

Mirror families

Creating extended families for life

Claire Brunner and Cas O'Neill

Foster care is in crisis in most western countries, including Australia. Increasing numbers of children are being placed in out-of-home care at a younger age due to a range of issues, including parental substance abuse.

Mirror Families is an early intervention model which seeks to address the underlying causes of the foster care crisis. It supports positive, lifelong outcomes for vulnerable children and young people who are at risk of being placed outside their birth families or who are already in kinship, foster and permanent care.

This paper focuses on how a 'village', or extended family, can be created for each child so that lifelong (and beyond) supportive relationships can be established and nurtured. The key question which informs the model is: 'Who will be there for the grandchildren?'

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The traditional African proverb *It takes a village to raise a child* is a frequently used theme underlying debates on the role of government and communities in supporting families and children.

This paper describes the *Mirror Families* model¹ which has been designed to support children in out-of-home care (foster, kinship and permanent care) through the creation of a network of *lifelong* supportive relationships. The key question which informs the model is: 'Who will be there for the grandchildren?'

The *Mirror Families* model is currently being run as pilot programs in Victoria and South Australia.

Mirror Families works on the assumption that in a natural extended family, there are likely to be a number of adults (usually family) who play significant roles in contributing to both the children's development and supporting the parents. These relationships do not cease when the child turns 18. On the contrary, the extended family ideally remains connected to the child all of his/her adult life.

The *Mirror Families* model also assumes that the lack of a robust, extended family is a significant feature of vulnerable families. Nevertheless, *Mirror Families* are more likely than not to involve relatives and, in many cases, are solely made up of relatives. Indeed, the first major action in setting up a *Mirror Family* is to convene a Family Group Conference which will explore the ability and willingness of extended family members to contribute to a child's life.

Mirror Families has been designed as a best practice support system which adds value to the existing kinship care, foster care and permanent care systems. It is seen as a child-centred, early intervention program which supports children to be cared for within their kith and kin networks, as well as providing lifelong support for children already in the 'care' system, and those leaving care.

The *Mirror Families* model has evolved within the current out-of-home care context, in which there are increasing

¹ The term *Mirror Families* refers both to the model proposed and to families involved in this model.

The term *birth families* is not intended to imply that these families are not involved in their children's lives post-birth. It is used to distinguish these families from the caregiving families.

numbers of children needing care, as well as decreasing numbers of foster carers. There is growing concern in both government and non-government sectors about the need to support carers to stay within the system, together with a commitment to better support young people leaving care so that their adult lives are less likely to be marked by homelessness, unemployment and mental health problems. *Mirror Families* has been designed to impact on these issues by providing in-built respite and support for carers (thereby maintaining placements) and lifelong support for people who have experienced the care system.

THE IMPORTANCE OF A NETWORK OF LIFELONG RELATIONSHIPS

Our everyday understanding of the importance of lifelong relationships to human beings (both within and outside the family) is backed up with a considerable body of research and practice wisdom (Werner & Smith 2001).

In the context of home-based care, we all have assumptions about what residential care, foster care and adoption offer in terms of placement stability, outcomes for children and lifelong relationships (Cairns 2004). Adoption is generally seen to be the most stable option for children, particularly if they are adopted as infants, with the assumption that they and their future offspring are part of the adopted family forever. Mary Dozier's (2006) work, which shows that foster mothers tend to be more committed to children who are placed at younger ages, would seem to confirm this.

Defining permanency planning, Maluccio, Fein and Olmstead (1986) suggested that the core question to be answered is: 'Who will be this child's family when he or she grows up?' This is illustrated poignantly by Natalie Richmond (2007) in her story of growing up in a series of foster homes, entitled *I didn't get a family*.

However, it is not just lifelong relationships which matter, but also having a network of relationships which support children in the context of the family and the family in the context of community (Schorr 1997). The importance of social engagement and relationships has also been documented in the work of Robert Putnam (2000) who links them to the wellbeing of self and society.

Perry's work in the area of neurodevelopment describes the need for a network of relationships around each 'high risk' child which provide what he calls a 'therapeutic web' which can be evident in a range of policy and program initiatives, such as family support, mentoring and after school programs (Perry 2006, p. 46).

Similar work has been undertaken in the USA by the Commission on Children at Risk, a panel of child professionals and researchers, which has prepared a report on strategies to reduce the decline in social connectedness for the high numbers of young people suffering from

depression, anxiety, attention deficit and conduct disorders, and thoughts of suicide. The report, *Hardwired to Connect*, presents scientific evidence suggesting that children are 'hardwired' not only for close attachments to primary caregivers, but also to the broader community. The authors propose that children should have access to 'authoritative communities', groups of people who are committed to one another over time and who are able to pass on what it means to be an engaged and worthwhile community member (Commission on Children at Risk 2003).

