs of older children and young people need to be addressed, such as the need for transition to independent living and other preparation for leaving care (Barber and Gilbertson 2001).

The combination of these factors has resulted in an out-of-home care system that is approaching a crisis point. There is an urgent need for research in this area to inform evidence-based approaches to dilemmas arising as a consequence of these recent trends in out-of-home care.

The National Child Protection Clearinghouse was contracted by the Australian Government Department of Families, Community Services and Indigenous Affairs in support of the Community Services and Ministers Advisory Council (CSMAC) National Plan for Foster Children Working Group to undertake a review of Australian out-of-home care research. The purpose of the review is to identify key messages from Australian research into out-of-home care, research gaps and duplication (if any) in Australian out-of-home care research, and to identify priorities for future research. This report is designed to contribute towards The National Plan for Foster Children Young People and their Carers 2004-2006 and builds upon the Cashmore and Ainsworth (2004) Audit of Australian Out-of-Home Care Research.

The National Plan for Foster Children Young People and their Carers 2004-2006 emerged out of the 2004 Community and Disability Services Ministers' Conference and focuses on a national approach to supporting children, young people and their carers through training, research, data collection and support. The National Plan was developed in the context of responsibility for child welfare resting with State and Territory governments. The National Plan identified key areas for action and proposed outputs. This report represents the first proposed output under research “A review of research-
based literature and current research activities on foster care in Australia” (Community and Disability Services Ministers’ Conference 2004, p. 4).

The Audit of Australian Out-of-Home Care Research report was authored by Judy Cashmore and Frank Ainsworth (2004) on behalf of the Child and Family Welfare Association of Australia and the Association of Childrens Welfare Agencies and supported by the Ian Potter Foundation. The report originated out of recognition by people within the field of a need for a national research agenda for out-of-home care research. The aim of the audit was to identify what Australian research already existed in order to avoid duplication and to identify the priorities for future research. The Audit of Australian Out-of-Home Care Research comprised a description of the audit objectives and methodology, a discussion of the coverage and gaps in Australian out-of-home care research, the funding and infrastructure supporting Australian out-of-home care research and the imperatives for further research. In addition there were several appendices comprising detailed information that was indispensable in the identification of Australian out-of-home care research findings, these were:

- Appendix B – Key out-of-home care documents;
- Appendix C – Individual research projects and contact e-mail addresses; and
- Appendix D – Publications from the audit projects.

The purpose of this report is to extend the impact of the Audit by providing an in-depth review of all available publications emerging from the Audit (as well as additional studies that have emerged). This critique of all the available Australian literature on out-of-home care will highlight what the research community has learned in relation to policy and practice, focusing on elements of research design and how these can inform future research strategies to address the critical issues currently facing the sector.

**Method**

In this report, the Audit of Australian Out-of-Home Care Research authored by Cashmore and Ainsworth (2004) was the primary source of information for identifying Australian out-of-home care research. This publication is referred to hereafter as “the audit”.

A slightly broader definition of “research” was employed in this report than that employed in the audit, including, for example, qualitative findings from case audits. In addition, the report includes a new research category: policy research. Policy research is difficult to identify as it does not fit into traditional models of research and the authors of such work often do not identify their work as “research”. Policy critiques differ from a literature review in that they go beyond summarising the literature to actually generating findings and recommendations from a critical examination of policy or legislation. Policy documents and legislation per se were not included in the definition of this type of research, nor were traditional research studies that included policy recommendations emerging from the study findings. Policy research may be difficult to identify as “data” are sourced largely from policy documents and legislation rather than from human research participants.
In this report we define policy research as:

- Descriptive comparisons and critical analysis of policy and legislation across different jurisdictions. For example, in the child protection research area, Bromfield and Higgins (2004; 2005) described and critically compared elements of child protection service provision in Australian States and Territories.

- Policy evaluated within a jurisdiction by critiquing it in relation to research literature or best practice standards. For example, (again, in the child protection field) Goddard and colleagues (2003) evaluated policies underpinning the operation of child death review teams against best practice standards.

Using the criteria described, two areas of policy research were identified in the field of out-of-home care: (a) research into the out-of-home care service system, and (b) research into out-of-home care service provision.

Cashmore and Ainsworth (2004) identified 94 Australian research studies investigating out-of-home care as having commenced or been completed during the ten-year period 1994-2004. The findings from some, but not all, of these research studies had been published at the time the audit was released. For ease of understanding, published and unpublished papers and reports are hereafter referred to as “publications”. The identification of Australian out-of-home care research publications comprised the following steps:

1. All of those publications identified by Cashmore and Ainsworth (2004) as having emerged from Australian out-of-home care research (see Appendices B and D of the audit) were sourced through the Australian Institute of Family Studies library (primarily the Families and Societies database) and document delivery companies such as Infotrieve.

2. Those studies listed in the report (see Appendices B and D of the audit) that were published privately (primarily by governments and non-government service providers) and were not available on the Australian library catalogue system were sourced directly through the publishing body.

3. Each contact person identified by Cashmore and Ainsworth (2004) for the 94 research studies in the audit were contacted directly via email (see Appendix C of the audit) and asked to identify the publications emerging from their research and, where these were not available through the Australian Institute of Family Studies library catalogue system, to provide the National Child Protection Clearinghouse with a copy of their research findings.

4. The key reports identified by Cashmore and Ainsworth (2004) (see Appendix B) were scrutinised using the broadened definition for “research” and additional pieces of Australian out-of-home care research were identified.

5. Conference programs and proceedings from key Australian conferences for the discussion of out-of-home care research were reviewed to identify additional new and previously unpublished research (for example, the biennial Australian Institute of Family Studies Conference and the annual Centre for Research on Community and Children’s Services Conference).
Publications of Australian out-of-home care research fell into ten broad areas:

1. foster families;
2. participation of children and young people in care;
3. cultural considerations;
4. issues relating to reunification;
5. outcomes for children and young people in care;
6. young people leaving care;
7. residential and specialised models of care;
8. kinship care;
9. professional issues; and
10. policy in relation to both the service system and service provision.

In each area, the messages emerging from research are described, the implications of these findings are discussed and key messages are identified. Generally, there was limited Australian research that fell into each of these areas. Significant research gaps were identified in relation to the recruitment, retention, assessment, training and support of foster carers, residential and specialised care, kinship care, and permanency planning. International research findings were reviewed in these areas to identify the issues that have emerged. However, the validity of international research findings needs to be confirmed in the Australian context. In their audit of Australian out-of-home care research, Cashmore and Ainsworth (2004) identified policy evaluation as a gap in Australian out-of-home care research. However several pieces of preliminary work in this area were identified and included in the current report: seven articles (published between 2001 and 2003) involving the evaluation, comparison or critique of various existing policies and legislation were reviewed.
Section 2.
Messages from Australian research

Foster families

Although the primary focus in out-of-home care is the children and young people in care, there are several other subgroups of people that require some attention with respect to their support needs and/or ability to perform their role. The subgroups in the Australian out-of-home care research literature included carers (including relative or kinship carers) and biological children of foster families. The out-of-home care system has a moral responsibility to do no harm, not only to those children and young people in out-of-home care but also to others on whom their could potentially be an impact, such as the carers themselves and their biological children. The recruitment, retention, assessment, training and support of foster carers are central issues in the field of out-of-home care. Foster carers are needed to place the increasing numbers of children in care, however in recruiting foster carers it is important to recruit those carers who are best able to meet the needs of children. In the best interests of children and carers, and in order to do no harm to foster families, it is important to provide carers with the training and support they need to assist in preventing placement breakdown and retaining foster carers.

There is a limited body of Australian research on the recruitment, retention and support of carers and no Australian research on the assessment and training of carers. The key Australian research findings presented within this section are from a total of five publications in the areas of carer retention, support and satisfaction and five studies focusing on recruitment strategies. This research was published between 1994 and 2004. Most of the research studies involved qualitative research methodologies, usually in the form of interviews. Foster carer recruitment, retention, assessment, training and support are important areas in the field of out-of-home care. Two publications focus upon the impact on foster carers biological children. This research was published between 1999 and 2004. There was no research on the impact of foster care on carers’ marital relationship or family functioning, however these issues have been identified as areas for concern in international research (Sinclair et al. 2004).

Messages from research

Recruitment

Lawrence (1994) (see Table 1) conducted an empirical evaluation of the effectiveness of a specific recruitment campaign that aimed to recruit a general pool of long term carers and carers for specific children in selected geographic areas of Sydney. The campaign was multi-faceted in using newspaper and other advertising outlets such as flyers, radio, agency newsletters, stalls, and the backs of taxis. Public speaking and information stalls for Children’s Week were also used. In addition, the agency revised it procedures for the processing of applicants such as how initial inquiries were received. Overall, the campaign was successful in attracting 205 inquiries and 17 new carers. There were also additional inquiries (approximately 100) that were not associated with the campaign. For
instance, inquiries came from individuals who were connected with the agency, heard about the agency through word-of-mouth or were referred to the agency by another organisation. This suggests that past campaigns may have been having a trickle down effect, and points to the need for long-term evaluation of recruitment campaigns. The highest number of inquiries came from radio announcements and newspaper advertisements. Limited inquiries resulted from public speaking and information stalls for Children’s Week. The study also documented the progress of enquiries through the application procedure. Only 17 individuals of the 331 who enquired became carers and at each stage of the application procedure, individuals withdraw or were rejected. This shows that recruitment is an extremely time-consuming activity. Overall the campaign appeared to be successful, however, as Lawrence pointed out, evaluation of effectiveness is difficult due to the multitude of specific varying components. This limits the ability to identify the specific campaign components that have the most effect on increasing carers.

The South Australian Department of Family and Community Services (1997) carried out a survey of community attitudes toward foster care and the extent to which there might be a potential pool of foster carers in the community were not being reached by recruitment practices. Only responses from those eligible to foster (between 25-54 years) were considered. Participants were asked about their demographic background, fostering experiences, reasons for becoming a foster parent, perceptions about fostering, knowledge of organisations to contact about fostering, and interest in types of fostering. The overwhelming majority of individuals (97.7 per cent) reported having never fostered a child, while 1.9 per cent were former carers and 0.5 per cent current carers. Of those who had never fostered, the great majority had never considered fostering a child (74 per cent) and over 40 per cent of respondents said that they did not know who to contact about fostering. This suggests that the majority of the population is not reached or engaged by current recruitment campaigns. All respondents were asked to identify the drawbacks of fostering. The most common reasons people who had considered fostering gave for why they had not become a foster parent were: their circumstances had changed; work commitments prevented them from fostering; fostering did not suit their lifestyle; and they never got around to it. These people also indicated that they were unlikely to foster unrelated children (68 per cent). Several concerns were recorded with the most importance given to the disruption of the person’s the own family circumstances (20.5 per cent) and financial costs (14.1 per cent) associated with foster care. The South Australian survey showed that the large majority of the population is not reached or is challenged by current recruitment campaigns suggesting that recruitment strategies need to build community awareness of fostering through broad-based media campaigns.

Other Australian research suggests that additional strategies need to be used in recruitment. McHugh and colleagues (2004) examined retrospective reports of what attracted existing carers to fostering. Most had always planned to foster or had known a specific child in need of care. A minority (20 per cent) said that they had responded to media promotion. Qualitative interviews of stakeholders, workers and carers strongly supported the notion that one of the “best” recruiting strategies is the use of current and experienced carers to recruit by “word of mouth”. Suggested ways to improve recruitment include: targeting professional groups who could care more effectively for
children with difficult or challenging behaviours; government department working more closely with other agencies and community groups; and the provision of greater levels of support to existing carers to encourage “word of mouth” recruitment.

The findings of McHugh and colleagues (2004) were consistent with a review of the recruitment and support of Victorian foster carers carried out by the Victorian Government Department of Human Services (2003). Qualitative interviews of foster care agency workers identified various problems and issues relating to the general recruitment of foster carers. Recruitment strategies using 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. On the other hand, localised promotion was believed to build awareness and understanding in the community and contributed to converting enquiries into commitment to care for children. The effect of word of mouth, both positive and negative, impacted upon recruitment and the reports authors cautioned that word of mouth should not be underestimated.

Lawrence (1994) (see Table 1) documented the progress of enquiries through the application procedure and showed that a limited number of individuals who enquired about fostering actually became foster carers. Only 17 individuals of the 331 who enquired became carers and at each stage of the application procedure individuals withdrew or were rejected. One of the strategies used in the campaign was to recruit carers for a specific child by having the children provide their individual stories. Keogh and Stvensson (1999) (see Table 2) conducted a valuable study examining the reasons why individuals do not proceed with applications to foster. The study examined the types of people who inquire about foster care following a statewide publicity campaign and the process through which inquirers became carers. Telephone interviews were conducted with 91 individuals who inquired in response to a publicity campaign about foster care. Responses were received centrally at a peak body for child and family welfare agencies which then referred the information to local foster care agencies. The vast majority (96 per cent) of callers were affected in some way by foster care advertising, with by far the most commonly remembered advertising being television commercials. Results indicated that in response to their inquiry only half of the sample had received a personal follow-up to their inquiry. An overwhelming majority (96 per cent) of callers had not become carers ten months after their inquiry. Approximately half did not continue due to personal circumstances (51.2 per cent) (for example, house was sold, pregnancy). Most notably about one quarter said that they did not proceed because the agency did not follow up their inquiry and approximately 20 per cent said the agency could not offer them an appropriate placement or they were advised not to proceed by the agency. Two-thirds of the callers were not satisfied with the outcome of their inquiry. The findings from this study suggest that, despite a successful advertising campaign, many committed applicants are discouraged from continuing due to the agencies response to their interest. The study had some methodological weaknesses in that the sample was not representative of those who inquired (only metropolitan callers were included). Furthermore, the sample employed in the study was not large enough to allow statistical comparisons between those people who became carers and those who did not become carers in relation to how the agency responded to enquiries and the enquirer’s demographic background.
Retention, satisfaction and support

The support needs and satisfaction of carers are particularly important, because if they go unmet, this may impact on the retention of carers, and cause further difficulty in the recruitment of new carers. Australian research in this area has primarily been in the form of non-experimental studies that have employed questionnaires or qualitative methods (that is, focus groups, interviews) to examine the views of carers and other key stakeholders of out-of-home care service delivery (such as foster care agency and government departmental workers). One publication carried out quantitative comparisons of past and present foster families’ satisfaction with fostering, however these comparisons were limited (see Victorian Department of Human Services 2003). In total there were five studies published between 2001 and 2005 in relation to the support, satisfaction and retention of foster carers (Australian National Foster Care Association 2001; Gilbertson and Barber 2003a; McHugh 2002; McHugh et al. 2004; Victorian Department of Human Services 2003). Two publications focused upon the impact on foster carers' biological children (Moslehuddin 1999; Nuske 2004b).

The Australian Foster Care Association (2001) conducted a major survey of approximately 800 Australian foster carers from each State and Territory that aimed to capture the views of carers about the whole foster care sector to assess the appropriateness of the support they were receiving. It also provided a comprehensive discussion of the concept of support and the ways through which carers can be effectively supported through the out-of-home care system. Carers identified several issues and concerns. Notably, the majority of carers (79 per cent) felt they got “just enough” or not enough support. The perceived level and quality of support received from government was significantly lower than that received from agencies. It was found that most support is received from friends and family (55 per cent of carers reported receiving a great deal of support from these sources), whereas departments were not seen as strong sources of support, with nearly half of carers indicating that they received little or no support from the relevant departments. This was particularly the case when there were allegations that carers had abused a child in their care. There was a discussion of the issues in relation to training, information, respite, allegations of abuse, and financial support; the report identified a need for improvement in these areas.

In their research relating to the availability of foster carers within New South Wales, McHugh and colleagues (2004) found that the existing carers 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. A carer survey was employed to obtain information from foster carer families on their socio-demographic characteristics and fostering experience. Over half of the carers who participated in the research regarded the overall level of support they received from their caseworker as good, whereas a fifth of the carers described it as poor. Carers’ assessment of their relationship with the government department responsible for foster care services mirrored the findings in relation to overall support with half of the carers describing the relationship as good and a fifth describing it as poor. Views in relation to training were mostly positive: two-thirds of the carers surveyed reported their initial training as “good”; 20 per cent found it “reasonable”; and only three per cent found it poor. Over a third (39
per cent) of carers said they would like additional training but close to two-thirds said they would not. Two-thirds of carers felt well prepared to foster the children most recently placed with them. When carers were asked what could have prepared them more for caring, the most common response was the provision of more background information about the child. According to carers, the negative aspects of fostering included contact with birth parents (14 per cent); stress and workload (13 per cent); and the challenging behaviours of fostered children (12 per cent). Both the carers and those stakeholders involved in the provision of fostering services agreed that the provision of better support for carers would ensure more carers were retained in the system. Specifically, carers wanted caseworkers to work with carers and to build up ongoing relationships with children.

In another study, McHugh (2002) specifically focused on aspects of the foster care payment system in Australia. A national postal survey of representatives of government and non-government foster care service providers was employed to identify issues and concerns in relation to the ability of carers to meet the costs of caring for children in foster care. The agencies and associations reported that the standard subsidy to meet the basic costs of care was inadequate. This was exacerbated by inconsistent departmental policies in relation to the reimbursement of carers, and caused high levels of stress for carers and non-government agency staff attempting to meet the needs of children. Qualitative focus group interviews with carers suggested that estimates of the costs of children based on children living with their families were not adequate to meet the needs of children in out-of-home care as children in care tend to have more complex needs than children who had never lived in care (for example, heightened physical and mental health problems). Carers highlighted areas in the budgets where costs specific to fostering were not reflected. It was reported that few jurisdictions were reimbursing carers by way of standard subsidy payments at a level that would meet the basic, everyday costs associated with fostering. It was highlighted that a significant increase in the levels of subsidy payments for all children would be required if the issue of adequacy of payments was to be addressed and carers were to receive amounts closer to the “real” costs of fostering.

A review of the support and retention of foster carers by the Victorian Department of Human Services (2003) was notable as it was the only study that included surveys of past carers. It was reported that past carers were significantly less likely to be satisfied than current carers and significantly more likely to have experienced difficulties in their fostering experiences. Most past carers surveyed (53 per cent) reported that they had stopped fostering due to a change in their personal circumstances, however, 38 per cent of carers left as a result of one or more negative experiences with foster care, including: the impact of fostering on their own family (26 per cent of past carers mentioned this), unreasonable demands by the system (18 per cent), and frustrations arising from dealing with the department (17 per cent). Qualitative analysis suggested that improved reimbursement packages, increased recognition and involvement (for example, input into decisions regarding foster children), and increased levels of support (for example, access to support services) were particularly associated with satisfaction. These three factors along with improved assessment of, and information, about the child were associated with current carers’ willingness and ability to continue fostering. However, past and current carers were only compared on two aspects (satisfaction and fostering difficulty),
despite profiles of past and present carers being described. There was a limited description of the study methodology, particularly in relation to the comparison of past and present carers.

The issues of carer satisfaction and support were also discussed by Gilbertson and Barber (2003a) (see Table 3). They conducted qualitative interviews with 19 carers who had ended placements, with issues discussed including: placement deterioration, breakdown, provision of formal support and possible interventions to stabilise the placement. Although this research study involved a small sample size, the findings show that system factors were directly implicated in placement failure, and suggest that placement instability could be limited if carers were adequately informed, prepared, supported, and consulted (Gilbertson and Barber 2003b) (see Table 4).

The role of foster carers’ own biological children is related to the issue of carer support and satisfaction, and also has implications for the retention of carers. A review conducted by Moslehuddin (1999) indicates the limited nature of the research concerning the impact of fostering on biological children. Although some research has been identified in the UK and US, this has largely focused on the foster mothers’ perspective rather than the biological children. The single research study involving biological children identified applied a qualitative phenomenological methodology approach, involving in-depth interviews with 22 young people (biological children) (Nuske 2004a) (see Table 5). From the personal narratives of the biological children, an overall theme of “living within a contradictory experience” was identified, with six sub-themes, which included: sharing and losing; being responsible and escaping; caring and resenting; being independent and belonging; having stability and living with change; and shouting and keeping quiet. Nuske’s (2004b) study involved a small sample size and used a qualitative methodology, which restricts generalisability (see Table 5).

**Implications of research**

Community awareness of fostering is considered important to increase the number of individuals who are willing to foster children, however only one study examined community perceptions of fostering. Further research is needed on community perceptions toward foster care in Australia. Research also needs to examine the experiences of individuals who respond to recruitment strategies. It must be clear that recruitment is a process in which individuals make initial inquiries, receive information from the agency, undergo approval and finally have a child placed into their care.

Further research is needed to investigate the experience of people enquiring about foster care and the demographic characteristics of those who proceed and those who decide not to foster at each phase of the recruitment process. Such research is best conducted using a longitudinal design and would provide information on the types of families who are not only reached by, but who also respond to recruitment campaigns. It would also allow insight into how the response of agencies affects prospective foster families’ decisions to foster, thereby allowing improvements in such organisational procedures and practices. The types of families who respond and do not continue could be compared with the characteristics of families who are most likely to be retained (gained from longitudinal
studies of retention), or the types of carers that are needed to care for particular groups of children (for example, Indigenous or ethnic minority children) so that recruitment campaigns can be designed to target such families.

There has been little evaluation of the effectiveness of recruitment strategies, however it must be highlighted that such evaluation is difficult due to the broad based nature of recruitment campaigns (see Freimuth, Cole and Kirby 2001). For instance, as everyone in the community receives some form of exposure to campaign messages, it becomes difficult to make a comparison with a “no treatment” control group. Furthermore, there is difficulty in isolating the effects of new community-based approaches, given that in many communities the new approach often complements or extends pre-existing campaigns, rather than replacing them entirely. This limits the ability to identify the specific campaign components that have the most effect on increasing the number of carers recruited. Although associated with methodological weaknesses, pre- and post-test surveys (with no control group) are the most common means of evaluation to assess whether a recruitment strategy or campaign achieved its intended effect on target audiences (Freimuth et al. 2001). Only one study (Lawrence 1994) attempted to measure the effectiveness of an Australian recruitment campaign by measuring the number of enquiries (see Table 1). However, this study did not compare the volume of enquiries before, during and after the campaign. Two other studies that concerned the effectiveness of recruitment campaigns were qualitative.

The research studies examining the concerns of carers identified further need for support for carers. Findings suggest that sizeable proportions of carers feel they do not get enough support, particularly from government departments (Australian Foster Care Association, 2001; McHugh et al. 2004). Areas of concern for carers included: provision of adequate support from caseworkers; support and information concerning legal entitlements and eligibility for benefits and services; and the need to be adequately informed, prepared, supported and consulted by the system to improve placement stability. Few jurisdictions were reimbursing carers at a level that would meet the basic, everyday costs associated with fostering (McHugh 2002). Improvement in reimbursement packages, increased recognition and involvement, enhanced assessment of, and information about, the child, and improved support are particularly associated with carer satisfaction and the intention to continue fostering (Victorian Department of Human Services 2003). Only one study (Victorian Department of Human Services 2003) surveyed past carers to determine the reasons why they had ceased fostering.

There is a growing evidence base emerging from qualitative research in relation to carers’ satisfaction with aspects of the out-of-home care system in Australia. However, there is a virtual absence of Australian empirical research comparing the demographic information, satisfaction, and experiences of current foster families and those who have ceased or plan to cease fostering. As such, systematically developed evidence about what influences the overall satisfaction and intent of foster parents to continue to foster is lacking, and jurisdictions lack the indicators and data collection tools needed to accurately assess why families choose to discontinue fostering. There is a need for studies of retention to employ a longitudinal design where families who do and do not continue in the fostering
role are compared on demographic characteristics (for example, age, material resources, size of family, employment and educational status), psychosocial functioning (parenting style, parent temperament, family functioning) and fostering experiences (for example, level and type of support received, types of children in care, placement breakdown). This research would provide an indication of the types of families who are most likely to continue fostering and the types and nature of support and assistance that may affect retention. This could improve service delivery and policy in the support of foster families and children in care, particularly for the types of families and particular situations of fostering (for example, allegation of abuse, placement breakdown) that are found to be associated with the discontinuance of the fostering role. Although such studies have been conducted in the UK (see Sinclair, Gibbs and Wilson 2004; Triseliotis, Borland and Hill 1999) and the US (see Denby, Rindfleisch and Bean 1999; Rhodes, Orme and Buehler 2001; Rindfleisch, Bean and Denby 1998), more research is needed, particularly Australian research.

Key messages

• There has been little evaluation of the effectiveness of recruitment strategies, however it must be highlighted that such evaluation is difficult due to the broad based nature of recruitment campaigns.
• Foster carers are often dissatisfied, as they do not feel adequately supported. Areas of concern for carers included: provision of adequate support from caseworkers such as smaller case loads, better training and supervision, more experienced workers; support and information concerning legal entitlements and eligibility for benefits and services; and to be adequately informed, prepared, supported and consulted by the system to improve placement stability.
• Foster children have an impact on biological children. Biological children encourage both the positive experiences of sharing, responsibility, caring and independence, but these are coupled with the contradictory experiences of loss (that is, sharing the attention of parents), resentment, and a wish to escape.
• Systematically developed evidence about what influences the overall satisfaction and intent of foster parents to continue to foster is lacking. There is a need for studies of retention to employ a longitudinal design where families who do and do not continue in the fostering role are compared on demographic characteristics.
• Word-of-mouth is important in recruitment.
• Strategies that focus on recruiting carers for a specific child in need of care, may be more effective.
Participation of children and young people in care

Considering that foster care is one of the most frequently used care options it is of concern that little is known about it from the perspective of the children and young people it serves. In recognition of this, there has been a real shift in the focus of research projects to include the views, opinions and experiences of children and young people in care – especially in relation to them informing practice and service delivery. For example Mason, Urquhart, and Bolzan (2003) discuss the importance of including children and young people in the research process. They propose giving children and young people the chance to inform and guide the development of research. A key tenet of the United Nations Convention on the Rights of the Child reflects this viewpoint and clearly states that children’s views should be taken into account in any decision that is likely to affect their wellbeing or position in life (Gilligan, 2000 in Delfabbro, Barber and Bentham 2002a) (see Table 6). The key research findings presented here are from a total of six research studies covering the issues of participation of children and young people in care recently undertaken between 2000-2005 (three journal articles and three reports).

Messages from research

Recent research has further highlighted the importance and value of including the views of children and young people in care. According to Delfabbro, Barber and Bentham (2002a) (see Table 6), ensuring that decisions are made in line with children’s wishes results in children being more cooperative in placement and obtaining more preferable placement options. However, more importantly, children are more likely to benefit psychologically if their views are taken into account. For example, their self-esteem is likely to be enhanced as they are given more control over their own lives.

Despite recognition of the importance of including the views of children and young people in care, Delfabbro and colleagues (2002a) (see Table 6) assert that few systematic attempts have been made to obtain information regarding children’s satisfaction with care. The authors claim that there are several reasons for failing to include children’s wishes in placement decisions. These include difficulties in gaining access to information through and complexities in interviewing children with special needs. It was also highlighted that children may be less likely to express their true feelings about their foster homes, especially if they feel that it is likely to negatively impact on them or their placement.

Findings on the whole demonstrated that most children and young people in care (age range 8 -18 years) reported that they are relatively happy and think they are better off as a result of being in foster care (Delfabbro et al. 2002a; NSW Community Services Commission 2000). Children also considered foster homes to be secure, happy and supportive and felt that their caseworkers were helpful, caring and willing to listen for the most part. However, the majority of participants (47 of the 66 participants) involved in the Community Services Commission report stated that they wanted much more contact and connection with their family members.
A key finding was that many children commented on the importance of having a stable, trusting relationship with one person. This relationship was not only with carers but also caseworkers. It was noted that when this relationship existed it often had a marked positive impact on their time in care (NSW Community Services Commission 2000) (see Table 7). The CREATE Foundation (2004) (see Table 8) report also highlighted that the importance of carers (foster, kinship or residential home) and caseworkers in the lives of foster children. Ten of the sixteen children and young people indicated their carer was the most important person for influencing whether things went well for them or not. The CREATE Foundation report provides both carers and caseworkers with documented recognition of the positive impact they have in the lives of children and young people in care and also provides recommendations of what they may continue doing to improve the children and young people’s time in care.

However, children and young people did reveal instances of poor, even unacceptable, practice and casework. The Community Services Commission report noted that even small oversights can 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. Such occurrences can compound feelings of loss, grief, sadness and the feeling of being “different” from other children and young people. The CREATE Foundation (2004) (see Table 8) also noted systemic factors that have appeared to contribute to a negative care experience for a group of children and young people in the study. For example: slow systemic procedures that prevent timely and adequate response; court processes that do not adequately consult with children and young people; lack of resources, support and training for carers and caseworkers; inadequate early intervention strategies to support families to stay together and prevent entry into care; inadequate entry into care support; and inadequate support and preparation for young people preparing to leave care, and post-care support.

