

Aboriginal and non-Aboriginal children in out-of-home care

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A full year's intake of 38 Aboriginal children and 198 non-Aboriginal children referred for a new out-of-home placement in South Australia were studied as part of the first phase of a 3-year longitudinal study into the outcomes of alternative care. The baseline profile of this cohort revealed a number of significant racial and geographical differences between the children. Among the most important of these was an interaction between race and geographical location on length of time in care which indicated that Aboriginal children from metropolitan areas and non-Aboriginal children from rural areas had the longest histories of alternative care. In addition, Aboriginal children in metropolitan areas were the least likely to be referred into care for reasons of emotional abuse or neglect, no doubt because so many of them were already in alternative care at the time of the referral. Metropolitan Aboriginal children were also the unhealthiest and, together with rural non-Aboriginals, the most likely to be under a court order at the time of placement. Overall, 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.

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Historically, the treatment of minority and indigenous children by the child welfare system reflects systematic racial bias right across the western world (Hogan & Siu, 1988; Reynolds, 1990). In this country, the Commonwealth government recently completed its investigation into the 'stolen generation' of Aboriginal children (Human Rights and Equal Opportunity Commission, 1997); so-called because of Australia's policy of forced removal of indigenous children from their parents. Although, as Reynolds (1990) points out, Aboriginal children had been forcibly separated from their families and communities from the earliest days of European occupation, the practice was codified in assimilationist welfare legislation from around 1940 (Human Rights and Equal Opportunity Commission, 1997). The assimilationist model assumed that there was little or nothing of value in the indigenous culture and that the objective of child welfare legislation should therefore be to promote the full integration of Aboriginal Australians into white, colonial society. While child welfare laws in Australia required that indigenous children be 'neglected', 'destitute' or 'uncontrollable' in order to be removed, these judgements were made by white workers who were required to apply European standards. As a result, the practice of removing children from their families and severing all contact between them proceeded on a grand scale at least until the 1970s, when the Whitlam Labor government began to pursue a policy of Aboriginal self-determination. Estimates of the number of Aboriginal children removed under child welfare legislation are difficult to achieve, but even by as late as 1994, a national survey of Aboriginal and Torres Strait

Islanders revealed that fully ten per cent of the adult population at that time had been forcibly removed from their families in childhood (Australian Bureau of Statistics, 1995). The instrument of their removal was alternative care: residential care, foster care and adoption. Once placed in these circumstances many indigenous Australians could expect to remain there until they came of age.

Under the South Australian Child Protection Act 1993, family reunification became one of the highest priorities of state intervention. The law now directs that child welfare professionals do everything possible to expedite the return of Aboriginal and non-Aboriginal children from out-of-home care to the permanent care of their birth families. There is, however, little hard data on the extent to which this is being achieved and, in particular, whether the discriminatory practices of the past have at last been reversed. In the United States, by contrast, length of time in care has been one of the more consistently investigated racial differences. For example, in their national survey of over 300,000 children in foster care, Jenkins et al (1983) found that African-American children had been in care for approximately one year longer than white children. In a similar study, Finch and Fanshel (1985) examined foster children in 31 US agencies and found that white children were likely to be discharged from foster care significantly faster than were African-American or Hispanic children. And among the almost ten thousand children in their nation-wide sample, Seaburg and Tolley (1986) confirmed that being black was associated with significantly longer stays in foster care.

A study by Jenkins and Diamond (1985) found that although black children spent longer in care than white children, the magnitude of the difference was lower in communities where the proportion of African-Americans was higher. In that same study, Jenkins et al (1983) also reported that minority children were more likely to be placed into care voluntarily by their parents than were white children, a finding that may explain some of the difference in length of time in foster care. It is important to recognize, however, that while this result was marginally significant, Jenkins et al's (1983) sample size was very large ($n > 72,000$) and the magnitude of the difference was very small (less than 1%). Finally, in this study, Jenkins et al (1983) reported that white children were more than 2½ times more likely than minority children to be in residential care rather than foster care, and that white children were also over 1 2/3 times more likely than minority children to be in secure care. The authors interpreted their results as implying that minority children with behavioural problems were more likely than white children to be in the juvenile justice system than the alternative care system. In marked contrast to Jenkins et al's study, Olsen's (1982) survey of almost two thousand foster children in four Ohio counties found that black children averaged 9½ months less time in care than white children and that nonwhite children were less likely than white children to be in care voluntarily. It would seem to follow, therefore, that at least during the 1980s there were marked differences within the US in the States' treatment of black children in care.