THE POLICY AND RESEARCH CONTEXT

CHILDREN IN CARE ON THE RISE, CARERS ON THE DECLINE

The Australian Institute of Health and Welfare (www.aihw.gov.au), in its 2009 report on child protection, states that the number of Australian children in out-of-home care has risen from 14,470 on 30 June 1998 to 31,116 on 30 June 2008, an increase of 115%. Across Australia, 48% of these children were in foster care and 45% in kinship care (AIHW 2009). The proportion of children in kinship care is rising every year, especially when the number of children in informal or non-statutory kinship care is taken into consideration.²

At the same time, the number of available foster carers is declining. For example, Victoria experienced a decrease of 7% in the overall number of foster carers in the five years to 2002; and a decrease of new 'recruits to foster care' of over 40% in the same period (DHS 2003, pp. 39-40).

All Australian states are affected by, and concerned with, these trends and all have responded in varying degrees with three broad groups of services:

- Programs that seek to prevent children coming into state care – e.g. intensive family support programs such as Families First (Campbell 2004) and respite programs (Brennan & Crowe 2002).
- Programs that target the recruitment and retention of alternative caregivers.
- Programs that seek to support kinship care and may include Family Group Conferencing³ to identify kinship carers, and the Aboriginal Child Placement Principle (DHS 2002) to identify culturally appropriate carers for Aboriginal children.

² In Victoria, numbers of children in non-statutory kinship care are estimated to be four times as many as those in statutory kinship care (DHS 2007, p. 9).

³ Despite a promising start, family group conferencing is not being used extensively in Australian child protection systems (with the exception of South Australia and Tasmania), despite a strong move towards kinship care nationally (Harris 2008).

There has been a range of recent reports and new legislation, policy and practice in the latter area. For example:

- The NSW Department of Community Services website contains a number of reports relating to the availability of carers, and service models for new kinds of foster care, such as 'intensive foster care'⁴ (www.community.nsw.gov.au/html/news_publications/reports.htm)
- The Victorian Children, Youth and Families Act 2005 promotes the concept of 'stability' as a response to widespread concern about multiple placements and disrupted relationships experienced by children in the care system (see O'Neill, Campbell, Russell & Mitchell 2006).

Child welfare systems in Australia are actively engaging in the questions of how best to retain carers, and how to offer children in care a good quality start in life. There is, therefore, considerable debate on a number of related issues, such as support for young people leaving care and support for carers. These issues are discussed below.

LEAVING CARE

There has been recent recognition in Australia and elsewhere that young people leaving care are often ill-equipped to cope with independence, and that child welfare systems have not served them at all well in preparing for adult life (Cashmore & Paxman 1996, 2006; Centre for Excellence in Child and Family Welfare 2005, 2006a).

There is also considerable research evidence to show that these young people are more likely than others to experience homelessness, poor educational and employment outcomes, involvement in crime, prostitution, mental and physical health problems and early parenthood (Moslehuddin & Mendes 2006). An intergenerational cycle of child protection involvement is also evident amongst care leavers (Forbes, Inder & Raman 2006).

Recent research has conservatively estimated that the cost of these poor outcomes for the 450 young people who leave care in Victoria each year is \$332.5 million (Forbes, Inder & Raman 2006).

Young people who have experienced multiple placements are more likely to have these kinds of poor outcomes than young people who have had more stable placement histories. Attachment theory suggests that children who have frequent changes of caregiver experience 'chronic insecurity ... (and learn) not to form attachment relationships in order to avoid the pain of losing them' (Wise 2000, p. 4; see also Mitchell

et al. 2002 for a review of the attachment literature and outcomes related to multiple placements).

Leaving care policy and programs have proliferated recently, providing support services which extend from the previous cut off of 18 years. However, the emphasis remains largely on services – finances, education and training, housing, mentoring, access to drug and alcohol services (Centre for Excellence in Child and Family Welfare 2005, 2006a).

In this service-driven debate, the issue of lifelong relationships is seen as secondary and the question 'who will be there for the grandchildren?' almost unasked. However, the authors see continuity of supportive relationships as central to the issue of 'leaving care' and the primary purpose of *Mirror Families* is to provide these.

