



Directions in Out Of Home Care: Challenges and Opportunities

A Discussion Paper



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With the advent of the new millennium, the child protection field seems more complex and challenging than ever. Despite advances in knowledge and practice, practitioners, policy-makers, administrators and researchers continue to be confronted by a need for ever more effective child protection responses.

Within this context, providing out of home care for children and young people who have been harmed or who are at significant risk presents particular challenges. Sometimes referred to as 'alternative care' or 'substitute care', out of home care services have a long history in Australia and other countries as a response to the protection and care needs of children and young people.

Recently, major inquiries in Australia have directed attention towards this history. The National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families, conducted by the Human Rights and Equal Opportunities Commission (HREOC), produced the *Bringing them home* report (HREOC 1997), which outlined the impact of forced child removal policies and practices and their impact on Aboriginal people. The Commission of Inquiry into Abuse of Children in Queensland Institutions ('Forde Inquiry') initiated in 1998, found that significant numbers of children had suffered serious harm while in the care of the state (Commission of Inquiry into the Abuse of Children in Queensland Institutions 1999). The findings of these inquiries have proved a significant impetus for change in contemporary out of home care practice in Australia.

Other developments in Australia have been instrumental in stimulating reform activity. The recent establishment of Children's Commissions in Queensland and New South Wales has emulated similar moves overseas. Both bodies have an accountability role in relation to children and young people in out of home care and a responsibility to influence service provision in their respective states (Children's Commission of Queensland 1999; New South Wales Commission for Children and Young People 2000). New legislative structures have recently been introduced in a number of state and territory child protection jurisdictions, which clarify responsibilities towards children and young people in out of home care and set new standards for service provision.

In the United States, private foundations such as the Edna McConnell Clark Foundation and the Annie E Casey Foundation have funded significant service reform consistent with legislative frameworks introduced in the 1980s and 1990s (Whittaker 2000). Over the same period, the Department of Health in the United Kingdom has invested heavily in research activities involving practitioners, academics and administrators in an effort to enhance outcomes for children and families.

As a consequence of these developments, there have been both significant shifts and incremental changes in out of home care locally and overseas. This paper explores current directions and trends in out of home

care, nationally and internationally, based on the literature from 1995 to the present. In doing so, a focus is placed on five broad areas:

- *Key concepts and principles* which underpin and drive current directions are identified and discussed, including preservation of family, community and culture, permanence, participation and partnership, and collaboration and coordination.
- *Trends in the placement of children and young people* impacting on service delivery are identified, examining increasing demand, over-representation of indigenous children and young people, complexity of need, and the growth in family based care and decline in residential care.
- *The decline of residential care* is explored and the debate about its role, function and value in the out of home care field is outlined.
- *The impact of increasing demand on family based care options* is explored including the transitional state of foster care, the development of more inclusive, shared models of family based care, the development of specialist or treatment foster care and the growing use of kinship care.
- *Innovative service developments* in response to current demands are identified including family preservation and reunification services, approaches to case planning and case management, leaving care and after care services, and individualised and wraparound services.

The paper concludes by outlining the challenges and opportunities in consolidating and building on current directions in the provision of out of home care services to children, young people and their families.

CONCEPTS AND PRINCIPLES

Throughout the history of out of home care a variety of paradigms and principles have at different times influenced policy and service provision. During the last decade, certain concepts and principles have served to drive or underpin trends in service provision. Foremost amongst these is the belief that out of home care is not the preferred response to the protective needs of children and young people.

Research from Australia and the United Kingdom suggests that the experience of out of home care may not produce positive outcomes for children and young people (Out of Home, Preventative and Alternative Care Planning and Coordination Committee 1995; Sellick 1999; Wise 1999a) while some may actually suffer further harm. The fact that some children experience abuse while in care has been well documented (O'Brien 1997; Owen 1996; Sellick 1999) with the recent Forde Inquiry in Queensland emphatically making this point (Commission of Inquiry into Abuse of Children in Queensland Institutions 1999). British and North American foster care research over the last two decades has shown that



children in care are poorly educated and socially isolated, with little access to specialist treatment for emotional and behavioural difficulties (Cashmore 2000; Sellick 1999). They are vulnerable to placement breakdown and discontinuity, which produces its own damage, while foster care drift remains an ongoing difficulty (Wise 1999a).