Gilbertson and Barber (2003b) (see Table 4) documented the views of young people in response to a recent placement breakdown. The aim of the study was to gain insight into the experience of young people and give them the opportunity to voice their suggestions about what may have made the placement sustainable. The discussions with the young people revealed several instances where poor social work practice impacted on the placement, including: inadequate preparation of carers, poor communication with children and carers, and inadequate consultation. A prevailing theme noted throughout all of the interviews “was the depth of unhappiness felt by most children and their foster carers when placements break down” (p. 194). Interestingly, the young people commented that 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.

“These contrasting outcomes suggest that expeditious termination of a placement which is not going well may be the most sound intervention, and, conversely, that early intervention to address problems developing in an otherwise promising placement should be a priority” (p. 30).
The authors concluded that in view of the distress caused by placement disruption that everything needs to be done to reduce or avoid placement disruption occurring in the lives of foster children.

In another study, Gilbertson and Barber (2002) (see Table 9) revealed the very low response rates of between 18-27.5 per cent in three studies previously undertaken in South Australia (see Barber, Delfabbro and Cooper 2000; Barber, Delfabbro and Cooper 2001; Delfabbro, Barber and Cooper 2000, 2002b). Their research revealed that many participants were excluded from studies due to agency social workers not cooperating with the research project or social workers vetoing children and young people’s participation. The authors argued that the very low response rates is a major concern and advocated for the appointment of an independent representative for children in care to review research proposals and to negotiate research access to children. Furthermore, Gilbertson and Barber (2002) (see Table 9) stated that “unless and until the problems associated with obtaining larger and representative samples are contained at a level where they do not invalidate research findings, alternative care practice will suffer on over-reliance on untested principles and the perspectives of children and young people in out-of-home care will remain excluded” (p. 257).

Recently, the Western Australian department commissioned the CREATE Foundation (2005) to undertake qualitative interview process in partnership with Indigenous staff in the Department with a random selection of 13 of the 50 Indigenous children and young people in care included in the audit of case files of Indigenous children in the care of the Department (see WA Department of Community Development 2004). The aim of the report was to provide a forum for Indigenous children and young people to comment on their understanding of the care process, their care experiences and their connections to their families and culture. The report extensively documented participant’s responses providing aggregate data and illustrative quotes for each item. However there appeared to be limited synthesis of data; the complete discussion in relation to themes emerging from the data read: “common themes around access to information; placement with kin; sibling placements; regular contact with birth parents and relatives; and cultural needs were apparent” (p. 26).

It was not always clear how the results from the children’s interviews informed the recommendations that arose from the research, for example, recommendations one and 18 which related to policy issues (that is, the Aboriginal Child Placement Principle and financial support for kinship carers) were not reported in children’s responses. Nevertheless, the report did offer some important recommendations in relation to the importance of caseworkers, carers and residential workers recognising the value of children and young people’s views. Notably it was highlighted that caseworkers, carers and residential workers receive training in engaging Indigenous children and young people, in order to better understand and respond to their particular requirements.

As a limitation of the report, it was stated that some DCD metropolitan officers’ resistance to allowing the project group to speak with the children and young people negatively affected the project. This finding echoes similar problems encountered by
researchers trying to access children and young people in South Australia. 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 that states that children’s views should be taken into account in any decision that is likely to affect their wellbeing or position in life.

Implications of research

The findings provide important insight into the consumers of foster care and offer vital suggestions and opinions from those at the forefront of the service. Notably findings suggested that children in care were relatively happy, but often expressed negative feelings toward aspects of casework and placement breakdown. These research findings however need to be considered with some caution. Australian studies have been qualitative and therefore findings cannot be generalised to all children in care. Furthermore, it also should be noted that findings may have been affected by self-selection bias. For example, findings of research by Gilbertson and Barber (2002) (see Table 9) revealed agency social workers vetoed children’s participation. It is possible that individuals whom were not happy with the system were excluded. This further impacts on the generalisability of research findings.

Further research is needed so that a larger number of the voices of children and young people in care are heard. Gilbertson and Barber (2002) (see Table 9) suggested research be undertaken with a larger sample of children and young people from all forms of Australian out-of-home care including foster care, residential care, group care and relative/kinship care. It was also highlighted that governments need to improve access to children and young people in care so that research can be conducted more easily and social workers need to recognise the importance of research and make their clients more amenable to the process. Children and young people in care need to be guaranteed that their views will remain anonymous so that researchers are able to get a true indication of their experience in the care system. Gilbertson and Barber (2002) (see Table 9) also called for the appointment of an independent representative to deal with research proposals. They suggested that an independent body be employed, as was the case at that time in New South Wales and Queensland. The authors stated that such agencies are better able to promote the best interests of the child, are best positioned to review research proposals and make decisions about access to children in care. A Children’s guardians has since been appointed in South Australia and the Victorian state government has appointed an Advocate for Children in care and most other States and Territories have proposals in place to establish an advocate or guardian for children in care. These advocates have varying levels of independence from State and Territory governments and it is not clear what role they will play in relation to external research.

Key messages

• It is important to include the views of children and young people in care, recognising that this can enhance their self-esteem and benefit them psychologically.
• The importance of foster children and young people having a stable, trusting relationship with one person (whether their carer or even their caseworker).
• An independent representative for children and young people can play an important role in improving access to children and young people in care for the purposes of research.
Cultural considerations in placement decisions

This section will examine research of practices and policies in out-of-care service delivery that have been designed to address the needs of Aboriginal and Torres Strait Islander (ATSI) children and their families. There were eleven studies that examined culturally appropriate practices for ATSI children in out-of-home care or compared ATSI and non-Indigenous samples on specific factors. There has been no Australian research examining practices and policies that address the needs of other ethnic minority groups.

Aboriginal and Torres Strait Islander children are vastly over-represented in the out-of-home care population (AIHW 2005). Welfare services to Aboriginal and Torres Strait Islander children and families have been shaped by a context of extreme poverty and social disadvantage in Aboriginal and Torres Strait Islander populations that is associated with higher rates adult imprisonment, criminal history, child maltreatment perpetration, suicide, drug dependence and substance abuse, and poor general medical conditions (ABS 2003; Hogg 1994; Hunter 1995; Perkins, Sanson-Fisher, Blunden and Lunnay 1994). Social disadvantage among Aboriginal and Torres Strait Islander communities has been precipitated by colonisation and past policies of assimilation in this welfare, particularly those associated with the forcible separation of Aboriginal and Torres Strait Islander from their parents generally into non-Indigenous care (that is, the stolen generation) (HREOC 1997). This practice of forced removal resulted in the denial of heritage and culture for many individuals and played a major role in the breakdown of Aboriginal and Torres Strait Islander culture and communities. The loss of parenting skills and knowledge has contributed directly to many of the problems in Aboriginal and Torres Strait Islander child welfare such as the higher rates of child maltreatment, the over-representation in the out-of-home care population, and problems in finding Aboriginal and Torres Strait Islander foster carers in accordance with service delivery policy (see below). These practices have impacted on Aboriginal and Torres Strait Islander communities’ current perceptions of the government welfare system including out-of-home care services. As such, the intent of current practices and policies in this area are to sustain family, community and cultural identity.

The central principle underpinning child welfare provision for Indigenous Australian children and families is the recognition of the Aboriginal and Torres Strait Islander Child Placement Principle (Lock 1997). Adopted in legislation in some form in all states and territories, the placement principle outlines the preferred order of placement for an Aboriginal and Torres Strait Islander child who has been removed from their birth family. The order of preference is that Indigenous child removed from his/her family is placed with: 1) the child’s extended family; 2) the child’s Indigenous community; 3) other Indigenous people; 4) non-Indigenous families. Other supporting principles adopted in most states and territories include directives to expedite the return of Aboriginal and Torres Strait Islander children to their birth families and to facilitate contact between Aboriginal and Torres Strait Islander children and their birth families and communities. The implementation of the placement principle is also closely linked to the operation of the Aboriginal and Islander Child Care Agencies (AICCA) (Ah Kee and Tilbury 1999). A number of states and territories have developed legislation and/or policy for the
consultation of Aboriginal and Islander Child Care Agencies in decisions regarding the placement of Aboriginal and Torres Strait Islander children in out-of-home care.

Messages from research

Research from the South Australian Longitudinal Study (summarised in the subsequent section of this report) that aimed to obtain detailed information concerning the placement movements and psychosocial outcomes of children in foster care included 40 Aboriginal children in the sample (17 per cent of the sample) (Barber and Delfabbro 2004). It was found that at the first phase of the 3-year longitudinal study (that is, baseline), there were no differences between Aboriginal and non-Aboriginal children in the length of time in care, of the extent of parental visiting or proximity to birth families (Barber et al. 2000) (see Table 11). However Aboriginal children from metropolitan areas and non-Aboriginal children from rural areas had longer histories of alternative care and were most likely to be under a court order at the time of placement. Aboriginal children in metropolitan areas were least likely to be referred into care for reasons of maltreatment and also had poorer physical health. Analyses at later time points indicated 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 (Delfabbro, Barber and Cooper 2002c) (see Table 12), and to be reunified with family (Delfabbro, Barber and Cooper 2003) (see Table 13). There was no examination of the relationship between family contact and child psychosocial adjustment, and predictors of family reunification including family contact specifically for Aboriginal children – likely due to the low numbers of Aboriginal children in the sample. In addition, Aboriginal children were not compared to non-Aboriginal children on placement stability and psychosocial outcomes.

McMahon and Reck (2003) drew attention to the need to develop indicators of wellbeing for Aboriginal and Torres Strait Islander children in care. The context of the authors’ argument was that the evaluation used indicators that measure children’s administrative status (for example, reasons for coming into care, time in care, racial and ethnic identity), compliance with Aboriginal and Torres Strait Islander, continuity of caseworkers, location of placement etc.). Indicators that reflect a child’s wellbeing and how they are functioning were not considered. A search of literature carried out by McMahon and Reck (2003) of indicators used to assess children’s wellbeing suggested that the main emphasis was on indicators of health, educational progress and social development. The authors argued that these ignored those that prominent Aboriginal and Torres Strait Islander commentators contend are important to Aboriginal and Torres Strait Islander people when addressing their children’s wellbeing. Specifically, the wellbeing of Aboriginal and Torres Strait Islander children should include cultural and spiritual dimensions as well as physical, emotional and social status. These should be considered in holistic terms in relation to the wellbeing of the Aboriginal and Torres Strait Islander child’s community. Furthermore, the authors also noted a view expressed by some Indigenous commentators that a lack of an economic base underlies social disintegration within Aboriginal and Torres Strait Islander communities; as such it is also important to consider housing, employment and other economic indicators of the Aboriginal and Torres Strait Islander child’s community when assessing their wellbeing. The authors identified the need for further research into the development of general wellbeing
indicators for children in foster care. There also needs to be further research to identify wellbeing indicators that address specific Aboriginal and Torres Strait Islander concerns for children in care.

In her study focusing on aspects of the foster care payment system in Australia, McHugh (2002) investigated the specific needs of Aboriginal and Torres Strait Islander carers. Separate focus groups were held with Aboriginal and Torres Strait Islander carers in the capital cities of most States, and a joint focus group of non-Indigenous carers and Aboriginal and Torres Strait Islander carers was held in a remote town. Questionnaires provided to the focus groups suggested that Indigenous carers were more likely than non-Indigenous carers to either live in public or Aboriginal housing, were more likely to live with their own extended families, to foster sibling groups and to have more children in their care than non-Indigenous carers. From discussion with Indigenous carers it was apparent that large and often struggling Indigenous families took on children, both related and unrelated. Often placements were informal and usually lacked any legal status, therefore it was difficult for carers to obtain financial assistance from the State/Territory to meet the needs of these children. The lack of material resources among Indigenous carers was more obvious than with non-Indigenous carers in the study. Twenty-two of the 43 Indigenous carers said the payments they received were inadequate to meet the costs of the children in their care. Many carers cited difficulties in finding appropriate housing and accessing health services and transport. Notably, it was also apparent that one of the most important conditions for a successful carer was positive and on-going support from workers in agencies, associations and from small self-support carer groups. This did not always appear to be possible for Indigenous carers who were more likely to be geographically remote. Carers from the remote town also noted disadvantage in relation to caring for children with special needs.

In another study, McHugh and colleagues (2004) addressed the availability of foster carers within New South Wales and gave some attention to issues relating to the recruitment, support and retention of Aboriginal and Torres Strait Islander foster carers. The authors conducted two focus groups and an interview with workers from the Aboriginal Statewide Foster Carer Support Service and an Aboriginal Children’s Service providing out-of-home. A carer survey was employed to obtain information from foster care families on their socio-demographic characteristics and fostering experience, however due to the small numbers of Aboriginal and Torres Strait Islander carers who completed surveys, no separate analysis was conducted on these groups. Discussion of the findings in relation to Aboriginal and Torres Strait Islander carers tended to focus on the views of the Aboriginal workers rather than views of the Aboriginal and Torres Strait Islander focus groups. According to the workers, “word of mouth” referral from existing carers or through others in the local community was successful in attracting carers. Indigenous stakeholders gave a number of reasons to explain why Indigenous people foster, including contributing to community and reasons associated with the prevention of another “stolen generation”. Both the Aboriginal State Secretariat Foster Support Group and the agency representatives noted that ongoing support for carers was crucial in the retention of carers, preventing “burn out” and loss of carers. It was also highlighted that more rigorous and professional approaches being taken in assessing and training all
carers could be intimidating to some Indigenous families who were then reluctant to become involved in fostering. According to an Indigenous agency worker, Indigenous carers often attend ongoing training sessions however, some carers were not comfortable with accessing mainstream training sessions and accessing training sessions for all Indigenous carers is difficult (many female carers did not have access to a car, or have the financial capacity to meet childcare costs to attend training). It was noted that childcare was provided by the agency and a small fee paid to carers for attending to assist Indigenous carers to attend training sessions.

The Victorian Department of Human Services (1998) conducted an internal review of out-of-home care services for Aboriginal children and young people in Victoria. The review attempted to address the key issue of whether the service system provided for the needs of Aboriginal children and families who were in the system. The primary data for the review were collected during a series of community consultations with six Aboriginal agencies involved in the provision of out-of-home care services to Aboriginal children. Case-related statistical data on Aboriginal children and young people placed by Aboriginal agencies were collected from the six agencies (Aboriginal children in the care of non-Aboriginal families were excluded). These data were primarily administrative and no measurement of children’s wellbeing was considered. There were also focus groups held with Aboriginal carers. The number of carers attending the groups was not specified, nor was there documentation of the interviews questions or schedule. Case-related statistical data suggested that placement services for Aboriginal children were provided with insufficient or no 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.

Several themes emerged from the community consultations and caregiver focus groups:

- Agencies were not fully informing caregivers regarding the processes and legalities of placements.
- Caregivers voiced concerns about the lack of information on children’s medical and behavioural issues.
- A common issue identified by all carers was the need for more home support, financial advice and respite support.
- Carers believed that they did not need parental skills training, however there were “constant requests” in focus groups for training in managing children and young people with special needs.
- Aboriginal agency staff and carers reported they often found it very difficult to work with government workers including Child Protection staff and other departments. A preference was expressed for the use of Aboriginal community organisations.

Consultation with the Aboriginal out-of-home care agencies also suggested that there was insufficient time and resources to provide services. There was limited use of formal recruitment strategies and training of carers. Some agencies also reported that they did not have case management mechanisms or use structured case plans. It was concluded
that the funding arrangements for Aboriginal agencies providing out-of-care services were inadequate.

The New South Wales Community Services Commission (2001) carried out case reviews of 15 Aboriginal and Torres Strait Islander children in care. A number of issues were considered including family contact, educational, health, social and recreational issues. Aspects of case management were also considered including case planning and review, support to the child or young person and support to the carer. It was observed that 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. Several themes were identified in the context of the care and circumstances of the 15 children and young people:

- There appeared to an “encouraging” degree of compliance with Aboriginal and Torres Strait Islander Child Placement Principle, however there were a number of problems in its application. These included inadequate assessment prior to placement with extended family; placement with extended family often necessitating moving the child from their locality and limited placements options for children with complex needs. There was a requirement for a greater focus on the recruitment, training and support Aboriginal and Torres Strait Islander carers and the development and implementation of a policy and practice framework to support the placement principle;
- For many of the children and young people contact with family occurred in an ad-hoc, unplanned and uncoordinated way, or not at all;
- Strategies to ensure that family identity and relationships were maintained, were not identified in case planning;
- None of the 15 children and young people had a case plan that addressed cultural issues or documented strategies to promote cultural identity.

It was concluded that the Aboriginal agencies (AICCA) providing out-of-home care services were hampered by outdated and inadequate policy and practices and a lack of resources. The absence of a policy and practice framework in relation to the placement principle resulted in problems in the application by Aboriginal agencies (that is, AICCAs) and the Department.

The West Australian Department for Community Development (2004) (see Table 10) completed an internal case review audit for 50 Indigenous wards in the care of the Department. The project focused on reviewing issues pertaining to case practice, particularly practices in the engagement of Indigenous children in care, the inclusion of Indigenous family in decision making, and consultation with Aboriginal departmental staff. The project aimed to explore cultural appropriateness to develop ways of working with Indigenous clients, their families and communities. Each case was individually reviewed and a comprehensive report prepared per file. In this process the review team consulted with departmental caseworkers including those from the specialist Aboriginal services unit to gain further understanding of the issues pertaining to Indigenous children and young people in care. It was found that overall there was a sound understanding of
the need to include and consult with relevant departmental and non-departmental Aboriginal staff regarding case practice, as well as recognition of the need to integrate culturally appropriate support services into the case plan. Despite this, in some cases minimal attempts were made to include culturally-appropriate responses into the family system. This response coincided with minimal involvement of relevant Aboriginal staff. In many cases, minimal attention was given to the development and maintenance of a child’s cultural identity. It was noted that there was difficulty in facilitating contact with the child’s birth family, often due to venues where contact is facilitated being threatening to Aboriginal families. Recommendations included serious consideration be given to the creation of a “cultural” plan for Indigenous wards in care to explore ways in which children can remain connected to families of origin and culture. Other recommendations included the need to develop cultural awareness training for non-Indigenous carers; exploration of culturally appropriate venues that allow Aboriginal families to have contact with their children in a comfortable space; and an imperative to consult with Aboriginal staff members in relation to the assessment of ATSI children and young people and the statutory response.

The West Australian department commissioned the CREATE Foundation (2005) to undertake a qualitative interview process with a random selection of 13 of the 50 children and young people in care included in the audit of case files of Indigenous children in the care of the Department (described above). Notable recommendations included the need for training of caseworkers, carers and residential workers about the value of connecting Indigenous children and young people to their culture. Furthermore, it was highlighted that where appropriate, Indigenous children and young people be provided culturally-appropriate counselling to help them deal with the trauma of being apprehended and continually separated from their birth parents and family.

Implications

There was no Australian research that examined the outcomes of Aboriginal and Torres Strait Islander children in care. This is a major gap, particularly when there is relatively little scope for international research to inform direction in this area due to the unique cultural needs of Aboriginal and Torres Strait Islander children. Research is needed to examine the relationship between characteristics of children, their parents and carers, and placement processes to determine the factors that are associated with successful outcomes for Aboriginal and Torres Strait Islander children. It is vitally important that such research 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 and Torres Strait Islander Child Placement Principle (with kinship and non-related Aboriginal and Torres Strait Islander placements) and non-Indigenous placements. Limited research has compared Aboriginal and Torres Strait Islander children and non-Indigenous children in care on contact with birth family and family reunification. It was particularly concerning that, despite principles in legislation and policy in this area and the history of the “stolen generation”, the limited research in this area found that Aboriginal and Torres Strait Islander children were less likely than the other children to have contact with their families and to be reunified with family (Delfabbro et al. 2002c; Delfabbro et al. 2003)
(see Tables 12 and 13 respectively). There was no examination of the type of children who have contact, the relationship between family contact and child psychosocial adjustment, and predictors of family reunification including family contact specifically for Aboriginal children. However it must be noted that the general literature remains unclear on this area (see section on Family Contact and Reunification).

Although research is need in the area of Aboriginal and Torres Strait Islander child outcomes, McMahon and Reck (2003) highlighted the importance of culturally specific perspectives on child development and desirable parental practices in informing this research. There needs to be research to identify wellbeing indicators that address specific Aboriginal and Torres Strait Islander concerns for children in care. Notably, Yeo (2003) critiqued the applicability of assessments of the bonding and attachment of Australian Aboriginal and Torres Strait Islander children to their carers. The author argued that the use of such concepts 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. In general, more research of culturally specific wellbeing indicators for Aboriginal and Torres Strait Islander children needs to be conducted.

Very little research has specifically focused on the recruitment, support and retention of Aboriginal and Torres Strait Islander foster carers. The little research that has been conducted has been qualitative and based on the views of unspecified or small numbers of carers. Due to their focus on carers in general, often these studies did not provide conclusions or make recommendations specific to the needs of Indigenous carers. Research is needed to examine the unique issues that are involved in recruiting and retaining Indigenous carers and to document the practices and polices that have been designed to address these issues. Notably the National Child Protection Clearinghouse is currently engaged in qualitative research that aims to examine these issues through extensive focus group interviews with Indigenous carers and children in care and consultation with key stakeholders involved the delivery of Indigenous out-of-care services in each state and territory.

Some research has also examined aspects relating to policy and practice frameworks for Aboriginal and Torres Strait Islander children in care. Reviews in three different states noted that Aboriginal children were often provided with insufficient planning, and that there was minimal attention was given to the development and maintenance of a child’s cultural identity. In addition, for many Aboriginal and Torres Strait Islander children and young people, contact with family occurred in an ad-hoc, unplanned and uncoordinated way, or not at all. There is a need for further research in these areas in all states and territories.

Key messages

• There was no Australian research that examined the outcomes of Aboriginal and Torres Strait Islander children in care. Culturally-specific wellbeing indicators for Aboriginal and Torres Strait Islander children need be developed.
• It is vitally important that research of 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 and Torres Strait Islander Child Placement Principle (with kinship and non-related Aboriginal and Torres Strait Islander placements) and those who are placed in non-Indigenous placements.

- Very little research has specifically focused on the recruitment, support and retention of Aboriginal and Torres Strait Islander foster carers.
Issues relating to reunification

The overall aim within the Australian out-of-home care system is concerned with family reunification, with a focus on the practice and policy directed towards reunification and the maintaining of family contact between the foster child and their biological parents and family. The key research findings presented within this section are from a total of ten publications covering various issues relating to family contact and reunification, and sibling placement in Australian out-of-home care. This research was published between 1996 and 2004.

Messages from research

Family contact and reunification

Within the identified research literature concerning Australian out-of-home care, three publications were identified in relation to family contact and reunification with Aboriginal and non-Aboriginal children in out-of-home care, all arising from data from the first phase of the South Australian Longitudinal Study.

Delfabbro, Barber and Cooper (2002c) (see Table 12) examined the association between the role of parental contact and the wellbeing and placement status of children in South Australian substitute care. This publication presented some of the first detailed Australian data on family contact. The authors begun with the hypotheses that parental contact enhances child adjustment, and therefore sought to identify if: increases in family contact are associated with increases in child wellbeing and better family relationships; and if the quality of these family relationships is sufficient to enhance reunification, child development and adjustment. Using data from the South Australian Longitudinal Study with a sample of 235 South Australian foster children entering care over a 12-month period (May 1998-April 1999), the authors found that at least one form of regular parental contact (for example, telephone/indirect contact) was positively associated with family reunification and negatively associated with the amount of time a child remains in care. These findings support previous research. The research also highlighted that family contact was less likely for children from rural areas, of Aboriginal background, and who scored higher on a measure of hyperactivity. Although caseworkers regarded family contact positively, approximately 15 to 20 per cent believed that it was not beneficial, and had a negative impact on the parent/child relationship. Delfabbro and colleagues (2002c) (see Table 12) argued that the relationship between variations in family contact and other outcomes is not straightforward, with results indicating that the relationship between the level of family contact and reunification appears correlational rather than causative. Children who are in frequent contact with their parents are more likely to go home. However, it is very likely that both contact and reunification owe their connection to other factors. These factors may include children being better adjusted, children who had a good relationship with their parents tended to remain in contact, and these children are more likely to go home. Limitations identified by the authors suggest that the family contact measures used in this research may not have been sufficiently refined to assess the complexity of family contact arrangements, and the study period may not have been a
sufficient length of time to observe systematic changes in family relationships (Delfabbro et al. 2002c) (see Table 12).

In further use of the data from the South Australian Longitudinal Study with a focus on the first four month period, Delfabbro, Barber and Cooper (2003) examined the factors that contribute to short term reunification in South Australian foster care. The study specifically looked at the first four months of care, as children who are in frequent contact with their parents in the earlier months have a higher probability of being reunified with their families (Delfabbro et al. 2003) (see Table 13). The authors identified that reunification was significantly more likely to occur for non-neglected, non-Aboriginal children whose parents had some form of incapacity (for example, physical or mental illness). However, findings also indicated that for children living in rural areas, for Aboriginal children and for those children who were victims of neglect, reunification was significantly less likely to occur. The results revealed that 60 per cent of reunifications may be predicted based on three factors: ethnicity, neglect and parental incapacity. The authors propose that further understanding of predictors of reunification in substitute care may allow for an understanding of what factors contribute to successful reunification and the potential allocation of time and resources focused on those cases least likely to achieve reunification. Through the analysis of individual cases, Delfabbro and colleagues (2003) (see Table 13) found that more than 40 per cent of cases were reunified due to the mother’s improved ability to cope. This study emphasises the need for caseworkers to continue their practice of trying to place Aboriginal children with Aboriginal caregivers and highlights the importance of the provision of ongoing support services to biological parents.

In another study, Barber and colleagues (Barber et al. 2000) (see Table 11) aimed to examine the difference between Aboriginal and non-Aboriginal children in care. This study also formed part of the first phase of the South Australian Longitudinal Study. The sample comprised of 38 Aboriginal and 198 non-Aboriginal children in out-of-home care. Significant racial and geographical differences were found between the children. Findings indicated that Aboriginal children from Adelaide metropolitan areas and non-Aboriginal children from rural areas experienced the longest periods of time in alternative care. Aboriginal children from the metropolitan areas were the least likely to be referred into care for reasons of emotional abuse or neglect. The authors suggest that this may have been due to the fact that many of these Aboriginal children were already in care at the time of the referral. The results of the study suggest that metropolitan Aboriginal children and rural non-Aboriginal children are the most reliant on the formal alternative care system. The authors offer several plausible explanations for this, which relate to the prevalence of the rural location of Aboriginal families in Australia, and also suggested that the research design and sampling bias may have impacted on the findings. Based on the findings, Barber and colleagues (2000) (see Table 11) recommend a greater focus on family reunification for these particular groups of children, however there is need to approach findings with caution given differences in group sizes and the small sample size of the children.
**What types of children have contact**

In their research concerning the role of parental contact, Delfabbro and colleagues (2002c) (see Table 12) identified that non-Aboriginal children were more likely to have family contact compared with children from an Aboriginal background. Children from metropolitan areas were more likely to receive indirect/telephone contact from their parents than rural children. The authors indicate that these findings may be indicative of higher long-distance call costs. Findings also indicated that children who scored higher on a measure of hyperactivity were less likely to receive family contact.

**Engaging biological parents**

There has been limited research concerning biological parents of children in out-of-home care, both here in Australia and internationally. There is evidence within Australian research of overt exclusion of parents from out-of-home care services and the lack of a formal group to advocate for biological parents (Thomson and Thorpe 2003a). Caseworkers are challenged to ensure the involvement of biological parents of children in care with planning and decision-making (Thorpe 2002), while at the same time ensuring the safety of the child and not compromising the placement stability. Thomson and Thorpe (2003a; 2003b) discuss the importance of group work as a method for engaging and encouraging biological parents to maintain contact with their children and work towards personal change and family reunification. The authors briefly draw on an example of group work with biological parents conducted in the non-government sector, in Townsville, Queensland. There is only one research study identified in the audit that looks at the importance of engaging biological families (Scott and Honner 2003) (see Table 14). However, the publication provides a limited description of the study methodology and results, simply indicating that interviews with children, young people, their families and practitioners took place, with recommendations for best practice made.

Fernandez (1996) (see Table 15) examined case records for 294 children entering care over a five year period (1980 – 1985) in Sydney. This research involved reviewing the practice of decision making at a child’s entry to care and the patterns of their tenure while in care. In relation to the identified reasons for children’s entry to care, the issue of breakdown in parental performance accounted for the largest group of children (31.6 per cent). It was documented that the children entering care were largely from families who experience low income, unemployment, single parenthood, inadequate housing, and homelessness. Interviews with 115 biological parents with children in out-of-home care were also conducted, with findings revealing that biological parents felt a sense of powerlessness, alienation and sadness. Fernandez (1996) (see Table 15) argued that the “authoritarian” approach on the part of some child welfare workers is inappropriate given the specific experiences of adversity by many families. Fernandez (1996) (see Table 15) also advocated for a more participatory empowerment-oriented practice for supporting parents of children in out-of-home care. The research provides detailed implications for policy and practice regarding the need for support services, planned care and reunification, and the matter of empowering parents. Furthermore, Delfabbro and colleagues (2003) (see Table 13) in their South Australian research concerning the
predictors of short-term reunification, also highlight the importance of providing ongoing support and services to biological parents of children in foster care.

