Residential and specialised models of care

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The decline in the use of residential care options is not unique to Australian out-of-home care, as both the UK and the US have witnessed similar declines. One of the main reasons attributed to the decline is the view that the placement of a child or young person in residential care cannot provide the same quality of care as the placement of a child or young person in a family environment (i.e., foster or kinship care). Many practitioners and researchers argue that residential care is too restrictive and not as “normalised” as family-based foster care. However, in recent years, research has provided evidence that residential care may not be as “bad” as previously thought. For example, Barber and Gilbertson (2001) noted that international research has demonstrated that the achievements of foster and residential care, in terms of health and wellbeing outcomes, are broadly comparable. Research has further indicated that residential care may be a realistic option for children and young people who exhibit major behavioural and emotional problems (Bath, 1998).

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

Aim

In this paper, we aim to:

• summarise what we know from Australian research about residential and specialised models of care for children and young people;
• 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 residential and specialised models of care. For a detailed description of each individual study review see the tables in the Appendix.

What research was reviewed?

Nine Australian research studies relating to residential and specialised models of 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.)

The studies have been grouped into three sub-themes:
- the role of residential care in the care continuum;
- intensive support services and models of care; and
- treatment or specialised foster care.

The role of residential care in the care continuum

As previously stated, residential care options are quite limited in Australia as a result of the deinstitutionalisation movement in the 1970s. Many practitioners and researchers argued that residential care was too restrictive and not as “normalised” as family-based foster care. Nevertheless, in recent years, research has provided evidence that residential care may not be as “bad” as previously thought and the role that residential care can play in the continuum of care options is being reappraised.

The studies

Three of the studies identified had findings that contributed to the Australian evidence base on the role of residential care and the continuum of care:
3. Flynn, Ludowici, Scott, and Spence (2005), Residential Care in New South Wales [see Appendix, page 4].

How reliable is the evidence base regarding residential care and the continuum of care?

This area is characterised by high quality research, including a multi-national review of care types; the only large-scale multi-jurisdictional quantitative out-of-home care study in Australia; and a comprehensive qualitative study. However, the small number of studies, coupled with them all having very different approaches, means that there is insufficient research to constitute an evidence base regarding residential care and the continuum of care.

What do we know about the role of residential care in the care continuum?

The phrase “continuum of care” is used to describe a continuum of care options that move from less to more restrictive and less to more intensive. However, assumptions regarding the restrictiveness and intensiveness of different placement types have resulted in the care continuum being conceptualised as specific placement types occurring along a continuum, with
home-based care at one end and residential care at the other (e.g., from kinship care to foster care to treatment foster care to residential care).

Australian research has demonstrated that conventional home-based (foster and kinship) care is not suitable for some children and young people with complex behavioural problems. The care experience of these children and young people is characterised by high levels of placement instability (Delfabbro & Osborn, 2005). There is an association between placement instability and behavioural problems, but the direction of this relationship is unclear. It is probable that children with complex behavioural problems are more vulnerable to placement breakdown, but that placement breakdown in turn exacerbates existing problems. Regardless of the direction of the relationship, it appears that some children with high levels of placement instability and/or complex behavioural problems are unsuited to home-based care arrangements.

Conventional home-based (foster and kinship) care is not suitable for some children and young people with complex behavioural problems and high levels of placement instability. Residential care should be considered a viable option for these children and young people.

Similarly, Flynn, Ludowici, Scott, and Spence (2005) reported that residential care should be used selectively for children and young people with high support needs, sibling groups, young people moving on to independent living, and children and young people following a foster placement breakdown. Many respondents also questioned the rationale of only permitting residential care for young people over the age of twelve years and commented that it should be a valid choice for younger children in certain circumstances. In many cases, Flynn et al. found that residential care was being used as a longer-term care arrangement.

Residential care should be used selectively for children and young people with high support needs, sibling groups, young people moving on to independent living, and children and young people following a foster placement breakdown.

