Children in foster care – Five years on

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This paper reviews the findings of the South Australian longitudinal study and the extent to which findings are borne out in subsequent national and international research. Included in this paper is an analysis of several issues in out-of-home care, including the disparity between child and carer numbers, the nature and effects of placement instability, the complexity of child behaviour and family contact. Using some recent findings of the ongoing National Survey of Child and Adolescent Well-being (NSCAW) study in the United States, the paper shows how many of the South Australian findings have been also borne out in other studies with larger sample sizes and more sophisticated measures. These comparisons suggest that the out-of-home care experiences of children living in both countries may share many similarities. Findings obtained in either country may be more easily translated to inform policy and practice internationally than has been previously thought.

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It is recognised that many areas of policy and practice relating to out-of-home care in Australia are founded on a very limited base of evidence (Cashmore & Ainsworth 2004). Relatively few detailed and systematic studies into the operation and effects of out-of-home care on children have been undertaken in Australia. As a result, much of what is known about the effectiveness of care systems is based on overseas evidence, most commonly research conducted in the United States or the United Kingdom. Although these countries share many broad similarities in relation to the purposes of out-of-home care, there are also many differences in policies, practice and in the range of services available. This situation means that attempts to translate published research evidence into policy and practice within Australia are often based on the assumption that what happens overseas is sufficiently similar to allow valid comparisons with care systems in Australia. In many areas of social policy this is often true. For example, international strategies used to encourage safe drinking and driving, reduce smoking and treat many disorders have often been found to be similarly successful in Australia and usually for the same reasons. However, a challenge for research into out-of-home care is that, unlike in many other areas of research, relatively few attempts have been made to conduct international comparisons of out-of-home care research, in particular, how Australian findings compare to those obtained elsewhere in the world.

Given the potential value of such comparisons in enhancing the validity of studies conducted here in Australia, as well as our confidence in the relevance of overseas findings, the aim of this paper was to conduct an appraisal of some Australian research in light of recent developments in both national and international studies. To achieve this aim, we adopted as our focus a series of related projects undertaken as part of a longitudinal study into out-of-home care conducted in South Australia. We selected this study for several reasons. The first because it is a study very familiar to the authors and, second, because it investigated a range of different issues relating to out-of-home care, all of which have featured very prominently in recent Australian reviews of the care system in Australia.

In this paper, we reflect upon the findings of the South Australian longitudinal study as described by Barber and Delfabbro (2004) in the book *Children in Foster Care*[1].

This book provided one of Australia's first detailed longitudinal analyses of the progress and well-being of children in out-of-home care. In this study, undertaken in South Australia between 1998 and 2000, 235 children aged 4-17 years who had been referred for new placements between May 1998 and May 1999 were included in a cohort that was subsequently tracked for over two years. Only children who had been referred for genuine short-term or long-term placements of at least two weeks duration were included in the study. Respite, family preservation and remand cases were deliberately excluded, but the study included all types of formal or 'paid' placements in foster care, relative care or residential care. The principal source of data for this study was the children's case-workers, although objective placement movement data, case-file data and some interviews with foster carers and the children themselves also informed many of the analyses. The project collected data on the children's reasons for entering care, demographics, placement types, movements and trajectories, as well as some standardised measures of psychosocial functioning. The tracking data was collected in a series of waves commencing at the time that the child was referred to a new placement through the central referral agency, and then at 4, 8, 12, 18 and 24 months thereafter. Only those children whose cases remained open, and where the Department had ongoing contact, were retained in the sample. In the end, after two years, approximately 120 children still remained in the tracking sample.

Many of the findings from this study have been summarised and discussed in a national review of out-of-home care conducted by Bromfield, Higgins, Osborn, Panozzo and Richardson (2005). Some of the most important topic areas included:

(1)   the increasing disparity between the numbers of children coming into care and the availability of suitable placement options,

(2)   the children's progress and satisfaction with their experiences in care,

(3)   the complexity of problems faced by families and children coming into contact with the care system,

(4)   the nature and extent of placement instability, and

(5)   the role of family contact in out-of-home care, in particular, its relationship with child well-being and reunification.