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SUPPORT FOR CARERS AND YOUNG PEOPLE

Surveys of carers consistently show that lack of sufficient support is a major reason for carers leaving the system (DHS 2003). Considerable efforts have therefore been made by many organisations to understand what kinds of support make a difference to carer satisfaction and then to offer that support. Increasingly, attention is being paid to networks of support (as well as targeted instances of support such as counselling sessions or episodes of funded respite).

One example of a therapeutic community 'web' is evident in an intensive, home-based care program based at Berry Street Victoria's Southern Services, which has recruited a high number of carers of South Pacific origin. These carers value a community approach and shared responsibility in caring for children. Indeed, it seems that most of them know, and support, each other in the daily challenges of caring for children with challenging behaviours (McClung 2007).

The Centre for Excellence in Child and Family Welfare (2006b) has published a monograph on programs which facilitate support from 'resource' individuals and families to foster families. These individuals and families, who may be ex-foster carers themselves, offer respite and/or other kinds of support such as mentoring and tutoring and may aim for family-like relationships with a child such as a grandparent, aunt or uncle, older brother or sister.

⁴ Intensive foster care offers more support than general foster care – e.g. targeted recruitment programs, access to specialist behaviour management services, enhanced carer payments and respite care.

There are other kinds of supportive programs, such as Circles of Support, Microboards and PLAN networks, originating in the United States and Canada, which involve groups of people who meet on a regular (and long-term) basis to help a person with disabilities accomplish personal goals.⁵

The services these programs offer add a great deal to a child's, young person's or adult's life and also decrease the load on community service organisations. However, they tend to sidestep the issue of lifelong relationships and the questions 'who will support the children to become successful parents?' and 'who will be there for the grandchildren?'

The programs which appear to be most like the *Mirror Families* model are:

- The Generations of Hope Community (which is being replicated elsewhere in the United States), which is an intentionally created, intergenerational neighbourhood set up in 1993 in Illinois, USA (Eheart, Hopping, Power, Mitchell & Racine 2009).
- Similarly, the Treehouse community (a US\$15.9 million project) in Massachusetts, USA is a planned intergenerational community which was set up in June 2006 as a network of foster families and older adults who are intended to be 'honorary grandparents'. (<http://www.nytimes.com/2007/08/16/garden/16treehouse.html?hp=&pagewanted=print>).

However, these programs differ from *Mirror Families* in that they are planned communities in a geographical context and with professional staff. If a child or family leaves the community, the intergenerational support system is not expected to move with them. In contrast, the *Mirror Families* model actively sets out to establish relationships around each child as an individual. It is therefore a far less expensive option (without the cost of providing housing, etc.) and with the higher possibility that the extended 'family' will move with the child.

A NEW MODEL: WHY MIRROR FAMILIES?

Child protection systems need to focus, in part, on immediate, short-term 'fixes'. However, constant crisis management often prevents a response that looks to the future.

The term *Mirror Families* developed out of a wish to send a new message to children, families and the community at large. It is a new paradigm that requires new terminology.

⁵ See: http://www.plan.ca/Programs_Relationships.php
file:///C:/DOCUME~1/ADMINI~1/LOCALS~1/Temp/circles.htm;
file:///C:/DOCUME~1/ADMINI~1/LOCALS~1/Temp/microboards-ez-1.htm

The term 'care' conjures up an artificial, temporary situation. Homes that children move through may offer little sense of belonging. Children and young people are often loath to tell people they are in any kind of alternative care for fear of the stigma attached to the terminology.

Mirror Families reflects what happens in most extended, natural, family structures with complex, enduring relationships and a sense of belonging. A *Mirror Family* is not a care team, a therapeutic placement, nor a care circle. It is an extended family for life.

WHAT DOES A MIRROR FAMILY LOOK LIKE?

A *Mirror Family* provides a working extended family for every vulnerable child, whether they are in kinship care with an extended family member or living with an unrelated family. Each *Mirror Family* is made up of three roles:

'A' family – the primary home with 'parents', who may be birth family members or alternative carers;

'B' family – the secondary home providing a respite/emergency home for child and family with 'aunties/uncles'. This home has the potential to become the 'A' family if required; and

'C' family – the tertiary home offering babysitting, mentoring, advocacy/educational support from 'grandparents/godparents'.

Mirror Families can be adapted to suit many situations. Primarily this model is envisaged as an ongoing support for:

- the main place of residence for the child (birth, kinship, foster and permanent homes)
- young people who have reached the statutory age (e.g. 18 or 21) and have therefore left formal care (care leavers), as well as minors living independently or in state care.