Flynn et al. (2005) investigated residential care in New South Wales as part of the Association of Childrens Welfare Agencies’ (ACWA) Out-of-Home Care Development Project. The report provides a comprehensive overview of residential care services in New South Wales, including descriptive case studies of each of the services. A total of 109 interviews were conducted between May and August 2005. The interview data showed that residential care is a small but active component of care in New South Wales. The 42 providers interviewed were accommodating 330 residents on 181 properties, but the total capacity of all current providers was estimated at 420 placements. An interesting finding was the prevalence of “individual residential care” (i.e., residential care facilities for a single child) in New South Wales, which accounted for approximately one-third of all residential placements.

Residential care is a small but active component of care in New South Wales.

One of the main findings was that “while foster care remains the preferred form of out-of-home placement, there is a definite place for residential care in the service system and that residential care capacity should be increased” (Flynn et al., 2005, p. v).

While foster care remains the preferred form of out-of-home placement, there is a definite place for residential care in the service system.

In their study investigating the care continuum, Delfabbro, Osborn and Barber (2005) reviewed the different components that comprise treatment programs and how programs can be designed or differentiated based on a proposed model. The authors noted that many forms of residential and group care options in North America that were previously thought to be very restrictive could actually be less restrictive than home-based care environments. The elements that characterise care (i.e., levels of discipline, routine, autonomy and free time), rather than the type of care (foster or residential), determine how restrictive the placement will be. Some home-based carers may provide highly restrictive care in terms of these elements. Delfabbro et al. concluded
that appropriate combinations of different elements, rather than choices between fixed
categories of care, could assist the development of innovative solutions in Australia for young
people who are not suited to existing care arrangements.

The elements that characterise care (i.e., levels of discipline, routine, autonomy and free
time), rather than the type of care (foster or residential), determine how restrictive the
placement will be.

Delfabbro et al. (2005) also argued that the Australian care continuum itself should be re-
evaluated. Children and young people tend to initially be placed in home-based care and only
placed in residential care following multiple placement breakdowns (which demonstrate that the
child or young person is unsuited to conventional home-based foster or kinship care). The
authors suggest that residential care could be considered as an option when children first enter
care, where they can be assessed and receive appropriate treatment services. The provision of
appropriate treatment services early in the care continuum may result in sufficient changes in
the behaviour of highly traumatised children and young people to enable them to subsequently
be placed in home-based care.

The care continuum itself should be re-evaluated and residential care be considered as an
option when children first enter care, where they can be assessed and receive appropriate
treatment services.

Delfabbro et al. (2005) were also quite critical of the models of residential care that were
prevalent within Australia, equating them with “temporary holding facilities”. Supporting this
conclusion, Flynn et al. (2005) reported that although care agencies named various therapeutic
approaches that informed the care provided to children and young people, most did not
systematically apply a clinical therapeutic regime in their service. Many interviewees in the study
by Flynn and colleagues indicated strongly that there was a need for treatment models of
residential care to be developed and evaluated (such as the Sanctuary Model operating in New
York state).

There is a need for treatment models of residential care to be developed and evaluated.

Delfabbro and Osborn (2005) also identified the need for alternative care arrangements to be
explored and evaluated, in order to determine whether they could provide a more effective care
arrangement for children unsuited to conventional home-based care. They recommended that
appropriately designed residential and group care should form a component of out-of-home care
services. In addition, they advocate a greater use of treatment foster care involving specially
trained foster carers whose remuneration and training is commensurate with the difficulty of the
task they are undertaking.

 Appropriately designed residential and group care and treatment foster care involving
specially trained foster carers should form a component of out-of-home care services.

What future research is needed regarding residential care and the
continuum of care?

The studies all concluded that appropriately designed residential and group care should form a
component of out-of-home care services. All of the research findings supported the view that
there is a real need to address the limited number of care options available for children and
young people with high support needs in Australian out-of-home care (Delfabbro & Osborn,
2005; Delfabbro et al., 2005; Flynn et al., 2005). However, few conclusions can be drawn about
what constitutes “appropriately designed residential and specialised models of care”. In fact, two
of these studies had the primary aim of investigating service provision for children with high
support needs. The findings were of relevance to residential care services, but the purpose of
these studies was not to draw conclusions about the effectiveness of models of residential care.
Further research is needed to evaluate specialised models of care. Research is also needed to compare the outcomes for children in different types of care for children of different ages, children with different behaviour patterns, and at different points in the care continuum, to determine what type of care best suits which children and when. It is important that future research includes the views of children and young people regarding the design and evaluation of models of care.