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[1] Although the book was titled *Children in Foster Care*, the research examined all forms of out-of-home care, including residential care. The title reflects the fact that the vast majority of children who were studied were in family-based foster care.

On the whole, many of the findings in this project were consistent with the broader national and international literature that was available at the time. As well as highlighting the many logistical challenges associated with conducting longitudinal research in this field, the project and its associated publications provided a critical appraisal of many common assumptions (or 'myths and legends') prevalent in both research and policy analyses. The findings have also been examined in terms of their implications for practice and policies, and have been used to inform more detailed studies of significant issues with particular policy or research interest (Osborn, Delfabbro & Barber 2008). Despite these contributions, we acknowledge that the South Australian longitudinal study was also subject to a number of constraints and limitations. Apart from the relatively small sample size and inclusion of only one Australian State, the study was not able to track children once they had exited the welfare system and it was of a relatively short duration. The high level of placement instability also meant that we were heavily reliant on case-worker reports rather than consistent reports from foster carers and the children themselves. Only a relatively small number of brief standardised measures could be included in the research given the somewhat short time-frames available for interviews. Such challenges have been common to many studies conducted in the field up until this time, and this has led to longstanding calls for the completion of new longitudinal studies with sufficient scale and funding so as to overcome some of these common methodological challenges.

> *... relatively few attempts have been made to conduct international comparisons of out-of-home care research, in particular, how Australian findings compare to those obtained elsewhere in the world.*

One such study to which we will repeatedly refer in this paper is the US National Survey of Child and Adolescent Well-being (NSCAW). Funded by the American government, this project has a budget of over US$60m and involves an extensive team of researchers in different parts of the country. The research involves 6231 children who came into contact with the child protection system via a child maltreatment report between October 1999 and December 2000. The principal tracking sample included a baseline sample of 1467 children who entered out-of-home care and 2732 who remained at home. Children were sampled from 97 different State counties across the US using stratified cluster sampling, and the data-set includes weights to allow the data to be generalised back to the larger

Figure 1.
Point in time numbers of carers and children in care in South Australia
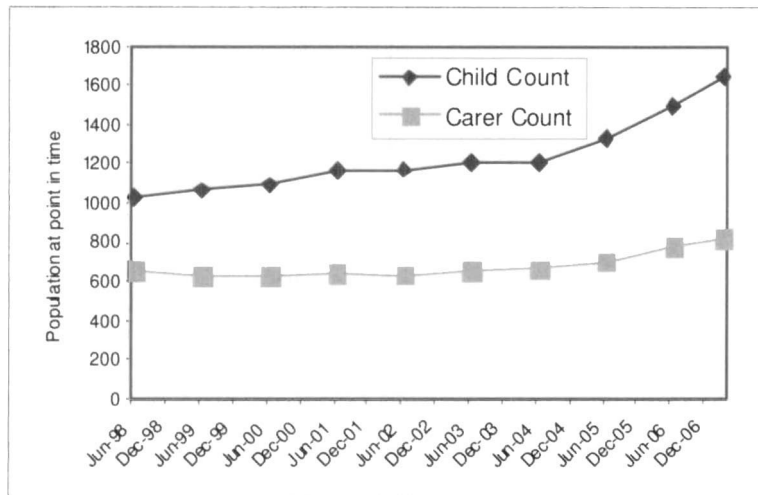
Figure 2.
Total annual numbers of carers and children in care in South Australia
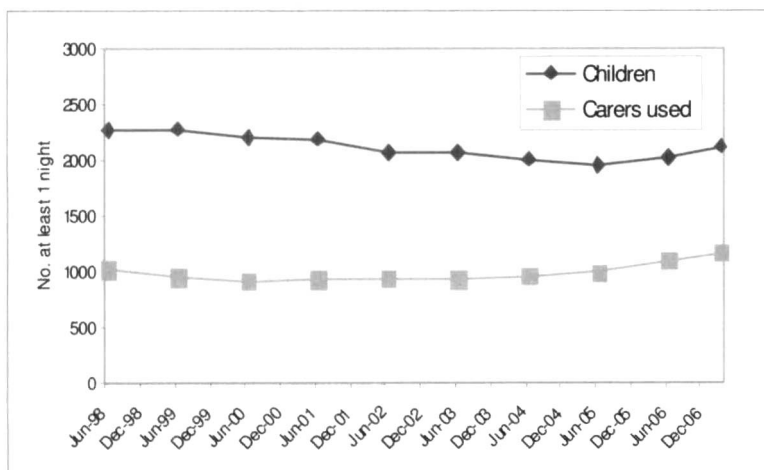
population from which it was drawn. Extensive information, including a comprehensive battery of demographic and social background variables and psychosocial well-being and adjustment measures, is collected from a variety of respondents, including care-givers, case-workers and parents, at multiple interview points. After an initial baseline data collection, similar data is then collected at +12, +18 and +36 months. The data from this project is made available to individual research teams to analyse and, so far, over thirty papers have been published based on various samples drawn from the total data-set.

