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<td>To consider outcomes for children objectively identified as problematic, as indicated by previous placement breakdown due to behavioural problems.</td>
<td>The sample was extracted from a 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 ($n = 40$). Data from case files and interviews with caseworkers were collected, using an abbreviated form of the Child Behavior Checklist (CBCL); a social adjustment checklist developed by Barber and Delfabbro; 16-point alcohol and drug scale; and single-item measures of sexually at-risk behaviours, cooperativeness and uncooperativeness at school measure, and school attendance.</td>
<td>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. 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 was suggested that more placement options are needed for this particular sub-group of children in care.</td>
<td>The limited number of cases meant that it was not possible to conduct a multivariate 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 the sample included children who had previously been in care. Usher, Randolph and Gogan (1999) argued that including children with pre-existing placement histories potentially confounds the cause of current placement moves with previous experiences. Yet strict adherence to this principle may not always be beneficial. In South Australia, 85% of children have experienced a previous placement; therefore, to include only “new” cases would exclude a vast majority of children in care from research. 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 provides the opportunity to target resources and interventions to certain children so as to improve the current extent of placement instability.</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 ) (121 male, 114 female) 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 the 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 and the psychosocial wellbeing of the 130 children in foster care throughout the study period were examined. Data were drawn from case files and interviews with caseworkers. An abbreviated form of Boyle’s Child Behavior Checklist (CBCL) measured psychological functioning, and a checklist developed by Barber and Delfabbro measured social adjustment.</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 concluded that results for group 2 suggest that placement instability up to the 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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To examine children’s wellbeing in a new foster placement.

**Method**

Total sample: $n = 235$ (121 male, 114 female) children referred into a new foster care placement over a 12-month period (1998–1999). Mean age = 10.8 years. $n = 164$ (70%) of children who remained in care were followed up.

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

Prospective longitudinal design with intake and 4-month follow-up assessments. Used case file information and interviews with the children’s caseworkers. Scores on behaviour and psychological measures for adolescents in the sample were also compared with a normative sample ($n = 985$) of adolescents from the general population.

The study used brief measures of behavioural disorder (abbreviated Boyle's Child Behavior Checklist (CBCL), psychological adjustment, and adjustment at school). The frequency and reliability of parental visiting was also assessed.

**Findings and recommendations**

25% of the sample returned home within 4 months. For those children who had remained in care throughout the assessment period, there had been modest improvements 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% confidence intervals for the general adolescent population on most wellbeing measures, particularly conduct disorder.

The abbreviated CBCL scales used in the study were found to be both easy to administer and reliable. But a feature of the data set 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 corresponded closely to that recorded by Boyle et al. (1987) for the longer version. Authors noted 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.

**NCPC comment**

This is a very well designed study: it has a large sample and uses a 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 adolescents’ parents, whereas the raters for the present study were their social workers. The authors argue the need for quick, reliable measures of child wellbeing.


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| To review the outcomes and options for children in South Australian out-of-home care. | Quantitative and qualitative data collection for 235 children (mean age = 10.8 years) in South Australian out-of-home care. 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. Data collected included:  
  - demographic information;  
  - reason for placement into care;  
  - whether child had been diagnosed with a mental health problem;  
  - an abbreviated form of Boyle’s Child Behavior Checklist (CBCL); and  
  - a checklist developed by Barber and Delfabbro measuring social adjustment.  
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. | Barber and Delfabbro described in their book the concerning trend of placement instability in foster care systems around the world. The authors 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. | An excellent book based on methodologically vigorous research in relation to the outcomes of children in out-of-home care in Australia. |