The 'A' family and/or the birth family are actively engaged in creating their *Mirror Family*. Depending on the family circumstances, a family may have more than one family taking on any one of the 'ABC' roles.

Mirror Families is intended to assist in breaking the cycle of generational dysfunction by continuing to support children when they become parents. There is also a presumption that *Mirror Families* offer healthy role models and support to future 'grandchildren'.

INTENDED OUTCOMES

Implementing *Mirror Families* is intended to support:

- positive outcomes in early intervention/prevention of children coming into care
- well planned and managed placements, lessening the need for professional intervention and crisis management

- continuity of relationships for the child and stability of placement
- retaining, maintaining and building the pool of carers
- connecting the child to community.

CASE STUDIES ILLUSTRATING A MIX OF KITH AND KIN CARE AND FOSTER CARE⁶

Case study 1

Jenny and Liam have been placed with their 70-year-old maternal grandmother ('A' family) due to their parents' drug and alcohol use. Contact between the children and their birth parents continues to be difficult due to threatened violence towards the grandmother. The birth mother's sister and her husband have therefore stepped into a 'C' family role⁷ to supervise all contact – they live close by and are therefore usually available if the birth parents arrive unexpectedly. A neighbour has also agreed to be a back up 'C' family to supervise unplanned contact whenever necessary.

A childhood friend (who has been accredited as a carer specifically for these children) of the birth mother's offers regular respite as a 'B' family for weekends. In addition, the parents of Jenny's best friend at school have been accredited as a 'B' family to take her away with them on holidays.

Case study 2

Dylan and Mark were in foster care. When they became orphaned, they were moved to a new long-term foster home ('A' family) that was close to an aunt who was caring for their siblings. She wished to play an active, but mainly non-residential, role in their lives ('C' family).

The original foster home (now the 'B' family) continues to support the 'new' long-term foster mother, particularly through offering respite care, discussing issues as they arise and celebrating special occasions (as aunts and uncles support a family). They also facilitate connections with both sides of the remaining birth families. Family friends of the birth mother have taken on a mentoring role ('C' family) and also assist the children financially (as godparents might). As the older siblings mature, they too are playing an increasingly important role. One brother is now playing a 'B' family role.

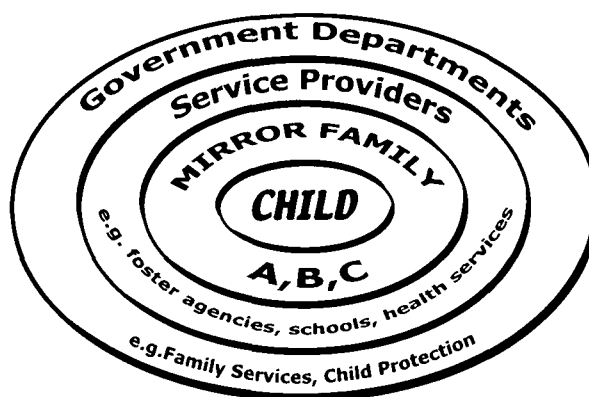
As a team, members of this *Mirror Family* have averted a number of crises. Their short-term aim is to keep the children in school and in a stable placement (unlike their older siblings). In the long-term, they hope to support them

to have fulfilling adult lives. Currently in their teens, the boys are thriving.

THE MIRROR FAMILIES TEAM: ROLE OF SERVICE PROVIDERS

The *Mirror Families* model utilises the existing skills and experience of child protection and social workers. While service providers are not considered part of an individual *Mirror Family*, they are nevertheless vital members of each *Mirror Family* team.

The model creates an opportunity for service providers to empower families to deal with their own issues. There is a vital role for services to facilitate lifelong support for parents/carers rather than provide direct support themselves, which is more often than not, resource limited.



Standard case management processes (such as Family Group Conferences) are used to identify, manage and provide initial training for *Mirror Families* teams. Other specialists (e.g. therapists and teachers) may be enlisted to join the team as required. Initially, quarterly meetings are convened and facilitated by service providers. Family members are assisted to support each other. As the *Mirror Family* becomes cohesive, the need for outside support will lessen. Ideally, *Mirror Families* become self-sustaining in the long term.

FINDING THE EXTRA CARERS OUTSIDE OF EXTENDED FAMILY NETWORKS

Many of the people who could form a *Mirror Family* are already there but for the asking. Indeed, caseworkers in placement agencies often anecdotally report instances of former foster parents continuing to play an important role in the lives of children, while also supporting the new carers.