In this paper, we reflect upon the findings of the South Australian longitudinal study described by Barber and Delfabbro (2004) and how they compare with the results obtained in recent international studies such as NSCAW, as well as in other national research. In undertaking this process, it was hoped that this discussion would provide a useful vehicle through which to re-examine some of the

principal problems and contentions in out-of-home care research and how these are informed by research undertaken in the last 5-10 years.

THE DISPARITY BETWEEN CHILD AND FOSTER CARER NUMBERS

In relation to the problem of finding suitable placements, there is evidence to suggest that care systems in Australia, including the one in South Australia, are still facing many of the same challenges as they did a decade ago. Since 1998, the number of children in out-of-home care in South Australia has increased[2] by 75% from 1055 in 1998 to 1841 in 2008 (Australian Institute of Health and Welfare 2009), or from 2.8 children per 1000 to 5.2 per 1000. Much of this growth has been attributable to the growth in kinship or relative care during this period from less than 20% in 1998 to 36% in 2008. Foster care now only represents 50% of all placements, while residential care remains the placement option for only 9% of children (a further 5% are in supervised independent living or other arrangements). During this time, there has been only modest growth in foster carer numbers, so that the disparity between the number of children requiring placements and the number of available foster carers has grown steadily larger. This trend is depicted in Figures 1 and 2 which displays data from 1998 to 2006, a time period during which both child and carer data were available.

THE COMPLEX NEEDS OF CHILDREN IN CARE

In our study we found that 60% of children coming into care had conduct-related problems along with other difficulties associated with emotional and social functioning. High rates of abuse and other family background problems (e.g. substance abuse and poverty) were also common. An inspection of more recent findings (including those obtained in Australia) suggests that significant complexity still continues to be a feature of current out-of-home care. For example, a methodologically rigorous study by Sawyer, Carbone, Searle and Robinson (2007) assessed the psychological well-being of 326 children aged 6-17 years residing in foster care in South Australia. Measures were adapted directly from the National Survey of Health and Wellbeing so that it was possible to compare the

[2] Australian Institute for Health and Welfare (AIHW) data also shows that the actual numbers being added to the care population each year is not increasing, but that children are staying in care longer than previously.

scores obtained by children in care with those in the general community (Sawyer, Arney, Baghurst et al. 2000). Based on foster carer reports, the results showed that 60% of children scored in the clinical range of the Child Behaviour Checklist (CBCL) for externalising problems and 45% for internalising[3]. These figures compared with only 13% for both scales in the general community.

These figures were very similar to those obtained in our longitudinal study which showed that 60% of children had behavioural problems as based on psychological reports and administration of a standardised Child Behaviour Checklist when they entered the study[4] (Barber & Delfabbro 2004).

