

Pathways to and from state care

The experiences of eight young people

John Frederick and Chris Goddard

Children enter state care because their parents are unable to care for them or because of abuse and neglect. Invariably they experience considerable distress and emotional trauma with many having clinically significant mental health problems. Few, however, receive the assessment, counselling and supportive services that they need. When they leave care, many experience extensive problems including mental health difficulties, unemployment, poverty, homelessness, drug abuse, relationship difficulties and lack of social support.

This paper will discuss the findings of a qualitative study utilising in-depth interviews with young people who have been in state care. Illustrations of their pathways to and from care will highlight their experiences, and direct quotations from the participants will provide particular insights into the complex issues they have had to confront.

The paper will outline key opportunities for prevention and intervention approaches at various points along these pathways.

The research upon which this paper is based was supported in part by the Australian Childhood Foundation.

Dr John Frederick
National Research Centre for the Prevention of Child Abuse
Department of Social Work
Monash University
PO Box 197, Caulfield East, Vic 3145
Email: John.Frederick@med.monash.edu.au

Professor Chris Goddard
Director, National Research Centre for the Prevention of Child Abuse
Head of Department of Social Work
Monash University

ENTERING STATE CARE

Out-of-home care is defined as out-of-home overnight care for children and young people under 18 years of age where the state or territory makes a financial payment. It includes residential care, foster care and relative/kinship care (AIHW 2005:112).

Children enter state care because their parents are unable or unwilling to care for them, or because of abuse or neglect, with few entering without a considerable degree of distress and emotional trauma (Goddard & Carew 1993).

In Australia there has been a growth in the number of children requiring care. Gunn and Walker (2001) report an increase from 12,273 in 1993 to 16,923 in 2000, a rise of 38 per cent. Between June 2000 and June 2004, the number of children in out-of-home care increased from 16,923 to 21,795, a rise of a further 29 per cent (AIHW 2005).

Many children stay in care for a considerable time. In June 2002, 46 per cent had been in continuous care for more than two years (ABS 2003). Those most likely to be in care were children aged 10-14, at a rate of 4.4 per 1000 children of that age (ABS 2003).

PROBLEMS EXPERIENCED BY CHILDREN IN CARE

Almost every study of children in care demonstrates that these children experience more developmental problems than other children, including behavioural and emotional difficulties, problems in adjustment at school and poor physical and mental health (Wertheimer 2002).

Diamond and Ash (2000) state that two issues in the lives of these vulnerable children and young people lead to a lack of the stability and dependability that is necessary for their healthy development. First, they tend to have disorganised, unstable and unsafe families, as well as disrupted and unreliable attachments to these families. Secondly, children who are either intermittently in care, or placed in care for more lengthy periods, are likely to be subject to multiple placements and multiple carers.

Multiple placements and caseworker turnover increase the child in care's feeling that 'nobody really knows me', and that they are on their own (Davies 2004:83). In Victoria, an audit of children removed from their families and placed in

state care due to abuse and neglect found that they were moved, on average, between five different carers during any one period of care within the system (Davies 2002). As well as continual changes in placements, carers, schools and workers, some young people have also been subjected to sexual, physical and emotional abuse while in care (Mendes & Moslehuddin 2004b).

The majority of children now entering care have experienced severe trauma and consequently have special physical and mental health, education and social needs that traditional services were not designed to address (Rosenfeld et al. 1997). According to Rosenfeld et al. (1997), available studies indicate that children in care have extensive mental health needs. In a review of a number of studies of children in care, Arcelus, Bellerby and Vostanis (1999) note that almost one-third of the children studied had clinically significant mental health problems. Despite these significant problems, few children in care receive the counselling, regular developmental assessments and other supportive services that they need (Arcelus et al. 1999; Goddard 2000; Rosenfeld et al. 1997).

PROBLEMS EXPERIENCED AFTER LEAVING CARE

Numerous studies of young people leaving care have provided extensive evidence of the substantial problems they experience including early pregnancy and parenthood, unemployment, poverty, homelessness, prostitution, drug and alcohol abuse, crime, mental health problems, lack of social support, isolation and suicide (Clare & Murphy 2000; Loman & Siegel 2000; Maunders et al. 1999; Mendes & Goddard 2000; Mendes & Moslehuddin 2004b; Senate Community Affairs References Committee 2004; Stein, Pinkerton & Kelleher 2000; Wertheimer 2002). Research consistently shows these young people as experiencing exceptional disadvantage and greatly diminished life chances (Mendes & Moslehuddin 2004a).