**Intensive support services and models of care**

As a response to the decline in residential care options, state and territory governments are now faced with the problem of having fewer options for those children who cannot reside in family-based settings due to their emotional and behavioural problems. As a result, many states and territories are developing and implementing new program designs, support services and a variety of models of care. Intensive support services and models of care are described here, along with preliminary research findings regarding the effectiveness of these programs and models.

**The studies**

Four of the studies identified had findings that contributed to the Australian evidence base on intensive support services and models of care. They were:

2. Kelly (1999), *High-Risk Adolescents* [see Appendix, page 6].

**How reliable is the evidence base regarding intensive support services and models of care?**

Although Australian research indicates that there is some promise in implementing intensive support services and models of care, none of these programs was rigorously evaluated to determine its impact on children’s outcomes in terms of change over time or change in comparison to a group of children in care who have not received the program. Australian research to date is thus unable to inform policy-makers or practitioners of what are the essential components for intensive support services and models of care.

**What do we know about intensive support services and models of care?**

As mentioned previously, many states and territories are developing and implementing new program designs, support services and a variety of models of care to deal with the increasing number of children and young people with increasingly complex problems. However, for ease of description, the term “intensive support services” in this instance will include any form of support services for children and young people in out-of-home care, over and above the standard form of care (such as intensive case management, psychological treatment, extra tuition, extra professional staff involvement). For example, intensive support services can range from day treatment centres, treatment camps or short-term programs to therapeutic group homes to therapeutic residential care. Treatment or specialised foster care is discussed as a separate section in this paper.
Evaluating the effectiveness of intensive out-of-home care support services

The New South Wales Department of Community Services commissioned a review of 15 intensive out-of-home care support services designed for troubled children and young people (Clark, 1997). Since the intensive services had been established, 95 young people had received a service. However, due to the rapid de-institutionalisation movement, service staff were ill-equipped to implement services and staff burn-out was a real issue. The recipients of the services were typically males aged 15 years or over. Many of the children and young people displayed challenging behaviours, experienced a long history of disrupted placements and were often in care for many years.

Many of the children and young people referred to intensive support services display challenging behaviours, have experienced a long history of placement disruption and have often been in care for many years.

The intensive services described by Clark (1997) were designed to meet all the needs of the young people, including education and training needs, access to specialist treatment services, and linking young people to their families and the general community. At the time of the review, 15 young people were attending school quite regularly and 18 were noted as having some form of regular employment. However, 24 young people were reported as having poor patterns of school attendance. The majority of young people were having some contact with family members. The author recommended the appointment of a specialist Aboriginal worker, given the number of young Aboriginal people in intensive services.

Intensive services appear to be achieving their aims of linking young people to education and training, providing access to treatment services, and linking young people to their families and community.

Clark’s (1997) report noted that, in regard to service design, the intensive services were initially designed to provide care in groups. However, it was noted that 7 out of the 15 services were offering individualised services for some young people, and the remainder had decreased the numbers to three or fewer young people being cared for in a group. The author argued that the cost of providing care on this smaller scale required justification. Overall, the findings from the report provided evidence to support the continued development of community-based intensive out-of-home care support services for young people with troubling emotional and behavioural problems.

There is evidence to support the continued development of community-based intensive out-of-home care support services for young people with emotional and behavioural problems.

A subsequent report conducted by the New South Wales Community Services Commission (1999) investigated the impact of case management practices on the outcomes for children and young people residing in intensive support services. The report was in response to the finding that a large number of young people were staying with the intensive support services for very long periods. The report findings indicated that the outcomes for young people were better when there were flexible and comprehensive case plans, a continuity of service provider, consultation and coordination between services and a commitment to services to support young people regardless of the circumstances. The report highlighted the importance of case planning to achieve stability of placements and contended that, in the absence of case planning and stability, young people’s health, education, social and recreational needs were often neglected. The authors argued that a system of statutory reviews and monitoring of all young people is required. The report recommended that systematic monitoring and review is critical.