The figures also mirror those of Tarren-Sweeney and Hazell (2006) in New South Wales who found that just over 50% of 4-11 year olds in foster or kinship care scored in the clinical range on the CBCL's Total Behavioural Score. Many of the same findings have been reported in studies conducted in the United States. For example, the Child Welfare League of America (2005) has estimated that around 80% of children in out-of-home care have some form of emotional or behavioural disorder, whereas a review of previous studies by Leslie et al. (2000) concluded that between 35% and 85% of children in out-of-home care have emotional or behavioural problems (again a mean of around 60%).

THE PROGRESS AND SATISFACTION OF CHILDREN IN CARE

Another finding from our research was that placement instability was often an ongoing feature of children's time in the care system. At the two year tracking point, around 20% of the total sample of 235 had changed placement at least once in the previous year, and this compared with 25% who had been in the same placement for at least 12 months. Although 20% represents only a minority of the total sample of 235 tracked in the study, this figure indicates that almost half of the children who remained in care (excluding those who had exited the care system by this time) had not received a stable placement. In drawing this conclusion, it must be acknowledged that the children who were included in our Australian study may have included an over-representation of children more prone to placement instability. This is because our sample included some children who had previously been in care. If such children were included in our study because they changed placement during our sampling period, then they would have been statistically more likely to experience placement changes during the course of our study.

Similar results have emerged in some recent studies in the United States that have adopted similar methodologies and

durations of observation. For example, in a study conducted by James, Landsverk and Slymen (2004) in San Diego, the placement movement of 430 children who entered the care system in 1991 was examined over the following 18 months. To be included in the study, children needed to have been in care for at least five months and to have remained there for the full period of observation. Children were classified into groups based upon their placement trajectories. Early stability was defined as having secured a stable placement within 45 days, whereas the term 'late stability' was applied to any child who had achieved stability (a placement of at least 9 months duration thereafter). The 'instability group' comprised those children who had experienced no single placement of at least nine months duration by the end of the 18-month observation period.

James et al. (2004) found that 36% of children achieved early stability, 29% later stability, and that only 19% were classified as having a consistently unstable pattern (a further 16% had a variable pattern of stability and instability). These figures again suggest that over a third of children experience instability in care and this is based on a stability criterion of only 9 months, which some clinicians would consider insufficient to be considered acceptable 'stable care'[5]. Similar findings were reported by Rubin, O'Reilly, Luan and Localio (2007) in a study involving NSCAW data and using the same system for classifying placements. Rubin et al. (2007) examined the 3-year placement trajectories of 729 children who had a new spell in out-of-home care of at least 18 months duration. The results showed that 52.2% achieved a stable, long-term placement within 45 days of being in care and that another 19.4% became stable after that time. A further 28.4% failed to achieve a stable placement of at least 9 months duration during the 3-year period of observation. In other words, as we found in South Australia, although only a minority of children remained unstable after approximately 1.5-2 years in care, a significantly high proportion of children remained unstable even though the authors adopted a relatively low stability criterion[6].

A second finding from our research was that most children who remained stable in care showed steady improvements, or no obvious deteriorations, in their psychological well-being. As we showed (Barber & Delfabbro 2004), scores on standardised measures of conduct disorder and social adjustment steadily improved for children who remained stable, whereas children with unstable placements had improvements in conduct disorder, but deteriorations in social adjustment over two years. Once again, recent longitudinal studies conducted in the United States have generally yielded very similar results. In a summary of early

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[3] These are separate subscales. The two do not sum to 100%.
[4] The study included children who were entering care for the first time, but also changing placements.

[6] These improvements are very likely due to some of these children being moved into more restrictive residential care units.

NSCAW findings, Barth (2006) reported that between baseline and 18 months, there were modest improvements in total CBCL scores in some age groups or little change in other groups. Of children aged 6-10 years of age when they entered care, 26% showed improvement, 63% remained the same and only 11% showed deteriorations in their scores. Less improvement was observed in the 11+ year-old group (22% improved, 21% experienced negative changes), but over half (57%) remained unchanged. As Barth (2006) pointed out, if out-of-home care is considered to be a service to young people, then these findings indicate that the system provides only limited benefits. However, from a broader policy perspective, the findings provide little evidence that being in out-of-home care is any more deleterious to children's psychological wellbeing as opposed to remaining in homes where there have been reports of abuse. These findings highlight the need for more careful comparisons of the costs of benefits of the care system as opposed to remaining at home with appropriate support services for families.