Other research shows that children and young people in out of home care are more likely to suffer health and development difficulties than the general population, with these needs often neglected (Berridge 1994; Silver et al. 1999). Consistent with this finding, a 1996 Victorian study of 1174 students in out of home care found a higher incidence of disabilities than in the student population as a whole, with a greater incidence of emotional and behavioural difficulties than shown by the general population of students with disabilities in Australia (de Lemos 1997). Research from Australia and overseas shows that negative consequences continue into adulthood for children who grow up in care. These include homelessness, social isolation, unemployment, poor education, substance abuse, mental health issues, early parenthood and offending behaviour (Cashmore & Paxman 1996; Charles & Nelson 2000; Children's Defense Fund 2000a; Green & Jones 1999a, 1999b; Mendes & Goddard 2000).

The well-documented lack of research about out of home care has meant that certain questions have not been fully explored. In particular, it is difficult to ascertain the extent to which the out of home care experience in itself is damaging or whether gains made during placement are not sufficient to offset earlier trauma. Some studies have assumed that the out of home care experience is harmful in itself, without adequately exploring the ongoing impact of children's experiences prior to entering care (Kupsinel & Dubsy 1999). A consultation process recently conducted in New South Wales found that many children and young people did report being 'better off' in foster care and feeling 'really happy' about their placements (New South Wales Community Services Commission 2000b), results consistent with those of a recent four year study of 1,100 children in out of home care in America (Wilson & Conroy 1999). Despite this, it still remains the case that there is a substantial body of evidence supporting the view that out of home care "is often a poor although sometimes inevitable option" (Ainsworth & Maluccio 1998b p3).

Recently, there has been considerable effort directed towards identifying and measuring the outcomes sought from child protection intervention, including use of out of home care (Gain & Young 1998; SCRCSSP 1999). This continues to prove difficult due to the range of factors that may shape a child or young person's life. In Australia, the Productivity Commission, which reports on performance across a range of government services, has developed a framework for measuring performance (SCRCSSP 1999). A recent review of outcome measurement in child protection identified three main categories of outcome measures: safety, permanency or stability and well-being (Gain & Young 1998). However the

well-being measures are generally not well developed or tested and more work overall is required in this area.

Knowledge about child development, attachment and connectedness, including the work of attachment theorists and adoption and child migrant studies, has become central to child protection practice (Ainsworth & Small 1994). This, along with other research indicating that most children in out of home care eventually reconnect with their family (Ainsworth 1997; Ainsworth & Maluccio 1998b; Charles & Nelson 2000) has contributed to the philosophy of family preservation with its emphasis on removal as a last resort (Clark 1997). This co-exists with an equally widely accepted belief in the paramountcy of safety for the child. While some view this as an ongoing tension (Clark 1997), many argue that usually the best way to protect a child is to support their parents (Maluccio, Pine & Warsh 1994; McGowan & Walsh 2000). Where removal is unavoidable, the timely safe return of children to their family becomes the preferred goal, with permanent placement in the least detrimental alternative used only when this is not possible. (McGowan & Walsh 2000; Wise 1999a).

Ten years of research in the United Kingdom has promoted ongoing moves away from forensic 'child rescue' approaches towards those based on child and family assessment and family support (Wise 1999a). Contemporary legislative structures, here and overseas, confirm the shift away from the 'child rescue' frameworks of the 1960s and 1970s (examples are the Child Protection Act 1999, Queensland; Children and Young Persons (Care and Protection) Act 1998 New South Wales), toward a focus on both protection and family preservation (McGowan & Walsh 2000).

This dual focus framework has been established across the United States, the European community and Australia (Colton & Hellinckx 1994; McGowan & Walsh 2000; Wise 1999a). However, the Bringing them home report (HREOC 1997) showed that 'child rescue' frameworks persist in work with Aboriginal families (Dodson 1999). This is disturbing given the otherwise strong rejection of such approaches.