The need for a range of supports and services to enable improved outcomes – including stable, supportive placements, linkages to family and community support, a graduated process for developing independence, young people's involvement in decision-making, appropriate accommodation and ongoing support – is a regular theme in studies in this area (Mendes & Moslehuddin 2004a). A number of countries, including the United Kingdom and the United States, have introduced legislation and programs aimed at on-going support for those leaving care (Mendes & Moslehuddin 2004a). In Australia, however, the legal responsibility of the state finishes at 18 years of age (Clare & Murphy 2000; Maunders et al. 1999), with Australian states, with the notable exception of New South Wales, having neither legal obligation nor suitable programs for young people leaving care (Maunders et al. 1999; Mendes &

Moslehuddin 2004a). Further, there are no consistent standards or operational procedures to ensure effective service provision (AIHW 1999, cited in Mendes & Moslehuddin 2004b; Clare 2003; Maunders et al. 1999).

DEVELOPMENTAL RISK FACTORS

In considering the pathways of the interviewees in this study, it is necessary to take account of their exposure to extensive childhood risk factors and the implications of these for their later lives.

Individual developmental outcomes are the result of dynamic processes involving a complex range of factors at different levels that require continuing adaptation (Davies 2004; Egeland, Carlson & Sroufe 1993; Luthar, Cicchetti & Becker 2000). This complex range of factors may either be protective and positive in relation to development or they may increase the risk of maladaptive developmental outcomes (Davies 2004). The most adverse situation for children is when risk factors build up, both in duration and quantity, and there are few compensatory protective factors (Sroufe et al. 1999, cited in Davies 2004).

Rosenfeld et al. (1997) state that, in a classic study, Werner and Smith (1992) found that of children with four risk factors by the age of two, two-thirds developed poor outcomes, such as learning difficulties, behavioural problems, teenage pregnancy or mental illness. However, they note that, on average, children in care have more than 14 risk factors (Thorpe & Swart 1992, cited in Rosenfeld et al. 1997).

METHODOLOGY

This paper reports on part of a larger study, the aim of which was to obtain greater knowledge and understanding of the life circumstances of people who have found it necessary to receive emergency relief, sometimes referred to as material aid (Frederick 2004). Emergency relief is assistance provided by welfare and other community agencies to people in a crisis situation, in the form of food vouchers or food parcels, cash, help with gas and electricity bills, household goods or clothing (ACOSS 2004). Seeking such assistance is seen as a key indicator of financial stress by the Australian Bureau of Statistics (Department of Family and Community Services 2001).

This study aimed to provide an in-depth examination of the life circumstances of emergency relief clients, specifically aiming to tap into their perspectives and insights. This approach is a feature of work conducted at the National Research Centre for the Prevention of Child Abuse, which helped support this study (Mudaly & Goddard 2006). In order to conduct research which enabled the views and experiences of the respondents to be heard, it was necessary to use an appropriate research method. According to Berg

(1989), qualitative research strategies are a means of enabling researchers to share in the understandings and perceptions of other people and explore how they structure and give meaning to their everyday lives. Accordingly, a qualitative research approach was selected as the most suitable means of achieving the study's aim of gaining greater understanding of the life circumstances of people who had sought emergency relief. In-depth interviews were conducted with a sample of people who had received emergency relief in a large provincial centre in Victoria.

These in-depth interviews, most of which were between two and three hours in length, yielded a substantial amount of data. This data was reviewed on three separate occasions, using respectively open, axial and selective coding (Neuman 1997). This process resulted in the establishment of the major themes of the study. Multiple risk factors during their development were strong themes in the accounts of the interviewees.

While conducting these interviews with emergency relief clients, it became apparent that an important feature of the life circumstances of eight of the participants was that they had been in state care as either children or adolescents. Accordingly, their stories, which were seen to throw particular light on key aspects of the care experience, are detailed in this paper.

This research study was approved by the Monash University Standing Committee on Ethics in Research involving Humans. The names of the interviewees, names of agencies and institutions, and place names have been changed to help preserve confidentiality.