Case planning helped to achieve stability of placements and address young people’s health, education, social and recreational needs.
Mackillop Family Services in Melbourne conducted a review of their program designed for high-risk adolescents (Kelly, 1999). The program comprised the provision of targeted, high-quality case management services, coupled with a package of complementary services, specifically:

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

Kelly (1999) found that the success of placements could be enhanced by a number of factors: improved placement planning and case management support, introduction of case plans, and development of the role of residential staff.

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However, Kelly’s (1999) review showed that, despite the best efforts of service providers, targets were not met in relation to intensive case management and home-based one-to-one care during 1998–1999. Placements were not stabilised and insufficient numbers of one-to-one home-based carers were recruited. The report concluded that MacKillop Family Services at the time of the review did not have the infrastructure and resource base to provide a viable service to the target population over the longer term. Kelly argued that, for one-to-one home-based care to be a viable option, it is necessary for the component to be situated within an established adolescent placement or home-based care structure.

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Another innovative program is the Rock and Water program that was reviewed by Raymond (2005). Rock and Water is an education program developed by the Dutch educationalist Freerk Ykema, which operates from a psycho-physical framework. It is designed to promote self-control, self-reflection and self-confidence in young men and women. There are 14 lessons in the program and they include a range of physical exercises, role-plays, brief assignments, active discussions, inter-group challenges and periods of reflection. While participants reside in the program facilities during the program, it is not clear where they are placed upon program completion. Raymond noted that the program had minimal drop out (10 of the 13 boys completed the entire program). No critical incidents occurred during the sessions. All of the boys completed the work booklets and indicated that they had assimilated the contents of the program. Youth workers and boys reported improved interpersonal relationships and the boys also reported improved relationships with each other.

There are promising signs that psycho-physical education programs may be effective in addressing behavioural and emotional problems; however, further evaluation is warranted.

**What future research is needed regarding intensive support services and models of care?**

It is clear that future research is needed into intensive support services and models of care. Rigorous evaluation, including cost–benefit analysis, is needed to determine the effective components of intensive support services and care models and to examine what types of children and young people are more likely to benefit from certain types of services. Research is also needed to trial the effectiveness in the Australian context of alternative types of services that have been found to be effective overseas.
Treatment (or specialised) foster care

In recent years, treatment foster care (also referred to as specialised foster care) has gained significant attention, especially in the United States, where the Multidimensional Treatment Foster Care model was developed at the Oregon Social Learning Centre (see Chamberlain, 1998). There are also several treatment or specialised foster care models that are currently being tried out in different states in Australia.

Models of treatment foster care generally comprise an intensive form of foster care, in which foster carers undergo training and receive a higher stipend to provide treatment services, or the treatment services are provided by a treatment team. Normally, where specialised or treatment foster care is being provided, there are only one to two children in the home. However, the range of programs that fall under the umbrella term of “treatment foster care” do differ dramatically and some of the new programs are quite innovative in their design.

The studies

Two of the studies identified had findings that contributed to the Australian evidence base on treatment or specialised foster care:

1. Gilberton, Richardson, and Barber (2005), “The Special Youth Carer Program: An Innovative Program for At-Risk Adolescents in Foster Care” [see Appendix, page 5].

2. Szirom, McDougall, and Mitchell (2005), Evaluation of the Treatment and Care for Kids (TrACK) Program [see Appendix, page 9].

How reliable is the evidence base regarding treatment (or specialised) foster care?

The evaluations of the two innovative programs—Special Youth Care (Gilbertson et al., 2005) and TrACK (Szirom et al., 2005)—demonstrated the effectiveness of these programs for children and young people with high support needs. However, both evaluations were retrospective pilot evaluations. Further rigorous evaluation is required to determine the effectiveness of both programs. The available research does not constitute an evidence base regarding the essential components of treatment or specialised foster care.