A pilot study published by Barber and Delfabbro (2000) (see Table 16) demonstrated how a measurement procedure could be used to standardise the assessment of parenting within statutory child protection agencies, to aid clinical decision making and to potentially provide criteria for case closure. Measurement procedures were trialled for each of the families receiving services from the New Zealand Children, Young Persons, and their Families Services (CYPFS). The child’s caseworker collected data of “care giving scores” for each of the families and these data were then compared with normative baseline measures from Australian and Canadian samples. Measures of parenting behaviour included: the basic care checklist, family assessment device, parenting checklist, and parent-child conflict tactics. Results indicated that children in the CYPFS sample exhibited poorer functioning and fewer positive parenting practices than those of the normative population. Comparing the data with population norms, it was possible to classify parents according to “nurturance” and “abusiveness”. Using this classification therefore suggests that those cases classified as “nurturant and non-abusive” have reached criteria for case closure. Further research is required as this study was a pilot study with the study sample from New Zealand and normative samples sought from separate countries that may have differing parenting standards. A sufficiently large sample size is also required to account for cultural differences of the country in which these measures of parenting assessment are taken.

**Sibling placement**

There was no Australian out-of-home care publications identified that specifically concerned the issue of sibling placement. The following article by Ainsworth and Maluccio (2002) has been included as it reviews both UK and US research concerning the placement of siblings and discusses this from an Australian perspective, highlighting the need for a change in Australian practice.

Ainsworth and Maluccio (2002) indicated that 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. There is a lack of data in Australian state and territory child care and protection agency reports regarding information about whether a child has a sibling in care and whether they are placed together or separately. This may have contributed to limited attention given to the importance of sibling placement.

Overall, international researchers advocate for keeping siblings together with evidence to suggest separation is potentially harmful, and findings indicating that placement together has a number of benefits: it confirms child’s membership to family; maintains sibling ties; is important for family connectedness and wellbeing; promotes social skills; and can provide a source of emotional and social support. The international research also identifies circumstances where siblings should be placed separately, for example where sibling incest, violence and/or emotional abuse is present (Ainsworth and Maluccio 2002).
Difficulties may arise in considering who is a sibling, with de facto relationships and remarriage resulting in blended families, and many children having differing surnames. Another identified difficulty for welfare agencies arises with the practical problem of placing large sibling groups of three or more. Ainsworth and Maluccio (2002) indicated that it is time to rethink Australian out-of-home care for sibling groups and provide a new service structure to accommodate sibling placements.

**Implications**

Three Australian research publications were identified concerning the issue of family contact and reunification. Each of the publications was based on data from the South Australian Longitudinal Study. The findings from the South Australian Longitudinal Study showed that family contact had a positive impact on reunification and decreased the time spent in care; this relationship was correlational not causal. However between 15 and 20 per cent of caseworkers believed that family contact had a negative impact on children’s wellbeing. Children in rural areas, Aboriginal children and children with heightened hyperactivity scores were less likely to have family contact. Further research is required to examine the complexity of family contact and, in particular, whether family contact assists in achieving reunification or whether families that are more likely to be reunified are also more likely to maintain family contact during the out-of-home care placement. South Australia’s population is largely situated in the metropolitan area and surrounds. Further research is required investigating family contact in other states and territories with different geography and population distributions. Further research is also required comparing family contact for Aboriginal and Torres Strait Islander children in placements coordinated by Indigenous and non-Indigenous services and that controls for distance between the child’s family and the location of the child’s placement. The South Australian Longitudinal Study is methodologically rigorous research, however is only one study, therefore there is a need to look to other jurisdictions to recruiting representative sub-groups (For example, Aboriginal children).

Thomson and Thorpe (2003b) identified the need for further documentation and understanding of biological parents’ characteristics and experiences, with future research priorities concerning biological parents with children in care including examining the impact of child loss and grief, attachment and child’s relationship with their biological parent, and analysis of parent/worker interactions in child welfare. Fernandez (1996) (see Table 15) highlighted important implications for policy and practice concerning the need for support service, planned care and reunification, and empowering biological parents. However, it is important to note that this study is based on data collected in the early 1980s and more recent research may be required relating to engaging biological parents.

The issue of sibling placement within Australian out-of-home care requires greater attention and remains a gap in Australian research.
Key messages

- Practitioners may need to be educated about the benefits of family contact and procedures may need to be put in place to assist family contact to occur.
- Future research in relation to family contact is required to look to other jurisdictions to recruit representative sub-groups (for example, Aboriginal children).
- Biological parents appear to be marginalised from case planning and placement decision-making and this is particularly concerning given the aim of family reunification.
- International research has highlighted the benefits of placing siblings together in out-of-home care, however Australian research concerning sibling placement is lacking.
- There is a need for further research investigating the issues related to reunification.
Outcomes for children and young people in care

The majority of out-of-home care research focuses on the outcomes for the children and young people in care. Outcomes relate to both the physical and psychological functioning of children and young people in care and whether time in care has positively or negatively impacted on their functioning. The key research messages presented below are from 17 research studies (13 journal articles, 1 Masters thesis, 1 report, 1 book, and 1 literature review) undertaken between 1996 and 2005.

Messages from research

The wellbeing of children and young people in care

Researchers and practitioners in the child welfare sector have frequently discussed the behavioural, emotional, and mental health problems of children and young people in care. In a recent unpublished Masters thesis study conducted by Tarren-Sweeney (submitted) (see Table 17), the author showed that children in foster and kinship care exhibited exceptionally poor mental health, in comparison to the general population and to other populations of children in different forms of care. The preliminary findings indicated that the children presented with complex disturbances, including conduct problems and defiance, attachment insecurity and disturbance, attention-deficit/hyperactivity, trauma-related anxiety and sexual behaviour. Earlier research conducted by O’Neill and Absler (1999a; 1999) (see Tables 18 and 19), found that children in non-biological care (foster, residential or kinship care) were referred to mental health services in far greater numbers. However, O’Neill and Absler (1998) queried whether this finding meant that these children genuinely had more psychological problems or whether their parents or caregivers tended to assume more problems due to the children’s status. In an attempt to answer this question O’Neill and Absler (1999) (see Table 18) analysed the referral sources for two groups of children (those that had experience of non-biological care and those who had not). The findings revealed that the referral source differed markedly depending on whether the child or adolescent was or was not living with their biological parents. O’Neill and Abser (1999) noted that if the child was residing with their biological parents the primary circle of professionals (that is teachers, general practitioners, and other health professionals) was more likely to jointly refer or “advise” the family to seek help, whereas if the child was residing in non-biological care the circle of professional services involved with the child comes from another layer of service providers such as from government and non-government agencies which includes both voluntary and involuntary services.

Other researchers in recent years have focused on the different behavioural patterns of children and young people in care. For example, Delfabbro, Barber and Cooper (2002b) (see Table 20) examined Farmer’s (1993, 1996 in Delfabbro et al. 2002b) distinction between “protected” and “disaffected” children in care in relation to South Australian foster care. Their findings were consistent with Farmer’s distinction and showed that children can be separated into two broad clusters: adolescents placed on longer-term
orders with unstable placement histories and with a higher incidence of mental health and behavioural problems; and younger children placed on shorter term orders as a result of parental incapacity, abuse or neglect. The authors found that disaffected children, as Farmer observed, were predominantly teenagers who had been placed into care as a result of behavioural problems, in comparison with protected children who were typically under ten years of age and who were more likely to be victims of abuse or neglect and to have parents who were unable to provide adequate care. The authors suggest that Farmer’s subgroups of protected and disaffected children may not represent different types of children but rather different stages in the lives of foster children. Delfabbro and colleagues (2002b) (see Table 20) argue that the younger “protected” children probably become “disaffected” as they enter adolescence – partly because of their disruptive childhood experiences (p. 202).

Researchers have documented that children in care are experiencing increasing number of behavioural and emotional problems of children (Barber and Delfabbro 2003b) (see Table 21). Barber and Delfabbro (2000) argued that child wellbeing assessments were needed that were routine, briefer and more usable than the measures currently available. Barber, Delfabbro and Cooper (2001) (see Table 22) found that it was possible, in their study, with even very abbreviated measures at intake to distinguish children significantly at risk and in need of support during the early phases of placement from those with a lowered risk. The authors discussed the need for and benefit of longitudinal studies of the wellbeing of foster children. Barber and Delfabbro (2000) contended that many studies previously conducted on child wellbeing have been cross-sectional and as such provide no baseline against which to compare change in foster care outcomes. They also identified that the few longitudinal studies that have been conducted have been retrospective in design and these studies have proven to be highly successful in predicting changes in case-status over time. However, retrospective studies are subject to the following limitations: the range of variables able to be included; the sophistication of the measures available; and the absence of follow-up measures more proximal to the outcomes. As such, Barber and Delfabbro (2000 376) argued that prospective longitudinal designs have several advantages over retrospective designs: the ability to compare subsequent results with a consistent baseline, to collect a greater volume of information and to choose what information should be collected.

In recent years, Delfabbro and Barber (2003a; 2004) (see Table 23) approached the issue of behavioural problems of children in care from another perspective. The authors proposed an economic model to determine the cost of behavioural disorders. In South Australia, foster carers are provided with a basic carer subsidy, however additional payments (referred to as “loadings”) are provided if it is assessed that the child has more complex needs (for example, behavioural problems). The authors demonstrated that the application of extra financial loadings is over three times higher for children with significant behavioural problems compared to children without these difficulties. Delfabbro and Barber (2003a; 2004) (see Table 23) asserted that the baseline analysis of child characteristics may provide quite precise estimates of the potential financial costs of foster care services. Their study of South Australian foster care identified that approximately 36 per cent of the sample had a special needs loading. The authors found that the children who were receiving the loading were genuinely more difficult to manage.
than those who did not receive the loading. Conduct disorder was the factor they identified as the only significant predictor of the application of loadings. As indicated by the odds-ratio, each unit increase in conduct scores, which reflected an increase in the severity of conduct problems, was associated with a 2.41 times greater likelihood of being in the group that received special needs loadings. Further analyses revealed an almost linear relationship between children with conduct disorder and the application of a loading. The study revealed that children with behavioural problems cost the South Australian alternative care system a great deal of resources. The authors recommend that cost-benefit analyses be conducted to estimate the cost of additional services compared with current services. The authors contend that “at the moment it is pure speculation that other options are more expensive than the current cost of placement moves” (p. 926).

The Victorian audit of children and young people in home-based care services conducted by the Department of Human Services (2002), examined the safety and wellbeing of children in alternative care. The report noted that the majority of the children were in good physical health and were experiencing positive peer relationships. A mental health issue was diagnosed in 18 per cent of the sample, a disability in 20 per cent, an intellectual disability in 14 per cent and 14 per cent of the sample had threatened suicide. The report listed 10 directions and strategies (both immediate and long term) for the improvement of the safety and wellbeing of children and young people in out-of-home care:

1. implement a new system for monitoring service standards and achievements of home-based care services;
2. implement the Looking After Children framework;
3. introduce intensive therapeutic services;
4. reduce the number of siblings who are separated from each other inappropriately when in home-based care.
5. increase the number of Indigenous children and young people placed with culturally appropriate carers;
6. engage all children and young people in home-based care with educational and/or vocational training and employment;
7. ensure that all children and young people placed in home-based care receive comprehensive health and specialist services, where required;
8. reduce the number of placement changes experienced by children and young people in home-based care and minimise placement drift;
9. examine the screening, selection and training process to ensure safe placements of children and young people to prevent physical and sexual assault in home-based care; and
10. improve the levels of support available to home-based carers.

The report documents the many areas and strategies for improving the wellbeing of children in Victorian out-of-home care and highlights the action that is required by the Victorian government to improve the current situation. A report describing the implementation of these recommendations is publicly available, but was not reviewed as it does not constitute research (Victorian Department of Human Services 2000).
The reliability of assessment of behavioural problems is another important area in child welfare research considering that foster parents generally become one of the main informants of children’s behaviour when they enter the care system. A recent study undertaken by Tarren-Sweeney, Hazell and Carr (Tarren-Sweeney, Hazell and Carr 2004) attempt to address this issue and examined the interrater agreement between foster parents and teachers of children’s behaviour problems. Even though the study had a relatively small sample \( n = 47 \), the study showed that foster parents and teachers demonstrated moderate to good agreement in identifying clinically significant total problems and externalizing problems. However, the study noted poor agreement in identifying internalizing problems. Overall, the authors concluded that for children in long-term foster care, foster parents or teachers may be used as informants for total problems externalizing problems and social-attention-thought problems but not necessarily for internalizing problems. It should be noted these findings are not generalisable due to the small sample size and that the sample was from one geographical location in Australia.

**Issues related to placement stability of children and young people in care**

As stated earlier, many researchers have commented on the increasing number of children entering care with complex emotional and behavioural problems. Several studies conducted by Barber and Delfabbro (2004) and described in their book titled “Children in Foster Care”, demonstrate the extent of these problems in the South Australian alternative care system. However, one of the main problems associated with emotional and behavioural problems of children in care is foster care drift or placement instability. Many studies have identified the concerning trend of placement instability in foster care systems around the world (see Barber and Delfabbro 2004). Delfabbro, Barber and Cooper (2000) (see Table 25), demonstrated the extent of placement instability in their longitudinal study of children in South Australian alternative care: 20.5 per cent of children had experienced between one and two placements, 19.7 per cent had between three and five experienced placements and 17.5 per cent had between six and nine placements and 23.5 per cent had been placed at least 10 times previously. The Victorian Audit of Children in home-based care noted similar level of placement instability (Victorian Department of Human Services 2002) (see Table 26). In another study, Barber, Delfabbro and Cooper (Barber et al. 2000) (see Table 11), found that adolescents with mental health problems were the least likely individuals in their longitudinal study to achieve placement stability or to display improved psychological adjustment while in care. Delfabbro and colleagues (2000) (see Table 25) identified the three most important predictors of disruption: gender, location and placement history. They found that disruption was over four times more likely for boys, 3.35 times greater for children in the country and 3.38 times greater for children with a history of multiple (six or more) placement changes. Barber, Delfabbro and Cooper (2001) (see Table 22) developed a predictive model to show that a child who was referred into care at age 15 with frequent conduct problems was over 12 times more likely to experience a placement breakdown than a child aged 8 years with no conduct problems. The authors concluded that foster care appears to be more suitable for younger and better-functioning children and they
recommend that a wider range of placement options be developed for the adolescent population.

Further analyses were undertaken by Delfabbro and Barber (2003) (see Table 27), to identify a process for identifying children at intake into care that are most at risk of experiencing placement instability. Their study showed that children who experienced a disproportionately higher rate of placement breakdown could be identified at intake and that there appeared to be an approximate threshold at which children began to experience significant deterioration in their psychological functioning. Delfabbro and Barber found that a child’s age, level of conduct disorder, and mental health status were related to an early risk of placement disruption. The authors identified that they were able to easily differentiate between unstable and stable children depending on whether they had experienced two or more breakdowns due to behaviour in the previous two years. It was also noted that deterioration in psychological functioning associated with placement instability appeared to emerge approximately 12 months after the breakdowns. The authors “contend that placement instability needs to be systematically monitored in foster care and that cases involving instability of greater than 12 months need to be selected for additional monitoring with the intention of providing additional supports, or a re-evaluation of the child’s case plan” (p. 17).

A positive finding from Delfabbro and Barber’s (2003) (see Table 27) research was that the majority of children in care fare reasonably well and usually manage to obtain a stable and successful placement within their first 12 months in care. In contrast, the ongoing and severe placement disruption, documented by many researchers, appears to affect a relatively small sub group of children in care. The authors comment that indicators such as a child’s age, level of conduct disorder, and mental health status may be used as a means of identifying children at risk and thus preventing potential deteriorations in adjustment before significant harm occurs.

Delfabbro and Barber (2003) (see Table 27) observed many areas in which children experienced deteriorations in functioning and development as a result of unstable placements. Children in their study became more anxious, depressed and antisocial over time. In an earlier study, Barber and Delfabbro (2002) (see Table 28), noted that young people with extensive histories of placement instability could be differentiated from other individuals in the sample on three main measures: longer placement history, higher incidence of mental health problems and greater levels of hyperactivity. The authors found no evidence of improvement among young people who were initially disruptive in care considering that “early placement disruption is not merely a symptom of adjusting to new surroundings, but a predictor of ongoing problems in the care system” (p. 211).

Barber and Delfabbro (2004) discussed the practice and policy implications of their research findings in relation to placement instability (defined as two or more breakdowns in the previous two years). It appears that placement instability for a period of up to one year does not necessarily result in psychosocial harm to children and young people; instead it appears that it is only when disruption extends beyond that time that children and young people are placed at a greater risk of experiencing harm to their psychosocial
functioning and development. The results imply that social workers should be allowed to move children when there is both a need and an opportunity to do so and that damage is done only when changing placements becomes a strategy for managing a child’s unsuitability for conventional foster care. This recommendation is in contrast to previous assumptions made about any form of placement instability being harmful to children. Barber and Delfabbro (2004) comment that this result appears to question a fundamental tenet of the permanency planning philosophy - namely the assumption that multiple placements are inherently damaging and that a stable placement must be secured as soon as possible. Nevertheless the authors caution, that placement changes should only occur when absolutely necessary and that the decision to do so should always accompany proper consultation with all parties involved, particularly the child.

The previous findings about the extent of placement instability identify a worrying trend in alternative care in Australia. Delfabbro and colleagues (2000) (see Table 25) highlight that placement instability was previously considered an outcome even though now it appears to be a factor that influences other domains including satisfactory attachment, self-esteem, social networks, education and in the development of leisure interests. As such, the stability of children and adolescents in care is vitally important for their emotional development. Delfabbro and Barber (2003) (see Table 27), recommend that the development of nationally accepted definitions of “at risk” and “harm due to disruption”. Such a move would serve to enhance current attempts to evaluate and target treatment programs for children with challenging behaviours.

**Permanency planning**

The issue of placement stability is also associated with the principles behind permanency planning. Permanency planning principles are based on the notion that maintaining stability and continuity of relationships promotes children’s growth and functioning. In comparison to the US, the emphasis of child welfare policy in Australia is more on family reunification rather than on permanency planning. The heavy emphasis on permanency planning in the US came as a result of the vast number of children spending disrupted and indefinite periods in care. In contrast, Barber, Delfabbro and Cooper (2001) (see Table 22), assert that in Australia the answer to adolescent drift in care (defined as two or more breakdowns in the previous two years) has been a narrowing of placement options and an increasing reliance on foster care. Barber and colleagues concluded that the danger associated with taking this direction is that it is likely to diminish foster placement stability through legislative or administrative means because of the lack of alternative placements for such individuals. In other words, the reduction in the number of placement options does not address the issue of placement instability but rather gives caseworkers fewer options to place adolescents that are failing to achieve stability in care. Barber, Delfabbro and Cooper (2001) identified that the out-of-home care field urgently needs a wider range of placement options, such as treatment foster care or group care. The authors noted that there is now an extensive body of literature on both treatment foster and group care that suggests the two options can achieve positive outcomes with adolescents who are not suited to conventional foster care.
Educational needs

The education (or more accurately the lack of education) of children and young people in care is frequently commented on but rarely researched. The majority of research in relation to the education of children in care, shows placement instability as one of the main factors that negatively impacts on the education of children in care. Delfabbro and Barber (2003) (see Table 27), identified that a high level of placement disruption often coincided with school changes and that school changes were more likely when children were older or were placed a long distance away from their families (Delfabbro et al. 2000) (see Table 25). Delfabbro and colleagues (2000) noted that at the time of the survey 77 per cent of the sample were attending school and nearly a half of the children (45 per cent) had to change school as a result of a placement change. The authors also noted that 45 per cent of those who had experienced a school change had already done so at least once in the previous twelve months, with 12 children changing schools five or more times during that period. Statistical analysis revealed that age was the only significant predictor of the number of school changes along with distance which predicted school changes: each unit increase in age associated with 1.18 times greater likelihood of changing school; plus each unit increase on a geographical distance scale resulted in a 3.45 times greater likelihood of a school change. Changes in schooling are more likely to be experienced by older children who have spent a longer period of time in care. Older children in care are at a greater risk of not completing schooling and therefore greater attention and support needs to be directed towards this group in attempt to reduce the number of school changes.

Family contact

Family contact has been a contentious issue in child welfare policy and practice for many reasons. Delfabbro, Barber and Cooper (2002b) (see Table 20) claimed that a variety of reasons have been proposed to justify the importance of contact with the biological family and identify the three arguments that tend to predominate in the literature:

“The first is that parental visiting helps to maintain long-term attachments between children and their families. The second is that family visiting increases the likelihood of children being reunified with their families. The third is that parental visiting enhances the psychosocial wellbeing of children in care” (p. 20).

Delfabbro, Barber and Cooper (2002b) (see Table 20) examined the role of parental contact in South Australian alternative care. The authors found that the frequency of at least one form of parental contact (telephone) was positively associated with reunification and negatively associated with time in care. However, during the eight-month study period there was no significant change in the frequency of contact or in the quality of family relationships. Most caseworkers were favourably disposed towards parental contact. However, a small percentage (15 to 20 per cent) felt that parental contact was not beneficial and that relationships between children and their parents were significantly deteriorating while contact arrangements were in place. These findings are important considering Australia’s main focus of alternative care practice and policy is on reunification. However, the authors also note the negative aspects of parental visiting:
increased emotional strain placed on children reminding them of the separation; conflict of loyalties between biological and foster parents; increased caseworker workloads; increased conflict between parents and children. In conclusion, the authors stated that the results of the study did support the notion that family contact enhances reunification and maintains connections, but they assert there was insufficient evidence to support a connection between family contact and other outcomes.

This research was conducted with non-related foster carers and not kinship carers. However, kinship carers – although related to the child – still face a number of issues in relation to their relationship with biological parents.

**Implications of research**

Overall, the findings related to the outcomes of children and young people in care demonstrated a worrying trend of increasingly complex behavioural problems and extensive placement instability. Collectively, the studies identify that problems increase the longer the children spend indefinite periods in care.

Methodological issues that reduced the generalisability of research findings were identified. Some studies had insufficient cases to complete all analyses (Barber and Delfabbro 2002; Delfabbro et al. 2000; O'Neill and Ablser 1999). Studies were largely cross-sectional in design. In cross-sectional designs not all children have an equal chance of being selected and sampling methods are more likely to include children who have been in care for longer. Therefore, research using cross-sectional designs may lead to an over-estimation of the amount of time children typically spend in care (for example, excluding children in short-term placements who are reunited with their parents), in addition causality cannot be determined from research using a cross-sectional design (Delfabbro et al. 2002b). Further research is needed using larger samples and a longitudinal design. O’Neill (1999) (see Table 18) also recommended that a qualitative study be conducted to examine the meaning and experience of different kinds of referrals for children, their caregivers and the professionals who work for them. Furthermore, O’Neill (1999) identified that more research is also needed to understand the systemic issues involved in mental health referrals so that children receive appropriate and necessary treatment and support.

However, many studies were well designed with large samples especially those studies conducted in South Australia (Barber and Delfabbro 2004). Barber and Delfabbro (2003a) (see Table 21) also used a prospective design with pre-post assessments and compared findings with a normative group. Another study conducted by Delfabbro, Barber and Cooper (2002b) (see Table 20), also used the triangulation of information sources to improve the reliability of the assessment and included baseline assessments so that comparisons of children’s outcomes over time could be done. However, the authors noted that not all caseworkers were able to provide details of school performance and psychological assessments and this may have negatively affected the results.

Even still, the lack of national data highlights the need for further research that examines the similarities and differences of children and young people in different States and
Territories across Australia. A national study into placement instability of children with behavioural problems is currently being conducted by Delfabbro, Barber, Osborn and Gilbertson and is due to be completed by the end of 2005 (Osborn and Delfabbro 2005). The study is examining both national and international treatment options for adolescents that are failing to achieve stability in traditional family-based foster care. The study aims to establish whether children are experiencing similar difficulties and problems across the country and aims to provide the necessary evidence and justification for the implementation of successful treatment alternatives.

Tarren-Sweeney’s (submitted) (see Table 17) unpublished masters thesis study, is also addressing other under researched areas in the out-of-home care sector. The study obtained the first reliable estimates of mental health of sibling groups in care, an area that had very little reliable data previously. The research is ongoing and follow-up data will be available by the end of 2008.

All of the studies provide evidence that children and young people in care are experiencing relatively negative outcomes when compared to other children not in care. Several studies however noted that not all children in care fare badly and that for the majority foster care appears to be a positive experience with large proportions of the children displaying improved psychological adjustment while in care. Barber and Delfabbro (2002) (see Table 28) noted that their findings were able to predict placement outcomes for children in care with very high success rates and that this may have a positive implication for the alternative care sector as it provides an early method for identifying children at risk of subsequent disruption. They suggest that this ability to predict placement outcomes enables resources and interventions to be targeted at children in care experiencing severe levels of placement instability. Furthermore, Delfabbro, and colleagues (2002b) (see Table 20) suggested that policies, services and interventions for foster children many need to differ across the two different clusters of children in care (that is, “protected” vs “disaffected” children).

Overall, the research findings strongly recommend the need for the development of alternative placement options for challenging children and adolescents in care and that there is now a means for identifying the most suitable children and young people for such care options (Barber and Delfabbro 2003a; Barber and Delfabbro 2003b) (see Table 21).

**Key messages**

- The majority of foster children fare reasonably well (though still more poorly than the general population).
- Many children in foster care display improvements in psychosocial functioning over time.
- It is only a subpopulation of young people that experience ongoing and severe placement instability and deteriorations in functioning.
- Adolescents with mental health problems are the least likely to achieve placement stability or display improved psychological adjustment in care.
• Foster care appears to be unsuitable for a small subpopulation of young people in care and therefore there is an urgent need for a wider range of placement options for this subgroup.
Young people leaving care

Historically, young people leaving care have been considered as one of the most vulnerable and disadvantaged social groups. Care leavers have been found to experience significant health, social and educational deficits. Moreover, research has shown that the provision of accommodation by state and territory government cuts off abruptly once young people reach 18. Sometimes young people are required to leave regardless of the length of time they have been in their current placement, whether they are ready or prepared for the transition. The key research messages presented below are from five research studies undertaken between 1996 and 2004 (2 journal articles, 2 literature reviews and 1 book).

Messages from research

The landmark study conducted by Cashmore and Paxman (1996) (see Table 29), documented the many areas in which care leavers experienced hardship and difficulties. For example, they found that just under half of the young people were unemployed after they were discharged from wardship, and that only one in four were still living where they were just before they were discharged. On average they had moved three times during that 12-month period. The study also showed that the more placements the young people had experienced during their time in care – the more places they lived in after leaving care. Furthermore, nearly one in three of the young women had been pregnant or had a child since leaving care compared with only two per cent of under 19 year-olds in the general population. Consistent with other research that has documented the poor educational attainment of care leavers (Maunders, Liddell, Liddell and Green 1999) (see Table 30), just over half of care leavers in Cashmore and Paxman’s study (1996) (see Table 29) had completed only year 10 or less of schooling. Maunders et al. (1999) (see Table 30) also documented that half of the group in the study had experienced a period of homelessness since leaving care and almost the same number reported committing criminal offences since leaving care.

Maunder and colleagues (1999) (see Table 30) reported that there were several factors that could assist young people transitioning to independence:

- the provision of a stable, positive experience in care;
- having resilience and belief in self;
- the availability of mentors or advocates, extended support provided by previous carers and workers and/or after-care support workers; and
- family contact while in care, at time of transition from care, or re-established after leaving care.

The study also noted factors that were found to inhibit transition to independence:

- unresolved anger towards family members;
- workers or the system;
- unsuitable and unstable placements and multiple changes of carers and workers;
• instability experienced in care;
• lack of long-term goals (which commonly appeared to be related to a history of homelessness before the young person was subject to a care order);
• lack of sufficient income;
• contact with the juvenile justice system and imprisonment, lack of preparation for leaving, and lack of later contact with the care system (p. ix).

Such positive and negative factors must be acknowledged and addressed prior to the young person transitioning from care to independence.

Mendes and Moslehuddin (2004b) (see Table 31) compared New South Wales and Victoria in regards to leaving care practices. Their findings highlighted the differences between the two states and attributed them to the different relationship between government bureaucracies and non-government child welfare sectors in each state. The authors documented that New South Wales had specific programs in place and provided ongoing support whereas Victoria had only limited programs and offered no guarantee of aftercare support.

In a comparison of UK and Australian out-of-home care, Mendes and Moslehuddin (2004a), noted that the UK has moved much further than Australia in terms of providing legislative and program responses for young people leaving care. Based on the UK experience, Mendes and Moslehuddin (2003) suggested that leaving care needs to be placed on the political agenda if reforms are to occur. They argued that at the very least the federal government should impose minimum uniform national leaving care standards. Furthermore, Mendes and Moslehuddin (2003) asserted that most state and territory governments in Australia appear to view the situation in narrow economic terms rather than as a broader social and human concern that has lasting effects on care leaver adult lives.