It is important to emphasize that because all of the studies reviewed so far were cross-sectional, their value is confined to profiling alternative care populations. They cannot be interpreted as predicting time in care because they over-represent longer stay children. This is because cross-sectional studies are affected by changes in the rate of entry to foster care and in the rate of discharge from care. Thus, cross-sectional studies indicating that certain kinds of children remain longer in care are not measuring length of stay but rather the accumulation of children over the years who have not been able to

leave the system, as well as some measure of the rate of entry into the system. When longitudinal designs are used, the effect of race on duration of care is far from clear. For example, Benedict, White and Stallings (1987) followed 689 children in Maryland, USA through a record review from the time of entry for a six-year period using a proportional hazards model. In this context, the term 'hazard rate' expresses the probability that a child will exit care at a particular point in time, given that the child is 'at risk' of exiting during the period under investigation. Thus, a hazard rate combines into a single indicator information on whether a final placement was achieved, and the length of time until the placement occurred.

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Using this approach, which is sometimes also referred to as 'survival analysis' or 'event history analysis', Benedict et al (1987) found no significant racial difference in 'survival' within the foster care system. Lawder, Poulin and Andrews (1986) used a similar (5 year) longitudinal design and found that race was not associated with length of stay in Chicago, it was in the rest of Illinois, where African-American children spent longer in care. Lawder et al's study raises the interesting prospect that the treatment of minority children may be different according to whether they live in rural areas or large metropolitan centres. A more recent longitudinal study by McMurtry and Gwat-Yong (1992) examined hazard rates for 775 foster children of white, Hispanic, black and 'other' (mainly native American and Asian American) minority groups in relation to four types of placement outcome: (a) return home, (b) adoption, (c) 'other' successful outcomes such as planned long-term foster care or independent living, and

(d) 'failure', including running away, transfer to correctional services or lingering in unplanned foster care. Results of the study indicated that white, Hispanic and 'other' minority groups had about the same hazard rate for each of the four exit types, but that black children were half as likely to be returned home on any given day as white children were, even though black children did not spend longer in the foster care system than white children did. McMurtry and Gwat-Yong's study is particularly important, therefore, because it recognizes that only some of the reasons why children leave care genuinely represent positive outcomes.

Under South Australia's Child Protection Act 1993, the best reason for leaving care is to be reunified with one's birth family. Numerous reunification programs have now been reported in the literature and the methods used range widely, from brief, problem-focused interventions (eg, Fraser, Walton, Lewis & Pecora, 1996) to high cost live-in programs for the entire family (eg, Jackson, 1996). Overall, however, the available evidence suggests that family reunification programs have met with mixed success (Farmer, 1996), perhaps because the scope for reunification is so heavily influenced by child and parent individual difference variables and by factors extraneous to the program, such as security of parental employment, presence of supportive friends or relatives and the availability of complementary social services (see, for example, Landy & Munro, 1998). Among the best predictors of family reunification is parental visiting while the child is in care. In fact, one recent study (Davis, Landsverk, Newton & Ganger, 1996) reported that most children whose fathers and mothers visited them were reunified, and that maternal visiting at the level recommended by the court was associated with a ten times greater likelihood of reunification. Notwithstanding the difficulty interpreting correlational data of this kind, such findings do suggest that attention to the issue of parental visits deserves to be an indispensable component of alternative care case planning.

In this study we profile Australian Aboriginal and non-Aboriginal children entering a new out-of-home placement over a one year period. The data represent the baseline phase of a three-year longitudinal study into the outcomes of alternative care. This part of the study is therefore cross-sectional and intended merely to describe key sub-groups in the alternative care population over a given period in time. In particular, the study sought 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, and whether these factors were influenced by geographical location as reported in the United States by Jenkins and Diamond (1985) and by Lawder et al (1986). Finally, the study sought to examine the prevalence and frequency of parental visits that were built into the case plan.

METHOD

PARTICIPANTS

Children were selected if they were referred for a new placement between May 1998 and April 1999. The total population of children in care during that time ranged from a low of 1,007 in June 1998 to a high of 1,072 in October 1998 (mean = 1,037). The mean number of Aboriginal children in care during that period was 216 per month, or approximately 20% of the total population. Excluded from the sample were 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 2 weeks duration. The final sample represented a full year's intake meeting the selection criteria who were referred into care via South Australia's central

referral agency. In all, 38 Aboriginal children were selected, together with 195 children of non-Aboriginal descent. Thus, whereas the population of Aboriginal children within this age group in South Australia is less than 3% the size of the non-Aboriginal population (Australian Bureau of Statistics, 1996; 1998), Aboriginal children constituted 20% of the total population in care and 19% of the children sampled during the twelve month period. A summary of the general population aged 4-18 years and of the study sample is presented in Table 1.