FINDINGS

The interviewees were aged between 19 and 29 and had a number of different experiences of out-of-home care, including institutional care, foster care, and supported accommodation for young people. Ben and Helen were both placed in institutions as babies and had virtually no contact with their parents or siblings since that time. Ben also reported a brief time in foster care. Danielle lived in foster care from the age of 11 and also lived in supported accommodation for young people. Chris, Greg, Neville, Penny and Therese all lived in supported accommodation for young people, usually in their early teenage years.

BEN

Ben was 29 at the time of interview and was born interstate. He stated that he was 'put straight into care, straight from hospital'.

Well I come from an extremely dysfunctional background and I mean extremely. Eighteen and a half years in children's homes ... I grew up as a state ward over a period of eighteen and a half years. I was fostered out for a short period of time but I was still under government care.

Ben was placed in a number of different homes. He commented poignantly:

Every place that I went to, you'd always hear someone at night crying, and that's sort of like a nightmare.

In describing his experience in children's homes, he stated that:

It's hard to talk about it, like, to explain how things occurred, but the abuse from one end of the scale to the other was, I don't even have a word for it, it's so huge, that to clean up the mess, it would just be a big mess, a huge mess, and it's really, really sad, really sad.

Ben reported that he had witnessed and been subjected to a number of child sexual assaults, mainly by staff but some by other children. He felt that these experiences had affected him emotionally and sexually to such an extent that he believed he was unable to maintain a close relationship with another person. He stated that he felt 'robotic' and kept to himself, adding that as a child he had 'felt different, very different, and very much on my own'.

CHRIS

Aged 19 years at the time of interview, Chris was also born interstate. He was living in country Victoria with his partner, Danielle. They had a son who was sixteen months old and were expecting another baby in one week's time.

Chris stated that his mother left home when he was three years old. His father subsequently remarried but Chris did not get along well with his stepmother:

I hated growing up; hated living with my parents.

He stated that his father was physically abusive which was the reason he left home:

My father, he used to beat me up all the time ... it went on from when I was about in Year 4 until I left home when I was 16, so I left home half way through Year 11, so it went all the way through, and because we lived on a farm, my nearest neighbour was five kms away, so there was nowhere else to go. At 16, I left him.

Since leaving home Chris had moved frequently:

When I left home I was living with a mate and I got kicked out of there. So I was in a refuge for nine months and then I moved to another refuge for four months.

He had lived in a wide range of short-term accommodation in country New South Wales and Victoria, including supported accommodation for young people, prior to his current house.

DANIELLE

Born in a regional centre in another state, Danielle was 19 at the time of interview. She was living in country Victoria with her partner, Chris, and their young son aged 16 months.

She was due to have her second baby in about one week's time.

While growing up, Danielle lived with her mother and stepfather in the country. Her father had left her family when she was a young child. She commented that her family was very poor with her stepfather receiving social security payments most of the time. She stated that there were occasional periods when he worked in labouring jobs but that he then had an accident and no longer worked.

However, Danielle only lived with her family until she was 11. After that she was placed in foster care. She had experienced abuse from both her stepfather and her mother and had run away from home on many occasions. She was placed in a number of foster homes.

She commented that she had found only one person whom she felt had ever really understood her. This was one of her foster parents who tragically had died when Danielle was 17.

She had seen her natural father only once in her life when she was much younger. She had been trying to make contact with him in recent times without success:

... been trying to find him, but he's unfindable. I only seen him once in my life and that was when I was eight and that was only for a couple of weeks and that was it.

GREG

Greg was 19 years and was also born interstate. At the time of his interview, he was living with his partner, Frank, in a caravan park in a country town.

Greg's parents had separated when he was young and he had lived with his mother, stepfather, stepbrother and stepsister. They had moved a number of times around country Victoria and he had attended numerous schools. He stated that he was 'kicked out of home when I was 12' and lived in a capital city 'on the streets'. He also reported living with an aunt in the same city. He then returned home and attended secondary school in a rural town, from which he stated he was expelled in Year 9. After this he left home and lived in supported accommodation for young people in a provincial city. He then met Frank and moved around a number of regional cities and towns. He reported some very limited work in a mechanic's workshop and also some work as a prostitute. Greg was HIV positive and was receiving the Disability Support Pension.