What do we know about treatment (or specialised) foster care?

The Special Youth Care program is an innovative program developed by Anglicare in South Australia in response to the needs of at-risk adolescents. Gilberton, Richardson, and Barber (2005) evaluated the program to determine whether it was meeting its primary goals of placement stability and behavioural gains for at-risk adolescents. Defining features of the Special Youth Care program are:

• placements are limited to one adolescent and one carer per home;
• homes are owned by the care agency rather than the carer;
• placement breakdowns that cannot be successfully mediated are resolved by replacing the carer rather than moving the child;
• there is no time limit to the involvement in the program; and
• there is an option for the young people, on reaching the age of 18, to remain in the home and assume legal responsibility for the tenancy.

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Gilbertson et al. (2005) assessed the outcomes for eight (6 female, 2 male) participants with a mean age of 14.75 years ($SD = 1.04$) who had taken part in the Special Youth Care program over a 12-month period. The authors reviewed the operation of the program and found that in most
respects the program was being delivered according to specifications. The majority of participants were noted to have shown a positive improvement in their behaviour and there were also improvements noted in the placement stability of some participants. The authors provide a very detailed overview of the components and outcomes of an innovative program for at-risk adolescents with high levels of placement instability. However, the small sample size limits the degree to which these findings can be generalised. Further evaluation is necessary to assess the long-term effectiveness of the program and to determine whether the program warrants wider implementation.

**Participants in the Special Youth Care program have achieved some positive improvement in their behaviour and placement stability.**

Szirom, McDougall, and Mitchell (2005) conducted a review of another innovative treatment foster care program, referred to as the Treatment and Care for Kids (TrACK) program. The aim of the TrACK program is to achieve improved outcomes for children in statutory care who present with a range of complex needs and challenging behaviours. Key program elements of the TrACK program include:

- specialised recruitment of carers;
- individual residential care;
- intensive foster care support and case management to carers and children;
- specialised training for carers about providing therapeutic care;
- secondary consultation to carers and other stakeholders; and
- coordinated therapeutic intervention for children and carers (Szirom et al., 2005, p. 4).

The study comprised a literature review of other similar service models, an evaluation of the outcomes of a sample of children in the program, and recommendations for strengthening future service developments.

**The Treatment and Care for Kids (TrACK) program is designed to achieve improved outcomes for children in statutory care who present with a range of complex needs and challenging behaviours.**

Seven children and their carers who had been in the program for a minimum of six months were included in the evaluation (Szirom et al., 2005). Six of the seven children had been with the TrACK program for approximately eighteen months. The evaluation involved a case-file audit and a retrospective questionnaire to carers and caseworkers/therapists regarding children’s behaviour changes over time. Focus groups and individual interviews were also held with carers, caseworkers/therapists, protective services staff, senior staff with the foster care agency and other stakeholders. As inter-professional collaboration is an important feature of the model, the strength of service partnerships between the various professionals involved was also tested through the application of a Partnership Analysis Tool.

It was found that “all children had significant changes in critical areas of emotional, psychological and social functioning including self esteem, ability to verbalise fears and worries, and ability to establish and maintain relationships with carers and demonstrate affection” (Szirom et al., 2005, p. 5). Children also demonstrated significant improvements on a range of behaviours commonly referred to as “challenging” in the care environment, such as the acceptance of limits, routines and carer roles; participation in family tasks; and the minimisation of violent behaviours, property damage, problematic sexual behaviours and absconding. Although it was specified as an aim, the report did not provide a discussion of ways in which the program might be improved.

**Children participating in the TrACK treatment foster care program for children with high support needs had significant improvements in the critical areas of emotional, psychological and social functioning.**
What future research is needed regarding treatment (or specialised) foster care?

Future longitudinal research is needed to examine the long-term effectiveness of the programs. It is also important to investigate other treatment foster care programs that have proven to be effective in other countries and trial the programs in Australia. Furthermore, it is necessary to conduct research with different client profiles to ensure that the program best meets the needs of the children and young people that it is designed to address. In addition, all programs that are currently operating or are about to be implemented in Australia need to conduct continuous longitudinal evaluations to ensure that the programs are meeting their intended outcomes and are effective. Finally, research is needed to compare the outcomes of children in treatment foster care relative to other types of care, and the cost–benefit of such programs.