> *The encouraging feature of these comparisons is that, despite the obvious differences in policies and services that exist between different out-of-home care systems in the world, it is possible to discern similarities in the patterns of outcomes.*

Another finding from our research was that most children reported being satisfied with the level of care that they had received. Over 90% of children in our foster care sample reported feeling secure and that their carer liked them and treated them well, whereas children in residential care reported being less satisfied. No similar quantitative studies have been undertaken in Australia to determine whether our findings concerning children's progress and satisfaction with care can be generalised to children placed in the current Australian care system. However, some recent analysis from NSCAW data reported by Chapman, Wall and Barth (2004) indicates that our Australian findings are generally borne out in recent US studies. In this analysis, involving 727 NSCAW children who had been placed into care for at least 12 months, children were asked to complete a series of measures relating to their satisfaction with their living arrangements. Ninety per cent of the children interviewed reported that they liked the people with whom they were living and that they felt part of the family. In fact, 36% wanted to be adopted and 50% wanted to live in the home permanently. Most related well to their caregiver and felt

close to them and 74% were still happy even after visits with their biological parents. At the same time, over half of the children (58%) thought that they would live with their biological parents again and 74% were optimistic that their family's situation would be different if they went home again. It is unclear to what extent these findings were influenced by other factors, for example, the children's desire to appear compliant and contented so as not to jeopardise their placement. Such 'client satisfaction' questions may also not capture deeper, more psychological experiences of being in care and may only reflect children's general sense of being treated fairly and appropriately.

THE NATURE AND EFFECTS OF PLACEMENT INSTABILITY

An important advantage of our study design was that it was possible to obtain accurate prospective data concerning the frequency and nature of placement changes over time. As we have reported in several papers (e.g. Barber & Delfabbro 2004; Barber, Delfabbro & Cooper 2001; Delfabbro, Barber & Cooper 2000), our study revealed very high levels of placement instability in the sample, both at the baseline assessment point and throughout the study. For example, at intake, we found that 25% of the sample had experienced 10 or more previous placements even before they had entered the study and this continued to be a feature of many children's time in care during the study period. Over the two-year period, children typically experienced six changes in placement, but around 20% of the sample experienced an average of 15 placements, with a range that extended up to 30 placements. Since our study was completed, significant levels of placement instability were also reported by the Victorian Department of Human Services (DHS) (2003), which tracked the progress of children who had entered care over a five year period. DHS found that 17% of foster children and 26% of children in adolescent community placements (a particular form of foster care) had experienced seven or more placements since entering care. The DHS figures are somewhat lower than ours, very likely because of differences in sampling procedures. Whereas DHS included children coming into care, our study was based on children being referred into new placements and this included children who had previously been in the care system. As discussed above, such children were found to have a greater likelihood of ongoing placement instability than those coming into care for the first time.

Internationally, the topic of placement stability remains an issue of ongoing research interest (Ryan & Testa 2005). James et al.'s (2004) study in San Diego (described above) included a detailed analysis of placement movements for 430 children in care. Children in this sample experienced an average of 4.4 placements over 18 months with a range of 1-18, which is reasonably similar to the figures that we obtained in Australia. As in our Australian study,

Table 1.   Probability of behavioural problems at 18 months: Separating the effects of baseline behavioural functioning and placement instability (adapted from Rubin et al. 2007)

	Placement experience (0-18 months)		
	Early stability	Late Stability	Unstable
CBCL Status at Baseline			
Low risk	22%	25%	36%
Medium risk	29%	32%	45%
High risk	47%	51%	64%