Despite having had no contact with his natural father since he was a child, Greg was very keen to make contact with him. He and Frank had made a trip interstate to try to find him but had been unsuccessful.

HELEN

Helen was aged 25 at the time of her interview. She was born interstate in a regional town. She stated that her father

was committed for life in a psychiatric facility and that she never saw him. She had not spoken to her mother for 13 years.

Helen grew up in a children's home in a capital city from the time she was six months old. She had no contact with any brothers or sisters.

Helen had her first baby at 14 and had had six children altogether. She stated that she had given up her older four children for adoption and had not seen them for three years. She reported that she had suffered from depression for eight years but had only been diagnosed after the birth of her fifth child. At this time she went to a Mother Baby Unit and then to a Family Centre for live-in support.

She stated that she had completed very little secondary education as she had children at such a young age.

Helen was living with her partner, Ian, and their two children aged two years and five weeks. They had lived together for four years but had separated and then moved back together again during this time. They were living in a provincial city in Victoria in a house rented from the Office of Housing where they had lived for seven months. Prior to moving to this location they had lived in a number of places in rural Victoria and interstate.

NEVILLE

Neville was 19 and had been born in a regional centre in Victoria. He was the eldest of three children. He was single and had lived by himself for seven months in a regional centre in a flat rented from the Office of Housing. Prior to this he had lived in a number of other flats and also in supported accommodation for young people. He had also been homeless and sleeping out for a short time.

Neville described his father as someone who never had a job and both his mother and father as always drunk or on drugs, 'which is where all their money went'. He stated that his father was extremely violent towards everyone in his family:

I copped it since I was a little baby. I can't remember much as a baby, but I know I did. Once he damn near killed me. I like screwed his smokes up and that. I was just a little baby crawling around and that and he started throwing me around the room ... Nah, he just gets violent all the time ... he's kicked my old lady in the guts when she was pregnant and pushed her up against a car and that ... he'd just go off his head for no reason.

Neville's younger brother and sister were both placed in foster care. His father eventually went to jail for robbery. After this his mother separated from his father and moved to another town, leaving Neville behind. His brother and sister were in foster care in different towns and he was able to see them only three or four times a year. He had no contact with his father and had little to do with his mother. He would have liked to have seen his brother more often:

I see my brother every now and then. I wouldn't mind being closer to my brother, 'cause I was real close to him when I was a kid, but now I don't get to see him anywhere near enough.

PENNY

Penny was 24. She was born in a capital city. Penny's father was a policeman and her mother worked as a secretary. She had one sister who was 18 months younger than her. Penny's parents had separated when she was 10. She stated that her father had a drinking problem and was frequently not home:

Mum and Dad divorced when I was aged about 10. He was in the police force and that made it really hard on Mum. He had a pretty bad drinking problem. That was the way police sort of deal with it. He worked night shift, and he'd stay around. After a while Mum and Dad just weren't talking, and she'd had enough of it, so she thought it was best if they split up.

Penny stated that she enjoyed school and always did very well. However, when she was only 15, her then boyfriend committed suicide. She commented that she did not receive any help from her mother at this difficult time. She stated that she went from having goals to not caring about anything. At this time she moved out of home and lived in a youth housing project with three other girls. She tried moving back home but that did not work out. She commented that, 'I just kind of moved around till I got pregnant'. Penny then lived with a partner but he was a drug user and was violent. She herself was on the methadone program.

She was single and was living with her daughter, aged five. She was renting a house from the Office of Housing in a regional centre, where she had lived for four months. Before this she had lived in women's refuges in both the city and the country and in an Office of Housing house in a capital city. She was receiving Parenting Payment (Sole Parent) and Family Allowance. Her only work experience was some casual bar work in a nightclub for a very short time.

THERESE

Born in country Victoria, Therese was aged 20 at the time of her interview. She moved to a provincial city when she was a small child. Therese's father worked as a mechanic and her mother minded children. Therese's parents had separated and her father had moved interstate.

Because of serious relationship problems with her mother and a failed attempt to live with her father, Therese found herself living in supported accommodation for young people: 'I had nowhere else to live. I was 13.'