Widespread commitment to the principles of protection and preservation has assisted in significantly changing perspectives about the function of out of home care services. When child protection workers were 'rescuing' children, out of home care was the desired state, an end in itself (Silver et al. 1999). Children languished in out of home care (Barbell & Wright 1999; Clark 1998) while workers moved onto the next rescue. The view that 'alternative' or 'substitute' care constitutes a separate field of work to that of 'child protection' is consistent with this framework. Now, however, modern concepts of protection and family preservation, backed by research on attachment, development and identity, require that out of home care be viewed as a means to an end: "...removal of a child from family of origin and reception into the public care cannot simply be regarded as an end in itself" (Wise 1999a p18).



This perspective positions out of home care as a phase occurring within the whole of a broader child protection process, or, as a tool or strategy used to provide an integrated response to children and families. This fits with the modern concept of out of home care as a temporary intervention only to be used until family safety and stability can be assured (Ainsworth 1997; Colton & Hellinckx 1994; Wise 1999a). This concept has been entrenched in Australian child protection frameworks by the introduction of short-term orders in contemporary child protection legislation in a number of States (*Child Protection Act 1999*, Queensland; *Children and Young Persons (Care and Protection) Act 1998*, New South Wales; *Children and Young Persons Act 1989* Victoria; and *Children, Young Persons and their Families Act 1997* Tasmania).

This perspective, shared by the United States (Ainsworth 1997) and Britain (Berridge 1994; Sellick 1999) is inextricably linked to the principles that have driven recent practice developments including preserving family, community and culture, permanence, participation and partnership, and collaboration and coordination.

Key principles

Preserving family, community and culture

When a child enters out of home care, the importance of respecting and preserving their links with family, community and culture is being given increasing attention. Traditionally, placement in care severed a child's relationship with their family and their ties to their community (Silver et al. 1999). As out of home care is now expected to be transitional or temporary, there is great concern about such a situation, with a substantial body of research showing that maintaining family and cultural relationships positively influences reunification and the general well-being and development of the child (Ainsworth 1997; Ainsworth & Small 1994; Wise 1999a). The devastating individual and generational effects of alienating indigenous children from their families and communities were graphically detailed in the *Bringing them home* report (HREOC 1997).

It has been noted that there is "ample evidence in the literature that effective work with a child or young person in care is dependent on effective work with the child's interpersonal network" (Clark 1999 p32). An ecological perspective prevails across the whole of the European Community with "increasing recognition that it is impossible to help children effectively without taking into account their origins, family networks and cultural environments" (Colton & Hellinckx 1994 p565). There is, in fact, a significant international trend away from terminating children's family and

community attachments when placed outside the home (McFadden & Worrall 1999), consistent with the focus on family preservation.

Communities are now increasingly significant as a source of power and resources for families (Barbell & Wright 1999) with particular awareness of the importance of cultural links for indigenous children in Australia. There has been a growing commitment to culturally appropriate placement practice here and in other countries, yet more needs to be done to improve outcomes for indigenous children in out of home care (Tilbury 1998; Dodson 1999). Current policy and legislative frameworks in both Australia and New Zealand incorporate requirements for culturally appropriate placement intervention (Queensland's *Child Protection Act 1999*; New South Wales' *Children and Young Persons (Care and Protection) Act 1998*; New Zealand's *Children, Young Persons and their Families Act 1989*). However, recent data indicates that the proportion of indigenous children in culturally appropriate placements across Australia varies from 82% in New South Wales to 40% in Tasmania (SCRCSSP 2000). In America there have been calls for greater cultural sensitivity (Barbell & Wright 1999; Wilhelmus 1998) in response to predictions that persons of colour will soon be predominant in the United States (McFadden & Worrall 1999).

More recently, some commentators in the United States have discerned a threat to the notion of family integrity contained in the 'welfare reform' legislation introduced in 1996¹. There is some concern that these measures, which include mandatory work requirements and time-limited benefits and are aimed at moving sole parents into the work force, may increase poverty and so conflict with protecting children and preserving families (McGowan & Walsh 2000; Shook 1999). Although further work is required, a recent American study (Shook 1999) strongly suggests that a decline in welfare income increases the risk for a family of involvement by child protection agencies. Given these concerns, Australia's current welfare reform proposals (Reference Group on Welfare Reform 2000), which bear some similarity to American measures, must be carefully considered in relation to their potential impact upon Australian children and families and the demand for out of home care.