Wherever possible, *Mirror Family* members are recruited from within the birth family and/or the child and carer's existing networks, before looking further afield into the wider community.

It is anticipated that *Mirror Families* will have a positive effect on carer retention and recruitment, thereby increasing

⁶ Note that this 'mix' of related and unrelated carers varies in each *Mirror Family* and is often largely or wholly made up of carers from the child's extended family and friendship network ('kith and kin care').

⁷ These are all formal roles as opposed to a more ad hoc system, which would be less likely to work over time.

the numbers of carers available. Major concerns, leading to high attrition rates of carers (DHS 2003), are anticipated to at least partly be addressed by providing support, ongoing relationships and carer inclusion in decision making.

Carers new to the system have the option of a gentle entry through 'B' and 'C' family roles. Research conducted by the Centre for Excellence (2006b) found that callers to the Information Hotline who decided not to become carers would have been interested in taking on a lesser role supporting full-time carers.

For former carers thinking about re-entering the system, participation in a *Mirror Family* provides the support and involvement that they seek. Public Parenting (DHS 2003) found 62% of past carers they interviewed would consider taking up fostering again, especially if there were better levels of support.

ANTICIPATED COSTS AND SAVINGS

It is envisaged that all members of a *Mirror Family* would be reimbursed for their out-of-pocket expenses, at least in the establishment phase. In addition, the costs of recruitment, assessment, training and support (including quarterly meetings) would need to be covered, as is the current case with foster and respite carers.

While these costs are not insubstantial, the long-term costs of young people growing up without adequate family and community support are far greater. Forbes, Inder and Raman (2006) conservatively estimated the cost of poor outcomes for the 450 care leavers in Victoria each year at \$332.5 million.

Decreasing the need for crisis management frees up service providers to spend more time in effective planning and case management practices. The flow-on effects could be expected to include increased job satisfaction, less stress and, therefore, fewer resignations.

The anticipated positive effect on carer recruitment and retention would impact positively on the time and financial costs of recruitment and training of new carers.

IMPLEMENTING MIRROR FAMILIES – THE CHALLENGES

Two pilot programs have recently been set up by the Post Placement Support Service in Victoria and the Aboriginal Family Support Service in South Australia. Some of the challenges and questions these programs are currently facing are:

- General assessment and training requirements for all *Mirror Family* members – how different (if at all) should these be to existing foster and kinship care requirements?
- Assessment of 'C' families – given that these families will not be providing overnight, or even extended care,

does the assessment process need to be as thorough as the assessment of 'A' or 'B' families?

- Who will run the family group conferences?
- The issue of ongoing brokerage, especially in vulnerable communities.
- Whether the *Mirror Families* model requires specific workers in an organisation or whether the model can ultimately be incorporated into the everyday work of the organisation.
- Will some families be able to undertake some of the work themselves in terms of setting up a *Mirror Family*, i.e. a partial self help model?
- What kind of initial information do agencies and families need about the model?

The answers to these, and other emerging issues, will be looked at closely through the evaluation of the pilot programs and will determine the usefulness of the *Mirror Families* program in the child welfare sector.

CONCLUSION

Mirror Families provides a new paradigm which undoubtedly has its own challenges. Its implementation will require a leadership response with a commitment to change, lifelong continuity of relationships, real partnerships and changing the way we think about improving the lives of vulnerable children and their families.

Ideally, a natural family has the capacity to guide children successfully into adulthood. Long before a child turns 18, we need to know who will guide our vulnerable children. Who will love and adore them through thick and thin? Who will be there if the 'parents' are run over by the proverbial bus? Who will sit next to the 'L' plate driver? Who is likely to pull strings to help find the first job? Who will provide the proud arm that gives her away on her wedding day? Whose door will still be open when the rent hasn't been paid and the job didn't work out? Who is going to inspire, and be cheering at the university graduation? Who will be the custodians of the childhood stories and give advice on the next generation's teething babies? And even decades later, beside whose death bed will they be sitting?

Informally, the authors know of many *Mirror Families* which are already working harmoniously. Birth families and unrelated carers are supporting each other before intervention, during placement, after reunification and after government agencies and community support organisations have ceased their involvement. The results are often exceptional for all involved. However, their very success goes unnoticed as they negate the need for child protection workers, service providers, court intervention, and the accompanying costs. ■

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SUBMISSIONS TO CHILDREN AUSTRALIA

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- children in the 'middle years' (8-14 years)
- children in educational settings
- children with disabilities
- children living with family violence

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