Early stability = Stable within 45 days, Late stability = Stable after 45 days, Unstable = No single placement of 9 months+ duration by 18 months

international researchers have recognised the importance of describing children's pathways through the care system using systematic notation to highlight transitions between different types of care and exits and entries from the system (e.g. Usher, Randolph & Gogan 1999). Studies have also highlighted the importance of categorising the nature and cause of movements (Rubin et al. 2007). As we found in our study, most placements (around 60-70%) change not necessarily because of child behavioural problems, but due to system factors. For example, placements ended because there never had been an intention for them to be long-term, or because a planned transition to another arrangement had been made by authorities. James (2004) examined data drawn from one county involved in the NSCAW study and similarly found that 70% of placements changed for administrative reasons similar to those which we observed.

Using methods similar to those employed by James et al. (2004), we systematically classified children into groups based upon their level of stability in care. For our 12-month analyses, the stable group referred to children who did not change placement at all for this entire period. A moderately unstable group had changed placements during only one tracking period (e.g. 0 to 4 months, or 8 to 12 months), whereas very unstable children had changed placement each time they were followed up. The results showed that children who remained stable in care throughout the study showed gradual improvements in their psychosocial functioning, whereas the unstable group showed few improvements and, ultimately, poorer functioning if instability continued beyond 12 months. Although these results were confounded by the fact that the unstable group had poorer baseline functioning than the stable group at baseline, the longitudinal study was able to demonstrate some differential changes in well-being (particularly social adjustment) over time.

As Rubin et al. (2007) and Oosterman, Schuengel, Slot, Bullens and Doreleijers (2007) point out, the confounding of child behavioural characteristics and placement instability is very difficult to avoid in cross-sectional designs and was not entirely overcome in our study because, due to the sample size, we were not able to match children in terms of their baseline characteristics. For this reason, one of the positive

features of the NSCAW study is the ability to separate out the effects of baseline behavioural adjustment and instability on longer term child outcomes. In Rubin et al.'s (2007) study, children were classified into three risk groups based on their baseline CBCL scores: low, medium and high. The researchers then examined the probability of the child having behavioural problems at the 18 month follow-up point. Among all three groups, those who had been unstable (never achieved a placement of 9 months or more) were more likely to have behavioural problems at 18 months than those who had been stable. A summary of these findings is provided in Table 1. As indicated, it is clear that a child with behavioural problems at baseline is very likely to be similarly classified at 18 months, but this risk is even higher if he or she is exposed to greater instability. In other words, despite some limitations in our design, our conclusions concerning the cumulative effect of placement instability appear to be consistent with international studies.

CHILDREN WITH HIGH SUPPORT NEEDS

A further feature of our research was its ability to identify children who were most at risk of ongoing placement instability. As reported in Barber and Delfabbro (2004), although most of the sample achieved a stable placement or went home after two years of observation, around 21% remained unstable in care. A distinctive characteristic of this group was that these children were significantly more likely to have placement breakdowns due to behaviour. In fact, any child who had two or more breakdowns of this nature at any time during our study only had a 5% chance of being stable at the end of the two years. As indicated above, such children (n = 50) had an average of 15 placement changes over two years compared with only 6 changes for the remainder of the sample. Children in this group were more likely to be older and to have poorer baseline scores on psychosocial functioning and longer histories of previous disruption. An important finding in this research was that a failure to thrive in conventional foster care was readily detectable soon after children came into care. Thus, as shown by Barber, Delfabbro and Cooper (2001) using statistical modelling, any child who was aged 15 years and who often had behavioural problems as indicated by the

standardised measure used, had an 80% chance of an unplanned termination of their placement due to the child's behaviour within the first 4 months of observation. These findings highlighted the pessimistic predictable nature of outcomes as well as the ineffectiveness of providing conventional family foster care (a tertiary service) to children who already had significant behavioural and emotional problems.