Permanence

The concept of permanence, another dominant principle in recent years, centres on timely long-term decision-making for children and young people in out of home care. Its importance has been defined by research about attachment, children's developmental needs, the negative impacts of instability and discontinuity that are common to out of home placements and ongoing concern about foster care drift (Barbell & Wright 1999; Wise 1999a &

¹ *Personal Responsibility and Work Opportunity Act of 1996*, P.L. 104-193.



2000a). *This principle is now prominent in protection and care work around the world - in the United States, it is one of three national goals alongside safety and child well-being (McGowan & Walsh 2000). However, continuing issues of placement instability and discontinuity have prompted some commentators to speculate that permanency may be "more aspirational than actual" (Gilligan 1997 cited in Wise 1999a p24)*

Although permanency has been more formally influential in the United States than here, new legislation in states and territories around Australia now recognise and support this principle (Wise 1999a, 2000a). There is some speculation in the literature that uptake of this principle and that of family preservation has been influenced around the world by the potential for cost savings to be achieved by minimising lengthy stays in out of home care (Taylor 1997; Worrall 1997).

In keeping with the focus on family preservation, the preferred permanency option for children and young people in out of home care is reunification with their families, as affirmed by legislative and policy frameworks worldwide. Where reunification is not possible, attention turns to the least detrimental placement alternative (Colton & Hellinckx 1994; Wise 2000a). Concern that the emphasis on family preservation and reunification may prove destabilising for some children has contributed to the spread of concurrent planning as a tool to attain permanency in a timely and open way (O'Neill 2000; Taylor 1997). In concurrent planning, the child's return home is promoted, while plans are also made for an alternative permanent placement should this be required (Katz 1999; O'Neill 2000; Taylor 1997). More recently, the family continuity philosophy, predicated on locating the child within their family, community and cultural relationships, has emerged as another approach to permanency planning (McFadden & Worrall 1999; Wise 1999a). This paradigm, which has evolved over the last two decades, aims to integrate family preservation concepts with permanency planning and to enhance the engagement of service systems with a child's family and community (McFadden & Worrall 1999).

In the United Kingdom and the United States, adoption is the preferred way to secure permanence for children in out of home care where reunification is not possible (Baker 1997; Cashmore 2000; New South Wales Community Services Commission 2000a). On 21 July 2000, the British Government released a white paper on adoption, which affirms the use of adoption as a permanency option and proposes systems changes to boost the adoption of 'looked after children' who are unable to return home. This includes setting a national target for a 40% increase in adoptions by 2004-05 (Department of Health UK 2000).

In response to a national target of 56,000 adoptions a year of foster children by the year 2002, adoption rates in the United States increased by approximately 29% in three years from 1996 (Children's Defense Fund 2000a). However, despite some research supporting the capacity of adoption to provide stability (Bath 2000; Wise 1999a) and the American government's view of adoption as "the new panacea

for the problems of foster care" (Halpern 1998 cited in McGowan & Walsh 2000 p8), questions are starting to emerge about its use to secure permanence.

As of January 2000, 117,000 children in foster care in the United States were awaiting adoption, 51% of whom were black (Children's Defense Fund 2000a). Finding culturally sensitive adoptive placements for such a large number of children, especially for those who are older or who have special needs, would always be difficult (Kupsinel & Dubsky 1999; Wise 2000b). In a context of rising demand and welfare reform that may limit the ability of relatives or other carers to afford adoption where there is no ongoing financial support, this situation becomes even harder to surmount (Avery 1999; Fenster 1997; Testa & Rolock 1999). Where carers are unable or unwilling to adopt children for these reasons, moving children to an adoption waiting list may actually create more disruption and insecurity (Cashmore 2000).

Lack of adoptive families has also been an issue in the United Kingdom that may be addressed to some degree by the support and services proposed by the British Government in their recent white paper (British Agencies for Adoption and Fostering 2000). This raises a serious issue. It has been speculated that if support services similar to those provided to carers of children in out of home care were targeted to parents and families prior to placement, more permanent out of home placements may be avoided (O'Neill 2000). In the United States, the Adoption and Safe Families Act 1997 requires agencies to offer support to families prior to moving to terminate parental rights (Children's Defense Fund 2000b; O'Neill 2000). However as O'Neill (2000) points out, the system of federal funding where agencies receive bonuses for adoption placements and generous funding for foster care but limited funding for family support services, actually serves to detract from family preservation and reunification. These arrangements have also been accused of discriminating against poor families (Hollingsworth 2000).