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<td>The aim of the study was to determine whether long-term foster care was associated with adverse psychological consequences in two studies.</td>
<td>The first study tracked 235 (121 male, 114 female) children over two years and collected repeated measures of foster child wellbeing. The second study involved interviews with 48 (25 male, 23 female) children who had been in the care system for a minimum of two years.</td>
<td>It was found that, after 4 months in care, the participants were generally better behaved, less agitated and less worried than they had been at intake. Scores on the psychosocial functioning of the participants were found to be significantly lower at the 12-month and two-year review points. Therefore, the improvements in psychosocial wellbeing observed soon after placement into care were maintained after two years in care. The interviews with foster children revealed that most children in long-term foster care were satisfied with almost all aspects of their current placement. Generally speaking, the children described the foster homes as highly nurturing, but it should be noted that 20% of children believed they needed more help than they were getting and that they did not always get along with their foster carers. The results from the two studies suggest that foster children adjust to long-term foster care, as demonstrated by an overall positive developmental trajectory in their psychological adjustment and the generally positive feedback from the interviews with the foster children. Generally speaking, the findings suggest that long-term foster care is a positive experience for the majority of children.</td>
<td>The findings have important policy implications for children in long-term foster care in Australia. A limitation of the study was the lack of a control group.</td>
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<td>To establish whether Aboriginal children in the 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 a 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 a longitudinal project, this particular study was cross-sectional in design.) The sample included 38 Aboriginal children ($M = 10$ years, $SD = 3.61$; 53% female; 58% lived in metropolitan areas) and 198 non-Aboriginal children ($M = 10.91$, $SD = 3.39$; 48% female; 76% 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. Data were collected from central agency records and interviews with caseworkers. Data covered 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>Aboriginal children from metropolitan areas and non-Aboriginal children from rural areas had the 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, and were also the unhealthiest; together with rural non-Aboriginal children, they were most likely to be under a court order at the time of placement. Results are consistent with the proposition that metropolitan Aboriginal children and rural non-Aboriginal children are the most reliant on the formal alternative care system. The authors recommended a greater focus on family reunification for these groups of children.</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. There is little hard data on the extent to which 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 <em>South Australia Child Protection Act 1993</em>). In the US, the length of time in care has been one of the more consistently investigated racial differences. This has not been investigated in Australia to the same extent. However, the findings from this study indicate that this is an area for further attention.</td>
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**Aim**

To identify the baseline characteristics of children that predict successful and unsuccessful transition to foster care within the time frame of 3–4 months.

**Method**

Total sample: \(n = 235\) (121 male, 114 female) 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.

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 care 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 for the children who were suitable for inclusion in the study were contacted. Information was collected from central agency records, and government databases and verified with caseworkers in interviews.

Data collected were:

- demographic information
- reason for placement into care
- whether child had been diagnosed with a mental health problem
- an abbreviated form of Boyle’s Child Behavior Checklist (CBCL); and
- a checklist developed by Barber and Delfabbro measuring social adjustment.

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% of cases, their responses were identical or within 1 point of each other.

**Findings and recommendations**

The study showed that adolescents with mental health problems were least likely to achieve placement stability or to display improved psychological adjustment in care. The authors recommended that, since unsatisfactory transition to foster care was so prevalent among these foster children, 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.

**NCPC comment**

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.

This was a very good study with a large sample. The predictive model provides practitioners with the ability to identify those individuals who are most at risk of poor outcomes in care. Intensive treatment options for these groups are needed.
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<td>The overall aim of the report card is to provide a current snapshot of the education circumstances of Australian children in out-of-home care.</td>
<td>The method employed for the report card included a literature review, structured survey with 297 children and young people in care in Australia aged 10 to 17 years, and requests for information to state and territory governments. The ministers responsible for education and out-of-home care were asked to provide written feedback on the ways that their jurisdiction was fulfilling the educational needs of foster children in care. The ministers were also asked to contribute to a comparison of the policy and practice framework using a standardised template.</td>
<td>It was found that more than half the participants reported that they did not have or were unaware of whether they had a current plan. This finding highlights the lack of involvement of children and young people in their case plans in Australia. 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 schools. The interviews did reveal that the majority of children and young people did feel supported in their educational endeavours.</td>
<td>The report card is an excellent source of information for practitioners, researchers and policy-makers on the educational outcomes of children and young people in care. CREATE also reports on the progress of states and territories in establishing the foundation for achieving better educational outcomes.</td>
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The aim of the study was 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 foster care.

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 males, 114 females). Mean age = 10.8 years.

Children were selected if referred for a new placement between May 1998 and April 1999. Excluded from the 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 used brief measures of behavioural disorder: abbreviated Boyle’s Child Behavior Checklist (CBCL), psychological adjustment and adjustment at school. The frequency and reliability of parental visiting was also assessed.

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 indicated 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 showed that this predictability of outcomes may allow for the early detection of children most at risk in foster care and also act as a means of identifying children failing to adapt to care.

This was a very well designed study, with a large sample. The authors recommend the extension to other Australian states of the form of analysis used in the study. For example, they recommend that 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 those children most suitable for such care options.