Cashmore and Paxman (1996) (see Table 29) and Maunders et al. (1999) (see Table 30) recommended that young people leaving care need much more assistance and support than they are currently receiving. Cashmore and Paxman (1996) asserted the need for these young people to develop more employment, independent living skills, social and emotional skills, before being expected (or are able) to live independently. Further, they suggested that after-care policies and services need to be developed as an essential part of substitute care policy and practice. Maunders et al. (1999) (see Table 30) proposed a general model of care with three components: preparation, transition and after care. New South Wales is one of the only jurisdictions in Australia to have achieved many of these components. The developments in New South Wales are a direct result of research conducted by Cashmore and Paxman nearly a decade ago and demonstrate the impact research can have on practice and policy.

The most recent research on care leavers has been conducted by the Centre for Excellence in Child and Family Welfare Inc. (previously the Children’s Welfare Association of Victoria). The Centre for Excellence will be launching a report on the economics of supporting young people leaving care due for release in July 2005 titled:
“Investing for success: the economics of supporting young people leaving care.” Unfortunately, no data were available at the time this review was conducted (see www.cwav.asn.au).

**Implications of research**

The research findings presented here show that young people leaving care are one of the most vulnerable and disadvantaged social groups. An inherent problem of the research in this area is that legislation does differ between each state and territory in Australia and as such the findings from a study conducted in one state and territory may not be generalisable to another state or territory. Nevertheless, the previous research does highlight the need for further research to be conducted in each jurisdiction and the need to evaluate the impact of legislative change in relation to care leavers in recent years.

**Key messages**

- There is a relatively small body of research regarding young people leaving care.
- Young people leaving care are at great risk of experiencing negative life outcomes.
- There is a need for minimum leaving care standards.
- Legislative changes in relation to care leavers need to be evaluated in each state and territory.
- Research has been shown to have a direct impact on practice and policy.
Residential and specialised models of care

The decline in the use of residential care options is not unique to Australian out-of-home care as both the UK and the US have witnessed similar declines. One of the main reasons attributed to the decline has been the view that the placement of a child or young person in residential care cannot provide the same quality of care as the placement of a child or young person in a family environment (that is, foster 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. For example Barber and Gilbertson (2001) noted that international research has demonstrated the achievements of foster and residential care, in terms of health and wellbeing outcomes, are broadly comparable. Research has further indicated that residential care may be a realistic option for children and young people who exhibit major behavioural and emotional problems (Bath 1998).

In response to these findings, state and territory governments have begun to reappraise the role that residential care can play in their “continuum of care” or range of placement options (Victorian Department of Human Services 2003). For example, international studies have revealed that group home settings staffed by family care workers may be the best alternative for children and young people with challenging emotional and behavioural problems as they provide the necessary support, structure and therapeutic intervention that is required. Barber and Delfabbro (2004) argued that state and territory governments are now having to deal with the consequences of the reduction in residential placement options as they are now faced with the problem of fewer options for those children who cannot reside in family based settings due to their emotional and behavioural problems. Nevertheless, little research has been conducted in Australia on the outcomes for children or young people residing in residential or specialised models of care. The results from four research studies that relate to specialised models of care in Australia, conducted between 1997-1999, will now be discussed (3 reports and 1 book).

Messages from research

The New South Wales Department of Community Services commissioned the review of 15 intensive out-of-home care support services designed for troubled children and young people (Clark 1997). The intensive services were designed to meet all the needs of the young people: education and training needs, access to specialist treatment services and linking young people to their families and the general community. The study used both quantitative and qualitative methods in order to examine the perceived changes in the young residents of these services. Since the intensive services were established, 95 young people had received a service. Due to the rapid de-institutionalisation movement, however, service staff were ill-equipped to implement services and staff burn out was a real issue (Clark 1997).

At the time of Clark’s (1997) review the recipients of the services were typically males aged 15 years or over. Many of the children and young people displayed challenging
behaviours, experienced a long history of disrupted placements and were often in care for many years. At the time of the review, 15 young people were attending school quite regularly and 18 were noted as having some form of regular employment. However, 24 young people were reported as having poor patterns of school attendance. The majority of young people were having some form of contact with family members and the author recommended the appointment of a specialist Aboriginal worker given the number of Aboriginal young people in intensive services.

Clark (1997) noted that in regards to service design the intensive services were initially designed to provide care in groups. However, it was noted that seven out of the 15 services had moved away from solely using group care models and were offering individualised services for some young people. Furthermore, those services that were continuing to use the group model had decreased the numbers to three or fewer young people being cared for in a group. Nevertheless, the author recommended that the cost effectiveness of providing care on this smaller scale requires justification in demonstrating that the young people had higher levels of difficulty in comparison to the rest of the target population of young people.

Overall, the findings from the report provide evidence to support the continued development of community-based intensive out-of-home care support services for young people with troubling emotional and behavioural problems. The report also included suggestions for further research and other recommendations:

- commissioning study to assess real costs incurred by intensive service to enable to appropriate allocation of budget;
- listening to staff members in regarding size of group preferences; to encourage the development of a program document by service providers to offers guides on the most effective manner to provide new individualised services;
- inter-department approach to behavioural difficulties and mental health needs; and
- arranging collaboration with the substitute care program and Disability services to ensure that planning and smooth transition is available for young people moving to Adult Disability services (Clark 1997: 8-9).

Another report conducted by the New South Wales Community Services Commission (1999) reviewed the experiences and progress of 17 young people (13 males, 4 females, aged 9-15 years) in substitute care in Sydney. The report was in response to the finding that a large number of young people were staying with intensive support services for very long periods. The review was conducted in five stages between November 1996 and April 1999 (both services were closed in 1998 and a crisis unit was established for the young people). All of the young people moved onto other forms of care (group homes, refuges, foster care, supported accommodation, kinship care and independent living) after the closure of the services.

The report findings indicate that the outcomes for young people were better when there were flexible and comprehensive case plans, continuity of service provider, consultation
and coordination between services and a commitment to services to support young people regardless of the circumstances.

The report 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. The review indicated that a system of statutory reviews and monitoring of all young people is required. The report recommended that a system of reviews and monitoring of young people is critical given the rapidly changing models for the provision of intensive support services and that these models are still yet to be tested in terms of outcomes for young people in care.

Mackillop Family Services in Melbourne (Kelly 1999) (see Table 32) conducted a review of their program designed for high-risk adolescents. The development of the High Risk Adolescent Project was based on the “Overview of High Risk Adolescents in Placement and Support Services” conducted by the Department of Human Services in Victoria (Victorian Department of Human Services 1997). The overview defined the characteristics and needs of high-risk adolescents and the services required to reduce risk-taking behaviour and to promote placement stability. As a follow-on from the overview conducted in Melbourne in 1997, new initiatives for high-risk adolescents were developed and funded by the Victorian Department of Human Services in 1997-1998. The initiatives were based on the provision of targeted, high-quality case management services coupled with a package of complementary services and funding to support the care team. The initiatives funded in Barwon-South West region had three components:

1. provision of intensive case management;
2. one-to-one home-based care; and
3. provision of tailored services, including access to day programs, through the use of brokerage funds.

The review found that despite the best efforts of service providers targets were not met in relation to intensive case management and home-based one-to-one care during 1998-1999 (Kelly 1999) (see Table 32). Placements were not stabilised and sufficient numbers of one-to-one home-based carers were not recruited. However, the review found 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 report concluded that MacKillop services at the time of the review did not have the infrastructure and resource base to provide a viable service to the target population over the longer term and proposed that new service models be examined. The report 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.

The fourth research study conducted in 1997 related to group care models (Ainsworth 1997) (see Table 33). The study aimed to empirically validate a model of group care that was child centered and family affirming - referred to as Family Centred Group Care (FCGC). Ainsworth found that it was possible to empirically validate his hypothetical
construct of a particular model of group care. Ainsworth contended that implementing the proposed model would limit the use of the term “Family Centred Group Care” by allowing only those programs that conformed to the model to use the term. This would have practice implications as the proposed model would ensure uniformity and minimal standards. The author also affirmed that evaluation and comparison of group care programs that conformed to the title of FCGC would be more feasible. He suggested that if agencies were rated to reflect the extent to which they conformed to the model then referral and allocation of children and families to appropriate services would be clearer. Ainsworth (1997) noted that if programs that served particular needs with proven effectiveness were then matched to the needs of children and families and only served those particular groups of individuals then group care may be less likely to be criticised as an ineffective placement type.

Implications

The findings from the research studies demonstrate the small amount of research that has been conducted in Australia into forms of care other than foster care. Few conclusions about residential and specialised models of care in Australia can be drawn due to the small amount of research findings available (which is likely to be a function of the limited availability of anything other than family-based care). Therefore more research is needed to be clear about the advantages and disadvantages of residential and specialised models of care. Ainsworth (1997) (see Table 33) asserted that for residential group care “to achieve its potential as an integral feature of the continuum of child welfare services, however, residential group child care must be redesigned as a support service for families in crisis, rather than continue to be used as a substitute for families” (p. xi). However, more Australian research is needed to make any recommendations in this area. Currently research is being undertaken by Delfabbro, Barber, Osborn and Gilbertson examining the effectiveness of different treatment programs in South Australia, Western Australia and Victoria for children and young people with histories of placement disruption (to be completed late 2005, see Osborn and Delfabbro, 2005). The authors are also reviewing the nature and effectiveness of several different treatment programs in the US and Canada and aim to provide recommendations in regards to those programs that are successfully treating children and young people with histories of severe placement disruption. In addition, the authors are reviewing the different components that comprise treatment programs and how programs can be designed or differentiated based on a proposed model (Delfabbro, Osborn and Barber in press; Osborn and Delfabbro 2005). The authors propose that many forms of residential and group care options in North America, previously thought to be very restrictive (for example, levels of discipline, routine, autonomy, and free time), are in many ways less restrictive than their home-based counterparts and that this could have potential practice and policy implications.

Key messages

- Further research is necessary to provide clear statements about the advantages and disadvantages of other forms of care (for example, residential care, group care, treatment foster care, specialised models of care) other than foster care.
• Internationally, residential care is now considered a viable option for children and young people who are unable to achieve stability in traditional forms of family-based foster care.
• There is a need to address the limited number of placement options for children and young people with challenging emotional and behavioural difficulties.
Kinship care

Despite the formal acknowledgement and prioritisation of kinship care in policy and legislation through the Aboriginal Child Placement Principle, there has been no Australian research investigating the outcomes for Indigenous children in kinship care, compared to those in residential care or non-relative foster care (Cashmore and Ainsworth 2004), and only one published paper that examines broadly the strengths and weaknesses of kinship care in Indigenous communities (McHugh 2003). Further, there were only two Australian research studies investigating kinship care issues in the wider Australian community that were identified and publicly available (see Council on the Ageing 2003; Mason et al. 2002). The inaccessibility of reports describing Australian research was particularly problematic in areas such as kinship care where the evidence base was already sparse.

Messages from research

The Commonwealth Minister for Children and Youth Affairs, the Honourable Larry Anthony, commissioned the Council on the Ageing to conduct a report into the issue of grandparents raising grandchildren (Council on the Ageing 2003) (see Table 34). The aim of the report was to gain information directly from interviews with grandparents who were raising their grandchildren across five states. The grandparents were asked about their existing support mechanisms, additional supports they would like, financial and legal issues they face and concerns they may hold in regards to the wellbeing of their grandchildren. The study had a very large sample of 499 grandparents who were raising 548 grandchildren. Overall, the study found that grandparents were disappointed and felt let down by both State 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. The common themes that emerged from workshops across the five states included the following:

- Governments need to acknowledge and recognise grandparents raising children as a group that require support.
- Grandparents need parity with foster carers concerning payments and support services.
- Information and access to benefits and support services need to be promoted.
- Grandparents caring for their grandchildren need access to legal aid and the provision of respite care.

The report also provided an extensive list of recommendations to both state and Commonwealth governments and was a comprehensive report on this important issue.

Mason and colleagues (2003) focused on the extent of formal kinship care reasons for the increase in kinship care, legislation and departmental guidelines relevant to kinship care, and the experience of children in kinship care and their carers. They showed that kinship care was the fastest growing form of out-of-home care in Australia. Kinship care was increasing as a consequence of changes in the policy environment (for example, the
legislative requirement for the least intrusive form of intervention), a decrease in the number of non-relative foster carers and a simultaneous increase in the number of children requiring placement, preferences of children and families for kinship care, and to some extent the decreased financial and human resources expended to support kinship care placements. The authors showed that there was a lack of procedural guidelines for recruiting, assessing and supporting kinship placements and as a consequence kinship carers received less monitoring, training, support, and inappropriate assessments. However, this research was a small sample qualitative study that focussed largely on data collected from one Australian State, limiting the generalisability of study findings.

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 and it is not possible to make generalisations about the reasons for the increase in kinship care and the experiences of children in kinship care and their carers on the basis of a single study. This is a major limitation as there is no evidence base for a key tenet of policy and practice in relation to Australian children and in particular Australian Indigenous children. Consequently, international research into kinship care is reviewed and findings from this review are presented (see Appendix A).

**Implications**

Australian research was consistent with international research findings, which showed kinship foster carers are recruited differently from non-relative foster carers, however 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 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. On the 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. Children in kinship care benefit from maintaining family, cultural and community connections.

The report conducted by the Council on the Ageing (2003) (see Table 34) provides both state and Commonwealth governments with a comprehensive list of recommendations to improve the current situation for grandparents raising their grandchildren throughout Australia.

**Key messages**

- There is minimal research on a key element of Australian out-of-home care placement
- Kinship care is the fastest growing form of out-of-home care.
- Kinship care placements need the same entitlements to monitoring and support as non-relative foster care placements.
Issues for professionals in associated fields working with children in out-of-home care

There are a number of professionals that are seen to be an integral part of the welfare system, including teachers and doctors of children in out-of-home care. However, only one research study concerned with the experiences of teachers was identified in this area. A further discussion paper was also identified, suggesting some guidelines for paediatric specialists, based on previous research. Therefore a total of two publications are presented, published between 1999 and 2000, and both offer the perspective of one researcher.

Messages from research

O’Neill’s (1999b) (see Table 35) research considered the experience of teachers when supporting children and their foster, permanent care and adoptive parents. This study involved longitudinal action-oriented research, with the use of qualitative interviews/discussions. Discussions were conducted with 17 teachers, from a range of schools, including kindergarten, primary, secondary and a specialist school for children with behavioural difficulties. Most of the teachers were very experienced in their profession, however most lacked specific experience with children who had moved to a new family, and therefore their knowledge about permanent care and accessing biological families was lacking.

Power and control was raised as an issue in relation to the out-of-home care child’s behaviour, which included verbal and/or physical violence, inappropriate attention seeking, and the need to win. The issue of power and control between teachers and adoptive/permanent care parents was also raised, with patterns of misunderstandings concerning the child’s discipline, behaviour, expectations and history. Finally, the theme of “support” was discussed in relation to both the practical and emotional support provided to the child and also the identified benefit of “peer support” for themselves as teachers.

In her review, O’Neill (2000) also considered the complexities of out-of-home care with respect to issues of contact with birth families and parenting troubles, and outlines the challenges for paediatricians in recognising the instability of newly established families caring for children in out-of-home care. She presented guidelines for paediatricians, including: the crucial need to listen to the parents’ account of the situation; to have knowledge of or availability to up-to-date research and treatment information concerning various issues and conditions (for example, sexual abuse, attention deficit hyperactive disorder; and aspects of planning regarding the child must be undertaken with the involvement of the parents). Although O’Neill’s recommendations were based on current literature concerning out-of-home care, establishing appropriate guidelines and implications for Australian paediatricians does require further research.
Implications

From this research, O’Neill (1999b) (see Table 35) identified the importance for foster care and adoption/permanent care workers to facilitate teacher’s understanding of a child’s behaviour with both the new family and the new school. The author also maintains that teachers view themselves as independent professionals and appear to be inadequately consulted regarding the child’s needs and progress. It is important to note that O’Neill’s (1999b) (see Table 35) study lacked specific detail concerning various aspects of the methodology used for this research (For further details see Table X). Therefore, in view of the identified limitations in the research and the two publications identified offering the perspective of only one researcher, it is not enough to establish clear messages or implications. However, it does highlight the need for further research into the role of teachers, medical doctors and other professionals involved in out-of-home care.

Key messages

- There was limited research identified in the area of professionals involved in out-of-home care.
- Further research is required into the role of teachers, medical doctors and other professionals involved in out-of-home care.
Policy research: The out-of-home care service system

In Australia, out-of-home care and child protection are the responsibility of state and territory government departments resulting in there being eight different legislative and policy frameworks dictating the operation of these state and territory service systems (Bromfield and Higgins 2005). Policy in relation to carer payments across Australia was reviewed and this was the only area in which a national comparison was conducted (Bray and Boyd 2001). McHugh (2002) critically analysed carer payments across Australia and also provided a critique in relation to research literature and best practice standards. The remaining research involved a critique of policy in relation to research literature and/or best practice standards, investigating state specific policies underpinning the out-of-home care service system, and included the following: child safety for children in out-of-home care in the Australian Capital Territory; the funder-purchaser-provider model and social work practice standards in South Australia. The messages from research presented within this section are from a total of eight publications, published between 2000 and 2004.

Messages from research

Carer payments

Bray and Boyd (2001) provided a descriptive overview of how carer payments/subsidies were made in each Australian state and territory and New Zealand, with specific details concerning add-on loadings, allowances to standard subsidies, contingency payments, and services. The authors also provided a comparative analysis of payments to foster carers, including commodities and services across Australia and New Zealand. In addition to this, case examples were used to demonstrate how each of the systems worked.

From the descriptive data collected, the average annual payment to foster carers across Australia and New Zealand in 2001 was approximately AU$8,361, although the reader was encouraged to view this figure with reservation. Comparative analysis of carer payments across all Australian states, territories and New Zealand indicated the following: care is most commonly managed through a combination of departmental and non-government services; the most common title for providers of care was “foster carer”, although several other terms were used; differences were identified in the level of payment in relation to the legal status of the child; and the type of payment scheme under which care was provided (for example, payment schemes administered by government compared with non-government services) generally did not vary eligibility or rate of payment (Bray and Boyd 2001).

Bray and Boyd (2001) also included information representing the views of carers, as compiled by the Australian Foster Care Association, to provide a picture of the practical nature of the Australian payment systems. The cost of caring for foster children was seen as 50 per cent more expensive than other children. An issue raised by the carers concerned a lack of uniformity across Australia with respect to the formulating or application of payment policies. Existing payments were generally based on the costs
associated with “normal children”, resulting in standard subsidies failing to meet basic costs of care. This was particularly problematic in respect to the range of specialist needs that children in out-of-home care may have, including specialist medical, educational, developmental, and/or psychological needs.

With foster carers providing the vast majority of care for children in out-of-home care, there is a growing concern regarding the difficulty in maintaining carer numbers and recruiting new carers. McHugh (2002) examined the adequacy of current subsidy payments made to carers across Australia, using three sources of information: surveys with agencies and foster care associations; focus groups with carers; and estimates of the costs of children developed by the Budget Standards Unit (BSU) for children not in care. The author identifies this research as the first national study to compare foster care reimbursements with the “normal” costs associated with caring for children.

McHugh (2002) found that the costs of caring for children in care is on average 52 per cent higher than the costs associated with caring for children not in care. This finding of average higher costs for children in care supported previous research findings by Bray and Boyd (2001). Findings indicated that the current subsidy payments provided by most states and territories were substantially below the costs required to meet children’s basic daily care needs. Recommendations included age-related payments, a uniform approach by states and territories to adjust the level of subsidies based on changes in the costs of living (for example, use of the consumer price index as a guide), reimbursements for special services that may be required, provision of respite for carers, and subsidies to be paid for the accessing of particular services for children (for example, specialist counselling offered to children and young people recovering from family violence, abuse or neglect).

More specifically in relation to South Australia, Delfabbro and Barber (2002; 2004) discussed the micro-economics of foster care, arguing that the practice of making special financial loadings available for more challenging children was unlikely to be sustainable and a shift in policy was required. With a decrease in the availability of residential care and suitably trained foster carers (resulting in a shortage of placements), a shift in policy and funding was required to increase the number of foster carers, and provide appropriate care for challenging children. Delfabbro and Barber (2002) highlighted the need for further empirical research using the principles of elementary micro-economic theory to examine the extent of disparity between normal and effective demand; elasticity in the supply of foster care services; elasticity of supply for challenging compared with less challenging children; and the relationship between motivations for providing foster care and the types of children who were retained in each placement.

**Safety of children in care**

The safety of children in care was only addressed in one report that was commissioned by the Australian Capital Territory government (Vardon 2004) (see Table 36). The review was conducted due to the Department’s failure to comply with s.162(2) of the Children and Young People Act 1999. The review involved the investigation of departmental policies, resource allocations and action, and an audit of files relating to children in care.
The report provided recommendations to improve safety outcomes for children and young people (Vardon 2004). The report included the analysis and audit of case file data and reports, appraisals relating to children and young people in care, along with other relevant data held by the department, and the Office of the Community Advocate. Findings revealed that the children wanted to stay in the one placement and not be “shunted” from placement to placement; to be treated in the same manner as other children in the family; and not to be forced to see their biological parents if they chose not to (Vardon 2004) (see Table 36). Findings also indicated that foster parents wanted genuine recognition for their work and provision of support. The Department’s staff indicated the need for more reasonable workloads, adequate supervision, and the provision of comprehensive policy manuals consistent with the legislative framework to guide their work. The report also provided a comprehensive summary of recommendations in relation to legislation and policy, and standards and practice in the Australian Capital Territory for the safety of children in care.

**The funder-purchaser-provider model**

Barber (2001, 2002) evaluated the experience of South Australia in relation to the restructuring of out-of-home care and the Funder-Purchaser-Provider (FPP) model for children in out-of-home care. The South Australian Government retreated from the direct provision of out-of-home care placements in 1997, with this aspect of the service entirely outsourced to the non-government sector. The restructured system was based on the FPP model. The FPP model included:

- **Funder:** The Policy and Development Division assuming the role of funder, under the minister.
- **Purchaser:** The Community Services Division which was responsible for planning, purchasing and monitoring services and managing service contracts.
- **Provider:** The Family and Community Services (FACS) Field Services Division acted as the service provider and allocated funding. District Centres (where day-to-day casework is conducted) outsourced foster care, referring all out-of-home care requests to FACS Central Alternative Care Unit (CACU). CACU processed the application and referred to non-government foster care providers or to FACS Residential Care (Barber 2001).

The FPP model is concerned with competition and efficiency. By encouraging competitive tenders for the provision of specified services, it was hoped that the Government would be able to obtain a high quality service at the best possible price, with the responsibility for the day-to-day provision of placement being left largely to the non-government sector. Unfortunately, this system did not address the fundamental problems in the out-of-home care system that existed prior to the restructure: namely, the lack of carers, supports for carers, services, and the increasingly challenging nature of children in care. Instead, the model only served to outsource these problems to the provider (Anglicare, South Australia). By only having one single service provider, there was a narrower range of services. In addition, the creation of the central referral unit meant that there was a greater distance between those requesting the referral and those providing the services. (Delfabbro, 2005, June 6, personal communication).
Residential care places in South Australia are lower than any other Australian state or territory, forcing special needs children into the overloaded foster care system. Barber (2001) argued that South Australian out-of-home care under the FPP model was not structured to best meet the needs of the child, and that it could not continue to be sustainable. He recommended that the state provide more support and remuneration to carers, increase the number of residential care places, or reduce the number of children accepted into care.

**Social work practice standards**

Policy in relation to social work practice standards within South Australia were evaluated by Gilbertson and Barber (2004), who argued that there were several inadequacies within the alternative care system in relation to the provision of adequate levels of care for children and young people. Gilbertson and Barber (2004) reflected on the failure of the government’s restructuring and the introduction of the funder-purchaser-provider (FPP) model as a competitive tendering system. In reviewing data from Family and Youth Services internal surveys and audit, a high number of cases were identified where statutory obligations of workers were not being met with respect to health, case review and involvement of young people in decision making. The authors argued that these data reflected the failure of the restructure to deliver its objectives and the resulting failure of the out-of-home care system to meet practice standards.

**Implications**

The existing standard carer payments are generally based on costs associated with “normal children”; however it is indicated that the average costs of care for children in out-of-home care are approximately 50 per cent more expensive than children who have never resided in care. Several policy and practice recommendations were made: a uniform approach by states and territories to adjust the level of subsidies based on changes in the costs of living (for example, use of the consumer price index as a guide), reimbursements for special services, subsidies to increase for older age groups, and subsidies to be paid for the accessing of particular services for children (for example, specialist counselling offered to children and young people recovering from family violence, abuse or neglect). The audit of child protection practice in the Australian Capital Territory highlighted the need for young people to be given a voice, caseworkers to have reasonable workloads and adequate supervision, and practice manuals to reflect the legislative framework to ensure compliance with practice standards enshrined in legislation. The critique of the South Australian Funder-Purchaser-Provider (FPP) model showed that problems in the placement of children cannot be remedied through changes to funding models and the roles and responsibilities of governments alone. Underlying problems associated with the recruitment and retention of foster carers and the shortage of foster care placements must also be addressed, as well as the availability of residential care placements to prevent placement instability for hard-to-place children.
Key messages

- A descriptive and comparative analysis of carer payments across Australian states and territories indicated a lack of uniformity regarding development and application of carer payment policies.
- The cost of caring for children in out-of-home care is approximately 50 per cent greater than the cost of caring for a child who has never resided in out-of-home care (so called “normal children”), current subsidies to foster carers are not sufficient to cover the basic costs of caring for a child in out-of-home care.
- Practice environments need to be adequately structured to enable compliance with legislative frameworks in order to ensure the safety of children in care.
- Changes to the structure and funding arrangements for service providers can do little to improve service provision unless the underlying problems of foster care recruitment and retention are addressed.
- Residential care placements may need to be re-funded to address the shortage of foster care placements.
- There is a need for further research that investigates the policy context shaping the out-of-home care service system.
Policy research: Service provision

State and territory legislation and policy underpin the provision of out-of-home care services to children in care, carers and their families and the biological parents of children in care. Publications involving the review of policy in relation to kinship care offer a descriptive and comparative analysis of legislation and guidelines across difference jurisdictions. The issue of standardised assessment of child wellbeing involved a critique of policy in relation to research literature and/or best practice standards, investigating state specific policies underpinning the out-of-home care service system. Yates, Moslehuddin and Mendes (2003) offered the only critique identified by the audit to address issues of young people graduating from the state care system, with a comparison and critical analysis of the Australian and New Zealand legislative framework. Finally, policy in relation to permanency planning was evaluated in relation to research literature documenting best practice standards. The messages from research presented within this section are from a total of seven publications, published between 1997 and 2003.

Messages from research

Policy in relation to kinship care

Gibbons and Mason (2003) explore a “top down” perspective in identifying the legislation and departmental guidelines relevant to kinship care as a formal out-of-home care option; specifically for New South Wales and also across Australia. The findings revealed issues of defining kinship care, with diverse terms and definitions varying across states and territories. Departmental guidelines were ambiguous concerning the decision making around the placement of children in kinship care, lacking clear definition of differences of assessment between foster care and kinship care. Findings revealed that Victoria, Australian Capital Territory and to some extent South Australia have guidelines concerning support and case management of kinship placements, however, ambiguity of statutory child welfare responsibility for children in kinship care remains, with issues of state responsibility generally unclear across Australia.

Ainsworth and Maluccio (1998) analysed New South Wales and Western Australian policy documents and included a series of recommendations in relation to practice standards for kinship care in Australia, however policy in out-of-home care changes have been implemented in the direction of change hypothesised by these two authors, following the US trend of rapidly increasing use of kinship care.

Standardised assessment of child wellbeing

The standardised assessment of child wellbeing has been discussed with respect to both Indigenous and non-Indigenous children in out-of-home care. Firstly, Barber and Delfabbro (2000) discussed the assessment of child wellbeing as a standardised assessment method for deciding case closures. Although further research is required to validate the altered version of the Child Wellbeing Scale (CWBS), the authors propose to formalise and quantify the process of case closure for children in out-of-home care, in order to establish/justify the basis of case closure decisions.
McMahon and Reck (2003) provide an evaluation of the current process of assessment for indigenous children in out-of-care, proposing an alternative process of child wellbeing assessment. The current child assessment process involves the use of “status indicators”, with those used for assessment of indigenous children including more detailed requirements arising from the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICP). “Status indicators” seem to serve an administrative purpose, rather than measure the child’s wellbeing and functioning. The authors indicate that there is insufficient research on wellbeing indicators for children in out-of-home care, particularly for indigenous children in care. Suggestions for development of wellbeing indicators specific for both indigenous and non-indigenous children in care; ATSICP to ensure indigenous children placed with families or communities with better measures of wellbeing than those they were removed from; and development of a valid, user friendly, comparable measure of child wellbeing for welfare agency use (McMahon and Reck 2003).