She was single at the time of the interview and was living with her daughter who was four years of age. They lived in a provincial city in a unit rented from the Office of Housing. She had lived in this accommodation for nearly five years.

She obtained her income from Centrelink as Parenting Payment (Sole Parent). She had completed a number of courses at TAFE and was involved in voluntary rather than paid work.

DISCUSSION

Key themes identified in the stories of these young people included lack of family care and support, experiences of abuse and violence, problems at school, employment difficulties, poor mental health, teenage pregnancy and a sense of isolation from other people.

Each of these eight young people had been exposed to multiple risk factors as children, in accord with research in relation to children in care. A strong theme in the accounts of childhood and adolescence of all interviewees prior to entering care was feeling deprived of parental love and support. In addition, a number of interviewees reported active hostility directed towards them by either one or both of their parents. These matters are significant in developmental terms. The attachment relationships that develop between caregivers and children are considered to be vital in terms of human adaptation and development (Masten & Coatsworth 1998), with children requiring warm, responsive, safe and active nurturing (Garbarino & Abramowitz 1992). Children persistently deprived of emotionally responsive parenting display serious problems in all developmental areas (Egeland, Carlson & Sroufe 1993).

Experiences of abuse and violence were widespread among the interviewees. Numerous studies have shown that child abuse has harmful effects, both short and long term, in a range of developmental areas including physical and mental health, cognitive ability and educational achievement, and social and behavioural development (Chalk, Gibbons & Scarupa 2002; Cohen, Brown & Smailes 2001:981; McCloskey & Stuewig 2001; Thornberry, Ireland & Smith 2001). In particular, child abuse is seen as a major risk factor for the development of mental health problems in childhood, adolescence and adulthood (Putnam 1998), with childhood trauma also an important causative factor in later maladaptive adult functioning (International Society for Traumatic Stress Studies 1997).

When young people eventually leave care, it is clear that many experience considerable personal and social difficulties, as noted earlier. Participants in this study reported similar experiences. In all cases, their education was adversely affected, they experienced a range of difficulties in relation to finding and maintaining employment, most experienced significant mental health problems requiring prescribed medication, and all the female interviewees became pregnant as teenagers.

All interviewees reported numerous difficulties at school. These problems included: social difficulties such as being

teased and bullied; having no friends and feeling different; behavioural problems such as being aggressive, rebellious and truanting; learning difficulties, including concentration and attention problems; experiencing a difficult transition between primary and secondary school; and family problems, including transience, which affected their education detrimentally. As a consequence of these various difficulties, all interviewees left school at an early stage in their secondary education. Limited educational achievement and early school leaving are commonly found in research with children in care (Mendes & Moslehuddin 2004b).

None of the interviewees at the time of the interviews was engaged in paid employment. Some had never obtained paid work. Of those who had, many had experienced considerable difficulties in work situations as a result of multiple problems both at work and outside of work. Research has indicated that the co-occurrence of problems involving physical and mental health, as well as lack of education, training and work experience, are related to greater risk of not being in paid employment (Danziger, Kalil & Anderson 2000). This is certainly borne out in the case of the interviewees in this study.

Depression requiring prescribed medication was commonly experienced by the interviewees. These mental health problems had a substantial impact on their ability to manage effectively in a range of areas. Depressive disorders involve a pervasive mood disturbance that results in feelings of sadness and loss of interest in activities, as well as negative effects in terms of sleep, appetite, concentration, libido and energy, leading to extensive impairments in functioning (Cicchetti & Toth 1998).

The four female interviewees became pregnant as teenagers. Pregnancy and parenthood at this age have well-documented negative consequences for young women in terms of ongoing economic hardship and restricted opportunities (Chevalier & Viitanen 2003; Hillis et al. 2004; Monahan 2002; Ortiz & Bassoff 1987).

A central issue for the young people in this study was their sense of isolation from others and disconnection from the communities in which they lived. Most had little, if any, contact with family and had very few friends. For example, Danielle stated that she did not have close links to any friends; Greg described most of his relationships with friends as unreliable, stating that they were untrustworthy and had let him down; and Helen indicated that she did not mix with many people.