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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 males, 113 females). Mean age = 10.8 years. Excluded from the 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 used an economic model to predict which children would 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 Behavior Checklist (CBCL) measured psychological functioning, and a checklist developed by Barber and Delfabbro measured social adjustment.</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 suggested that the baseline analysis of child characteristics may provide quite precise estimates of the potential financial costs of foster care services. Approximately 36% 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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To examine the disruption rates of children in SA foster care during 1998–1999 and to examine the extent to which the policy regarding minimising disruption has been realised by this sample.

Total sample: $n = 235$ (121 males, 113 females). Mean age = 10.8 years.

Excluded from the 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% of the sample were Aboriginal, 27% were from country areas of South Australia and 73% were from metropolitan areas of Adelaide.

16.7% of children had never been in care before and 82.9% had at least one previous placement.

Records at the 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:

- demographic characteristics;
- placement history;
- type of legal order;
- reason for placement;
- serious physical or psychological problems requiring ongoing treatment;
- recent school performance and changes;
- nature and frequency of offending behaviour; and
- child and parental problems associated with placement.

The authors 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% had 1–2 placements, 19.7% had 3–5 placements and 17.5% had 6–9 placements and 23.5% had been placed at least 10 times previously.

At the time of the survey, 77% of the children were attending school. Of these, 45% had to change school as a result of a new placement. Furthermore, 45% of those who had changed school for a new placement had already changed school at least once in the previous 12 months, with 12 children having done so 5 or more times. Apart from distance, age was the only significant factor that predicted school changes, with each unit increase in age associated with 1.18 times greater likelihood of changing school. Each unit increase on the 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 the country and 3.38 times greater for children with a history of multiple placement changes (6 or more).

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 the 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 recommend the use of longitudinal designs to answer many unanswered questions in regards to placement disruption.

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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.</td>
<td>Total sample: $n = 235$ (121 males, 114 females) South Australian foster children in OOHC during 1998–1999. Mean age = 10.8 years. Children were selected if they were referred for a new placement between May 1998 and April 1999. Excluded from the 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. Data were collected from 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 the 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 could have resulted 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 longer have a higher probability of being selected and thus may lead to overestimates of 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 is needed to track individuals over a period of time (that is, a longitudinal design). The strengths of the study included: a 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 the 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 that estimate the cost of additional services compared with the long-term costs of current models of care, claiming that it is pure speculation that other options are more expensive than the current cost of placement moves.</td>
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To establish whether children who had experienced non-biological care in Melbourne presented to child and adolescent 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.

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%). The analysis of referral patterns was conducted and the findings compared were related to Victorian population statistics.

Total sample: \( n = 604 \) children and young people. 70 (11.6%) had experience of foster care, including kinship foster care; 11 (1.8%) had experience of permanent care (2 of inter-country adoption), and 74 (12.3%) had experience of other categories of care, such as family group home care. 103 children of the 604 new registrations (17.0%) had experienced one of more kinds of care at the time the therapists compiled the information.

The Achenbach Child Behavior Checklist (CBCL) scores were available on only 41 children who had at least one experience of non-biological care. The checklist scores were available on 54 children who had not experienced non-biological family care (control group).

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 suggested 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).

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 remain 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 that 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.

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<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%). The analysis of referral patterns was conducted and the findings compared were related to Victorian population statistics. Total sample: ( n = 604 ) children and young people. 70 (11.6%) had experience of foster care, including kinship foster care; 11 (1.8%) had experience of permanent care (2 of inter-country adoption), and 74 (12.3%) had experience of other categories of care, such as family group home care. 103 children of the 604 new registrations (17.0%) had experienced one of more kinds of care at the time the therapists compiled the information. The Achenbach Child Behavior Checklist (CBCL) scores were available on only 41 children who had at least one experience of non-biological care. The checklist scores were available on 54 children who had not experienced non-biological family care (control group).</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 suggested 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 remain 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 that 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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| 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 experienced non-biological care compared with children who have 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? | The study presents an analysis of referrals that occurred during the period between mid-1991 and mid-1993 at Alfred Hospital’s Child and Adolescent Mental Health Service (CAMHS). The study analysed the referrals that occurred at Alfred CAMHS during the stated time period.  
  From 604 new case registrations, sources of referral were available for 531 registrations.  
  Group 1 sample comprised $n = 429$ children who had continuously lived with their biological parents.  
  Group 2 comprised $n = 102$ children who had lived apart from their biological parents. | 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 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 raised a number of questions and suggestions as to why this is the case. | A strength of the study is its large sample size. A limitation of the study, identified by the author, is that she felt that not all of the study questions had been answered.  
  Further research is required in this area to increase the knowledge base on the systemic issues involved in such referral in order to ensure that children receive treatment and support that is appropriate to their needs. |