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

Australian research on residential and specialised models of care comprised 9 studies in three areas: the role of residential care in the care continuum, intensive support services and models of care, and treatment or specialised foster care.

Overall, the research demonstrated that:

- Conventional home-based (foster and kinship) care is not suitable for some children and young people with complex behavioural problems and high levels of placement instability. Residential care should be considered a viable option for these children and young people.
- Residential care should be used selectively for children and young people with high support needs, sibling groups, young people moving on to independent living, and children and young people following a foster placement breakdown.
- Residential care is a small but active component of care in New South Wales.
- While foster care remains the preferred form of out-of-home placement, there is a definite place for residential care in the service system.
- The elements that characterise care (i.e., levels of discipline, routine, autonomy and free time), rather than the type of care (foster or residential), determine how restrictive the placement will be.
- The Australian care continuum itself should be re-evaluated and residential care be considered as an option when children first enter care, where they can be assessed and receive appropriate treatment services.
- There is a need for treatment models of residential care to be developed and evaluated.
- Appropriately designed residential and group care and treatment foster care involving specially trained foster carers should form a component of out-of-home care services.
- Many of the children and young people referred to intensive support services display challenging behaviours, have experienced a long history of placement disruption and have often been in care for many years.
- Intensive services appear to be achieving their aims of linking young people to education and training, providing access to treatment services and linking young people to their families and community.
- There is evidence to support the continued development of community-based intensive out-of-home care support services for young people with emotional and behavioural problems.
- Case planning helped to achieve stability of placements and address young people’s health, education, social and recreational needs.
• The success of placements could be enhanced by improved placement planning and case management support; introduction of case plans; and development of the role of residential staff.

• For one-to-one home-based care to be a viable option, it was necessary for the component to be situated within an established adolescent placement or home-based care structure.

• There are promising signs that psycho-physical education programs may be effective in addressing behavioural and emotional problems; however, further evaluation is warranted.

• The Special Youth Care program is an innovative program developed by Anglicare in South Australia in response to the needs of at-risk adolescents.

• Participants in the Special Youth Care program have achieved some positive improvement in their behaviour and placement stability.

• The Treatment and Care for Kids (TrACK) program is designed to achieve improved outcomes for children in statutory care who present with a range of complex needs and challenging behaviours.

• Children participating in the TrACK treatment foster care program for children with high support needs had significant improvements in the critical areas of emotional, psychological and social functioning.

There is a real need to address the limited number of care options available for children and young people with high support needs in Australian out-of-home care. Appropriately designed residential care and treatment foster care should form a component of out-of-home care services. However, few conclusions can be drawn about what constitutes “appropriately designed” residential and specialised foster care.

Despite the relative absence of Australian evidence in this area, there has been a lot of interest and activity in residential and specialised models of care in Australia. While there was a decline in the use of residential care in Australia, the sector has been going through a redevelopment in recent years. Most Australian jurisdictions have implemented some form of residential or specialised model of care. However, there have been very few attempts at evaluating the programs implemented and no rigorous evaluations. The few evaluations that were conducted were small-sample retrospective evaluations. Although Australian research indicates that there is some promise in implementing specialised models of care, none of the models identified were rigorously evaluated to determine their impact on children’s outcomes in terms of change over time or change in comparison to a group of children in care who had not received the program. Australian research to date is thus unable to inform policy-makers or practitioners of what are the essential components for intensive support services and models of care.

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

Conclusion

In brief, the findings demonstrated that much more research is needed on residential and specialised models of care in Australia. The general consensus appears to be in support of residential care playing a more significant role in the continuum of care and the placement options available for children and young people in out-of-home care. In addition, there is a
recognised need for specialised models of residential or group care and treatment foster care to address the limited number of placement options for children and young people with challenging emotional and behavioural difficulties.

References

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