Policy in relation to young people leaving care

As indicated previously, young people leaving care are considered to be one of the most vulnerable and disadvantaged social groups. Yates, Moslehuddin and Mendes (2003) offered the only critique identified by the audit to address issues of young people graduating from the state care system, with a comparison and critical analysis of Australian and New Zealand legislative framework. Although neither country could provide readily available figures on the number of young people leaving care each year, both Australia and New Zealand were found to have similar problem outcomes for this group, these included among other outcomes, homelessness, poor mental and physical health, drug and alcohol abuse, and education and employment deficits. The transition from care needs to be more gradual, by extended support for young people leaving care with shared care and responsibility between young people, families, workers and the broader community.

In New Zealand regarding the Children Young Persons and their Families (CYPF) Act 1989 states that custody lapses on the young person’s seventeenth birthday and guardianship on their twentieth birthday. Between 17-20 years of age, young people should continue to have support and mentoring, however this is rarely provided (Yates et al. 2003).

Australia lacks national legislation regarding the provision of supports and services for young people leaving care, however the Department of Families, Community Services and Indigenous Affairs provides the Transition to Independent Living Allowance (TILA), with up to $1000 to assist young people who are leaving care to meet some of the costs involved in moving to independent living. Thus far, New South Wales is the only state to introduce a legislative and program response for provision of support for care leavers. This involves a statewide After Care Resource Centre assisting young people with housing options, financial and support needs, with metropolitan, regional and specialist Aboriginal and Torres Strait Islander services provided. At the time of writing, the
Victorian had not established a program to assist young people transitioning from out-of-home care to independent living (Yates et al. 2003).

Yates and colleagues (2003) indicated that Australia requires national benchmarks for leaving care services in order to improve outcomes for young people, including:

- the provision of stable and supportive placements with a positive attitude towards education and career development; maintenance of links with either family members or community supports;
- a flexible and functional process for graduating from dependence to interdependence, active involvement of young people in leaving care planning and decision making process; and
- the availability of range of accommodation options and ongoing support required (Yates et al. 2003).

**Policy in relation to permanency planning**

In their review of the direction of legislation governing the lives of children in care, Tregeagle and Voigt (2002) strongly recommended the need to develop permanency by encouraging stable placements given the poor placement stability across Australia. To address this area of concern, there is a need for legislation for greater support and financial reward for carers.

More specifically, O’Neill’s (1997) article refers to Victorian research involving the identification of known disruptions of “special needs” adoptive or permanent placements during the decade of the 1980s. The author highlighted that there is no Victorian policy regarding placement disruption, with agency reports failing to document disruption rates. Detailed reports required in order to facilitate greater political, professional and public acknowledgement of the complexities involved with special needs placements. O’Neill (1997) highlighted the need for policy and legislation regarding disruption of placements, with particular attention to the need for varying levels of support, including individual placement support; availability of long term structured support to maintain permanent placement; team support for workers involved with crisis disruptions; and support for family during the “unbonding” process.

**Implications**

The research in this area was not rigorous, and generally did not include systematic comparisons between existing policy frameworks in other jurisdictions or quantifiable comparisons between existing policy and best-practice standards. The researchers highlighted that there is a lack of departmental guidelines for the placement of children into kinship care. The role of states and territories in supporting kinship placements is also ambiguous. The absence of clear guidelines may result in children being placed in inappropriate placements, placements failing to be recognised as a formal placement, and carers failing to receive the support (especially financial) that they need to adequately care for children. All of these factors have the potential to impact upon the placement stability and the child’s wellbeing. Administrative factors rather than child wellbeing are
the predominant framework for decision making in out-of-home care practice. Practice guidelines that require assessments of wellbeing to guide decision-making in regard to placement and case closure would provide clear indicators for practitioners about the impact of placement decisions and enable caseworkers to determine whether children were better off in out-of-home care than they were under parental care. There was an absence of policies and procedures to ensure appropriate transitions from out-of-home care to independent living for care leavers, without these policy and practice guidelines the management of children’s transition to independent living is haphazard and there is no guarantee that young people will receive the assistance they require. In Australia the emphasis in out-of-home care remains on reunification. However, there are no alternate planning frameworks to guide workers as to when and how to decide whether reunification is not feasible and when to begin making plans for permanent care do not exist. Without an adequate permanency-planning framework there is a risk that children will experience drift in care.

**Key messages**

- There is a need for further research that systematically compares and evaluates existing policy frameworks guiding out-of-home care service provision.
- There is a need for practice guidelines to be developed in the areas of: kinship placements, child wellbeing assessment, transition to independent living and permanency planning.
**Individual study reviews presented in tables**

### Table 1


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<td>To examine the effectiveness of a specific recruitment campaign to recruit a general pool of long-term carers and carers for specific children in selected geographic areas of Sydney.</td>
<td>The number of enquiries in response to the recruitment campaign was measured, although there was no comparison made to the period before the campaign commenced. The number of enquirers who dropped out at various stages of the campaign (i.e., initial phone call, initial interview, etc.) was also measured.</td>
<td>The campaign was successful in attracting 205 inquiries and 17 new carers. There were also additional inquiries (approximately 100) that were not associated with the campaign. For instance, inquiries came from individuals who were connected with the agency, heard about the agency through word-of-mouth or were referred to the agency by another organisation. This suggests that past campaigns may have been having a trickle-down effect, and points to the need for long-term evaluation of recruitment campaigns. The highest number of inquiries came from radio announcements and newspaper advertisements. Limited inquiries resulted from public speaking and information stalls for Children’s Week. The study also documented the progress of enquiries through the application procedure. Only 17 individuals of the 331 who enquired became carers. At each stage of the application procedure, individuals withdraw or were rejected.</td>
<td>Evaluation of effectiveness is difficult due to the multitude of specific variables. This limits the ability to identify the specific campaign components that have the most effect on increasing carers. This is a very rare empirical evaluation of the effectiveness of a specific recruitment campaign.</td>
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Table 2

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<td>To examine the reasons why individuals do not proceed with applications to become a foster carer.</td>
<td>Individuals from the metropolitan area who responded to a Victorian recruitment campaign (n = 150) were selected randomly from a total of 731 respondents statewide. Telephone interviews of approximately 10 to 20 minutes duration were conducted with 91 respondents about their experience with the recruitment process. Participants were asked to answer 30 questions: 15 demographic demographic questions; 9 questions in relation to the enquiry process; 6 questions in relation to the participant's motivation for enquiring about foster care, and their beliefs and concerns about foster care. Raw data that could be quantified were entered into the Statistical Package for the Social Sciences (SPSS) and raw qualitative data were entered into the Non-numerical Unstructured Data Indexing, Searching and Theorizing (NUDIST) program. Descriptive statistics, chi square and thematic analyses were performed.</td>
<td>The vast majority (96 per cent) of callers were affected in some way by foster care advertising, with by far the most commonly remembered advertising being television commercials. Results indicated that in response to their inquiry, only half of the sample had received a personal follow-up to their inquiry. Ten months after having made their inquiry, an overwhelming majority (96 per cent) of callers still had not become carers. Approximately half (51.2 per cent) did not continue due to personal circumstances (for example, house was sold, pregnancy). Most notably about one quarter said that they did not proceed because the agency did not follow up their inquiry and approximately 20 per cent said the agency could not offer them an appropriate placement or they were advised not to proceed by the agency. Two-thirds of the callers were not satisfied with the outcome of their inquiry. The findings from this study suggest that, despite a successful advertising campaign, many committed applicants are discouraged from continuing due to the agencies’ response to their interest.</td>
<td>The study had some methodological weaknesses in that the sample was not representative of those who inquired (only metropolitan callers were included). The data collected was good for descriptive purposes, but the sample was not large enough to allow statistical comparisons between those people who became carers and those who did not become carers in relation to how the agency responded to enquiries and the enquirer’s demographic background.</td>
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Table 3

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<td>To examine the process of placement breakdown from the perspective of young people involved, and to identify any interventions (in the young person’s view) that may have made the placement sustainable.</td>
<td>Total sample: $n = 14$ (8 male and 5 female). Mean age = 12.8 years. Mean length of placement: 2 years and 2 months. Total number of placement breakdowns examined was 14. Interviews were conducted in young person’s foster home ($n = 11$) or residential institution ($n = 3$). This qualitative study was undertaken in South Australia, examining young people’s views on their most recent unplanned placement change. Participants were eligible for the study if they were aged 10 or older and their caseworker attributed their most recent move to a carer’s request on the grounds of problem behaviours. All placement referrals made in South Australia between August 2000 and March 2001 were examined for eligibility. Qualitative analysis (content analysis) was conducted based on semi-structured interviews.</td>
<td>The study found a high level of agreement between participants and caseworkers on the problem behaviours – however there was a discrepancy between views on the reasons for the move. The authors comment that the participants’ contextualising of their behaviour highlighted the complexity of the processes underlying placement change. A dominant theme to emerge from the study was the unhappiness, powerlessness, isolation, and even desperation of the participants. Authors also comment on the other problem areas that included the apparent lack of placement options and the exclusion of young people from placement decisions. Participants fell into two distinct groups: those who had liked the placement and were sorry to leave ($n = 7$) and those who had disliked the placement and sought or welcomed the placement change ($n = 7$). Ten of the 14 placements also involved a change of school.</td>
<td>The study documents the extent of placement breakdown as a real problem in foster care system – particularly for young people whose behaviour is viewed as disruptive. The authors reflect on the fact that even though permanency planning has been quite prominent in alternative care practice, the movement still has not improved the situation of placement security for young people in care. The many and varied reasons for placement disruption are discussed. The authors comment that it is a process rather than a single event. Also little is known about the process from the viewpoint of the child or young person. Studies that have included young people’s perspective strongly indicate that they want their voice to be heard and the opportunity for others to hear their opinions and suggestions about foster care. The small sample size (related to recruitment and participation rates) limited the representativeness of the sample.</td>
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<td>1. To obtain carers’ perspectives on the process of placement deterioration and placement breakdown;</td>
<td>The research was conducted in South Australia based on a qualitative, semi-structured interview schedule with 19 carers who ended placement due to the young person’s disruptive behaviour. Placement duration: mean = 15.4 months (range: 0.5 – 120 months). Relative carers (n = 2), and non-relative carers (n = 17) had 10.5 years experience on average (range: 8 months – 38 years). Mean age of child/young person = 14.2 years (range: 10 – 17 years). Carers were non-Indigenous Australians (n = 16), Indigenous Australians (n = 2), and from European heritage (n = 1). Referrals for new placements between August 2000 and April 2001 were examined. Inclusion criteria: that the child/young person who was the subject of a referral was aged 10 or above, and that the young person’s last placement was ended by the carer on the grounds of difficult behaviour. Interviews with carers were conducted face-to-face or via telephone.</td>
<td>Carers perceived the placement as potentially sustainable (“S”) (n = 9) or unsustainable (“U”) (n = 10). Pre-placement preparation was seen as inadequate by 14 of the 19 carers. Requests and provision of help: “U” respondents asked agency for help, receiving only phone assistance or child mentor visit. Of “S” respondents, 6 approached statutory agency, and 2 had high praise. Others received no help or increased visits from social worker. Reasons for ending placement: “U” solely on the grounds of safety (n = 7), verbal abuse (n = 2), and refusal to comply with age-appropriate restrictions (n = 1). Interventions that may have saved placement: six possible interventions were discussed with carers. Seven “S” respondents indicated 1-2 interventions having potential to save the placement, including: carer respite, immediate crisis care, child mentor, child counseling, and information and education about managing an adolescent. Five “U” respondents gave negative responses to all questions. Carers’ affective response to breakdown: responses included disappointment, relief, etc. Outcomes for children: Of the 16 young people involved in the placements examined, 1 moved to independent living, 1 moved to live with friends parents, 3 were reunified with family and 11 remained in care (2 institutional and 9 foster care). Research suggests: If carers were adequately informed, prepared, supported and consulted, it may bring stability for the young person in care and limit the effects of placement instability.</td>
<td>Limitations: Caution must be taken in generalising from a sample of this size. Strengths: It highlights “carer-identified” interventions that may have sustained placements.</td>
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<td>2. to determine the level of formal support provided when a placement begins to falter; and</td>
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<td>The perspectives of children and young people are also essential to understanding and improving placement stability, however it is difficult to include children in research of this nature.</td>
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<td>3. to identify any interventions that were not provided but that might have made the placement sustainable.</td>
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<td>The findings strongly suggest system factors identified in alternative care reviews are directly implicated in placement failure. The qualitative approach enabled an in-depth review of carer experiences, with direct questions of “possible interventions” highlighting systems issues that need further consideration to enable sustainability of placements.</td>
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| To provide an opportunity for the voices of biological children within foster families to be heard, using a phenomenological methodological approach. | Qualitative, in-depth interviews with detailed personal narratives were conducted with biological children in foster families. Families were contacted via the local Foster Care Association with a request for interested children to contact the author. | Interviews revealed an overall theme of “living within a contradictory experience”, with six sub-themes identified as follows:  
• sharing and losing;  
• being responsible and escaping;  
• caring and resenting;  
• being independent and belonging;  
• having stability and living with change; and  
• shouting and keeping quiet.  
The personal narratives of the biological children indicated their experience as being contradictory and confusing. The researcher highlighted the implications for practice, suggesting ten key questions (based on the identified sub-themes) that allow supporting caseworkers and foster parents the opportunity to address issues, and together listen to the biological children of foster families. | The study findings are not generalisable given small sample size. However, the detailed nature of the analysis made this study an excellent source of rich data on the impact of foster care on the biological children of foster carer’s.  
A key suggestion from the study author was that the involvement of the whole foster family be considered as important in future research. |
Table 6


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<td>To assess children’s satisfaction with their current placement experiences in the South Australian alternative care system.</td>
<td><strong>Study 1: Recent placements</strong>&lt;br&gt;Total of 51 The first study examined satisfaction of a subset of children (<em>n</em> = 51) recently placed into care in 1998-1999 and currently being tracked as part of ongoing longitudinal study (23 girls, 28 boys). Children were selected if they were aged 4 years or older, and were referred for emergency, short and long-term placements over a 12-month period. Study included children placed into residential/group, foster care and relative care in which the placement was supported by funding from Family and Youth Services (FAYS). Mean age = 11.68 years (<em>SD</em> = 2.82). Twelve children were in residential care and 39 were in foster care. A normative measure of the quality of parental care was included as a separate validity check of satisfaction scores. <strong>Study 2: Long-term placements</strong>&lt;br&gt;The second study assessed the level of satisfaction of children (<em>n</em> = 48) who had been in stable, long-term placements (23 girls, 25 boys). Mean age = 13.1 years (<em>SD</em> = 2.40). Mean length of time in care = 5.1 years (<em>SD</em> = 4.65). Children were interviewed while still in care, as well as interviewing caseworkers. Quantitative and qualitative analyses were conducted. The sample was also compared with other children placed in care using the Child Behaviour Checklist (CBCL), social adjustment, parenting checklist, and measures of child satisfaction (measure derived from Stuntzner-Gibson et al, 1995).</td>
<td>Over 80 per cent of children reported being satisfied with both their caseworker and their placement, although children in residential (group) care reported being less satisfied than their counterparts in foster care (this finding is consistent with research in the US). Foster homes were generally considered secure, happy and supportive. Caseworkers were also considered to be helpful, caring and willing to listen. Similar findings emerged for the two groups: length of time in care did not appear to make a difference to the results.</td>
<td>The strength of the study is that the authors checked for the representativeness of sample. Comparisons of background characteristics suggested that the samples interviewed were highly representative of population of children referred for placements during the study period. Normative measures of parental care were used as a separate validity check. A few children who were randomly selected were not included due to severe behavioural problems and/or disabilities. The authors suggest it is possible that only the more successful and satisfied carers may have agreed to participate.</td>
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## Table 7


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<td>The study aimed to: identify needs and issues for children and young people in foster care, from their perspective, using literature review and consultative process; to promote good practice in sector, through positively influencing service providers on how they provide foster care and how they support children and young people in care; and to recommend actions that could be taken to meet the needs of children and young people in foster care.</td>
<td>Children and young people in departmental and NGO foster care (<em>n</em> = 66) were consulted – approximately 4.8 per cent of the foster care population aged 8 years and over at that time. The criterion for inclusion was that children had been in foster care for at least 3 months in the last 12 months. Children were offered a choice for interview structure: 45 had individual interviews, 8 had pair interviews, and 11 participated in focus groups. Interviews were conducted by expert independent consultants between September 1999 and January 2000.</td>
<td>For the most part, children and young people saw themselves as better off in foster care and reasonably happy. For many, foster care had considerable benefits. Many had been in their placements for a long time and were very grateful for and appreciative of their carers, who they saw as crucial to their happiness. One of the most significant – but not surprising issues raised – was the importance of and need for quality, trusting relationships – not only with carers but also with caseworkers. The picture that emerged was one of a system that has too many shortcomings and practices that too often mitigate against the best efforts of foster carers, and the needs of children and young people. For example, they often never get a say in choosing their placement, they don’t get to see their caseworker alone and want more from that key person, they have lost significant relationships as a result of coming into care, they have big gaps in knowledge about their history and birth family, they have low expectations of the system, they can feel isolated and stigmatised. Many children were not aware of the NSW Community Services Commission, suggesting there is an opportunity for the Commission to become more accessible and relevant to children. The report also makes recommendations directed at service providers or “designated” agencies and others involved in business of foster caring.</td>
<td>The strength of report was that they used an independent consultative group, which provides an objective viewpoint. A limitation of study was that caseworkers or District officers were able to veto involvement of a particular child if it was considered against their best interests at the time. The impact of this on the representativeness of the final sample is not known. Information on a number of variables was collected from a variety of sources, and the reliability may be questionable. Consultations did not include foster carers, District Office or NGO caseworkers. Children in foster care were not compared with children not in care or those in other forms of care. Foster care continues to be one of the most frequently used care options – yet we know very little about it from the point of view of the child or young person. This very thorough report raises important issues about the views of young people in care.</td>
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Table 8

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<td>To provide children and young people with a voice about their experiences in out-of-home care.</td>
<td>Children and young people in foster care in Australian Capital Territory aged between 9 – 17 years (n = 18) were recruited (8 males, 10 females). Children were accessed from all four care providing agencies in the Australian Capital Territory. CREATE consultancy conducted all surveys and recorded all interviews on audiotape for transcription. Quantitative and qualitative analyses were conducted. The survey tool was developed was developed by CREATE and Office of the Community Advocate (OCA) based on past research by CREATE and New South Wales Community Services Commission report (July 2000). Questions related to support, entry into care, care experiences, relationships, education, future ambitions, right to complain, participation and decision making, and improving the care system.</td>
<td>The amount of time children and young people had been in care ranged from 6 months to 15 years and the number of placements they had had in their time in care ranged from 1 to more than 20 placements. The time in their current placement ranged from 3 days to ten years. The children and young people were residing in a variety of living situations including foster care, residential home, independent living, kinship care, and detention. The report identified many positive experiences that children and young people had had in out-of-home care in the Australian Capital Territory. Factors that have contributed to the positive experience included; supportive and positive foster carers, residential home workers and caseworkers, opportunities to have fun and build relationships with these people, support with birth family contact under the terms and circumstances desired by the children and young people themselves, opportunities and support to be involved in decision making, educational support, support for permanency planning, access to opportunities that otherwise they would not have had, intensive and individual support from non-government agencies. However there were a group of children and young people who have had a negative care experience and have experienced further systemic abuse. Factors in the system that have appeared to contribute to this include; cumbersome systemic procedures preventing timely and adequate response, that disempower workers in fulfilling their roles and responsibilities, court processes that do not adequately consult with children and young people or support long term orders and permanency planning, lack of resources and support for carers and caseworkers to ensure that they can stay in their positions doing their invaluable work, deficiencies in carer and caseworker training in areas such as facilitating the participation of children and young people in decision making and relationship building, inadequate early intervention strategies to support families to stay together and prevent entry into care, inadequate entry into care support and informing of children and young people and inadequate support and preparation for young people preparing o leave care, and post-care support.</td>
<td>The report is very comprehensive and covers a variety of important areas and issues for foster children. It makes important recommendations. The report would be an excellent resource for caseworkers as many children identified positive and negative aspects of caseworkers’ involvement in their lives and made suggestions on things they should continue doing or stop doing. The report documents all responses to all questions by all children and young people, providing the reader with an opportunity for some insight into their lives. The report provided very rich information, however the small sample and qualitative design limits the generalisability of the study findings.</td>
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Aim | Method | Findings and Recommendations | NCPC comment
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To analyse issues in the recruitment of disruptive young people in care under South Australian statutory authority for three studies on placement instability. | Analysis of three South Australian studies: Study 1 – a qualitative study of young people in stable placements for at least 8 months after a period of placement instability ($n=11$); Study 2 – a series of single-subject studies monitoring disruptive children in standard foster care; and Study 3 – a qualitative study of child’s perspective of a recent placement breakdown. | Non-response rates of between 72.5 and 82 per cent are reported. Large numbers of young people were excluded because agency social workers did not cooperate with the project, and more were excluded for reasons that suggest high levels of distress in this population. The problem of providing a voice to distressed subjects when they are excluded from research is presented. The authors suggest an appointment of an independent representative for children in care to review research proposals and to negotiate research access to children. | There is increasing recognition in recent years that alternative care research should include the perspectives of young people in foster care. The small sample in this study reduces the generalisability of study findings. However, the paper raised very interesting points about the problems that are encountered, especially in relation to the recruitment of young people in care and the impact on the validity of out-of-home care research.

In Study 1, social workers vetoed participation for nine of the 11 young people (a non-response rate of 82 per cent), which forced the abandonment of the study.

In Studies 2 and 3, of 124 referrals for new placements, 33 were excluded because they did not meet all criteria, which left 91 young people eligible for one or both studies. A total of 25 were recruited to one or both studies, with a combined non-response rate 72.5 per cent. This resulted in reduced sample sizes and high probability of sample bias.
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<td>To incorporate the voice of children in the research process, thereby providing a more complete picture of individual practice with Indigenous children and young people.</td>
<td>The study includes both quantitative (case files) and qualitative data (semi-structured interviews). The sample comprised a random selection of 13 of the 50 children and young people in care included in the audit of case files of Indigenous children in the care of the Department. The report provided the participants’ responses in relation to their understanding of the care process, their care experiences and their connections to their families and culture.</td>
<td>Despite participants' responses being included to specific questions, the report lacked synthesis of these responses into general themes. As a result, it was not clear how research findings informed the recommendations. One of the key recommendations was that caseworkers, carers and residential workers be trained in the importance of Indigenous children and young people’s connections to their culture.</td>
<td>The report provides important information concerning the experiences of Indigenous children in care. There appears to be limited integration between the views of the children and the report recommendations. In including the voices of young people in care, it is important to find a meaningful way to incorporate their opinions and views into research recommendations. Research that consults children and young people, but does not follow through by incorporating their views into recommendations may result in a loss of faith of children and young people in the process of being consulted. Importantly, the report noted that the project was negatively affected by some metropolitan departmental officers’ resistance to allowing the project group to speak with the children and young people.</td>
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Table 11

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<td>To establish whether Aboriginal children in alternative care system were more or less likely to be constrained by court orders, whether they had experienced shorter or longer periods in care, whether these factors were influenced by geographical location, and to examine the prevalence and frequency of parental visits that were built into the case plan.</td>
<td>This study is the first phase of 3-year longitudinal study profiling Aboriginal and non-Aboriginal children entering new out-of-home care placements over a 1-year period (May 1998 – April 1999) in South Australia. (Although this study is part of longitudinal project, this particular study was cross-sectional in design.) The sample included 38 Aboriginal children ($M = 10$ years, $SD = 3.61$; 53 per cent female; 58 per cent lived in metropolitan areas) and 198 non-Aboriginal children ($M = 10.91$, $SD = 3.39$; 48 per cent female; 76 per cent lived in metropolitan areas). Children referred for respite from a pre-existing placement, children under 4 years of age, children on detention orders, or those with placements of less than two weeks duration were excluded.</td>
<td>The study showed significant racial and geographical differences between children. Aboriginal children from metropolitan areas and non-Aboriginal children from rural areas had longest histories of alternative care. Aboriginal children in metropolitan areas were least likely to be referred into care for reasons of emotional abuse or neglect – were also the unhealthiest, and together with rural non-Aboriginal children were most likely to be under a court order at the time of placement. Results are consistent with proposition that metropolitan Aboriginal children and rural non-Aboriginal children are the most reliant on formal alternative care system.</td>
<td>The limitations of this study include the unequal group sizes and small sample of Aboriginal children, and the cross-sectional design that over-represents children who have been in care for longer periods. The effect of the amount of time in care may not be independent of the groups’ probability of selection. However, this was the only Australian study identified that used statistical techniques to investigate the relationship between ethnicity (specifically Aboriginal children) and placement characteristics. Given the over-representation of Aboriginal children in out-of-home care research of this nature continues to be a priority.</td>
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<td>Data were collected from central agency records and interviews with caseworkers – covering health and wellbeing of children plus demographics, placement history, type of legal order, reason for placement, physical or ongoing problems, nature and frequency of offending behaviour, and degree of family contact planned.</td>
<td>The authors recommended a greater focus on family reunification for these groups of children.</td>
<td></td>
<td>There is little hard data on the extent that child welfare professionals are doing everything in their power to expedite return of children to care of their birth families (which is the highest priority of the South Australia Child Protection Act 1993)</td>
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In the US, the length of time in care has been one of the more consistently investigated racial differences (see Jenkins et al 1983; Fanshel, 1985; Seaburger and Tolley, 1986; compare with Olsen, 1982). This has not investigated in Australia to the same extent.
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<td>To examine the association between parental contact and the wellbeing and placement status of children in South Australian substitute care.</td>
<td>Total sample: n = 235 (121 boys, 114 girls) South Australian foster children entering care over a 12-month period (May 1998-April 1999). Mean age of 10.8 years. Excluded from sample were children on detention orders, and children placed in supported accommodation or referred for family preservation services. Also excluded were children who were referred for respite from a continuing placement and those with placements expected to last less than two weeks. The authors identified that to support the hypothesis that parental contact enhances child adjustment it is necessary to show that (a) increases in family contact are associated with increases in child wellbeing and better family relationships, are (b) the quality of these family relationships is sufficient to enhance reunification, child development and adjustment. All of the children still involved in the substitute care system were followed up at 4 months and 8 months. Referral records were monitored each week at a central referral agency and the caseworkers were contacted for the children who were suitable for inclusion in the study. Information was collected from central agency records, Government databases and verified with caseworkers in interviews. Demographic information and reason for placement into care and whether child had been diagnosed with a mental health problem. An abbreviated form of Boyle’s Child Behaviour Checklist measured psychological functioning plus a social adjustment checklist developed by Barber and Delfabbro. Detailed information concerning family contact was also collected, along with caseworkers perceptions of family contact.</td>
<td>The study found that the frequency of at least one form of parental contact (telephone) was positively associated with reunification and negatively with the amount of time in care. The findings are consistent with previous research. However, during the 8-month study period there were no significant changes in the frequency of contact or improvements in the quality of family relationships between children. The study also reported that although the majority of caseworkers were favourably disposed towards family contact, approximately 15-20 per cent believed that it was not beneficial and impacted negatively on the relationship between children and their parents. The paper also highlighted that family contact was less likely for children from rural areas, of Aboriginal background, and who scored higher on a measure of hyperactivity. Overall, the results indicate that the relationship between variations in family contact and other outcomes is not straightforward. The authors assert that “although a certain level of family contact is needed to achieve reunification, the relationship appears to be correlational rather than causative” (p. 37).</td>
<td>This was a well-designed study. The strength of the longitudinal design was that it allowed the authors to examine variations of each type of family contact both across and within time periods and how this was perceived by social workers. The paper presented some of the first detailed Australian data on family contact. A limitation of the study identified by the authors is that the family contact measures may not have been sufficiently refined to assess the full complexity of family contact arrangements. Additionally, the eight-month follow-up period may not have been long enough to observe any systematic changes in family relationships. Nevertheless, the present study did include more refined measures than previously used in other studies. Moreover, periods of less than a year have been found to be highly predictive of long-term outcomes for children in care.</td>
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**Aim**

To examine the factors that contribute to short-term reunification (during the first four months) in South Australian foster care.

**Method**

Total sample: \( n = 235 \) (121 boys, 114 girls) South Australian foster children entering care over a 12-month period (May 1998-April 1999). Mean age = 10.8 years. Excluded from sample were children on detention orders, and children placed in supported accommodation or referred for family preservation services. Also excluded were children who were referred for respite from a continuing placement and those with placements expected to last less than 2 weeks. A total of 49 children were reunified with their birth families at the end of the four-month period. The period of four months was chosen by the authors “as it appears to be the critical period during which reunifications occur, and that the variables thought to predict reunification in this period differ from those that lead to reunification in general or reunification when children have been in care for longer periods” (p.32). The study used proportional hazard analyses and profile analysis of reunified children.

**Findings and Recommendations**

The analyses revealed that non-Aboriginal children and those placed because of parental incapacity were significantly more likely to go home, whereas neglected and Aboriginal children were significantly less likely to go home. Profile analysis conducted by the authors revealed the specific case characteristics or changes though to have contributed to reunification in each case.