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<td>The study aimed to enhance the national awareness of the complex requirements of children with high support needs in Australian out-of-home care.</td>
<td>A national comparative study of 364 children (212 males, 152 females) with a history of significant placement disruption was conducted across four Australian states (Victoria, South Australia, Western Australia and Queensland). Children were included in the study if they had experienced two or more unplanned placement terminations in the previous two years. Extensive case file readings were conducted in conjunction with interviews with caseworkers.</td>
<td>Osborn and Delfabbro noted the complex and multifaceted social and family background factors contributing to these children’s involvement with the care system, and their subsequent placement histories. Children in the different states were found to have similar histories of family disadvantage. 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 who had mental health problems, were homeless, or had significant financial problems. The majority of the children and young people had suffered physical abuse (73.4%), sexual abuse (65.9%) and neglect (58.2%). The results highlighted the strong coincidence of early trauma and abuse and subsequent placement instability. The authors recommended that ongoing multidisciplinary interventions were needed to deal with the very high prevalence of ongoing psychological, social and educational difficulties within this population.</td>
<td>The study provides the first national comparative data on high support needs children in Australia and relates the findings to recommendations for interventions for this population of young people.</td>
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The aim of the national comparative study was to provide the first national profile of children and young people with high support needs in Australian out-of-home care. The study involved detailed interviews with caseworkers, extensive case file readings, and comprehensive analysis of objective placement data. The study provides a detailed analysis of the social and family background of children, their psychosocial profile, service history and their placement experiences. The children were selected if they were aged between 4 and 18 years of age and referred for emergency, short- or long-term placements. The children were only selected if they had experienced 2 or more placement breakdowns in the previous 2 years or had experienced a placement breakdown during their first 4 months in care.

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<td>The aim of the national comparative study was to provide the first national profile of children and young people with high support needs in Australian out-of-home care.</td>
<td>A national comparative study of 364 children (mean age = 12.92, SD = 3.28) from South Australia, Victoria, Queensland and Western Australia. The study involved detailed interviews with caseworkers, extensive case file readings, and comprehensive analysis of objective placement data.</td>
<td>The majority of children 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 for the Total Difficulties Score of the SDQ for emotional and behavioural functioning. State comparisons revealed no significant differences in the overall level of emotional and behavioural functioning across the country, except for children in Western Australia, who were found to have higher conduct disorder problems than the Victorian and South Australian children.</td>
<td>The study provides the first national comparative data on high support needs children in Australia. A limitation of the study is that the findings can only be generalised to four Australian states and the findings only relate to children in metropolitan areas. Therefore, the relevance of the findings for rural children needs to be treated with caution.</td>
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<td>To examine the patterns of aberrant eating among pre-adolescent children in court-ordered foster and kinship care in New South Wales.</td>
<td>An epidemiological and phenomenological investigation of eating patterns among 347 pre-adolescent children in court-ordered care conducted within the baseline survey (2000–2003) of the Children in Care Study (CICS). The study used a state-wide mail survey (obtained between 2000 and 2003). The measures included: two carer-report checklists, the Child Behavior Checklist (CBCL) and the Assessment Checklist for Children (ACC).</td>
<td>A quarter of the children were found to display clinically significant aberrant eating problems. The author identified two distinct patterns: the first was a pattern of excessive eating, food acquisition and maintenance behaviours without concurrent obesity (termed “food maintenance syndrome”); and the second was a cluster of pica-type eating behaviour that correlated with self-injurious behaviour and was closely associated with developmental disabilities.</td>
<td>A methodologically rigorous study that investigated a poorly understood and researched area that appears to affect quite a large proportion of children in care.</td>
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The aim of the study was to investigate the mental health of children in foster and kinship care in NSW and to compare the mental health outcome for children residing with and without their siblings.

Method

A prospective epidemiological study of mental health of 347 children aged 4–11 years in court-ordered foster and kinship care in NSW. Baseline survey obtained mental health, socialisation and risk exposure estimates via a state-wide mail survey of foster parents and kinship carers, and from the child welfare computer database. Mental health was measured using Boyle’s Child Behavior Checklist (CBCL) and Assessment Checklist for Children (ACC).