The level of complexity inherent in this population of children, as well as their family and placement history, was further examined in a national project undertaken by Osborn, Delfabbro and Barber (2008). In this study, 364 children were selected from four Australian States (South Australia, Victoria, Queensland and Western Australia). Each of these children had experienced two or more placement breakdowns due to behaviour in the previous two years and so were predicted, based on the South Australian study, to have a pessimistic placement future in the care system. Data were collected from case-files, including medical, psychiatric and psychological reports and detailed interviews with case-workers. Several findings strongly emerged from the data. The first was the level of placement instability in the sample. Although children had a mean age of only around 13 years, over half the sample had changed placement 11 or more times, with some children having moved up to 50 times.

A second observation was that the children came from very complex social backgrounds characterised by the co-existence of poverty (> 80%), physical abuse (73%), parental substance abuse (66%), domestic violence (74%) and parental mental health problems (50%). When we examined the co-occurrence of 11 major risk factors, it was found that a third of the sample had 7 or more, 35% had 5-6 and a quarter had 3-4, so that only around 7% of children came from families characterised by single problems that might be amenable to one principal type of service support. Indeed, when these data were examined using cluster analysis, the results revealed only one large cluster, which suggested that the sample was largely homogenous and could not be neatly broken down into subgroups, for example, based on different types of abuse or other family factors.

An assessment of the children using the Strengths and Difficulties Questionnaire (SDQ) (Goodman 1997) found that 78% of the sample scored in the abnormal range on the SDQ for conduct problems, 42% had clinical level emotionality problems, and 62% had peer-related problems.

Taken together, these results confirmed many of the findings from the original South Australian study in terms of both the degree of instability and the complexity of the children's problems, and these results could be generalised to other Australian jurisdictions. Other insights into this sample were obtained in a follow-up paper undertaken by Osborn and

Delfabbro (2007) that compared the characteristics of children in the South Australian component of this national sample with that of 50 children who were very stable in care (same placement for 5 years or more). As might be expected, stable children scored mostly in the normal range on the SDQ and had fewer previous placements, but they also differed in their family background and placement history. Stable children were much less likely to have been exposed to physical abuse and domestic violence when they came into care and also entered the care system a lot earlier (usually around 2 years of age). Children in the high support needs sample also generally had contact with child protection at the same age, but they usually had not entered the care system until an average of 8 years of age, and often after several unsuccessful attempts at reunification. These findings highlighted the potential dangers of reunification policies not backed up with suitable family support, but also the likely importance of achieving stability early in the child's life and of reducing their exposure to difficult family environments often characterised by ongoing domestic violence and physical abuse.

THE ROLE OF FAMILY CONTACT

A further contentious issue examined in the South Australian study was the role and importance of family contact in reunification and child-wellbeing. The results confirmed that children with more frequent contact were more likely to be reunified with their families within the first 12 months. Despite this association, it was concluded that this effect was likely to be only indirectly related rather than causative. Children with more frequent contact tended to have higher levels of behavioural functioning, so that it is just as likely that contact frequency is influenced by the child's adjustment and the quality of the relationship with their families. In other words, children with poorer adjustment and who have a poor relationship with their families will tend to see their families less often (Cantos, Gries & Slis 1997).

On the whole, these conclusions have been borne out and reiterated in other studies and reviews that have been published over the past decade (e.g. Biehal 2007; Haight, Kagle & Black 2003; Moyers, Farmer & Lipscombe 2006; Scott, O'Neill & Minge 2005). McWey and Mullis (2004) concluded that better adjusted children are more likely to have a satisfactory relationship with their parents and are therefore more likely to have contact with them. Moyers et al. (2006) point out that family contact can also give rise to significant distress for children and is not always beneficial, and this view is also supported by a recent Australian study by Osborn and Delfabbro (in press) based on interviews with over 50 foster carers. By contrast, in an interview study involving 727 children drawn from the NSCAW study, Chapman et al. (2004) found that 74% of children reported

being happy after parental visits and, as described earlier, over half (58%) wanted to live with their families again.

In summary, as we concluded in 2004, these findings suggest that the relationship between family contact and child outcomes is likely to be complex rather than straightforward. Although most international studies and reviews support the importance of family contact, and most children appear to request it, decisions concerning contact clearly need to be context driven. Instead of being driven by blanket policies, such decisions need to be informed by the needs of individual families and children.