**NCPC comment**

The study is well designed and addresses many of the limitations of the data. The authors comment that the results have a number of important implications for policy and practice. Firstly providing ongoing support services to birthparents is very important. It is also important to acknowledge that not all substance abuse or mental health problems necessarily preclude parents from resuming their role and many responded well to treatments and the provision of social supports. Finally, the study also provided insight into particular problems associated with meeting the needs of Aboriginal children – the authors assert that workers needs to continue their practice of trying to place Aboriginal children with Aboriginal caregivers and try to ensure that larger sibling groups either remain in frequent contact or in the same placement.

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**Table 13**

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<td>To examine the factors that contribute to short-term reunification (during the first four months) in South Australian foster care.</td>
<td>Total sample: ( n = 235 ) (121 boys, 114 girls) South Australian foster children entering care over a 12-month period (May 1998-April 1999). Mean age = 10.8 years. Excluded from sample were children on detention orders, and children placed in supported accommodation or referred for family preservation services. Also excluded were children who were referred for respite from a continuing placement and those with placements expected to last less than 2 weeks. A total of 49 children were reunified with their birth families at the end of the four-month period. The period of four months was chosen by the authors “as it appears to be the critical period during which reunifications occur, and that the variables thought to predict reunification in this period differ from those that lead to reunification in general or reunification when children have been in care for longer periods” (p.32). The study used proportional hazard analyses and profile analysis of reunified children.</td>
<td>The analyses revealed that non-Aboriginal children and those placed because of parental incapacity were significantly more likely to go home, whereas neglected and Aboriginal children were significantly less likely to go home. Profile analysis conducted by the authors revealed the specific case characteristics or changes though to have contributed to reunification in each case.</td>
<td>The study is well designed and addresses many of the limitations of the data. The authors comment that the results have a number of important implications for policy and practice. Firstly providing ongoing support services to birthparents is very important. It is also important to acknowledge that not all substance abuse or mental health problems necessarily preclude parents from resuming their role and many responded well to treatments and the provision of social supports. Finally, the study also provided insight into particular problems associated with meeting the needs of Aboriginal children – the authors assert that workers needs to continue their practice of trying to place Aboriginal children with Aboriginal caregivers and try to ensure that larger sibling groups either remain in frequent contact or in the same placement.</td>
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| To highlight the importance of engaging families and to develop guidelines for good practice in this area. | The methodology for this study included a literature review and report, and interviews with children/young people and families; and interviews with practitioners. | Common theme arose from the interviews that reflect best practice in engaging and developing positive working relationships with families for better outcomes for children and young people. Three of the ten best practices examples include:  
• workers and carers valuing the importance of natural families;  
• the importance of attitudes; and  
• the provision of regular feedback to parents concerning their child. | A limitation of this study is that it’s a “bulletin” and not the “full report” that is available from the author, therefore it does not provide enough information to critique further. This “bulletin” only offers a brief summary of the full report, therefore it lacks specific detail regarding the nature of the research, including sample characteristics and methodology. |
**Table 15**


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<td>To examine the long-term outcomes for children in alternative care in Sydney; to develop a knowledge base about which factors explain both decision making at entry to care and the current patterns of children’s tenure in care, and to identify practice and policy efforts to effect change.</td>
<td>Interviews were conducted with 294 children entering care over a 5-year period (1980-1985) in Sydney. 115 parents were also interviewed. The study identifies factors associated with the decision to remove children into care and then proceeds to analyse the children’s placement careers and the outcomes for them of the alternate care experience. The authors also analysed the pre- and post-placement experiences of biological parents.</td>
<td>Based on interviews with biological parents – Fernandez argued that “authoritarianism on the part of child welfare workers is inappropriate given the extreme adversity experienced by many families and the potential of support services to relieve stress in the family and thereby lower the level of risk of harm for children” (p.xvii). Fernandez advocated for a more participatory empowerment-oriented practice to support and supplement parents in their parenting task. She proposed that this form of practice will reduce the number of children admitted to care, that more children will be returned home and for the remaining few that permanent forms of shared care should be the norm. Fernandez commented on the increasing trend for children to remain in care indefinitely as a result of lack of careful and systematic planning. The author argued “that the quality of children’s lives is best enhanced through a human services infrastructure that incorporates comprehensive economic, health, nutritional, educational and recreational services that support families” (p. 275).</td>
<td>There was limited empirical research conducted in Australia at the time of this study. This study was longitudinal in design, comprised a large sample and multiple data sources (workers and parents – but did not include perspectives of children and young people). The study also included in-depth qualitative analyses of 6 cases over an 18-month period. The quality of the study’s design and the completion of this study at a time when there was limited empirical data available make this study a stand out example of Australian ut-of-home care research.</td>
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### Table 16


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<td>To develop a measurement procedure for standardised assessment of parenting within statutory child protection agencies; to demonstrate how standardised instruments could be used as an aid to clinical decision making.</td>
<td>This pilot study compared care giving scores for families in receipt of New Zealand (NZ) Children, Young Persons, and Their Families Services (CYPFS) intervention with norms on identical instruments for two non-clinical populations, with normative data from Canadian and Australian population data to illustrate the approach.</td>
<td>Results from the Family Assessment Device indicated that CYPFS cases displayed poorer functioning, suggesting a moderate level of family dysfunction overall. CYPFS cases also received fewer positive parenting practices than the normative populations, CYPFS mean scores suggesting that positive parenting behaviours were used either not at all or no more than once per week. Findings indicate that caregivers were more inclined to punish the child using psychological tactics, such as yelling at the child, or threatening to take away child’s privileges, rather than physical punishment. Eight of the CYPFS children were also subjected to severe or very severe abuse in the 1-month study period. General population norms were then used and by combining data from the Parenting Checklist with data from the Parent-Child Conflict Tactics, it was possible to classify parents in the CYPFS sample according to the dimensions of nurturance and abusiveness. Using this schema, it was found that 29 of the CYPFS cases could be classified as “non-abusive and nurturant” and had therefore reached criteria for case closure.</td>
<td>The limitation of this study was that normative samples were sought from Australia and Canada, which may have differing parenting standards to that of New Zealand. The strengths of this study were that it was well designed with comparison groups and adequate sample sizes.</td>
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| CYPFS sample: 64 children and adolescents under CYPFS supervision (39 males and 23 females), randomly selected from caseloads of 6 social workers throughout NZ. Mean age was 13.5 years, with a range of 2-18 years. | Normative sample (Canada): 1,942 non-clinical junior and senior high school students from 95 Canadian schools. Mean age was 14.3 years. | | |
| Normative sample (Australia): Stratified sample of adolescents and their parents from non-clinical population. Mean age of the children was 15.9 years. | CYPFS instrument completed by the child’s caseworker, measuring three basic components, parenting behaviour, child wellbeing and behaviour, and sources consulted in relation to each outcome measure. Measures of parenting behaviour included: basic care checklist; family assessment device; parenting checklist; and parent-child conflict tactics. | Further study should involve the use of baseline measures of parenting behaviour in order to assess impact of interventions; sufficiently large enough sample to represent major cultural subgroups in NZ (for example, Maori, Pacific Islander, and Pakeha); and to gain normative data from New Zealand population. | |
**Table 17**

**Source:** Tarren-Sweeney, M. (submitted), *The children in care study*, University of Newcastle, New South Wales, Australia, PhD.

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<td>To examine the mental health of children in foster and kinship care in New South Wales; to examine the mental health of siblings in care.</td>
<td>This is a prospective epidemiological study of the mental health of 347 children aged 4-11 years in court-ordered foster and kinship care in New South Wales. It is a baseline survey which obtained mental health, socialisation and risk exposure estimates via a statewide mail survey of foster parents and kinship carers, and from the child welfare computer database. Mental health was measured using Boyle’s Child Behaviour Checklist (CBCL) and Assessment Checklist for Children (ACC).</td>
<td>The study presents findings from development, pilot, and baseline stages (follow-up yet to be completed). The results indicated that children were reported as having exceptionally poor mental health, both relative to general population and to other populations of children in care. Children presented with complex disturbances, including multiple presentation of conduct problems and defiance, attachment insecurity and disturbance, attention-deficit/hyperactivity, trauma-related anxiety and sexual behaviour.</td>
<td>The design strengths include the simultaneous measurement of a large number of developmental, pre-care and in-care risk factors and access to a retrospective risk data recorded close to time of children’s exposure. The study also investigated several sibling-related research questions, and obtained the first reliable estimates of mental health of siblings in care.</td>
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<td>To explore how and why children are referred for psychiatric help. Study questions included: What factors contributed to whether children with mental health problems are referred to child psychiatric clinics? Are these factors different for children who have not experienced non-biological care compared with children who had not had this experience? Are children with particular kinds of mental health problems more likely to be referred than others? Who refers them? What factors influence who makes the referral?</td>
<td>The study presents an analysis of referrals which occurred during the period between mid 1991 and mid 1993 at Alfred Hospital’s CAMHS. The study analysed the referrals which occurred at Alfred CAMHS during the stated time period. Group 1 sample comprised $n = 429$ children who had continuously lived with their biological parents, Group 2 comprised $n = 102$ children who have lived apart from their biological parents. From 604 new case registrations – sources of referral were available for 531 registrations.</td>
<td>An analysis of the referral sources was undertaken for two groups of children (those that had experienced non-biological care and those who had not), which revealed very different patterns. The answer to “who refers?” differs markedly depending on whether the child or adolescent was or was not living with biological parents. If the child lived with the biological parents – the primary circle of professionals are likely to directly or jointly refer or “advise” the family to see help. However when the child lives in non-biological care – the circle of services involved in the child’s life comes from another layer of service providers, government and non-government agencies. The author raises a number of questions and suggestions as to why this is the case.</td>
<td>A strength of the study was its large sample size. A limitation of the study identified by the author was that she felt that not all of the study questions had been answered. Marks et al (1981) concluded “that very little work has been done exploring why professionals working with children perceive them as psychiatrically disturbed and in need of help, and how professionals choose the agencies to which they referred children” (p. 224). Further research is required in this area to increase the knowledge base on the systemic issues involved in such referral – to ensure that children receive treatment and support, which is appropriate to their needs.</td>
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<td>To establish whether children who had experienced non-biological care in Melbourne presented to Community and Mental Health Services (CAMHS) in higher numbers than would be expected, given their prevalence in the population; and whether their diagnostic profile was more serious than a control group at the same CAMHS.</td>
<td>An audit of all new case registrations over a two-year period from mid 1991 to mid 1993 – elicited information on 604 children (response rate was 80.9 per cent).</td>
<td>The proportions of non-biological children at intake were compared with 1991 Australian Census and Department of Human Services data – it was found that children in non-biological care were referred in far greater numbers than would be expected. Furthermore, the comparison of Achenbach CBCL scores of 41 children who had experienced non-biological care and 54 children in a control group suggests that the former group’s parents or caregivers rate their problems as higher and their competencies as lower than the control group. “It may well be that these children genuinely have more psychological problems, but it is also possible that their parents and caregivers tend to assume more problems due to the children’s status” (p. 26).</td>
<td>Although the overall sample size was good, several analyses could not be completed due to the numbers in categories being too small. The author identifies that many questions remained unanswered and as such the issue of whether children with an experience of non-biological care are indeed more troubled than their peers still remains elusive. The author recommends future research using larger samples plus a qualitative study which looks at the meaning and experience of different kinds of referrals for children, their birth and care-giving families, and the professionals who work with them.</td>
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**Table 20**


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<td>To examine the statistical validity of Farmer’s (1993, 1996) classification system using a sample of children placed into South Australian alternative care; to determine the extent to which children could be classified into distinct clusters based on baseline characteristics; to examine whether there is an association between child characteristics and type of placement offered and other case characteristics, including length of order applied.</td>
<td>Total sample: ( n = 235 ) (aged 121 boys, 114 girls) South Australian foster children in OOHC during 1998-1999. Mean age = 10.8 years. Children were selected if referred for a new placement between May 1998 and April 1999. Excluded from sample were children on detention orders, children placed into supported accommodation, those referred for family preservation services, or those with placements of less than 2 weeks duration. Case-files and interviews with caseworkers. Logistic regression analysis and cluster analysis was conducted using a cross-sectional design (baseline results of a 3-year longitudinal study).</td>
<td>The findings from the study were consistent with previous studies conducted in North America and UK. Findings were consistent with Farmer’s distinction between “protected” and “disaffected” children. The study showed that children can be separated into two broad clusters: 1) adolescents placed on longer-term orders with unstable placement histories and with a higher incidence of mental health and behavioural problems; and (2) younger children placed on shorter term orders as a result of parental incapacity, abuse or neglect. Placement type, expected duration and type of legal order were significantly predicted by a number of child characteristics including age, gender and the reason for referral.</td>
<td>The authors identified that a limitation of this study was the cross-sectional design – which may result in sample bias that may have affected the study findings. Cross-sectional designs are limited as not all children have an equal chance of being selected – in this case children who have been in care have a higher probability of being selected and thus may overestimate the amount of time children typically spend in care. Also there is a higher probability that only the most problematic cases will be included in sample. The authors suggested that further research needed to track individuals over a period of time (that is a longitudinal design). The strengths of study included: large sample, triangulation of information sources and inclusion of baseline assessments. Not all caseworkers were able to provide details of school performance and psychological assessments – and authors contend that this may have affected the accuracy of the results. The findings suggest that policies, services and interventions designed for foster children in general may need to differ across the two clusters. The authors suggest again the need for more placement options for adolescents in care. They argue for cost-benefit analyses of that estimate the cost of additional services compared with services entailed in persistent of current inefficiencies, claiming that it is pure speculation that other options are more expensive than the current cost of placement moves.</td>
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Table 21


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<td>To examine children’s wellbeing in a new foster placement.</td>
<td>Total sample: ( n = 235 ) (121 boys, 114 girls) children referred into a new foster care placement over 12-month period (1998-1999); mean age = 10.8 years; ( n = 164 ) (70 per cent) of children who remained in care were followed-up.</td>
<td>25 per cent of the sample returned home within 4 months. For those children who had remained in care throughout the assessment period there had been modest gains in behaviour, psychological adjustment and adjustment at school. However, the study also revealed considerable levels of placement disruption and a high degree of non-compliance with parental visiting plans. Additionally the study showed a high proportion of children fell outside 95 per cent confidence intervals for the general adolescent population on most wellbeing measures, particularly conduct disorder.</td>
<td>This is a very well designed study: it has a large sample, prospective design, with pre-post assessments. The study also compared findings with a normative group. Note however that the raters for the normative group were the adolescent’s parents whereas the raters for the present study were their social workers. The authors argue the need for quick, reliable measures of child wellbeing.</td>
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Excluded from sample were children on detention orders, children placed into supported accommodation, those referred for family preservation services, those referred for respite from a continuing placement, and those with placements that were expected to last for less than two weeks.

16 per cent of children were Aboriginal and 84 per cent were non-Aboriginal. 27 per cent of children were from rural areas of South Australia and 73 per cent were from metropolitan areas of Adelaide. At intake there were 110 children aged between 12-17 years but by follow-up point 85 adolescents in that age group remained in sample.

Prospective longitudinal design. Intake and four month follow-up assessments. Uses case-file information and interviews with the children’s caseworkers. Scores on behavior and psychological measures for adolescents in sample were also compared with a normative sample \( (n = 985) \) of adolescents from the general population. Study uses brief measures of behavioral disorder (abbreviated Boyle’s Child Behavior Checklist (CBCL)), psychological adjustment and adjustment at school. The frequency and reliability of parental visiting was also assessed.

The abbreviated CBCL scales used in study were found to be both easy to administer and reliable. But a feature of the dataset was a large amount of missing data on the abbreviated form because social workers simply did not know the answer. However, the degree of missing data in their abbreviated CBCL corresponds closely to that recorded by Boyle et al 1987 for the longer version. Authors note that without an adequate control condition improvements in wellbeing and behaviour cannot be attributed to foster placement itself. Two threats to internal validity acknowledged by the authors include; child maturation and instrumentation, particularly changes in social workers expectations.
### Table 22


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<td>To identify the baseline characteristics of children that predict successful and unsuccessful transition to foster care within the time frame of 3-4 months.</td>
<td><em>Total sample:</em> ( n = 235 ) (121 boys, 114 girls) South Australian foster children entering care over a 12-month period (May 1998-April 1999). Mean age of 10.8 years. Excluded from sample were children on detention orders, and children placed in supported accommodation or referred for family preservation services. Also excluded were children who were referred for respite from a continuing placement and those with placements expected to last less than 2 weeks. Using a quantitative design, the Study followed children up to 4 months after referral into care. Baseline and follow-up measures of 170 children who were still in at follow-up were also compared. Data were collected from case-files and interviews with caseworkers. Four months later the placement movements of the whole sample were determined and social workers of children remaining in care were re-interviewed. Referral records were monitored each week at the central referral agency and the caseworkers were contacted for the children who were suitable for inclusion in the study. Information was collected from central agency records, and Government databases and verified with caseworkers in interviews. Demographic information and reason for placement into care and whether child had been diagnosed with a mental health problem. An abbreviated form of Boyle’s Child Behaviour Checklist measured psychological functioning plus a social adjustment checklist developed by Barber and Delfabbro. The authors also administered the questionnaire to foster carers of 67 children in the sample as a further check of the reliability of measures included in the study. This study showed that social workers and foster carers respond in a very similar manner – in 80 per cent of cases their responses were identical or within 1 point of each other.</td>
<td>The study found that adolescents with mental health problems were least likely to achieve placement stability or to display improved psychological adjustment in care. The authors recommend that since unsatisfactory transition to foster care was so prevalent among these foster children that conventional foster family care should be considered unsuitable for them. There is an urgent need for a wider range of alternative care options for the adolescent population. Foster care appears to be suitable to younger and better-functioning children. They proposed a predictive model. The model was able to show that a child who was referred into care at age 15 with frequent conduct problems was over 12 times more likely to experience placement breakdown than a child aged 8 years with no conduct problems.</td>
<td>This was a very good study with a large sample. The predictive model provides practitioners with the ability to identify those individuals that are most at risk of poor outcomes in care and that intensive treatment options for these groups are needed.</td>
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Table 23


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<td>To examine the relationship between foster care payments and child characteristics and examine the economic cost of behavioural disorders in substitute care.</td>
<td>Total sample: n = 235 (121 male and 113 female). Mean age = 10.8 years. Excluded from sample were children on detention orders, and children placed in supported accommodation or referred for family preservation services. Also excluded were children who were referred for respite from a continuing placement and those with placements expected to last less than 2 weeks. The authors use an economic model to predict which children receive extra loading payments. Data were collected from case files and interviews with caseworkers, as well as data from the department that summarised the payments made to foster parents for placements with extra loadings. An abbreviated form of Boyle’s Child Behaviour Checklist measured psychological functioning plus a social adjustment checklist developed by Barber and Delfabbro.</td>
<td>The results showed that the application of extra loadings is over three times higher for children with significant behavioural problems compared to children without these difficulties. The results of the study suggest that the baseline analysis of child characteristics may provide quite precise estimates of the potential financial costs of foster care services. Approximately 36 per cent of the sample had a loading. “It was found that children who are receiving the loadings are genuinely more difficult to manage than those who do not receive this extra support”.</td>
<td>This was a very well designed study with a large sample and extensive analysis. A limitation of the study was that it was conducted solely based on South Australian data – future research could investigate other Australian states. The study uses a microeconomic model and the authors suggest that it could be used to obtain a clearer conceptual understanding of the problems in Australian foster care. Therefore it would be highly useful for government policy makers particularly in relation to foster carer retention and payments. The authors discuss the problems associated with special need loadings and again argue for the need for governments to introduce more placement options (that is, treatment foster care), especially for children with challenging behaviours and needs.</td>
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<td>To examine one indicator of reliability for foster parent checklist reports.</td>
<td>This is a quantitative study. Estimates were obtained of interrater agreement of foster parent and teacher responses on the cross informant scales of the Child Behaviour Checklist (CBCL) and the Teacher Report Form (TRF) for 47 children (27 boys and 20 girls) aged 5 to 11 years, in long-term foster care in the Hunter area of New South Wales. Forty-three respondents were foster mothers while four were foster fathers. The CBCL and the TRF instruments share a set of cross-informant problem behavior scales.</td>
<td>The correlations of CBCL and TRF mean raw scores for the total problems (r = 0.71) and externalizing (r = 0.78) scales exceeded those described in prior studies of parent-teacher agreement, while the correlation for internalising scores (r = 0.23) was similar to that found previously. However this finding may be a reflection of limitations in the current study design and small sample size. Teachers and foster parents demonstrated moderate to good agreement (kappa (= 0.70-0.79)) in identifying clinically significant total problems and externalising problems, but poor agreement in identifying internalising problems. Foster parents were more likely than teachers to identify internalising problems among girls who presented with other problems, accounted for by the very poor agreement about the presence of “withdrawn behavior” among girls. The level of interrater agreement was not associated with the length of time that foster parents and teachers had known children.</td>
<td>The sample size for this quantitative study was small, therefore findings were not generalisable. The sample was taken from one geographical setting in Australia only, which meant findings reflected specific socio-cultural characteristics.</td>
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The analysis was conducted as a preliminary investigation to a prospective epidemiological study of mental health of children in long-term foster and kinship care in New South Wales.
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<td>To examine the disruption rates of children in S.A. foster care during 1998-1999 and to examine the extent to which the policy regarding minimising disruption has been realized by this sample.</td>
<td>Total sample: $n = 235$ (121 male and 113 female). Mean age = 10.8 years. Excluded from sample were children on detention orders, children placed in supported accommodation, those referred for family preservation services or those with placements of less than 2 weeks duration. 16.2 per cent of sample were Aboriginal and 27 per cent of children were from country areas of South Australian and 73 per cent were from metropolitan areas of Adelaide. 16.7 per cent of children had never been in care before and 82.9 per cent had had at least one previous placement. Records at central referral agency were monitored weekly and if the children and young people met the inclusion criteria they were included in the study. Data were collected from government databases and verified with caseworkers in interviews. Predictor variables included: 1) demographic characteristics, 2) placement history, 3) type of legal order, 4) reason for placement, 5) serious physical or psychological problems requiring ongoing treatment, 6) recent school performance and changes, 7) nature and frequency of offending behaviour, and 8) child and parental problems associated with placement.</td>
<td>They found that frequency of parental contact was reduced when children were victims of abuse but was more likely when children were placed because of parental incapacity. School changes were more likely when children were older or were placed a long way from their families. 20.5 per cent had 1-2 placements, 19.7 per cent had 3-5 placements and 17.5 per cent had between 6-9 placements and 23.5 per cent had been placed at least 10 times previously. At the time of survey, 77 per cent of children were attending school. Of these, 45 per cent had to change school as a result of a new placement. Furthermore, 45 per cent of those who had changed school for new placement had already changed school at least once in previous 12 months, with 12 children having done so 5 or more times. Apart from distance, age was the only significant factor which predicted school changes – with each unit increase in age associated with 1.18 times greater likelihood of changing school. Each unit increase on geographical distance scale led to a 3.45 times greater likelihood of a school change. This finding only held true for children already in care and this suggests that disruption to schooling is more likely to be a feature of older children who have spent a longer time in care. The three most important predictors of disruption were gender, location and placement history – disruption was over 4 times more likely for boys, 3.35 times greater for children in country and 3.38 times greater for children with a history of multiple placement changes (6 or more).</td>
<td>The authors would have liked to obtain an overall model of placement disruption by identifying the factors associated with substantial geographical relocation, school changes and no contact – but this was not possible due to small sample size (fewer than 20 cases fitted this description). Instead a logistic regression analysis was conducted. They used a good design with a large sample and extensive analysis of data. Overall, the study suggests that problems increase as children grow older and the longer they are in care – yet there is still a need to identify why this is so. The authors call for an examination of the interaction between child characteristics and placement experiences. They recommended the use of longitudinal designs to answer many unanswered questions in regards to placement disruption.</td>
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**Table 26**

**Source:** Victorian Department of Human Services. (2002), *The audit of children and young people in home based care services*. Service Development Unit, Child Protection and Juvenile Justice, Community Care Division, Melbourne.

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<td>To examine the safety and well being of children and young people in out-of-home care for the purposes of improving service quality and achieving positive outcomes.</td>
<td>An audit questionnaire was completed by case managers of a systematic random sample of 606 children and young people residing in home based care in Victoria on 31 January 2001 (approximately 50 per cent of all clients of child protection in home based care on that date, as identified on the Funded Agency Client Transaction System – FACTS). A separate survey of volunteer caregiver households in Victoria was also undertaken.</td>
<td>The study reported that the majority of children and young people in out-of-home care were residing in HBC. 21 per cent of sample had been in the same HBC placement for more than 2 years. High levels of placement changes were experienced by some of sample group – median = 5 placements. In 86 per cent of cases current HBC placement was identified as ideal placement. In 74 per cent of cases children and young people were assessed as being happy in current HBC placement. Majority were in good physical health and experiencing positive peer relationships 18 per cent diagnosed with mental health issue, 20 per cent had a disability, intellectual disability (14 per cent) was the most prominent. 14 per cent had threatened suicide. 63 per cent had been in a previous out-of-home care placement prior to their current HBC placement. 41 per cent of caregiver households were able to care for siblings (majority for sibling groups of 2). Only 27 per cent could provide a placement for a sibling group of 3 or more. 61 per cent of carers in rural regions were available to accept after-hours placements, only 36 per cent of metropolitan caregivers could accept after hour placements. Caregivers identified caregiver, client and system related factors which may assist in their role of providing care to children and young people. For example; financial assistance, practical assistance (larger vehicles), training, conferences, respite services, caregiver support groups, case aids, increased foster care worker availability, participation in decision making and information sharing.</td>
<td>The outlay of report is easy to read and provides recommendations broken down into strategy, immediate action, further outcomes, and timelines and outcomes. It is not clear from this publication whether these recommendations have been implemented.</td>
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The care arrangements for children in the same comprised: home-based care (43 per cent), kinship care (27 per cent), residential care (12 per cent) and permanent care (18 per cent). Ten per cent of the sample were Indigenous and 85 per cent of the sample were subject to either Guardianship or Custody to Secretary orders. Approximately two-thirds of the sample had case plans for either permanent care or independent living.

Of 3,372 caregiver households recorded on FACTS as operational, 62 per cent (1,265) were available for referral. Sixty-one per cent of home-based care households responded to survey (a total of 1,667 households). Forty-one per cent were 2-parent families with 1 or 2 dependent children and of Anglo-Australian origin. In 75 per cent of households women were identified as the primary carer. The majority of carers were aged between 35-54 years with a significant proportion aged over 45 years.
Table 27

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<td>To determine what is meant by the term “challenging child”, how to identify such children when they enter foster care and at what point one decides that these children are not benefiting from being in care.</td>
<td>The results are based on a longitudinal study conducted by the authors who questioned how many times a child would have to experience placement breakdowns before a problem was thought to exist. The approach the authors took was to select children based upon the number of placement breakdowns due to the child’s behaviour experienced over the first two years of the project – which was the minimum tracking period for any individual in the sample. The authors then compared the placement profiles of these children with the remainder of the sample to determine whether it differed significantly in terms of the degree of disruption experienced. Total sample: ( n = 235 ) (121 male and 114 female). Mean age = 10.8 years Children were selected if referred for a new placement between May 1998 and April 1999. Excluded from sample were children on detention orders, children placed into supported accommodation, those referred for family preservation services, or those with placements of less than two weeks duration. The study uses brief measures of behavioural disorder (abbreviated Boyle’s Child Behaviour Checklist, psychological adjustment and adjustment at school. The frequency and reliability of parental visiting was also assessed.</td>
<td>A critical finding of the study was that many of the most serious problems in foster care (such as repeated placement disruption) can be identified and predicted with considerable accuracy. The study showed that children who experience a disproportionately higher rate of placement can be identified at intake. Risk of placement breakdown is related to child’s age, level of conduct disorder and mental health status. Furthermore, the findings indicate that there appears to be an approximate threshold or point beyond which children subject to placement disruption begin to experience significant deterioration in their psychological functioning. The study shows that this predictability of outcomes may allow for the early detection of children most at risk in foster care and also act as means of identifying children failing to adapt to care.</td>
<td>This was a very well designed study, with a large sample. The authors recommend the extension of this form of analysis used in the study to other Australian states. For example, they recommend that through the development of nationally agreed-upon definitions of “at risk” and “harm due to disruption” in foster care may significantly enhance current attempts to evaluate and target treatment programs designed specifically for children with challenging behaviours. The research highlights the need for the development of alternative placement options for challenging children in care. Their findings may provide a way of identifying the most suitable children for such care options.</td>
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To consider outcomes for children objectively identified as problematic as indicated by previous placement breakdown due to behavioural problems.

The sample was extracted from larger longitudinal sample – children were selected for this study if they had experienced at least one placement breakdown within their first 4 months in care due to their disruptive behaviour (n = 40).

Comparisons between the problematic sample and the larger sample revealed that problematic/disruptive children had greater mental and behavioural problems at intake, but had a similar placement history.

Further comparisons of placement moves and psychological adjustment scores at intake and 12-month follow-up revealed that the prognosis for these initially unstable children is generally poor.