In the United States, there are fears that the use of adoption and termination of parental rights to achieve permanence, affirmed via the Adoption and Safe Families Act 1997, might undermine notions of preservation and family integrity (McGowan & Walsh 2000). In fact, some impetus for this legislation derived from concern that the primacy of family preservation concepts during the 1980s and early 1990s actually continued foster care drift by allowing some children to languish in care with only vague goals for a return home (Charles & Nelson 2000).

There is concern that the use of arbitrary timeframes for terminating parental rights in the United States may force premature or unwarranted decisions against reunification in certain cases, such as those where children are older, or have a significant attachment to parents who are unable to adequately address their safety needs in the time allowed (McGowan & Walsh 2000; Wise 1999a; Wise 2000b). The delineation of circumstances where reunification need not be attempted and the setting of adoption targets with funding bonuses if these are achieved, all



contribute to some apprehension that family preservation may be sacrificed to arrangements for permanence outside the home.

More broadly, termination of parental rights according to arbitrary timeframes and use of adoption as a permanency alternative could be questioned given much cited research showing that ongoing family contact is positive for child well-being even where reintegration has failed (Ainsworth 1997; Clark 1998; Gillespie, Byrne & Workman 1995; Loar 1998; Wise 2000b). Further, research indicates that most young people in care reconnect with their family eventually (Ainsworth 1997; Charles & Nelson 2000). This connects with issues about children's rights to maintain some level of ongoing relationship with their families, despite the need for an alternative permanent placement. In light of this, it is interesting to note that the overseas literature is starting to argue for more openness in adoption for children in out of home care, whereas this has been a feature of local permanency work for many years (Avery 1999; O'Neill 2000).

In contrast with practice in the United States and the United Kingdom, there has been little use of adoption as a permanency alternative for children in out of home care in Australia (Wise 1999a). However, New South Wales currently has a Bill before Parliament, which promotes the use of adoption to achieve permanency for children unable to return to the care of their parents (Children and Young Persons (Care and Protection) Amendment (Permanency Planning) Bill 2000). This has provoked much discussion locally and some controversy.

Other child protection legislation introduced in recent years in other states has made available Permanent Care Orders or long-term guardianship orders in favour of relative or non-relative carers, where there is no parent providing protection and care (Children and Young Persons Act 1989, Victoria; Child Protection Act 1999, Queensland). Introduction of these orders offers an alternative permanency option to long-term guardianship by the State, which has long been associated with instability and discontinuity (Wise 1999a) although there has been some suggestion recently that disruption in long-term foster care may not be greatly different to that in adoptive placements (Cashmore 2000). These moves to augment permanency options in Australia have preceded or coincided with support in the American literature for use of long-term or permanent foster care arrangements as permanency alternatives to adoption, particularly for those children who are older or have special needs (Charles & Nelson 2000; Fenster 1997; O'Neill 2000; Traglia et al. 1998). These options seek to achieve permanence without terminating the right of children and families to maintain some level of relationship, serving to extend the child's family network rather than replace it.

Participation and partnership

The participation of children, young people and families in decision-making is defined as "meaningful involvement in decision-making processes" (O'Brien 1997 p56) and has been widely accepted as integral

to quality out of home care practice (Singleton 2000; Krebs & Pitcoff 1996; Sinclair 1998). More recently, there has been a strong emphasis on seeking to hear the voices of children and young people in out of home care. The advent of the CREATE Foundation (previously known as the Australian Association of Young People in Care) has provided children and young people in care throughout Australia with a voice (CREATE Foundation 2000).

The United Nations Convention on the Rights of the Child declares that a child has the right to express their view "in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child" (Article 12, UN Convention on the Rights of the Child). It is now universally agreed that information from children and young people about their out of home care experience is vital to achieving better outcomes and for discerning system strengths and areas for change (Hill 1997; Shennum & Carlo 1995; