

Outcomes for children and young people in care

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Researchers and practitioners in the child welfare sector have frequently discussed the behavioural, emotional and mental health outcomes of children and young people in care. In fact, the majority of out-of-home care research conducted in Australia focuses on the outcomes for the children and young people while in care. In this paper, we review Australian research investigating the outcomes for children and young people who are currently in care (i.e., the short-term outcomes for children). For a review of the Australian research investigating the long-term outcomes for children after they have left care and made the transition to independent living, see Osborn and Bromfield (2007). Outcomes relate to the physical, psychological functioning and educational levels of children and young people in care, and whether time in care has positively or negatively impacted on their functioning.

Aim

In this paper, we aim to:

- summarise what we know from Australian research about the outcomes for children and young people in care;
- assess the quality of the evidence base; and
- identify future research needs.

For each of the studies identified, a review was conducted describing the study's aim, methodology and key findings, and identifying any particular strengths or limitations that would affect whether the study findings could be generalised to a wider context. In this paper, the findings from this review are summarised to provide an overall picture of the Australian evidence base on the outcomes for children and young people in care. For a detailed description of each individual study review, see the tables in the Appendix.

What research was reviewed?

Twenty-one Australian research studies on the issue of outcomes for children and young people in care that were completed between 1994 and 2006, and were publicly available, were reviewed. (For more information on how Australian research was identified, see Bromfield & Osborn, 2007. For papers on other topic areas, go to www.aifs.gov.au/nch/pubs/brief/menu.html#research.)

These studies have been grouped into five sub-themes:

- the wellbeing of children and young people in care;
- placement stability;
- permanency planning;
- educational needs; and
- family contact.

The wellbeing of children and young people in care

The measurement of the wellbeing of children and young people in care is often an area that is neglected in routine data collection. For example, Barber and Delfabbro (2004) commented that one of the reasons that the measurement of wellbeing (i.e., psychological and social functioning) is omitted is due to the fact that other indicators such as permanency and stability can be easily measured from administrative data, whereas child wellbeing is more subjective and therefore more difficult to measure.

The studies

Fifteen of the 21 studies identified had findings that contributed to the Australian evidence base on the wellbeing of children in care. They were:

1. Barber and Delfabbro (2003b), "The First Four Months in a New Foster Placement: Psychological Adjustment, Parental Contact, and Placement Disruption" (see Appendix, page 3).
2. Barber and Delfabbro (2005), "Children's Adjustment to Long-Term Foster Care" (see Appendix, page 5).
3. Barber, Delfabbro, and Cooper (2000), "Aboriginal and Non-Aboriginal Children in Out-of-Home Care" (see Appendix, page 6).
4. Barber, Delfabbro, and Cooper (2001), "The Predictors of Unsuccessful Transition to Foster Care" (see Appendix, page 7).
5. Delfabbro and Barber (2003), "Before It's Too Late: Enhancing the Early Detection and Prevention of Long-Term Placement Disruption" (see Appendix, page 9).
6. Delfabbro and Barber (2004), "The Economic Cost of Behavioural Disorders in Substitute Care" (see Appendix, page 10).
7. Delfabbro, Barber, and Cooper (2002), "Children Entering Out-of-Home-Care in South Australia: Baseline Analyses for a 3-Year Longitudinal Study" (see Appendix, page 12).
8. O'Neill (1999), "It Must Be Because ...': Non-Biological Care and Mental Health. Part II: The Pattern of Referrals to Alfred Child and Adolescent Mental Health Service" (see Appendix, page 13).
9. O'Neill and Ablser (1999), "It Must Be Because ...': Non-Biological Care and Mental Health. Part III: Who Refers and Why?" (see Appendix, page 14).
10. Osborn and Delfabbro (2006b), *National Comparative Study of Children and Young People with High Support Needs in Australian Out-of-Home Care* (see Appendix, page 16).
11. Tarren-Sweeney (2006), "Patterns of Aberrant Eating Among Pre-Adolescent Children in Foster Care" (see Appendix, page 17).
12. Tarren-Sweeney and Hazell (2005), "The Mental Health and Socialization of Siblings in Care" (see Appendix, page 18).
13. Tarren-Sweeney and Hazell (2006), "The Mental Health of Children in Foster and Kinship Care in New South Wales, Australia" (see Appendix, page 19).
14. Tarren-Sweeney, Hazell, and Carr (2004), "Are Foster Parents Reliable Informants of Children's Behaviour Problems?" (see Appendix, page 20).
15. Victorian Department Human Services (2002), *The Audit of Children and Young People in Home Based Care Services* (see Appendix, page 21).

How reliable is the evidence base regarding the wellbeing of children and young people in care?

All of the Australian research into the wellbeing of children in care that was identified was quantitative, although one of the studies also comprised qualitative interviews with young people. The individual studies in this area were largely of a high quality and included two prospective studies: the South Australian longitudinal study (described in Bromfield & Osborn, 2007), and the study by Tarren-Sweeney & Hazell (2005, 2006). Sample sizes were adequate for the analyses undertaken. Three of the studies drew solely on existing case records, limiting the research to largely descriptive analyses (O'Neill, 1999; O'Neill & Absler, 1999; Victorian Department of Human Services, 2002). A few studies had insufficient cases to complete all analyses (e.g., O'Neill & Absler, 1999) and were cross-sectional in design (e.g., Delfabbro et al., 2002). The presence of these limitations can lead to an over-estimation of the amount of time children typically spend in care, as not all children have an equal chance of being selected.

Tarren-Sweeney, Hazell, and Carr (2004) examined the inter-rater agreement between foster parents and teachers regarding children's behaviour problems, and concluded that for children in long-term foster care, foster parents or teachers may be used as informants for total problems, externalising problems and social attention-thought problems, but not necessarily for internalising problems. Overall, the individual studies in this area were of a high quality. Although none of the studies had a nationally representative sample, the findings from this area can be broadly generalised to the population of children in out-of-home care in Australia.

What do we know about the wellbeing of children and young people in care?

An audit of children and young people in home-based care services conducted by the Victorian Department of Human Service (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. Barber and Delfabbro (2005) found that the majority of foster children were able to adjust to long-term foster care. Psychological testing showed improvements in psychological adjustment over time and interviews with foster children revealed that most children in long-term foster care were satisfied with almost all aspects of their current placement.

The majority of children in care are in good physical health and display improvements in psychological functioning over time.

However, a significant minority of children in care have experienced complex problems. The Victorian government audit of children and young people in home-based care reported that a mental health problem was diagnosed in 18% of the sample, a disability in 20% and an intellectual disability in 14%, and 14% of the sample had threatened suicide (Victorian Department of Human Services, 2002).

A significant minority of children in care experience complex psychological and behavioural problems.

Tarren-Sweeney and Hazell (2005, 2006) found that children in foster and kinship care exhibited exceptionally poor mental health in comparison to the general population. In their 2005 study, Tarren-Sweeney and Hazell reported that children presented with complex disturbances, including conduct problems and defiance, attachment insecurity and disturbance, attention-deficit/hyperactivity, trauma-related anxiety and inappropriate sexual behaviour. In their 2006 study using the same sample, a quarter of the children were found to display clinically significant eating problems. O'Neill (1999) and in collaboration with Absler (1999) analysed existing referral data from a Melbourne-based child and adolescent mental health service (CAMHS). They also reported that children in care (foster, kinship or residential) were more

likely than children living with biological parents to be referred to mental health services. However, it is not clear whether this is because children in care have more psychological problems than children in the care of their biological parents, or whether children in care are more likely to be referred to mental health services because carers and professionals involved assume they have more problems.

Children in care experience significantly poorer mental health outcomes than children who have never been in care.

Barber, Delfabbro, and Cooper (2000) examined the differences between Aboriginal ($n = 38$) and non-Aboriginal ($n = 198$) children in care. The study showed that Aboriginal children from metropolitan areas and non-Aboriginal children from rural areas had the longest histories of alternative care. The Aboriginal children were also found to be the unhealthiest and were least likely to be referred into care for reasons of emotional abuse or neglect. The results of the study were consistent with the proposition that metropolitan Aboriginal children and rural non-Aboriginal children are the most reliant on the formal alternative care system.

Aboriginal children from metropolitan areas and rural non-Aboriginal children are the most reliant on the formal alternative care system.

Osborn and Delfabbro (2006b) conducted a national comparative study of 364 children with a history of significant placement disruption across four Australian States (Victoria, South Australia, Western Australia and Queensland). The authors reported that almost three-quarters of the children came from households with domestic violence or physical abuse; two-thirds had parents with substance abuse problems; and almost 3 in 5 had been neglected. Half had parents with mental health problems, who were homeless, or who had significant financial problems. The majority of the children and young people had suffered physical abuse (73.4%), sexual abuse (65.9%) and/or neglect (58.2%). Only a small number of children (9.9%) were identified as having experienced no form of abuse or neglect, whereas approximately 90% of the sample had experienced at least one form of abuse or neglect. The study showed a strong coincidence of early trauma and abuse and subsequent placement instability.

Children with a history of placement disruption also tend to have a family history characterised by significant trauma.

Osborn and Delfabbro (2006b) also found that the majority of the children studied fell into the abnormal range for conduct disorder problems measured using the Strengths and Difficulties Questionnaire (SDQ). Close to half of the children fell into the abnormal range for hyperactivity and emotional problems, and close to two-thirds of the children fell into the abnormal range for peer functioning problems. Overall, close to 60% of the children and young people fell into the “abnormal” clinical range on the SDQ Total Difficulties Score for emotional and behavioural functioning. Those children with the highest levels of emotional and behavioural disturbance (abnormal range on SDQ) were noted as the most likely to receive services and/or interventions, suggesting some limited evidence for the matching of services.

Almost 60% of the children and young people with a history of placement disruption fall into the “abnormal” clinical range on the Total Difficulties Score for the Strengths and Difficulties Questionnaire.

Delfabbro, Barber, and Cooper (2002) found that children in care 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. However, problem behaviours in adolescence may be a manifestation of symptoms of trauma experienced in earlier developmental stages (Delfabbro et al., 2002) and therefore this may not represent different types of children, but rather different stages in the lives of foster children. Delfabbro

et al. (2002) argued that younger children probably develop more problems as they enter adolescence—partly because of their disruptive childhood experiences.

Adolescents are more likely to exhibit behavioural problems than younger children. However, problem behaviours in adolescence may be a manifestation of symptoms of trauma experienced in earlier developmental stages.

Delfabbro and Barber (2003, 2004) proposed that there were benefits to using economic models 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). Conduct disorder was shown to be the only significant predictor of the application of loadings. The study revealed that children with behavioural problems cost the South Australian alternative care system a great deal of resources. The authors recommended that cost–benefit analyses be conducted to estimate the cost of therapeutic services compared with foster carer loadings.

Children with behavioural problems cost the alternative care system a great deal of resources. Cost–benefit analyses need to be conducted to estimate the cost of additional therapeutic services compared with the current cost of caring for children with special needs.

Barber, Delfabbro, and Cooper (2001) found that it was possible, even with very abbreviated measures at intake, to identify during the early phases of placement children who were significantly at risk of placement breakdown and in need of support from those with a lowered risk. Barber and Delfabbro (2003b) argued that there was a need for case managers to complete brief, useable wellbeing assessments more routinely. Wellbeing assessments can show which children are most in need of support, inform decision-making, provide information on the impact of case decisions and events on children’s outcomes, and enable the wellbeing of children in care to be tracked over time.

Brief wellbeing assessments at intake can identify during the early phases of placement children who are significantly at risk of placement breakdown and in need of support from those with a lowered risk.

What future research is needed regarding the wellbeing of children and young people in care?

Although the individual studies in this area were of a high quality, further research is needed to create sufficient weight of evidence to constitute a reliable evidence base. Many studies previously conducted on child wellbeing have been cross-sectional and, as such, provide no baseline against which to compare changes in foster care outcomes. 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. There remains a need for longitudinal studies of the wellbeing of foster children. 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.

O’Neill (1999) 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. O’Neill (1999) also argued that more research was needed to understand the systemic issues involved in mental health referrals so that children receive appropriate and necessary treatment and support.

Placement stability

As stated earlier, many researchers have commented on the increasing number of children with complex emotional and behavioural problems entering care. 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 (Barber & Delfabbro, 2004).

The studies

Nine of the studies identified had findings that contributed to the Australian evidence base on issues related to placement stability for children and young people in care. They were:

1. Barber and Delfabbro (2002), “The Plight of Disruptive Children in Out-of-Care” (see Appendix, page 1).
2. Barber and Delfabbro (2003a), “Placement Stability and the Psychosocial Well-Being of Children in Foster Care” (see Appendix, page 2).
3. Barber and Delfabbro (2004), *Children in Foster Care* (see Appendix, page 4).
4. Barber, Delfabbro, and Cooper (2001), “The Predictors of Unsuccessful Transition to Foster Care” (see Appendix, page 7).
5. Delfabbro and Barber (2003), “Before It’s Too Late: Enhancing the Early Detection and Prevention of Long-Term Placement Disruption” (see Appendix, page 9).
6. Delfabbro, Barber, and Cooper (2000), “Placement Disruption and Dislocation in South Australian Substitute Care” (see Appendix, page 11).
7. Osborn and Delfabbro (2006a), “An Analysis of the Social Background and Placement History of Children with Multiple and Complex Needs in Australian Out-of-Home Care” (see Appendix, page 15).
8. Osborn and Delfabbro (2006b), *National Comparative Study of Children and Young People with High Support Needs in Australian Out-of-Home Care* (see Appendix, page 16).
9. Victorian Department Human Services (2002), *The Audit of Children and Young People in Home Based Care Services* (see Appendix, page 21).

How reliable is the evidence base regarding placement stability?

Eight of the nine Australian studies investigating the issues associated with placement stability for children and young people in care have been conducted solely by one consortia of researchers, all of which were based on one of two samples (Barber & Delfabbro, 2002, 2003a, 2004; Barber et al., 2001; Delfabbro & Barber, 2003; Delfabbro et al., 2000; Osborn & Delfabbro, 2006a, 2006b). The research is all quantitative, with adequate sample sizes and rigorous research designs, including multiple data sources where possible. The research in this area is of a high quality (including a prospective longitudinal study and a multi-site, multi-state study). The findings are likely to have broad applicability to other areas within Australia.

What do we know about placement stability for children and young people in care?

Placement history

In their longitudinal study of children in South Australian alternative care, Delfabbro, Barber, and Cooper (2000) found that 20.5% of children had experienced between one and two placements, 19.7% had experienced between three and five placements, 17.5% had between six and nine placements, and 23.5% had been placed at least 10 times previously. The Victorian audit of children in home-based care noted similar levels of placement instability (Victorian Department of Human Services, 2002). It is important to note that the number of placements or placement breakdowns is only one indicator of placement stability and it is imperative that other information is collected. For example, information related to whether the change in placement was planned or unplanned, whether the placement change was due to forces external

to the child (e.g., carer reasons, departmental funding, geographical changes), how long the child had been in care, the amount of time in each placement, and whether the placement history included any long-term placements.

Delfabbro and Barber (2003) found that the majority of children usually managed to obtain a stable and successful placement within their first 12 months in care. In contrast, they found that ongoing and severe placement disruption, documented by many researchers, appeared to affect a relatively small sub-group of children in care.

The majority of children in care obtain a stable and successful placement within their first 12 months in care. Ongoing and severe placement disruption, documented by many researchers, appears to affect a relatively small sub-group of children in care.

Osborn and Delfabbro (2006a, 2006b) conducted a comparative study across four Australian states (Victoria, South Australia, Western Australia and Queensland) of 364 children with a history of significant placement disruption. The study found that the mean age at entry into care for children with a history of placement disruption was 7.48 years ($SD = 4.21$), and they spent an average of 4.80 years ($SD = 3.76$) in care. On average, the children had experienced 10.53 placements ($SD = 7.80$) during their time in care and 4.95 placement breakdowns ($SD = 3.99$) in the previous two years. The study showed a strong coincidence of early trauma and abuse and subsequent placement instability. Osborn and Delfabbro asserted there is a strong need for ongoing multidisciplinary interventions to deal with the very high prevalence of ongoing psychological, social and educational difficulties within this population.

Children with a history of placement disruption experience an average of 11 placements during their time in care and five placement breakdowns over the previous two years. There is a strong coincidence of early trauma and abuse and subsequent placement instability.

Predictors of placement disruption

Researchers involved in a South Australian longitudinal study have extensively investigated factors linked to increased placement disruption. Delfabbro et al. (2000) 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 et al. (2000) found that adolescents with mental health problems (e.g., conduct disorder) were the least likely individuals in their longitudinal study to achieve placement stability or to display improved psychological adjustment while in care. Barber and Delfabbro (2002) 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. Delfabbro and Barber (2003) found that a child's age, level of conduct disorder, and mental health status were related to an early risk of placement disruption. They were reliably able to differentiate between unstable and stable children based on whether in the previous two years they had experienced two or more breakdowns due to their behaviour.

Children with high levels of placement disruption are reliably identified as those children who in the previous two years have experienced two or more breakdowns due to their behaviour.

Barber and Delfabbro (2002) found no evidence of improvement among young people who were initially disruptive in care, and concluded that early placement disruption is a predictor of ongoing problems in the care system. Barber et al. (2000) concluded that foster care appeared to be more suitable for younger and better-functioning children and recommended that a wider range of placement options be developed for the adolescent population.

Foster care appears to be unsuitable for a small sub-population of young people in care. There is an urgent need for a wider range of placement options for this sub-group.

The impact of placement disruption on children in care

Deterioration in psychological functioning associated with placement instability appeared to emerge approximately 12 months after placement breakdowns (Barber & Delfabbro, 2004). Delfabbro and Barber (2003) contended 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). Conversely, Barber and Delfabbro’s (2003a) findings suggested that placement instability for a period of up to one year did not necessarily result in psychosocial harm to children and young people. This result appears to question the fundamental tenet that multiple placements are inherently damaging and that a stable placement must be secured as soon as possible.

Early placement disruption may not be inherently damaging, but placement disruption extending beyond 12 months should be closely monitored, and the need for additional supports assessed.

What future research is needed regarding placement stability?

Research has shown that placement instability is a problem for a significant minority of children in care. However, Australian researchers have demonstrated that those children most at risk of placement instability can be reliably identified using the simple test of whether in the previous two years they have had two or more placement breakdowns due to their behaviour. Further research is needed to identify those factors that act to prevent placement instability in children whose history indicates a high risk for placement disruption.

In addition, further research is needed to examine alternative placement options and the continuum of care (i.e., a range of options, from family-like placements through to intensive therapeutic support and group residential accommodation) to determine whether there are more effective types of care that can assist children with high needs to achieve placement stability.

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. There is a heavy emphasis on permanency planning in the US, which came as a result of the vast number of children spending disrupted and indefinite periods in care. In comparison to the US, the emphasis of child welfare policy in Australia is more on family reunification rather than on permanency planning.

The studies

Only one of the studies identified had findings that contributed to the Australian evidence base on issues related to permanency planning:

1. Barber, Delfabbro, and Cooper (2001), “The Predictors of Unsuccessful Transition to Foster Care” (see Appendix, page 7).

How reliable is the evidence base regarding permanency planning?

While the one study identified was of good quality, a single study is not sufficient to constitute an evidence base on any issue.

What do we know about permanency planning?

The evidence available does not directly investigate permanency planning, rather it focuses on the related issue of inadequate placement options which, in turn, prevent permanency plans being successfully implemented for some children.

Barber et al. (2001), asserted that in Australia, due to the decline in residential care, there has been a narrowing of placement options and an increasing reliance on foster care. They concluded that the problem associated with taking this direction is that 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 who are failing to achieve stability in care. Barber et al. suggested 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 care and group care that suggests the two options can achieve positive outcomes for adolescents who are not suited to conventional foster care.

Alternative placement options, such as treatment foster care or group care, can achieve positive outcomes for adolescents who are not suited to conventional foster care.

What future research is needed regarding permanency planning?

Further research is needed to examine alternative placement options and continuums of care to determine whether there are more effective types of care that can assist children with high needs to achieve placement stability. Importantly, there was no research identified that examined practices regarding permanency planning (for example, decisions made about when to abandon plans to reunify children in care with their birth family and to seek permanent placements). There is an urgent need to evaluate current models of practice for permanency planning to inform future policy development in this critical area of practice for children removed from their biological families.

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 education of children in care shows placement instability as one of the main factors that negatively impacts on the education of children in care.

The studies

Only three of the studies identified had findings that contributed to the Australian evidence base on the educational needs of children in care:

1. Barber, Delfabbro, and Cooper (2000), "Aboriginal and Non-Aboriginal Children in Out-of-Home Care" (see Appendix, page 6).
2. CREATE Foundation (2006), *Report Card on Education 2006* (see Appendix, page 8).
3. Delfabbro and Barber (2003), "Before It's Too Late: Enhancing the Early Detection and Prevention of Long-Term Placement Disruption" (see Appendix, page 9).

How reliable is the evidence base regarding educational needs?

A mixture of methodologies was employed to investigate the educational needs of children in care, including one mixed-methodology (qualitative and quantitative) study and two qualitative studies. Quantitative data from the CREATE Foundation report card (2006) were largely descriptive; however, the report card also comprised thematic analyses of interviews with young people. The remaining two studies employed sound qualitative research methods and had large

sample sizes. Overall, the research in this area was of a good quality. However, the three studies do not provide sufficient research to constitute an evidence base.

What do we know about educational needs?

The annual “report card” released by the CREATE Foundation documents the current education circumstances of Australian children in out-of-home care. A number of key educational challenges were identified by children and young people:

Those in care:

- are much less likely to continue within mainstream education beyond the period of compulsion;
- are much more likely to be older than other children and young people in their grade level;
- on average attend a larger number of primary and high schools than other students; and
- missed substantial periods of school through changes of placement. (CREATE Foundation, 2006, p. 30)

A number of factors associated with non-attendance were also identified in the interviews with the children and young people. These factors included: instability and a lack of continuity in placement, and indicators of poor relationships within the school. On a positive note, the interviews revealed that the majority of children and young people felt supported in their educational endeavours.

Children in care are less likely than other children to continue their education beyond the age of compulsion. They are likely to attend a large number of different schools and to experience substantial periods of absence from school.

The relationship between placement instability and participation in education has been specifically investigated within Australia (Barber et al., 2000; Delfabbro & Barber, 2003). A high level of placement disruption has often been found to coincide with school changes (Delfabbro & Barber, 2003). School changes were more likely when children were older or were placed a long distance away from their families (Delfabbro et al., 2000). Delfabbro et al. noted that, at the time of the survey, 77% of the sample were attending school and nearly half of the children (45%) had to change school as a result of a placement change. The authors also noted that 45% of those who had experienced a school change had already done so at least once in the previous 12 months, with 12 children changing schools five or more times during that period. Statistical analysis revealed that age along with distance moved were the only significant predictors of the number of school changes: each unit increase in age was 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 were more likely to be experienced by older children who had spent a longer period of time in care. Older children in care were at a greater risk of not completing schooling, and therefore greater attention and support needs to be directed towards this group to attempt to reduce the number of school changes.

A large proportion of children in care have to change school as a result of a placement change. School changes are more likely when children are older or are placed a long distance away from their families.

What future research is needed regarding educational needs?

Further research is needed to examine factors that assist young people in care to continue to participate in education, and to identify methods that better meet the educational needs of children and young people in care.

Family contact

Family contact has been a contentious issue in child welfare policy and practice for many reasons. Delfabbro et al. (2002) claimed that a variety of reasons have been proposed to justify the importance of contact with the biological family, and they identified 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)

The studies

Only one of the studies identified had findings that contributed to the Australian evidence base on issues related to family contact for children and young people in care:

1. Delfabbro, Barber, and Cooper (2002), "Children Entering Out-of-Home-Care in South Australia: Baseline Analyses for a 3-Year Longitudinal Study" (see Appendix, page 12).

How reliable is the evidence base regarding family contact?

While the one study identified was of good quality, a single study is not sufficient to constitute an evidence base on any issue.

What do we know about family contact?

Delfabbro et al. (2002) 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.

Parental contact has been found to be positively associated with reunification and negatively associated with time in care.

Most caseworkers were in favour of parental contact. However, a small percentage (15 to 20%) felt that parental contact was not beneficial and that relationships between children and their parents significantly deteriorated while contact arrangements were in place. These findings are important considering that Australia's main focus of alternative care practice and policy is on reunification. However, the authors also noted the negative aspects of parental visiting: increased emotional strain placed on children as they were reminded of the separation; conflicting loyalties between biological and foster parents; increased caseworker workloads; and increased conflict between parents and children. In conclusion, the authors stated that the results of the study did support the notion that family contact enhanced reunification and maintained connections, but they asserted there was insufficient evidence to support a connection between family contact and other outcomes (Delfabbro et al., 2002).

There are advantages and disadvantages to parental contact for children in care. While parental contact is associated with reunification, it is not clear whether parental contact improves outcomes for children.

What future research is needed regarding family contact?

Further research is needed to determine whether parental contact can affect parent-child relationships, the long-term effects of parental contact and the impact of parental contact on children's outcomes. Further research is also needed on other forms of family contact, such as contact with siblings or extended family. Finally, this research was conducted with non-related

foster carers. Further research is needed to examine the unique issues associated with family contact for children in kinship care.

What do we know from Australian research on the outcomes for children in care? A summary

Australian research on the outcomes for children and young people in care comprised 21 studies in five areas: children's wellbeing, placement stability, permanency planning, educational needs, and family contact.

In brief, 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 found that problems increased the longer the children spent indefinite periods in care.

Overall, the research demonstrated that:

- Children in care experience significantly poorer mental health outcomes than children who have never been in care.
- Although children in care experience poorer outcomes on average than children who have never been in care, the majority of children in care are in good physical health and display improvements in psychological functioning over time.
- A significant minority of children in care experience complex psychological and behavioural problems.
- Aboriginal children from metropolitan areas and rural non-Aboriginal children are the most reliant on the formal alternative care system.
- Adolescents are more likely to exhibit behavioural problems than younger children. However, problem behaviours in adolescence may be a manifestation of symptoms of trauma experienced in earlier developmental stages.
- Children with behavioural problems cost the alternative care system a great deal of resources. Cost-benefit analyses need to be conducted to estimate the cost of additional therapeutic services compared with the current cost of caring for children with special needs.
- Brief wellbeing assessments at intake can distinguish during the early phases of placement children who are significantly at risk and in need of support from those with a lowered risk.
- The majority of children in care obtain a stable and successful placement within their first 12 months in care. Ongoing and severe placement disruption, documented by many researchers, appears to affect a relatively small sub-group of children in care.
- Children with a history of placement disruption experience an average of 11 placements during their time in care and five placement breakdowns over the previous two years. The study showed a strong coincidence of early trauma and abuse and subsequent placement instability.
- Children with a history of placement disruption also tend to have a family history characterised by significant trauma.
- Almost 60% of the children and young people with a history of placement disruption fall into the "abnormal" clinical range on the Total Difficulties Score for the Strengths and Difficulties Questionnaire.
- Children with high levels of placement disruption are reliably identified as those children who in the previous two years have experienced two or more breakdowns due to their behaviour.
- Foster care appears to be unsuitable for a small sub-population of young people in care. There is an urgent need for a wider range of placement options for this sub-group.

- Early placement disruption may not be inherently damaging, but placement disruption extending beyond 12 months should be closely monitored, and the need for additional supports assessed.
- Alternative placement options, such as treatment foster care or group care, can achieve positive outcomes for adolescents who are not suited to conventional foster care.
- Children in care are less likely than other children to continue their education beyond the age of compulsion. They are likely to attend a large number of different schools and to experience substantial periods of absence from school.
- A large proportion of children in care have to change school as a result of a placement change. School changes are more likely when children are older or are placed a long distance away from their families.
- Parental contact has been found to be positively associated with reunification and negatively associated with time in care.
- There are advantages and disadvantages to parental contact for children in care. While parental contact is associated with reunification, it is not clear whether parental contact improves outcomes for children.

The Australian research that related to outcomes for children and young people in care was of a very high quality. The studies were well designed, with large samples, and, in some cases, used a prospective design with pre-post assessments and a comparison group. Triangulation of information sources (asking different groups of respondents, such as both foster carers and teachers, to answer the same questions) was used to improve the reliability of data collected.

Conclusion

All of the studies provided evidence that children and young people in care are experiencing relatively negative outcomes when compared to other children not in care. The findings from the recently completed national comparative study highlighted that children with high support needs in the different states had similar histories of family disadvantage and maltreatment. Several studies, however, noted that not all children in care fared badly and that, for the majority, foster care appeared to be a positive experience, with large proportions of the children displaying improved psychological adjustment while in care. Barber and Delfabbro (2002) 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 suggested that this ability to predict placement outcomes enables resources and interventions to be targeted at children in care who are experiencing severe levels of placement instability.

Overall, the research findings strongly recommended that alternative placement options be developed for children and adolescents in care who are challenging, and suggested that there are now means for identifying the most suitable children and young people for such care options (Barber & Delfabbro, 2003). Results from the national study highlighted the strong coincidence of early trauma and abuse and subsequent placement instability in children and young people with high support needs in Australian out-of-home care. Osborn and Delfabbro (2006b) noted that:

children within this population appear to form one single cluster based upon very common family experiences: namely, the combined effects of domestic violence, substance abuse and physical violence and neglect. Such findings suggest very strongly that out-of-home care policy cannot, and should not, be considered in isolation from other important areas of social policy and public health. Any policies which are successful in reducing levels of substance abuse, domestic violence and the problems of adult mental health are likely to have significant impacts upon the out-of-home care system. (p. 94)

Osborn and Delfabbro (2006a) argued that ongoing multidisciplinary interventions are required for this population to deal with the very high prevalence of ongoing psychological, social and educational difficulties.

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