The limited number of cases meant that it was not possible to conduct a particular analysis. This study stresses that traditional foster care is simply unsuitable for disruptive foster children and that more placement options are urgently required. Another limitation identified by the authors is that only children who are new to care should be included – this is based on Usher, Randolph and Gogan’s (1999) assumption that including children with preexisting placement histories potentially confounds the cause of current placement moves with previous experiences. Yet strict adherence to this principle may not always be beneficial. 85 per cent of children in South Australia have experienced a previous placement – therefore to include only “new” cases would exclude a vast majority of children in care.

The paper presents very strong findings with high predictability. As the authors note, a positive implication of the findings is that it provides an objective, and early method for identifying children at risk for subsequent disruption. This enables the opportunity to target resources and interventions to certain children so as to improve the current extent of placement instability.

A substantial proportion of these children ended up in residential care and most of those who remained in foster care continued to have significant behavioural problems. Again it is suggested that more placement options are needed for this particular subgroup of children in care.
### Table 29


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<td>To examine the circumstances, experiences and difficulties of young people leaving wardship (at the time of leaving care and subsequently); to document their perceptions of events and experiences of being in care; to evaluate service needs of young people leaving care and the extent to which these needs are being met by Departmental and non-departmental services; and to examine any relationships between outcomes and young people’s individual characteristics, family histories and experiences of care.</td>
<td>The first part of study was a prospective longitudinal interview study of young people leaving care in NSW. It involved a series of 3 interviews with state wards with the first interview just before they were discharged from wardship, and the second and third approximately 3 months and 12 months after discharge. Second part was inclusion of 2 comparison groups – involving 1 interview with young people the same age as wards but had not been in care. The first comparison group comprised young people living “away from home”, mostly in refuges or in supported accommodation; the second group included young people still living “at home” with their parents. The third part was a study of departmental files of total group of young people leaving care within 1-year period. This was to allow comparison of young people leaving wardship who were able to be interviewed with those who were not. Fourth part of study involved interviews with District Officers who were dealing with young people leaving care interview group at the time of their discharge.</td>
<td>The key finding from the research was that the level of support offered to young people appears to be ad hoc and arbitrary. It was noted that some young people did receive good support from their district officer. The types of support included regular visits, advice, and some financial assistance with their transition to independent living. Yet many other young people did not receive this level of support. A recurring theme in interviews with young people was the importance of having a stable and trusting relationship with anyone – often their caseworker.</td>
<td>This was a very well designed study. Research findings highlight and document the numerous areas that care leavers are socially disadvantaged and placed at risk of negative life outcomes. The study included many data sources and also used comparison groups. The research provided the New South Wales government with the impetus to implement legislative change for care leavers.</td>
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<td>To describe the experiences of young people discharged from state care and to identify factors which assisted and impeded their transition to independent living; to provide an overview of Australian Government youth policy as this relates to young people leaving care and protection arrangements; to provide an overview of care and protection exit arrangements of Australian Governments; to identify circumstances and needs of young people making transition from State care; and to identify mechanisms or initiatives which Australian Governments could set in place to improve levels of support to young people making the transition from state care to independence, with a view to minimising their risk of becoming homeless.</td>
<td>The sample comprised 19 focus groups and 24 individual service providers. Interviews were conducted with: workers across Australia concerned with care and protection (including a total of almost 200 people); and with 43 young people from 5 states and the Northern Territory who had left care. The data collection period was from February to September 1996. Some additional information regarding policy changes were received from the states up to May 1997. The Study also reviewed previous research in Australia and overseas. Legislation, policy and procedural documents were collected from Commonwealth Government, state and territory Governments.</td>
<td>Of the 43 young people interviewed for the study, 42 per cent had been discharged from care before the age of 18, 57 per cent had completed year 10 or less and only 21 per cent were completing or had completed year 12. 64 per cent were either unemployed or on sickness or supporting parent benefits. Less than one quarter were living in a family setting or in independent living accommodation when they were discharged. 35 per cent were living in youth refuges, short-medium term supported accommodation programs or temporarily with friends. Half of the group reported experiencing a period of homelessness since leaving care, almost half reported having committed criminal offences since leaving care and just over one third of young women had become pregnant or had a child soon after leaving care. Young people leaving state care were found to fall between the policy safety nets of Australian Governments particularly in areas of income, support, housing, education and training. Report comments that most state and territory legislation lacks a legal obligation to provide for the ongoing welfare of young Australians leaving care. All states and territories have endorsed National Baseline Standards for out-of-home Care - “that each child/young person leaves the out-of-home care placement in a planned and supported manner to enable a successful and sustainable transition”. The standards specify that young people leave in a planned way, have involvement in decision, have a detailed post placement support or after-care plan, leave with relevant documentation, possessions, and life records. New South Wales have extended these standards. Around Australia workers reported young people were all too frequently being discharged before they were ready (often as young as 15 or 16) in an unplanned way and without secure accommodation.</td>
<td>The strength of this study was the large sample size (for qualitative research) and the multiple sources of data. The study sample was not intended to be representative of after-care experiences of young people discharged from care across Australia.</td>
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Table 31


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<td>To explore the differences in leaving care supports and policies available in Victoria and New South Wales.</td>
<td>The sample comprised individuals from different government and non-Government agencies in Victoria and New South Wales. The design of the study included interviews and a review of a range of documents.</td>
<td>The findings suggest that New South Wales leads the way in terms of providing effective legislative and program supports to care leavers. The differences between Victoria and New South Wales are attributed to a number of factors including the different relationships between respective government bureaucracies and non-government child welfare sectors. The study documents the national leaving care debate – policies and standards – specifically in New South Wales and Victoria. New South Wales has specific programs and legislation providing for the ongoing support of care leavers whereas Victoria has only limited programs and no guarantee of aftercare support. The principal explanation for this difference appears to be the role of the respective bureaucracies. New South Wales took an activist role in commissioning the Cashmore and Paxman study, openly publishing its findings and introducing the recommended practice and policy reforms. “At present, the Victorian State parent is failing to meet its ongoing parental responsibility to those leaving the family home” (p. 27).</td>
<td>The authors surmise New South Wales care leavers are doing better on the basis that they live in a state where legislative and aftercare support exists – however there has been no evaluation of New South Wales legislative changes. The report is a direct indictment of the deficiencies in Victorian legislation and supports for care leavers. Care leavers are arguably one of the most vulnerable and disadvantaged groups in society. They face numerous barriers to accessing educational, employment and other developmental and transitional opportunities. The authors comment on the need for a range of supports and services to ensure improved outcomes for care leavers.</td>
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<td>To evaluate the High Risk Adolescent (HRA) Project at MacKillop Family Services (Barwon).</td>
<td>The sample comprised 14 adolescents in the HRA program (8 males and 6 females), aged between 13 and 16 years. Results were based on a review of files and documentation provided by Department and MacKillop and interviews with MacKillop staff, Departmental staff and with external agencies, including minutes of case coordination meetings and policy material and guidelines relating to HRA initiative, discussions and consultation with several over key stakeholders. This was a quantitative and qualitative design.</td>
<td>Despite the best efforts of management, case managers and other staff, targets were not able to be met in relation to intensive case management and home-based one-to-one care during 1998-1999. Placements could not be stabilized and sufficient numbers of one-to-one home-based carers were not recruited. The report concludes that there were serious problems with the planning, development and operation of the HRA initiative. The report recommends that a high degree of cooperation is required in establishing projects of high-risk adolescents. The report calls for the Department to invest substantially (training, staff secondments, and transfers) in order to ensure a viable service and that significant organisational changes are required to strengthen service delivery capacity. Furthermore for one-to-one home based care to be viable, the component needs to be situated within an established adolescent placement or home-based care structure that provides the opportunity to recruit seasoned carers and provides established structures and systems of volunteer support.</td>
<td>The report highlights that if agencies are intending to implement services that a great deal of preparation is required for it to be successful. Negative findings are discussed openly, and extensive recommendations are provided. The study sample was relatively small for an empirical study, but the mixed methodology (qualitative and quantitative) provides a rich source of descriptive data.</td>
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### Table 33


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<td>To build and empirically validate a model of group care that is child-centred and family affirming.</td>
<td>Data came from a training and consultancy project in the form of responses to a project instrument ($n = 528$ staff members) from 18 self-nominated agencies. For validation purposes only cases with missing data were excluded ($n = 239$).</td>
<td>Results indicated that the agencies in the sample were significantly different from each other in the extent to which they conform to model of Family Centred Group Care (FCGC). Ainsworth proposed a second model – which was a more basic model of FCGC. The second model was validated in phase I of study. Service availability, parental involvement and staff attitudes are core components of model. The study proposes guidelines for classifying agencies: agencies with a mean score of less than 50.00 are not family-centred, mean score of 50-59 are within the normal range and are somewhat family centred and agencies with a mean score of 60-69 are more family centred than most and agencies with a mean score of 70 and over are rare and extremely family centred.</td>
<td>Limitations of the study included: data were from the US; the study involved quite complex statistical analysis – caseworkers may find the book hard to interpret; the database used was a major source of difficulties as it was designed for training and consultancy purposes rather than research; there was non normal distribution of responses to some items in the database. As a result, the initial model had to be revised to a simpler model and such deficiencies in the model may mean that significant variables are absent from the validated instrument. For outcome studies of child welfare services a clear definition of a program model and full implementation of model prior to any evaluation efforts is vital – if group care programs using the title of FCGC then evaluation of programs would be more feasible. If agencies are rated to reflect extent to which they conform to model of FCGC, then referral and allocation of children and families most likely to meet their needs are slightly clearer. This also raises possibility of program models other than FCGC being validated using empirical methodology. This has the potential for research examining which group care program produces the best outcome with which type of family and children would be a step nearer.</td>
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To speak with grandparents who raise their grandchildren regarding: their existing support mechanisms; what additional support they may require; the financial and legal issues they may be facing; and any concerns they may have about the well being of their grandchildren.

February 2003 the Federal Minister for Children and Youth Affairs asked Councils of the Ageing (COTA) National Seniors to speak with grandparents who raise their grandchildren. Project funded from the Commonwealth Government’s Child Abuse Prevention Program.

The research used a qualitative methodology, which involved group interviews and workshops.

Four hundred and ninety-nine (499) grandparents raising 548 grandchildren, with 308 grandparent-headed families were included. 63 per cent were couples, with 68 per cent of grandparents 55 years of age or older, and just over half raising two or more grandchildren. 53 per cent of grandchildren were under 10 years of age.

Twenty-two workshops and forums conducted across 5 states (Queensland, New South Wales, Victoria, South Australia and Western Australia) were run by experienced facilitators. Grandparents were sought through advertising of the project in newspapers and community newsletters. Grandparents unable to attend workshops were invited to complete a written response.

Grandparents were disappointed and felt let down by both state and commonwealth governments, with financial and legal issues to face, depending if the grandparent is raising the grandchild/ren due to: Commonwealth Family Court parenting orders; Children’s Court care and protection order; or an informal arrangement, which may or may not have the agreement of the parents.

Grandparent workshops in each state indicated the following issues: governments need to acknowledge and recognise grandparents raising children as a group requiring support; grandparents need parity with foster carers concerning payments and support services; promotion of information and access to benefits and support services; access to legal aid; and finally, the provision of respite care.

The report offers a comprehensive listing of 21 recommendations for the State and Commonwealth governments, based on key findings from this research.

The study benefited from its large sample size from across 5 states of Australia. It provides a detailed report, with comprehensive listing of recommendations and call for action to State and Commonwealth governments.

Limitations: It lacks a detailed description regarding the recruitment of participants. Also lacks a detailed description of the manner in which the group discussions in each of the workshops were recorded and the method of analyses chosen for reporting details.
Table 35

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<td>To explore the joys and difficulties that teachers face in supporting children and their foster, permanent care and adoptive parents.</td>
<td>Longitudinal action oriented research with the use of qualitative interviews was used in this study. Throughout 1995 to 1998, 26 discussions were conducted with 17 teachers, including: one kindergarten; three state primary schools; one primary, and one secondary catholic school; and one specialist behavioral school. Please note: It is assumed this research has been conducted in Victoria, however it is not clearly stated in this publication.</td>
<td>Themes of role, power, control and support. <strong>Role:</strong> Teachers saw themselves as independent professionals in charge of the class. A culture of independent expertise was found child’s additional files would only be read once they had child’s measure. Private tutoring was not favored and was seemingly unnecessary for primary school children. Teachers prided themselves on open communication between themselves, the child and the carers/permanent/adoptive parents. Two special school teachers had significant previous experience, however most others lacked experience and knowledge of permanent care and legal and practical implications. An additional role with commitment to children involving assisting with socialisation strategies was found. The study also found that teachers made covert decisions regarding who best to place child with for the following year of schooling. <strong>Professional and personal lives:</strong> Teachers were less concerned than other professionals at maintaining boundaries between professional and personal lives. Teachers were found to share their lives with children and families. <strong>Power and control:</strong> Children’s behavior was a stress to the teacher and to the school. Children’s behavior included verbal, physical violence, inappropriate attention seeking, and a need to win; with class teacher and fellow students bearing the brunt of this behavior. Issues of power and control between teachers and adoptive/permanent care parents apparent, with patterns of misunderstandings concerning aspects of child’s discipline, behavior and expectations and history were found. Diminished finances and resources meant schools and teachers needed to take control without provision of outside assistance. <strong>Support:</strong> Teachers offered parents and children both practical and emotional support, with respect to normalising child’s behavior, offering advice, providing information. For themselves, the teachers identified “peer support” as being the most beneficial. <strong>Implications:</strong> a. teachers see themselves as independent professionals; b. it is important for foster care and adoption/permanent care workers to facilitate teachers understanding of the child’s behavior with a new family and a new school; and c. teachers were inadequately consulted regarding the child’s needs and progress.</td>
<td>The study lacked specific details concerning methodology, with the absence of clear detail regarding: the process used for selection of teachers; the location of schools – whether rural or metropolitan; the relevant question/s asked during the interview; and the method of analysis used in order to extract the themes discussed. The study offers a valuable perception of teachers as professionals involved in the lives of children in out-of-home care. However, it contains limited detail of methodology, and the sample of teachers, although experienced, have little direct experience with children in out of home care, highlighting that further research into the role of teachers in this area is required.</td>
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<td>To ensure the safety of children in care in the Australian Capital Territory. (The Review was conducted due to the Department’s failure to comply with s. 162(2) of the Children and Young People Act 1999).</td>
<td>Multiple data sources from personnel, foster parents and children and young people in care in the Australian Capital Territory during 10 May 2000 and 31 December 2003 were used. The methodology for the Review involved an analysis of case-file data and other data held by the Department, the Office of the Community Advocate, other relevant agencies and the report of the Standing Committee on Community Services and Social Equity. Interviews with relevant personnel were conducted. An analysis of procedures and practices governing the Department’s relations with the Office of the Community Advocate was undertaken. An audit of reports and appraisals relating to children and young people in care (between 10 May 2000 and 31 December 2003) was conducted. Receipt and review of public submissions took place. Community agencies, foster carers and children and young people were consulted. Relevant literature and findings of recent reports from other jurisdictions dealing with abuse in care were reviewed. Over 80 interviews were conducted.</td>
<td>The report develops the concept of the “Territory Parent”. The review calls for a whole-of-government approach to child safety. The report offers extensive recommendations and an implementation blueprint.</td>
<td>This report is a very thorough review with multiple data sources. The review provides concise and extensive recommendations in relation to Safety of Children in Care legislation and policy, standards and practice in the Australian Capital Territory.</td>
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<td>To quantify the extent of formal kinship care in New South Wales and the reasons for the apparent increase; to identify and analyse the legislation and departmental guidelines relevant to kinship care; and to explore the views about and experiences of kinship care with children and young people, their carers, birth parents and supervising workers.</td>
<td>The study employed a multi-faceted research design using both qualitative and quantitative data to investigate formal kinship care placements. “Top down” perspectives on kinship care were sourced from policy in official documents and legislation, and from official collections of out-of-home care statistics. A “bottom up” perspective on the execution of kinship care policy in practice was sought through interviews with child protection practitioners and service recipients.</td>
<td>In this study it was found that: kinship carers included non-related people known to the child; kinship care was perceived as beneficial by policy makers, child protection workers, kinship carers, and children; kinship care was economically efficient and carers were easy to recruit compared to foster carers; kinship care is the preferred placement for Indigenous children; New South Wales had the highest rates of kinship care than any other Australian State or Territory; kinship care was the most common form of out-of-home care in New South Wales; Indigenous children were more likely to be placed in kinship care than any other type of care; kinship carers, child protection workers, and children were all found to have initiated kinship care placements; and that kinship carers reported feeling emotionally and financially unsupported.</td>
<td>There was little detail provided on the study methodology, particularly in relation to the participants who took part in the qualitative interviews, and the procedure for undertaking these interviews and conducting the qualitative analysis, making it difficult to determine the strengths and limitations of this study. This limits the capacity to critique the credibility of this research or the generalisability of the study findings. Kinship care is the predominant form of out-of-home care in New South Wales and is increasingly popular in other Australian States and Territories. The dominant belief is that kinship care is superior to other forms of care in terms of child wellbeing, however there is insufficient financial and emotional support provided to kinship carers. There was no other studies investigating kinship care in Australia at the time this study was completed, this combined with the breadth of information collected make this a landmark exploratory study of kinship care in Australia.</td>
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<td>To assess one of the key assumptions underlying the philosophy of permanency planning: that placement instability adversely affects the psychosocial development of children in foster care.</td>
<td>Total sample: $n = 235$ (aged 121 boys, 114 girls) South Australian foster children in out-of-home care during 1998-1999. Mean age = 10.8 years. Children were selected if referred for a new placement between May 1998 and April 1999. Excluded from sample were children on detention orders, children placed into supported accommodation, those referred for family preservation services, or those with placements of less than 2 weeks duration. At time 2 (4 month period) 164 of the initial cohort were still in care and at time 3 (8 month period), 130 of the cohort were still in care. The placement moves and psychosocial wellbeing of foster children were assessed at 4 months and then at 8 months. The placement moves of the entire cohort ($n = 235$) and the psychosocial wellbeing of 130 children on foster care throughout study period were examined. Data were drawn from case-files and interviews with caseworkers. An abbreviated form of Boyle’s Child Behaviour Checklist measured psychological functioning plus a social adjustment checklist developed by Barber and Delfabbro.</td>
<td>The study found that most of the children who remained in care throughout the 8-month period could be assigned to one of three groups: 1) stable throughout, 2) unstable throughout, and 3) initially unstable, then stable. Results for these children were generally consistent with a linear trend toward improvements in groups 1 and 2, whereas group 3 children displayed improvement only while their placements were unstable. Authors conclude that results for group 2 suggest that placement instability up to 8-month point is not necessarily damaging to the child.</td>
<td>A well-designed study conducted by the authors, with a large sample. It provides an interesting insight into the effects of placement instability on child wellbeing. However, in relation to the interesting finding for group 3, further investigations are warranted. It is likely that when children’s behaviour problems are ameliorated, that this is associated with a move toward placement stability.</td>
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Section 3.
Key messages for research, policy and practice in Australian out-of-home care

There were 67 available publications reporting findings from Australian out-of-home care research published between 1994 and 2005 identified in this report. These findings were critically reviewed to determine the key messages emerging from Australian research for policy makers and practitioners. Evaluative statements were made in terms of the extent to which there was a reliable research base and areas were identified where there was a need for further research.

**Key research messages for policy and practice**

Australian research was identified in the following areas:

- foster families;
- participation of children and young people in care;
- cultural considerations;
- issues relating to reunification;
- outcomes for children and young people in care;
- young people leaving care;
- residential and specialised models of care;
- kinship care;
- professional issues; and
- policy in relation to both the service system and service provision.

This research was critically reviewed and discussed and key messages relating to each section of the report were identified within the body of Section 3 of this report. These key messages have been reproduced in Appendix B to provide a quick reference to the key findings emerging from Australian out-of-home care research.

The overarching themes emerging in relation to out-of-home care appeared 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 biological and foster family. Research into kinship care and issues relating to reunification show that parents and extended family networks should be included in children’s lives, and in every stage of placement decision making. Similarly, children and young people appear to fare better when they are made to feel like participants rather than 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. More broadly, an inclusive, holistic approach to out-of-home care addresses the needs of biological 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, biological parents, and foster families (including kinship carers).

**Implications for research**

**Research design**

Quantitative research studies collect numerical data, which are analysed using appropriate statistical techniques. Quantitative research can test for statistically significant relationships between variables of interest. The key strength of quantitative research is that findings can be generalised to the populations of interest. In order for the findings to accurately reflect the population of interest, base sample sizes are much larger than those required in qualitative studies. Quantitative research is more suitable to hypothesis testing than qualitative research. Qualitative research produces data that are rich, detailed and valid, allowing investigators to examine participants’ perspectives in detail. Measurement is more subjective and limited in the extent to which findings can be generalised. Qualitative studies are ideally suited to exploratory research questions (Bryman 1988; Steckler, Mc Leroy, Goodman, Bird and McCormick 1992). Researchers must choose the approach which best matches their research question.

Of the 67 publications reviewed in this report, 29 were empirical studies, 24 were qualitative, 2 used a mixed methodology and 12 were policy analysis. At a glance it would appear that there is a relatively even break down of qualitative and quantitative research designs. However, 16 of the empirical studies published were authored by a consortium of researchers including Paul Delfabro and Jim Barber using data collected for the South Australian longitudinal study of children in out-of-home care. Excluding the longitudinal study of children in out-of-home care, there were 24 publications describing qualitative studies and only 13 publications in which empirical studies were described. 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 generalisability.
In terms of quality, the research was largely ‘good research’ (that is, the methodology was adequately described, the sample size was appropriate and the design was suited to the research question) with 18 of the published studies falling into this category representing an equal proportion of both qualitative and quantitative techniques. However, approximately half of the empirical studies falling into this category provided only descriptive data. There were a further five examples of very good empirical research (for example, Lawrence 1994; Tarren Sweeney submitted) and six pieces of very good qualitative research (Clark 1997; Council on the Ageing 2003; Mason et al. 2002; Maunders et al. 1999; Nuske 2004b; Vardon 2004).

The published description of six of the qualitative studies and four of the empirical studies were moderate to poor. Problems with these studies included very small samples (even for qualitative research), and inadequate description 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. There is a need for an evidence base to inform practice as practice decisions have the potential to impact on the immediate safety and wellbeing as well as the long-term outcomes for children.

As stated, the majority of research was ‘good research’, however there were several notable examples of research excellence – studies that were superior in their design and were particularly policy relevant. There were two empirical research studies that represented research excellence both of which had large samples and longitudinal designs. There were three qualitative studies of superior design, all of which were topical and policy relevant.

These research studies were:

• research conducted by the Social Policy Research Centre investigating both the availability of foster carers and the cost of caring (McHugh 2002; McHugh et al. 2004);
• research conducted by the team of researchers who established the South Australian Longitudinal Study of children in out-of-home care (Barber and Delfabbro 2004; Osborn and Delfabbro 2005);
• the longitudinal study undertaken by Fernandez (1996) that investigated the relationship between child protection decisions and the careers of children in care; and
• the study conducted by Cashmore and Paxman (1996) investigating young people’s transition from out-of-home care and informed the development of a new policy framework children leaving care in New South Wales.
• The study conducted by Mason and colleagues (2002) investigating kinship care is also notable as an exploratory study due to the breadth of data collected and the under-developed nature of the kinship care research area.
This report has highlighted a number of methodological limitations of the research on out-of-home care in Australia. When evaluating the merit of research proposals or when commissioning or conducting research, individuals, organisations and institutions need to consider the following methodological issues:

- over-ambitious research questions (can lead to superficial coverage of issues);
- realistic timelines for research projects;
- appropriate choice of research design to answer the research question posed (for example, consideration of the respective limitations of quantitative and qualitative designs, such as the inability to make generalisations from qualitative research);
- adequate description of methodology;
- the need for representative sample sizes;
- appropriate comparison groups;
- assuming causal relationships between variables without longitudinal data to show the direction and nature of this relationship; and
- the inclusion of dissemination strategies in funding models or research proposals.

In addition, there is a need for:

- multi-site or cross-jurisdictional studies;
- longitudinal research; and
- evaluation of practice models.

Researchers working in this area should attempt to take all precautions possible to ensure the quality of their research. It would not be enough even to have a large body of research informing practice – in order to protect the most vulnerable children in our community a reliable and methodologically rigorous body of research is needed to inform practice. A quality research base to inform policy and practice is a priority if Australia and other Westernised countries with similar child protection and out-of-home care service frameworks are to more successfully intervene to ensure the safety and wellbeing of vulnerable children.

**Gaps and Duplication**

There were not any areas identified in which duplication was apparent. There was also no area identified in which there was no Australian research at all. However there were many areas, some of which represented significant policy or practice issues for which there were only one or two research publications identified. 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 (for examples, different types of residential care) and across (for example, kinship and foster care) the different care types. 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.

The principal issue that this report has highlighted is the fact that there is an overall shortage of research in each area, such that it is not possible to claim an adequate evidence-base for sound policy and practice decisions, or to be able to single out particular areas as a priority for research. 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 prevention of children entering the out-of-home care system 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, traumatisation 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:

(a) integrating research priorities between the field of child abuse prevention and out-of-home care; and
(b) 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 of harm – from needing out-of-home care.

Examples of how this could be achieved would be to take research priorities that are identified in the child protection field – such as the role of risk factors like poverty, parental substance abuse and mental illness – and evaluate the impact of interventions in these areas not only in preventing abuse and neglect of children, but in the ability of interventions to address the needs of children and young people already harmed – including therapeutic interventions for children and young people, family reunification programs, or other supports for high-risk parents and families. The Australian Centre for Child Protection at the University of South Australia has commissioned the National Child Protection Clearinghouse to conduct a national audit of child protection research conducted in Australia in the past decade. Results of this audit to be released later in 2005 will facilitate identification of such research priorities in the child protection field that can link to issues emerging in the out-of-home care sector (Scott 2005).

A second key research priority is to address the applicability of the existing services – and research findings – to culturally and linguistically diverse groups. In particular, given the over-representation of Aboriginal and Torres Strait Islander children and young people in the child protection service activity statistics and in the out-of-home care sector, this is a key issue for ongoing research. Are models of best practice that have been identified in mainstream research going to meet the cultural needs of Indigenous populations? Data from a national study commissioned by the Australian Council for Children and Parenting currently being conducted by the National Child Protection Clearinghouse will highlight the particular cultural issues that emerge for Aboriginal and Torres Strait Islander children and young people in out-of-home care. The focus of the
research is to identify elements of best-practice, focusing on recruitment and retention of Indigenous carers; assessment, training and support needs; services for Indigenous children and young people in care; and culturally-sensitive placement options.

A third key priority is to rigorously evaluate the efficacy of alternative models to foster care. Given the increasing number of children in care, the increasing complexity of children’s needs, and the decreasing availability of foster carers, it is essential to consider the economic, cultural, social and individual impact of models such as paid professional carers, kith and kinship care, and models of group or residential care.

Finally, a systematic evaluation of child wellbeing as a critical outcome needs to be included in out-of-home care research. Priority dimensions need to be articulated (e.g., disability status, educational outcomes, attachment, self-esteem, etc.), with rigorous evaluation of what works in relation to these dimensions.

**Dissemination**

There were several examples 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 and able to be translated into policy and practice changes. The problems encountered with sourcing these reports tended to arise when reports had been conducted or funded by charitable organisations and the copies of the report were no longer available. Another problem in relation to the sourcing of reports occurred when research had been conducted by governments and (over the passage of time) it was not apparent where copies of these reports were available. This highlights a key problem in the foundation of research dissemination – accessibility. Further investigation needs to be conducted in regard to the feasibility of establishing a model to ensure a national collection of Australian research is held at an appropriate location that will ensure accessibility (for example, the Australian Institute of Family Studies’ Family Information Centre). Having completed quality research into out-of-home care accessibility is the cornerstone of effective dissemination to inform policy and practice.
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New South Wales Community Services Commission (2001), *A Question of Safeguards: Inquiry into the Care and Circumstances of Aboriginal or Torres Strait Islander Children and Young People in Care*, New South Wales Community Services Commission, Strawberry Hills.


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Western Australian Department for Community Development (2004), *Indigenous Wards in Care Project*, WA Department for Community Development, Perth.


Appendix A
International review of kinship care literature

“Kinship care” refers to the placement of children with relatives (kin), persons without a blood relation, but who have a relationship with the child or family, or persons from the child/family’s community (kith). Kinship care is also referred to as “relative care”, “kith and kin care”, and “family and friends as carers” (Broad 2001; Cuddeback 2004; Mason et al. 2002). In the context of kinship care the term “related child” is used to define a child who has a prior relationship with a carer, although this may not necessarily be a blood relation.