Fifty-three per cent (n = 20) of the Aboriginal sample was female compared with 48% (n = 94) of the non-Aboriginal sample. Fifty-eight per cent (n = 22) of the Aboriginal sample lived in metropolitan areas, compared with 76% (n = 149) of the non-Aboriginal sample. The mean age of the Aboriginal children was 10 years (s.d. = 3.61) compared with 10.91 years (s.d. = 3.39) for the non-Aboriginal.

MEASURES AND PROCEDURE

Referral records at the central agency were monitored each week. Data for each child in the study were recorded on a pre-coded survey form along with the contact details and location of the case-worker responsible for the child. Data were collected from central agency records and verified in structured interviews with case-workers. Interviews also obtained more extensive information about the health and well-being of all children in the sample. Among the variables included at this initial stage of data collection were:

1. demographic characteristics;
2. placement history;
3. type of legal order;

4. reason for placement;
5. physical or psychological problems requiring ongoing treatment;
6. school performance and attendance;
7. the nature and frequency of offending behaviour; and
8. degree of family contact planned.

In this report, we focus on variables related to the child's placement history, current referral and psychosocial profile.

RESULTS

Tables 2 and 3 summarise results for the Aboriginal and non-Aboriginal children according to whether they lived in rural or metropolitan areas.

Results in Table 2 were subjected to 2 (Aboriginal, non-Aboriginal) x 2 (metropolitan, rural) factorial analysis of variance, with age entered into the model as a covariate. No statistically significant effects were found for number of offences committed by children in the last twelve months. Table 2 also presents the average distance between the children's placement and their birth parents' home. This variable was measured on a 5-point scale, from '1. very close (less than 5 km.)' to '5. very remote (51 km or more)'. Mean scores of just over 3 on this scale indicate that most children were placed between 20 and 50 kilometres from their birth families. Once again, there were no significant differences on this variable according to race, location or the interaction between them. Nor were there any significant main effects or interactions on frequency of parental visits. This variable was measured on a 6-point scale from '1. Never' to '6. Daily or more often'. Thus, mean scores of between 2.71 and 3.61 indicate that for those children who were to receive visits from birth parents, the visits were planned to occur somewhere between 2-3 times per month and once per week.

In the case of time spent in care, factorial analysis of variance produced no main effects, but a highly significant interaction between race and location ($F(1,224) = 6.28, p = .01$). This interaction was examined using the method recommended by Keppel (1973) for the assessment of simple main

Table 1 Prevalence of Aboriginal and non-Aboriginal children in the general population and the study sample

Prevalence	Metropolitan			Rural		
	Aboriginal	Non-aboriginal	% Aboriginal	Aboriginal	Non-aboriginal	% Aboriginal
General population (4-18 years)	3,407	205,441	0.2	4,003	81,549	5
Study sample	22	149	13	16	47	34

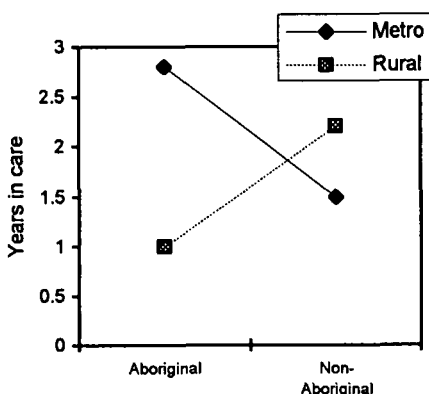
Table 2 Means (and standard deviations) of selected background characteristics

Background & placement details	Aboriginal		Non-Aboriginal		Pairwise comparisons
	1 Metro (n=22)	2 Rural (n=16)	3 Metro (n=149)	4 Rural (n=47)	
Age	10.14 (3.90)	9.81 (3.30)	10.87 (3.42)	11.06 (3.29)	n.s.
N. offences in last 12 months	1.33 (0.65)	1.56 (1.13)	1.32 (0.75)	1.06 (0.25)	n.s.
Distance from birth family	3.20 (1.54)	3.81 (1.56)	3.03 (1.32)	3.13 (1.70)	n.s.
Frequency of planned parental visits	3.09 (1.22)	2.71 (0.95)	3.51 (1.12)	3.61 (1.20)	n.s.
Years in care	2.77 (3.55)	1.01 (2.16)	1.49 (3.04)	2.24 (3.33)	4>3
N. previous placements	6.59 (6.56)	5.76 (6.27)	6.72 (7.81)	5.30 (4.86)	n.s.

effects. This procedure revealed that the interaction was primarily attributable to the significantly greater length of time spent in care by rural non-Aboriginal children than by metropolitan non-Aboriginal children ($F(1,188) = 4.57, p < .05$). However, the same procedure also approached significance (with a much smaller sample size) in the case of Aboriginal children ($F(1,36) = 3.28, p < .10$) but this time the trend was in the opposite direction – towards a longer period in care among the metropolitan children. This phenomenon has been presented graphically in Figure 1.

No other pairwise comparisons between groups (cf. Keppel, 1973) approached

Figure 1 Years in care broken down by race and geographical location



significance. Finally in Table 2, no racial or location differences were found in number of previous placements, with all groups recording somewhere between 5 and 7 previous placements on average.

Table 3 shows that, overall, the most common reason for referral into care was ‘neglect’, followed closely by ‘child’s behaviour’, and then ‘family problems’. Among the most common family problems were: family conflict/rejection, parent unable to cope, parental substance abuse, and parental ill health. There were significant differences between groups in two reasons for referral: emotional abuse ($\chi^2 = 8.98, d.f. = 3, p < .05$) and neglect ($\chi^2 = 7.80, d.f. = 3, p < .05$). Pairwise proportional difference tests were applied to this result to identify the precise source(s) of the effect. Results of these comparisons are presented in the final column of Table 3 which shows that metropolitan Aboriginal children were less likely than all other groups to be referred into care because of emotional abuse. There were no differences between any of the other groups. The same procedure also revealed that metropolitan Aboriginal children were less likely than either rural Aboriginal or metropolitan non-Aboriginal children to be referred for neglect. While there was no overall

effect of group on children’s situation prior to placement (Fisher’s Exact, $p > .05$), pairwise proportional difference testing did show that metropolitan Aboriginal children, along with rural non-Aboriginal children, were more likely than the other groups to be referred into care from a pre-existing placement. Metropolitan non-Aboriginal children were more likely than rural non-Aboriginal children to be referred in from their birth families, and rural Aboriginal children were more likely than rural non-Aboriginal children to be referred in from relative care. Table 3 shows a significant effect of group on legal status ($\chi^2 = 23.47, d.f. = 3, p < .001$), which post hoc proportional difference testing revealed was due to:

- (a) rural Aboriginal children being the most likely group to be under investigation for abuse;
- (b) metropolitan Aboriginal and rural non-Aboriginal children being more likely than the others to be under a court order; and
- (c) metropolitan non-Aboriginal children being the most likely group to be in care voluntarily.

Not surprisingly, Aboriginal children were much more likely than non-Aboriginal children to be placed with an Aboriginal carer (Fisher’s Exact, $p < .0001$). And in roughly half of all cases, the alternative care case plan made provision for direct (face-to-face) contact between the child and the birth family while the child was in alternative care. There were no differences between groups on this variable.

There were no statistically significant differences between groups in any of the remaining variables in Table 3, except for physical health problems (Fisher’s Exact, $p < .05$), which were significantly more prevalent among metropolitan Aboriginal children than all other groups, and more prevalent among metropolitan non-Aboriginal children than rural Aboriginal children. These differences were largely attributable to the higher incidence of asthma in the metropolitan area. Finally in Table 3, roughly one in five Aboriginal children and one in three non-Aboriginal children had been expelled or suspended at some time in

their school lives; and 27% of Aboriginal compared with 17% of non-Aboriginal children had been convicted of an offence, with the vast majority of the offences being property crimes, particularly theft and vandalism.

DISCUSSION

Approximately eighteen months after the stolen generation report (Human Rights and Equal Opportunity Commission, 1997), there is both good and bad news about Aboriginal children in South Australia's alternative care system. While Aboriginal children were, on a per capita basis, between six and seven times more likely than non-Aboriginal children to be in out-of-home care, whether voluntarily or involuntarily, the Aboriginal children in our sample had spent no more time in care than non-Aboriginal children. Moreover, Aboriginal children had not experienced any greater disruption in terms of distance from or access to their birth families. There was, however, an important interaction between race and geographical location such that non-Aboriginal children in rural areas and Aboriginal children in metropolitan areas had the longest histories of out-of-home care and were the most likely to be constrained by court order. It is important to note, however, that not all of the children under court orders should be considered involuntary because a court order is normally required in South Australia whenever a child remains in alternative care for more than six months, whether or not the birth parents give consent. Taken together, then, these findings suggest that the discriminatory practice of targeting Aboriginal children for protracted, involuntary removal from birth families has been eradicated by South Australia's child welfare system. The most reasonable interpretation of the data is that rural non-Aborigines along with metropolitan Aborigines are the groups most reliant on the formal alternative care system.

There are several plausible explanations for this interaction between race and geographical location. First, it is possible that the two problematic groups identified are the most socially isolated. Since the majority of Aboriginal families in South Australia reside in country areas (Australian

Table 3 Selected baseline characteristics broken down by race and location

Characteristics on entry	Aboriginal %		Non-Aboriginal %		Pairwise analyses
	1 Metro (n=22)	2 Rural (n=16)	3 Metro (n=149)	4 Rural (n=47)	
Reason for referral^a					
Child's behaviour	46	25	46	36	n.s.
Physical abuse	9	18	26	27	n.s.
Sexual abuse	14	0	13	15	n.s.
Emotional abuse	5	38	25	36	2,3,4>1
Family problems	41	25	42	35	n.s.
Neglect	18	56	54	30	2,3>1
Prior situation					
Birth family	41	44	53	28	3>4
Relative	5	25	9	4	2>4
Alternative care	55	19	34	68	1,4>2; 4>3
Other	0	13	3	0	
Legal status^b					
a) Voluntary	14	25	62	35	3>1,2,4
b) Investigation	9	44	5	13	2>1,3,4
c) Court order	77	31	32	52	1,4>2,3
Home-based care	91	91	100	92	n.s.
Aboriginal carer	65	56	0	2	1,2>3,4
Direct contact with family	50	44	52	51	n.s.
School performance^c					
Attending school	80	94	77	83	n.s.
Below average performance	56	60	59	58	n.s.
Health problems^a					
Physical	36	0	15	11	1>2,3,4 3>2
Psychiatric	18	0	8	4	n.s.
Sensory	18	0	7	2	n.s.
Cognitive/neurological	36	25	30	23	n.s.
Social functioning					
Ever expelled or suspended ^c	23	14	36	27	n.s.
Convicted in last 12 months of ^c					
a) Property offences	18	12	10	9	n.s.
b) Crimes against persons	5	0	6	4	n.s.
c) Drunk & disorderly	0	13	3	2	n.s.

^a Multiple responses possible

^b Because of small cell sizes, the 'investigation' category was not included in the χ^2 analysis

^c 5 years and over only.

Bureau of Statistics, 1996), it is likely that rural Aboriginal children are better placed to obtain care from extended family and friends when circumstances at home require it. The opposite is likely to apply in the case of non-Aboriginal children. A second possibility is that the two most problematic groups contain relatively greater numbers of dysfunctional families or children with behavioural difficulties. Examination of Table 2 appears to rule out differential rates of behavioural difficulties but because many of the children had been in care for a long time, it is possible that the family factors responsible for the initial placement were no longer relevant to the latest placement. For this reason, the dysfunctional family hypothesis cannot be ruled out. The third possibility, identified earlier in this paper, is that the differences between groups may be the result of sampling bias. Because cross-sectional designs over-represent children who have been in care for longer periods, the effect of group on time in care may not be independent of the groups' probability of selection.

Whatever the reason or reasons for the interaction between race and location, it is safe to conclude that the metropolitan Aboriginal and rural non-Aboriginal children within our sample have proven to be the most difficult to extricate from the foster care system. It follows that these groups need to be the subjects of particularly vigorous family reunification efforts if they are not to remain in the alternative care system for disproportionate lengths of time. It was noted in the introduction to this paper that parental visiting is strongly associated with family reunification: children who are visited by their parents (particularly mothers) regularly and according to a set schedule are much more likely to return home than those who are not visited. In the absence of controlled experimental studies into this phenomenon, it is impossible to say whether parental visiting is causally related to reunification or merely associated with some other variable (such as the child's behaviour) that is. At the very least, however, regularity of parental visits seems to be a reliable proxy for probability of reunification. Fortunately, data from this study show that when the case plan made provision for parental visits, the plan was for

those visits to occur fairly frequently (roughly weekly). Another pleasing aspect of this result is that there were no differences in parental visiting or proximity to birth family according to race or location, despite the potentially greater distances involved in rural areas. On the other hand, this study also found that only around half of the case plans made provision for direct contact between birth parents and children in out-of-home care. Doubtless there will be cases, such as where the child has been placed because of parental illness or abuse, where parental visits are either impossible or ill-advised. Nevertheless, a careful, case-by-case investigation of the scope for and obstacles to regular parental visits constitutes one relatively simple avenue for intervention aimed at redressing the greater reliance of metropolitan Aboriginal and rural non-Aboriginal children on out-of-home care discovered in this study. □

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