> *If Australian findings do indeed appear to share similarities with other studies, it creates greater confidence in the ability to use Australian research, but also in our ability to take advantage of similar information obtained in studies conducted overseas.*

CONCLUSIONS

The principal purpose of this paper was to re-examine how the findings obtained from our Australian longitudinal research conducted in 2004 compare with recent findings from similar, but larger and methodologically more complex studies conducted internationally. Such comparisons are important in that they have implications for how our findings might be relied upon when discussing how out-of-home care operates in Australia. Although our study had clear methodological limitations (e.g. it included children who were new to care as well as already in the care system, relied upon a relatively small number of outcome measures and third party reports), the vast majority of our findings are borne out in recent studies and, in particular, those obtained in the NSCAW project in the United States. In other words, there are certain trends which exist in the out-of-home care system which still emerge even when there may be potentially confounding factors inherent in the methodology used.

Outcomes for children:
Although instability is experienced by only a minority of children who enter the care system, this conclusion needs to be tempered by the fact that many children who enter the system are reunified with their families. Of those who *remain* in care, between 30% and 50% remain unstable in care, and even this may be overly optimistic given that the assumption of stability is also based on a relatively short criterion (usually no placement change within the previous 9

or 12 months). Most children who remain in care do not experience any deterioration in psychosocial functioning, but there is evidence that instability contributes to poorer outcomes.

Placement instability:
This is a feature of both systems, although our Australian data suggests that placement movements may occur even more often in Australia because of the more 'crisis-driven' nature of practice (i.e. children from families with more serious needs obtain placements) and there are fewer residential care options for children with severe behavioural or conduct problems. The NSCAW study, based on methodologically rigorous tracking data, also reflected our findings; namely, that instability is not only associated with poorer psychosocial outcomes, but also contributes to it. Children who enter care with more serious behavioural problems are more likely to experience instability, but instability appears to exacerbate children's behavioural and psychological difficulties as well.

Family contact:
Our study also supports the view that family contact is essential to maintain family connections to increase the likelihood of children being reunified with their families, but there is growing consensus that other factors also account for this association. These include the child's general level of functioning, the existing quality of the relationship between parents and their children, and the reasons why they were placed in care to begin with.

The encouraging feature of these comparisons is that, despite the obvious differences in policies and services that exist between different out-of-home care systems in the world, it is possible to discern similarities in the patterns of outcomes. An obvious reason for this is that all systems share a common purpose; namely, to protect young people who live in families affected by poverty, violence, substance abuse and other forms of disadvantage from experiencing abuse and neglect. Irrespective of how a system is configured, people (whether families, carers, child protection workers or children) have many of the same human frailties and reactions to the circumstances confronting them. For this reason, it is possible to learn something of their responses to out-of-home care in one country or jurisdiction, and to make reasonable generalisations about how similar people might respond elsewhere in the world. For Australian policy-makers and service providers, this is useful because of the desire to translate research evidence into appropriate practice. If Australian findings do indeed appear to share similarities with other studies, it creates greater confidence in the ability to use Australian research, but also in our ability to take advantage of similar information obtained in studies conducted overseas.

The South Australian research project was selected because of its familiarity to the authors and the range of issues

examined. It is hoped that a similar consolidation and critical appraisal of knowledge, as advocated by the national Audit of Australian Out-of-home Care Research (Cashmore & Ainsworth 2004), will continue to be a feature of Australian research as new studies emerge. The planned New South Wales Government longitudinal study of children in out-of-home care is one such example. Although yet to begin, this study has the potential to provide the most comprehensive data ever produced in Australia concerning the long-term trajectory of children through the care system. Based on the comparative analysis summarised in this paper, we remain optimistic that the findings from this new study will provide findings that will not only usefully inform practice and policy all around Australia, but which will also share affinities with the experiences of systems in other similar countries. ■

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