Ben provides a good illustration of this sense of isolation and disconnection. He felt that his experiences in institutions as a child had affected his ability to form relationships. He believed that he was unable to express himself to people and felt he had to be personally very protective. At the time of interview, he found himself without a job in an area where he knew very few people and felt very much alone. Howe

(1995) has suggested that being raised in an institution is an extremely difficult experience for children because they are unable to form a selective attachment. Relationships may be available but they are too transitory and unreliable for children to be able to form appropriate attachments. In such settings, individualised continuity of care is not available and there is no one to show the child any long-term personalised interest. Significantly, Ben described himself as being 'isolated and literally on an island'.

According to Maunders et al. (1999), a crucial issue in assisting young people's transition to independence is the opportunity to build caring relationships. These young people generally lack a reliable social support network and have to deal with the challenges of independent living on their own (Mendes & Moslehuddin 2004b). An important recommendation which would help address this problem is that support and counselling for young people who have left care should be provided until at least their mid-twenties (Maunders et al. 1999).

CONCLUSION

This paper highlights the complex issues with which a group of young people who have experienced care have had to contend. Although this is not a representative sample of those who have been in the care system, their stories are considered to illuminate important aspects of the care experience.

Poor outcomes for care leavers involve many factors such as continuing emotional trauma from abusive experiences, insufficient support when in care and lack of appropriate assistance upon leaving care (Mendes & Moslehuddin 2004b). Negative pathways can be established as a result of child abuse and adversity which can lead to situations of poverty in adult life (Frederick & Goddard, in press). This potential link between child abuse and adult poverty further emphasises the need for greater support and intervention for children so affected than has previously been acknowledged.

A comprehensive approach to service provision is required to address these concerns. A key principle of such service provision is that to prevent problems compounding, it needs to occur as early in the chain of adverse life events as possible. Given that children entering care have generally experienced considerable distress and trauma, appropriate intervention and support services at this time are vital. These services must have the capacity to provide effective therapy and support to assist them to avoid the most damaging consequences of their traumatic experiences.

Greatly improved support for young people leaving out-of-home care is indicated by the considerable range of difficulties in finding a place in the community reported by the interviewees. Provision of appropriate transition programs and services for those leaving care would prevent many continuing difficulties for these young people in the

areas of education, employment, accommodation and personal support (Mendes & Moslehuddin 2004a).

Maunder et al. (1999:ix-x) state that effective models of support need to provide a continuum of care so that young people can make a graduated transition to independence. They propose a model with three components:

- First, a preparation stage involving a 'high quality, stable system of care; improved case practice and planning; and, a flexible support continuum'.
- Second, a transition stage which would include 'assistance for young people to develop personal and social networks; provision of effective support and living skills programs; provision of essential and appropriate information to young people about their past, and their options for the future; and the involvement of suitable mentors'.
- The third stage would involve aftercare provision of 'continuing access to support, resources and interest from care agencies'. (Maunder et al. 1999:ix-x)

Such a model of support would have addressed many of the difficulties experienced by the interviewees in this study and would have contributed to more positive outcomes in their life pathways. ■