Increasing numbers of children in kinship care

Kith and kin are increasingly being asked to provide care for children unable to remain in the care of their parents (Broad 2001; Cuddeback 2004). Kinship care is the fastest growing type of out-of-home care for children (Harden, Clyman, Kriebel and Lyons 2004). In the US, between 25 to 30 per cent of all children in formal out-of-home care placements are believed to be in kinship care, and in some US states more than half of all placements are with kin (Dubowitz et al. 1994; Harden et al. 2004; Shore, Sim, Le Prohn and Keller 2002). African-American and Native-American children are more likely than any other ethnic or cultural group in the US to be placed in kinship care (Brown et al. 2002; Le Prohn 1994; Shore et al. 2002). Similarly, in the UK, approximately one quarter of out-of-home care placements are kinship placements (Waterhouse 2001) and black and ethnic minority children are more likely to be placed in kinship care than other children (Wheal 2001).

Several reasons have been posited for the increased use of kinship care as a formal placement option, these include:

• increased numbers of children in care (Brown et al. 2002; Dubowitz et al. 1994; Harden et al. 2004; Leos-Urbel et al. 2002; Mason et al. 2002; O'Brien 2001);
• decreased numbers of non-relative foster care placements (Broad 2001; Brown et al. 2002; Dubowitz et al. 1994; Leos-Urbel et al. 2002; O'Brien 2001);
• legislative requirements, such as an explicit preference for kinship care above all other forms of out-of-home care and the requirement for least-intrusive intervention and least restrictive setting for out-of-home placements (Dubowitz et al. 1994; Hunt 2001; Mason, 2002 #110);
• court decisions recognising the rights of relatives to act as foster parents (Leos-Urbel et al. 2002);
• concern for culturally-appropriate placements for children (Brown et al. 2002; Mason et al. 2002); and
• changes in social attitudes, such as, more positive attitudes towards use of kin as foster parents (Leos-Urbel et al. 2002; O'Brien 2001), the aim of preserving family ties (Dubowitz et al. 1994; O'Brien 2001), families’ preference for kinship care (Broad 2001) and perceptions that public care is in crisis (Broad 2001).
The combination of increasing numbers of children entering care and a decrease in the number of non-related faster care placements place strain on the number of formal non-related out-of-home carers. In such a context, the increased use of kinship care may be an attractive option.

The primary benefit of kinship care is that it enables children to maintain family ties (Dubowitz et al. 1994; Ehrle and Geen 2002; Shore et al. 2002). In addition to living with relatives, children in kinship care are more likely to be placed along with their siblings (Harden et al. 2004; O'Brien 2001), and are likely to have more contact with their natural parents and their siblings (Cuddeback 2004; Dubowitz et al. 1994; Ehrle and Geen 2002; Harden et al. 2004). Relatives are believed to have a special investment in the wellbeing and long-term outcomes of related children (Dubowitz et al. 1994; Ehrle and Geen 2002). It is assumed that children in kinship care are more likely to feel secure and loved and to have a sense of belonging than children in non-relative foster care (Greef 2001; Waterhouse 2001), however there is a lack of evidence to confirm or disconfirm this assumption. In addition to maintaining family connections, children in kinship care are more likely to maintain cultural and community ties as they often able to live in their own community, keep the same friends, attend the same school and have the same health care provider (Wheal 2001). Connection to family, community and culture have been identified as key elements of successful out-of-home care placement (Atkinson and Swain 1999). The use of kinship care provides a mechanism for addressing these needs.

Proponents of kinship care argue that the trauma associated with removal from parental care is lessened for children placed in kinship care compared to children in non-relative foster care as a consequence of being placed in a familiar environment with people known to them (Dubowitz et al. 1994; Ehrle and Geen 2002; Shore et al. 2002). Brown and colleagues (2002) extended this argument: in a study of African-American children and young people placed in kinship care, Brown et al. concluded that kinship care was a normative cultural practice in some cultures and communities. Children often resided with kin for extended periods (with and without their parents) prior to the formal placement, shared living arrangements with other extended family was common before and after placement, and young people in kinship care reported that family was their primary source of physical, social and emotional support. Wheal (2001) supported the notion of kinship care as normative in some cultures and communities.

Despite the potential benefits, there are several potential disadvantages to kinship care. Although children have a pre-existing relationship with kinship carers, this pre-existing relationship is not that of parent and child. Kinship care may prove challenging as children in care – and the kinship host family – adjust to new roles within the family (Greef 2001).

Adoption is seen as a favourable outcome for children in non-relative foster care unable to return to their parents care. However, adoption is generally seen as disadvantageous by kinship carers as: it distorts biological relationships (for example, maternal grandmother becomes mother and therefore biological mother becomes adoptive sister). This creates
role confusion and legally disconnects the child from one side of their family (Jenkins 2001).

Concerns have been raised about placing a child with their biological parents family of origin. This argument appears to be based on concerns about inter-generational transmission and a questioning as to whether the biological parent’s inability to care for their child is a consequence of the problems within their family of origin. On these grounds, the appropriateness of kinship placement has been questioned by some (Dubowitz et al. 1994).

Concerns have also been raised in relation to the enforcement of supervised access with parents/perpetrators if this has been deemed necessary, specifically the pre-existing relationship between the parent and the kinship carer, the carer’s belief that parent would not have perpetrated the abuse, or carer’s belief that the abuse was not very severe may result in the kinship carer failing to prevent the parent from having unsupervised access with the child, therefore compromising the child’s safety (Dubowitz et al. 1994).

There is an assumption that a benefit of kinship care is increased contact with birth parents. However, in some placements, pre-existing conflict between the parent and kinship carer or conflict arising as a consequence of the carer’s involvement in removing the child make contact even more difficult and prone to confrontation than non-relative placements (Hunt 2001).

The potential benefits of kinship care for children are immense (for example, more family contact, maintain cultural and community connections, feel more secure and loved, greater stability and better health, education and social outcomes than children in non-relative foster care). However, there are also potential disadvantages and inherent vulnerabilities in kinship placements and kinship care must not be perceived as an “easy option” (Hunt 2001). These benefits and risks are discussed below.

**Placement stability**

Children in kinship care experience fewer placement disruptions (Cuddeback 2004; Harden et al. 2004; Hunt 2001; O'Brien 2001; Shore et al. 2002; Waterhouse 2001); are less likely to return to care following reunification (Cuddeback 2004; Harden et al. 2004; Shore et al. 2002); and are less likely to be maltreated in care (Harden et al. 2004) than children in non-relative foster care. However, Barber and colleagues (2004; 2001) have cautioned against placement stability being used as a child outcome measure. Although there is an assumption that placement stability improves children’s outcomes, there is no evidence to support this (Barber and Delfabbro 2004; Barber and Gilbertson 2001). Further, children in kinship care have been reported to remain in out-of-home care for longer and reunify at a slower rate than children in non-relative foster care (Cuddeback 2004; Harden et al. 2004; O'Brien 2001; Shore et al. 2002). Some authors have theorised that these findings reflect the lack of case planning, monitoring and intervention provided to kinship placements to facilitate reunification with birth parents (Broad 2001). Appropriate planning, monitoring and support of kinship placements would better ensure that children who remain in kinship placements do so because it is in their best interests.
Without these kinship placement drift may occur as a consequence of no case plan or intervention being provided to either reunify the children are formalise a permanency plan for children to remain in kinship care. It is not clear how transferable the issue of placement stability is to non-Anglo cultures in which parenting styles incorporate extended stays with relatives (see, Brown 2002).

**Outcomes for children in kinship care**

Research suggests that children in kinship care do at least as well, if not better, than children in non-relative foster care in the domains of physical and mental health, education, academic achievement, adjustment, social skills and behaviour than children in non-relative foster care (Carpenter and Clyman 2004; Dubowitz et al. 1994; Iglehart 1994; Shore et al. 2002). However, child welfare workers have reported that kinship carers are less likely to report child behaviour problems or to follow through with a referral to access services to support the child or the placement than non-relative foster carers (Cuddeback 2004). Harden and colleagues (2004) reported that kinship carers endorsed more problematic parental attitudes than non-kinship cares (for example, less warmth/respect, more parent-child conflict/anger, more strictness/over-protectiveness). However, this finding appeared to be associated with age of the carer (kinship carers are most likely to be grandparents). When age was controlled, there was no difference between kinship carers and foster carers in parental attitudes.

Comparisons of outcomes for children in kinship and non-kinship care may be misleading unless children are matched to determine whether they have similar levels of functioning prior to placement; there is some speculation that children with special needs are more likely to be placed in non-relative foster care than kinship care (Cuddeback 2004). Children in both kinship care and foster care have poorer health, social and educational outcomes than children in the general population (Carpenter and Clyman 2004; Dubowitz et al. 1994; Iglehart 1994; Shore et al. 2002). Cuddeback and colleagues have suggested that outcomes in relation to kinship care be viewed with caution as research tends to be based upon self-reports of small non-probability samples of unknown generalisability.

**Placement environment**

Kin placements are often complex and – although they receive less support – they may actually require more support than non-relative carers (Waterhouse 2001). Kinship carers are most likely to be single, female and to be the child’s grandparent (aunts were the second most frequent kinship care providers) (Cuddeback 2004; Ehrle and Geen 2002; Harden et al. 2004; Le Prohn 1994). Kinship carers have been reported as poorer (with lower incomes and higher rates of public aid, unemployment and food insecurity), older, experiencing more physical and mental health problems, and having less formal education and fewer social resources than non-relative foster carers (Cuddeback 2004; Ehrle and Geen 2002; Harden et al. 2004; Le Prohn 1994). These findings, coupled with lower carer subsidies and fewer support services for kinship carers, raise concerns about the impact of placing children in a situation of poverty and disadvantage.
Children are placed in out-of-home care by the state to ensure their protection. The state has a responsibility to provide for children following removal, regardless of whether children are placed with kin or non-relative foster carers (Broad 2001; Ehrle and Geen 2002). Given that these carers are given less emotional, practical and financial support than non-relative carers, some authors have questioned whether kinship care is an exploitation of the disadvantaged (Broad 2001). Kinship care, particularly if it comes at an economic cost to the family, may also place strain on carers. Such strains can also impact on carers’ relationships, as well as on their birth children (Greef 2001).

**Recruiting kinship carers**

The two most frequently cited reasons for the increased number of children in kinship care is the increased number of children in out-of-home care coupled with the decreased number of non-relative foster carers. The willingness of kinship carers to care for relative children has been attributed with averting a large-scale crisis in out-of-home care (Leos-Urbel et al. 2002). Therefore, it can be concluded that from a policy and service-provision perspective, one of the key strengths of kinship care is the ease of recruiting kinship carers compared to foster carers. The relative ease of recruitment of kinship carers compared with foster carers does not negate the need to examine the unique factors involved in the recruitment of kinship carers.

Kinship carers are not formally “recruited”. They may come forward to offer to take on relative children when it becomes clear that they can no longer remain in the care of their parents, or agree to care for relative children after being approached by a statutory authority. Kinship carers may be motivated to care for children as a consequence of the commitment they feel towards the child, an obligation they feel towards the parent, feelings of familial duty or guilt, or because of broader socio-cultural expectations. Cases in which kinship carers are motivated to care by their commitment to the child are more likely to result in a placement in which the focus is the needs of the child (Greef 2001). In the UK, kinship carers have reported feeling pressured to take on the care of children (Broad 2001). There was some suggestion in the study by Mason and colleagues (2002) (see Table 37) that kinship carers in Australia may also feel pressured to take on the care of relative children. Greef (2001) cautioned social services against using relatives’ feelings of duty or guilt to pressure them into taking on the care of a relative child as these placements were unlikely to be child focussed and were more likely to breakdown.

An important factor in relation to the recruitment of kinship carers compared to non-relative foster carers is the timing at which recruitment occurs. Non-relative carers are recruited, assessed and trained in advance of a child being place in their care. Kinship carers are generally “recruited” to immediately begin caring for relative children:

- family or friends may have taken the children into their care and then involved the authorities to formalise this arrangement;
- family or friends may have had children placed in their care as a short-term crisis care option; or
- family or friends may have been recruited as kinship carers after the children have been removed from the parents.
The timing of the “recruitment” of kinship carers relative to foster carers has implications for the assessment and training of kinship carers and highlights the need for policies and procedures specifically for kinship placements.

**Retention of kinship carers**

Kinship carers do not usually become a non-relative foster carer; therefore retention for kinship carers refers to retaining the care of the child until they are able to live independently, rather than retaining the carers in the system. Researchers presume that kinship carers have a different set of motivations for caring than non-relative foster carers (Greef 2001). Kinship carers’ pre-existing relationship with the children and personal investment in their wellbeing means they are less likely to terminate the placement. Many carers cited the desire to keep the child out of the formal out-of-home care system among their motivations for caring (Brown et al. 2002; Greef 2001). Kinship carers reported feeling that they should have a major role in all aspects of a child’s life, “including those roles that a social work staff member traditionally may have fulfilled” (Le Prohn 1994, p. 77). In a US study, of those children not expected to be reunified with their parents, almost all kinship carers (93 per cent) reported an intention to continue caring for the child until the child reached adulthood (Berrick, Barth and Needell 1994). In a UK study by (Hunt 2001), kinship placement breakdowns were attributed to insufficient assessment (for example, failure to take into account high levels of family conflict with birth parents) and inadequate agency support prior to placement breakdown (for example, in dealing with special needs of children).

Assessment, training and support are intertwined with the issue of recruitment and will be discussed in further detail.

**Assessment of kinship carers**

Kinship placements are not treated in the same way as non-relative foster care, in terms of assessment, training, and monitoring. Kinship carers receive minimal screening and little on-going monitoring (Cuddeback 2004; Dubowitz et al. 1994; Shore et al. 2002). Waterhouse (2001) recommended that this be addressed, as kin carers can require just as much, if not more, resources as non-relative carers. Cuddeback (2004) identified research into the assessment of kinship carers as a research gap, arguing that this was concerning as kinship carers were often not required to meet the same standards as non-relative foster carers.

There are specific challenges to the assessment of kin. Questioning a relative’s ability to care for relative children is a sensitive area. In the event of an accident or parent death, relatives could take over care of a child without any state involvement. Thus family members may not expect – and may become resentful of – being subject to an assessment when statutory services become involved due to parental mistreatment (Waterhouse 2001). Given the benefits of familial, cultural and community ties associated with kinship care, the challenge to assessments is to determine how competent a person had to be to care for a relative and whether “good enough” care is sufficient (Waterhouse 2001). Greef (2001) advocated examining the family history and ecosystem to understand how
the parent had come to the current situation as part of the assessment of kinship carers. Greef argued further that it was vital for carers to acknowledge the abuse, but cautioned against confusing shock and disbelief (experienced by carers previously unaware of abuse) with denial.

In many jurisdictions globally, a model of care often exists where kinship carers have to prove their ability through assessment to take on the child. Waterhouse (2001) argued that the “emphasis should move from “approving” to “enabling” relatives to care for children” (p. 45). Waterhouse observed that authorities in the UK have been reluctant to place children in care of relatives with criminal convictions (for example, handling stolen goods, fraud), and where they have medical or age profiles of concern. But Waterhouse (2001) argued that “it is precisely these placements that need the support of the local authority with access to training and financing … Contingency plans can be drawn up to deal with concerns about age or ill health” (p. 45).

In a study of children in kinship care in Ireland, O’Brien (2001) reported that assessments were supposed to be completed within a regulated 12-week time period, but were generally not being completed for between seven and 12 months. During the assessment period, children were placed with the relative being assessed. Carers were unable to obtain the full fostering allowance until the assessment was complete. O’Brien (2001) reported that the assessment process used for kinship carers was a replica of that used for non-relative foster carers and was problematic for both social workers and carers. The non-relative foster care assessment model is designed to prepare foster carers to parent a “hypothetical child at an imagined future date” and failed to take into account that the placement had already been made and that relationships already exist between carers, children and birth parents. Birth parents were excluded during the assessment process, initiating a process that could lead to alienation of birth parents and potentially lead to conflict and placement instability (O’Brien 2001).

In a national study, Leos-Urbel and colleagues (2002) investigated US state and federal policies in relation to the assessment and financial support of kinship carers. In 10 states kin were required to undertake the same assessment and meet the same standards as non-relative foster carers. Thirty-one states had kin-specific assessment standards, and seven states had waived one or more of the non-relative assessment standards for kin (for example, space requirements). Federal laws required that carers had to meet the standard assessment in order to qualify for the full foster carer subsidy. State-funded carer subsidy was provided in only 25 of the 41 states that conducted kin-specific assessments or waived standard assessment requirements, thereby disqualifying kinship carers from obtaining federal subsidies. The states in which some standard assessment requirements are waived rather than a kin-specific assessment being conducted, fail to assess the specific strengths or needs of kinship carers (for example, the potential benefits of a kinship placement). US federal law in relation to carer payments may discourage kin specific assessments as kinship carers are only able to access federal foster carer subsidy if they meet the standard assessment requirements.
Family group conferencing (or family decision making) has been recommended as part of the assessment process in kinship care. Family group conferencing is a means of accessing family resources, identifying areas of need, and fostering shared responsibility for the child. The family themselves can devise a written plan that can be made available to court and permanency panels (Greef 2001; Waterhouse 2001, p. 45). In this review, there were no evaluations identified of family group conferencing as a means of assessing the appropriateness, strengths and needs of kinship carers.

Support for kinship carers

Service provision

Child welfare professionals apply different standards to kinship compared to non-kinship family homes (Cuddeback 2004). Inconsistency in relation to the legal status of kinship placements and differential treatment is also evident in the supports made available to kinship carers. “There is strong evidence that kinship foster families receive less training, fewer services and less support than non-kinship foster families and these findings are robust in regard to variability and limitations in research methodology” (Cuddeback 2004, p. 629). Lack of support has been noted widely in the research literature regarding kinship care (Berrick et al. 1994; Cuddeback 2004; Dubowitz et al. 1994; Jenkins 2001; O'Brien 2001; Shore et al. 2002; Waterhouse 2001; Wheal 2001). In a study by Berrick and colleagues (1994) more foster parents than kinship parents reported receiving respite care, training or specialised training, or participating in support groups.

It is unclear whether kinship foster families receive less training, support and services because the families do not request, do not need or refuse such services, or because it is not offered (Cuddeback 2004). However, in one study over half of all carers suggested that family counselling, children’s counselling or counselling with the birth family would be helpful (Berrick et al. 1994). These data suggest the kinship parents would welcome additional support and believe that they, or the children in their care, need additional services. Kinship carers have been reported as being reluctant to ask for additional support for fear that child welfare workers will believe that they are not coping and terminate the kinship placement (Broad 2001). Some child welfare workers have been reported as believing that kinship foster families do not need the same level of services as non-kinship foster families (Cuddeback 2004). These findings lend credence to the possibility that kinship carers and children in kinship care receive less services than non-relative foster families because these services are not offered. Kinship and foster carers suggested that more counselling for children respite care and child care were needed (Berrick et al. 1994). Wheal (2001) argued that adequate support of kinship carers may save money in the long term, because if children well cared for, presumably they will have better long-term outcomes.

Training

Consistent with findings in relation to the assessment of kinship carers, training for kin carers is set at lower level than training standards prescribed for non-relatives carers (Cuddeback 2004; Waterhouse 2001). In a study by Berrick and colleagues (1994), more
foster parents than kinship parents were reported as receiving training or specialised
training almost the entire sample of kinship carers had not received any training.
However, both kinship and foster carers were reported as suggesting there was a need for
more training.

Financial support

When kinship carers were asked what would be most helpful to them in providing care
for children, higher foster care payments were most frequently suggested (Berrick et al.
1994). Kinship carers were consistently reported as receiving less money for foster carer
payments than non-relative foster carers (Berrick et al. 1994; Ehrle and Geen 2002;
Harden et al. 2004; Jenkins 2001; Leos-Urbel et al. 2002). Kinship carers have also been
reported as being ineligible for other benefits, such as legal aid or payments for children
with special needs (Berrick et al. 1994; Jenkins 2001). Many kinship carers were
receiving no carer payment at all (Berrick et al. 1994; Ehrle and Geen 2002). Wheal
(2001) has cautioned against choosing kinship care because it is the cheapest option,
arguing that decision must be made with the best interests of child as paramount.

Monitoring

Kinship placements are less effectively monitored than non-relative foster care
placements (Dubowitz et al. 1994; Iglehart 2004; Jenkins 2001; Shore et al. 2002;
Waterhouse 2001) and may be below the minimum standards of supervision set out in
regulations. Lack of monitoring has been attributed to workers’ perception that kinship
carers do not require as much attention as non-relative foster carers and a system that
may have been too overloaded to provide effective monitoring (Iglehart 1994). Differences
in levels of monitoring have also been attributed to kinship carers resenting
agency intrusion (Iglehart 1994; Jenkins and Seith 2004). Limited or no monitoring
provides kinship carers with the advantages associated with holding parental
responsibility: they are free to live normal family lives and do not need permission for the
child to participate in activities such as sleepovers. From the child’s perspective they no
longer have a corporate parent (that is, the government no longer legally has parental
responsibility for the child). Desire for freedom from state interference may prompt
kinship carers to seek the additional security provided by an adoption, for example, the
inability to appoint a person to be the child’s guardian in the case of the kinship carer’s
death is a concern for older carers, such as grandparents (Jenkins 2001).

Monitoring is designed to ensure the safety and wellbeing of the child. There may also be
incentives for carers in having state monitoring of the placement. Like assessment,
monitoring appears to be linked to the formal and legal status of the placement – and to
therefore be linked with the provision of financial subsidies and other supports. In a study
conducted in the UK, Hunt (2001) found no evidence of carers being averse to orders,
many saw them as desirable due to the increased financial benefits accompanying an
order. Jenkins (2001) also observed that there were financial disincentives to the
withdrawal of statutory services, in addition, statutory services were seen as a buffer
between carers and parents who retain some parental rights.
Informal kinship placements

In this review, the focus has been upon the provision of support (financial and services) for children to children in formal (court ordered) kinship care placements facilitated by the child welfare system, their carers and their carers’ families. Informal kinship carer placements may come about as a consequence of a private arrangement between the parent and carer or as a result of a residency application being pursued by the family through the family law court. Informal kinship care placements may also be facilitated by child welfare departments (Broad 2001; Brown et al. 2002). However, informal kinship placements do not receive carer payments or support services (Leos-Urbel et al. 2002; Wheal 2001). Concerns have been raised that if informal kinship placements do not receive support, children in these placements will be at risk of entering the state operated out-of-home care system (Wheal 2001).

Key messages

- Consistent with Australian research, the international review showed that kinship care is the fastest growing form of out-of-home care and kinship care placements require the same levels of monitoring and support as non-relative foster care placements.
- The international review showed that children in kinship and non-relative foster care have poorer outcomes than children who have never been placed in out-of-home care. However, children in kinship care have as good, if not better, outcomes than children in non-relative foster care placements.
- International research has shown that kinship carers require a kin-specific assessment process that takes into account the benefits to children of kinship placement and that recruitment strategies should avoid exploiting relative’s feelings of guilt and familial duty to recruit kinship carers.
Appendix B
Key messages from research

Foster families

There were 12 publications about foster families in four topic areas: recruitment; retention, satisfaction and support; and biological children.

Key messages

- There has been little evaluation of the effectiveness of recruitment strategies, however it must be highlighted that such evaluation is difficult due to the broad based nature of recruitment campaigns.
- Foster carers are often dissatisfied as they do not feel adequately supported. Areas of concern for carers included: provision of adequate support from caseworkers such as smaller case loads, better training and supervision, more experienced workers; support and information concerning legal entitlements and eligibility for benefits and services; and to be adequately informed, prepared, supported and consulted by the system to improve placement stability.
- Foster children impact on biological children, with biological children living within a contradictory experience. For example, the positive experiences of sharing, responsibility, caring and independence are coupled with the contradictory experiences of losing (that is attention of parents), wishing to escape, resenting, and belonging within the family context.
- Systematically developed evidence about what influences the overall satisfaction and intent of foster parents to continue to foster is lacking. There is a need for studies of retention to employ a longitudinal design where families who do and do not continue in the fostering role are compared on demographic characteristics.

Participation of children and young people

There were a total of six publications on the topic of participation of children and young people included in this report.

Key messages

- Recognition of the importance of including the views of children and young people in care and realising that this can enhance their self-esteem and benefit them psychologically.
- The importance of foster children and young people having a stable, trusting relationship with one person – can be their carer or even their caseworker.
- The need for the appointment of an independent representative to improve access to children and young people in care for the purposes of research.
Cultural considerations

There were 11 publications on Aboriginal and Torres Strait Islander issues. There were no publications identified for other cultural or linguistically diverse groups.

Key messages

• There is no Australian research that examined the outcomes of Aboriginal and Torres Strait Islander children in care. Culturally specific wellbeing indicators for Aboriginal and Torres Strait Islander children need be developed.
• It is vitally important that research of 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 and Torres Strait Islander Child Placement Principle (with kinship and non-related Aboriginal and Torres Strait Islander placements) and those who are placed in non-Indigenous placements.
• Very little research has specifically focused on the recruitment, support and retention of Aboriginal and Torres Strait Islander foster carers.

Issues relating to reunification

There were 10 publications in the following four areas relating to reunification: family contact; types of children; engaging biological parents; and sibling placement.

Key messages

• Practitioners may need to be educated about the benefits of family contact and procedures may need to be put in place to assist family contact to occur.
• Future research in relation to family contact is required to look to other jurisdictions to recruit representative sub-groups (for example, Aboriginal children).
• Biological parents appear to be marginalised from case planning and placement decision-making and this is particularly concerning given the aim of family reunification.
• International research has highlighted the benefits of placing siblings together in out-of-home care, however Australian research concerning sibling placement is lacking.
• There is a need for further research investigating the issues related to reunification.

Outcomes for children in care

There were 18 publications in five areas relating to outcomes for children in care. These were: children’s wellbeing; placement stability; permanency planning; educational needs and family contact.
**Key messages**

- The majority of foster children fare reasonably well (though still more poorly than the general population).
- Many children in foster care display improvements in psychosocial functioning over time.
- It is only a subpopulation of young people that experience ongoing and severe placement instability and deteriorations in functioning.
- Adolescents with mental health problems are the least likely to achieve placement stability or display improved psychological adjustment in care.
- Foster care appears to be unsuitable for a small subpopulation of young people in care and therefore there is an urgent need for a wider range of placement options for this subpopulation.

**Young people leaving care**

There were five publications relating to young people leaving care included in this report.

**Key messages**

- There is a relatively small body of research regarding young people leaving care.
- Young people leaving care are at great risk of experiencing negative life outcomes.
- There is a need for minimum leaving care standards.
- Legislative changes in relation to care leavers need to be evaluated in each state and territory.

**Residential and specialised models of care**

There were no international studies or publications on residential models of care included in this report. Four publications on specialised models of care were identified.

**Key messages**

- Further research is necessary to provide clear statements about the advantages and disadvantages of other forms of care (residential care, group care, treatment foster care, specialised models of care) other than foster care.
- Internationally, residential care is now considered a viable option for children and young people who are unable to achieve stability in traditional forms of family-based foster care.
- Need to address to limited number of placement options for children and young people with challenging emotional and behavioural difficulties.
**Kinship care**

Two Australian research publications on kinship care were included in this report, in addition an international review of kinship care literature was presented.

**Key messages**

- Australian and international research showed that kinship care is the fastest growing form of out-of-home care and kinship care placements require the same levels of monitoring and support as non-relative foster care placements.
- The international review showed that children in kinship and non-relative foster care have poorer outcomes than children who have never been placed in out-of-home care. However, children in kinship care have as good, if not better, outcomes than children in non-relative foster care placements.
- International research has shown that kinship carers require a kin-specific assessment process that takes into account the benefits to children of kinship placement and that recruitment strategies should avoid exploiting relative’s feelings of guilt and familial duty to recruit kinship carers.

**Professional issues**

Two publications on professional issues were included in this report.

**Key messages**

- There is limited research identified in the area of professionals involved in out-of-home care.
- Further research is required into the role of teachers, medical doctors and other professionals involved in out-of-home care.

**Policy: service system**

Eight publications in four areas relating to service system policy were included in this report. These were carer payments; the safety of children in care; the South Australian Funder-Purchaser-Provider model; and social work practice standards.

**Key messages**

- A descriptive and comparative analysis of carer payments across Australian states and territories indicated a lack of uniformity regarding development and application of carer payment policies.
- The cost of caring for children in out-of-home care is approximately 50 per cent greater than the cost of caring for a child who has never resided in out-of-home care (so called “normal children”), current subsidies to foster carers are not sufficient to cover the basic costs of caring for a child in out-of-home care.
• Practice environments need to be adequately structured to enable compliance with legislative frameworks in order to ensure the safety of children in care.
• Changes to the structure and funding arrangements for service providers can do little to improve service provision unless the underlying problems of foster care recruitment and retention are addressed.
• Residential care placements may need to be re-funded to address the shortage of foster care placements.
• There is a need for further research that investigates the policy context shaping the out-of-home care service system.

Policy: service provision

Seven publications in four areas relating to policies for service provision were included in this report. These were: kinship care; standardised assessments of child wellbeing; young people leaving care; and permanency planning.

Key messages

• There is a need for further research that systematically compares and evaluates existing policy frameworks guiding out-of-home care service provision.
• There is a need for practice guidelines to be developed in the areas of: kinship placements, child wellbeing assessment, transition to independent living and permanency planning.