Findings and recommendations

The study presented findings from the development, pilot and baseline stages. The results indicated that children were reported as having exceptionally poor mental health, both relative to the general population and to other populations of children in care. Children presented with complex disturbances, including multiple presentations of conduct problems and defiance, attachment insecurity and disturbance, attention-deficit/hyperactivity, trauma-related anxiety and sexual behaviour. Girls separated from all of their siblings were found to have significantly poorer mental health and socialisation than girls residing with at least one sibling. The authors explored a number of reasons as to why this might be so, but did assert that “the data provides some support for a protection hypothesis—namely that placement with one’s siblings is a psychologically protective experience for girls in care, who are otherwise at high risk for developing psychopathology” (p. 839).

NCPC comment

Design strengths identified by the authors 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 the time of children's exposure. The study obtained the first reliable estimates of mental health of siblings in care and provides new insights into the significance of sibling relationships on their development.

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<td>To report baseline mental health measures of children in foster and kinship care in New South Wales as part of the Children in Care Study (CICS).</td>
<td>A baseline assessment of mental health, socialisation and self-esteem of 347 children aged 4 to 9 years of age using a state-wide mail survey (obtained between 2000 and 2003). The measures included: two carer-report checklists, the Child Behavior Checklist (CBCL) and the Assessment Checklist for Children (ACC).</td>
<td>The authors noted that the children had exceptionally poor mental health and socialisation relative to both normative and in-care samples. Boys were found to have a higher scope and severity of mental health problems than girls on the CBCL. The authors concluded that children in care are at a high risk of mental health problems. The authors recommended that psychological support for the children and their carers is essential as a secondary prevention strategy.</td>
<td>A strength of the study was the development and use of the Assessment Checklist for Children, which measures a range of problems specific to foster children that are not adequately covered by standard survey instruments.</td>
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To examine one indicator of the reliability of foster parent checklist reports. This is a quantitative study. Estimates were obtained of inter-rater agreement of foster parent and teacher responses on the cross-informant scales of the Child Behavior Checklist (CBCL) and the Teacher Report Form (TRF) for 47 children (27 males, 20 females) aged 5 to 11 years, in long-term foster care in the Hunter area of NSW. 43 respondents were foster mothers while 4 were foster fathers. The CBCL and the TRF instruments share a set of cross-informant problem behaviour scales. 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. The correlations of CBCL and TRF mean raw scores for the total problems ($r = 0.71$) and externalising ($r = 0.78$) 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 inter-rater agreement was not associated with the length of time that foster parents and teachers had known children. The study indicates 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; however, reliability of data on internalising symptoms is less certain. The sample size for this quantitative study was small, therefore findings can not be generalised. The sample was taken from one geographical setting in Australia only, which meant findings reflected specific sociocultural characteristics. Regardless of the limitations, this remains an important study; it is one of the few Australian studies in the child welfare area to evaluate and test a methodological issue.

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<td>To examine the safety and wellbeing 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% 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 home-based care. 21% of the sample had been in the same home-based care placement for more than 2 years. High levels of placement changes were experienced by some of the sample group (median = 5 placements). In 86% of cases of current home-based care, the placement was identified as an ideal placement. In 74% of cases, children and young people were assessed as being happy in their current home-based care placement. The majority were in good physical health and experiencing positive peer relationships, 18% had been diagnosed with a mental health issue, 20% had a disability, 14% had an intellectual disability, and 14% had threatened suicide. 63% had been in a previous out-of-home care placement prior to their current home-based care placement. 41% of caregiver households were able to care for sibling groups (mainly for sibling groups of 2). Only 27% could provide a placement for a sibling group of 3 or more. 61% of carers in rural regions were available to accept after-hours placements, only 36% of metropolitan caregivers could accept after-hours placements. Caregivers identified caregiver-, client- and system-related factors that could assist in their role of providing care to children and young people, such as financial assistance, practical assistance (e.g., 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 layout of the 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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<td>The care arrangements for children in the sample comprised: home-based care (43%), kinship care (27%), residential care (12%) and permanent care (18%). 10% of the sample were Indigenous and 85% 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.</td>
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<td>Of 3,372 caregiver households recorded on FACTS as operational, 62% (1,265) were available for referral. 61% of home-based care households responded to the survey (a total of 1,667 households). 41% were 2-parent families with 1 or 2 dependent children and of Anglo-Australian origin. In 75% 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.</td>
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