REFERENCES

- ABS—see Australian Bureau of Statistics
- ACOSS—see Australian Council of Social Service
- AIHW—see Australian Institute of Health and Welfare
- Australian Bureau of Statistics (2003) *Australian social trends 2003*, 4102.0, Services and Assistance: Child Protection, ABS, Canberra, ACT.
- Australian Council of Social Service (2004) *Emergency Relief Handbook – A Guide for Emergency Relief Workers* (Third Edition), www.acoss.org.au/papers/er2004/Erhandbook_1.pdf [29/8/2004]
- Australian Institute of Health and Welfare (1999) *Australia's Welfare Services and Assistance*, AIHW, Canberra, Australia.
- Australian Institute of Health and Welfare (2005) *Australia's Welfare 2005*, www.aihw.gov.au/publications/aus/aw05/aw05-c03.pdf [14/3/2006]
- Arcelus, J., Bellerby, T. & Vostanis, P. (1999) 'A mental-health service for young people in the care of the local authority', *Clinical Child Psychology and Psychiatry*, 4(2), 234-235.
- Berg, B. (1989) *Qualitative Research Methods for the Social Sciences*, Allyn and Bacon, Boston.
- Chalk, R., Gibbons, A. & Scarupa, H. (2002) 'The Multiple Dimensions of Child Abuse and Neglect: New Insights into an Old Problem', *Child Trends: Research Brief*, <http://www.childtrends.org/PDF/ChildAbusRB.pdf> [20/1/2003]
- Chevalier, A. & Viitanen, T. (2003) 'The long-run labour market consequences of teenage motherhood in Britain', *Journal of Population Economics*, 16, 323-343.
- Cicchetti, D. & Toth, S. (1998) 'The development of depression in children and adolescents', *American Psychologist*, 53, 221-241.
- Clare, M. & Murphy, P. (2000) Peer mentors as partners in the leaving care process: Evaluation of a Western Australian initiative, paper presented at the 7th Australian Institute of Family Studies Conference, Sydney, NSW, 24-26 July.
- Clare, M. (2003) "'Good Enough Parenting" when Government is "the Parent"', *Children Australia*, 28(4), 19-24.
- Cohen, P., Brown, J. & Smailes, E. (2001) 'Child abuse and neglect and the development of mental disorders in the general population', *Development and Psychopathology*, 13, 981-999.
- Danziger, S., Kalil, A. & Anderson, N. (2000) 'Human capital, health and mental health of welfare recipients: Co-occurrence and correlates', *Journal of Social Issues*, 54(4), 637-656.
- Davies, D. (2004) *Child development: A practitioner's guide* (Second Edition), Guilford Press, New York.
- Davies, J. (2002) 'State wards' itinerant lives of abuse', *Age*, 27 July.
- Department of Family and Community Services (2001) *Hardship in Australia: An analysis of financial stress indicators in the 1998-99 Australian Bureau of Statistics Household Expenditure Survey*, Occasional Paper No. 4, [http://facs.gov.au/internet/facsinternet.nsf/vIA/occasional_papers/\\$file/No.4.pdf](http://facs.gov.au/internet/facsinternet.nsf/vIA/occasional_papers/$file/No.4.pdf) [30/3/2002].
- Diamond, S. & Ash, S. (2000) 'Children in care: Meeting their parenting needs', workshop for the 7th Australian Institute of Family Studies Conference, Sydney, NSW, 24-26 July.
- Egeland, B., Carlson, E. & Sroufe, L. (1993) 'Resilience as process', *Development and Psychopathology*, 5, 517-528.
- Frederick, J. (2004) 'The help I need is more than the help they can give me': A study of the life circumstances of emergency relief clients, unpublished PhD Thesis, Monash University, Melbourne.
- Frederick, J. & Goddard, C. (in press) 'Exploring the relationship between poverty and childhood adversity and abuse from the perspective of adulthood', *Child Abuse Review*.
- Garbarino, J. & Abramowicz, R. (1992) 'Sociocultural risk and opportunity', in J. Garbarino (ed), *Children and Families in the Social Environment* (Second Edition), Aldine de Gruyter, New York.
- Goddard C. & Carew, R. (1993) *Responding to children: Child welfare practice*, Longman Cheshire, Melbourne.
- Goddard, C. (2000) 'The neglectful State', *Age*, 26 October.
- Gunn, M. & Walker, V. (2001) 'Our 16,000 lost children', *Australian*, 24-25 March.
- Hillis, S., Anda, R., Dube, S., Felitti, V., Marchbanks, P. & Marks, J. (2004) 'The association between adverse childhood experiences and adolescent pregnancy, long-term psychosocial consequences, and fetal death', *Pediatrics*, 113, 320-327.
- Howe, D. (1995) *Attachment theory for social work practice*, Palgrave, Basingstoke, Hampshire.
- International Society for Traumatic Stress Studies (1997) *Childhood trauma remembered: A report on the current scientific knowledge base and its applications – for professionals*, International Society for Traumatic Stress Studies, Northbrook, Illinois.
- Loman, A. & Siegel, G. (2000) *A review of literature on independent living of youths in foster and residential care*, report of the Institute of Applied Research, St. Louis, Missouri.
- Luthar, S., Cicchetti, D. & Becker, B. (2000) 'The construct of resilience: A critical evaluation and guidelines for future work', *Child Development*, 71, 543-562.
- Masten, A. & Coatsworth, J. (1998) 'The development of competence in favorable and unfavorable environments: Lessons from research on successful children', *American Psychologist*, 53, 205-220.
- Maunder, D., Liddell, M., Liddell, M. & Green, S. (1999) *Young people leaving care and protection*, a report to the National Youth Affairs Research Scheme, Australian Clearinghouse for Youth Studies, Hobart.
- McCloskey, L. & Stuewig, J. (2001) 'The quality of peer relationships among children exposed to family violence', *Development and Psychopathology*, 13, 83-96.

Mendes, P. & Goddard, C. (2000) 'Leaving care programs locally and internationally', *Children Australia*, 25(3), 11-16.

Mendes, P. & Moslehuddin, B. (2004a) 'Moving out from the state parental home: A comparison of leaving care in Victoria and New South Wales', *Children Australia*, 29(2), 20-29.

Mendes, P. & Moslehuddin, B. (2004b) 'Graduating from the child welfare system: A comparison of the UK and Australian leaving care debates', *International Journal of Social Welfare*, 13, 332-339.

Monahan, D. (2002) 'Teen pregnancy outcomes: Implications for social work practice', *Families in Society*, 83, 431-439.

Mudaly, N. & Goddard, C. (2006) *The truth is longer than a lie: Children's experiences of abuse and professional interventions*, Jessica Kingsley, London.

Neuman, W. (1997) *Social research methods: Qualitative and quantitative approaches* (Third Edition), Allyn and Bacon, Boston.

Ortiz, E. & Bassoff, B. (1987) 'Adolescent welfare mothers: Lost optimism and lowered expectations', *Social Casework*, 68, 400-405.

Putnam, F. (1998) 'Trauma models of the effects of childhood maltreatment', in B. Rossman & M. Rosenberg (eds), *Multiple Victimization of Children: Conceptual, Developmental, Research and Treatment Issues*, The Haworth Press, New York, 51-66.

Rosenfeld, A., Pilowsky, D., Fine, P., Thorpe, M., Fein, E., Simms, M., Halfon, N., Irwin, M., Alfaro, J., Saletsky, R. & Nickman, S. (1997) 'Foster care: An update', *Journal of the American Academy of Child and Adolescent Psychiatry*, 36(4), 448-457.

Senate Community Affairs References Committee (2004) *Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children*, Commonwealth of Australia, Canberra.

Sroufe, L., Carlson, E., Levy, A. & Egeland, B. (1999) 'Implications of attachment theory for developmental psychopathology', *Development and Psychopathology*, 11, 1-13.

Stein, M., Pinkerton, J. & Kelleher, P. (2000) 'Young people leaving care in England, Northern Ireland and Ireland', *European Journal of Social Work*, 3(3), 235-246.

Thornberry, T., Ireland, T. & Smith C. (2001) 'The importance of timing: The varying impact of childhood and adolescent maltreatment on multiple problem outcomes', *Development and Psychopathology*, 13, 957-979.

Thorpe, M. & Swart, G. (1992) 'Risk and protective factors affecting children in foster care: A pilot study of the role of siblings', *Canadian Journal of Psychiatry*, 37, 616-662.

Werner, E. & Smith, R. (1992) *Overcoming the odds: High risk children from birth to adulthood*, Ithaca, NY, Cornell University Press.

Wertheimer R. (2002) 'Youth who 'age out' of foster care: troubled lives, troubling prospects', *Child Trends*, Research Brief Publication 2002-29, www.childtrends.org/PDF/FosterCareRB.pdf [19/4/2003]

Children Australia 2006 Volume 31

(for new subscribers only)

- Standard subscription.....\$71.50 pa
 - Student (full time) subscription\$55.00 pa
 - Overseas subscription (airmail)\$90.00 pa
- NB Standard and student subscription rates include GST

Name

If student, academic institution, course name & student number:

.....

Organisation

Address

Postcode..... Telephone..... Fax.....

Email TAX INVOICE REQUIRED?

Cheque/money order enclosed OR Debit Bankcard Visa Mastercard Expiry date Amount \$

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CARD NUMBER

Cardholder name Signature.....

PLEASE PRINT CLEARLY

Send to: Children Australia, PO Box 1312, South Melbourne, Vic 3205, Australia Date

Enquiries: Lorraine Redshaw Tel: 03 9695 2200 Email: lredshaw@ozchild.org.au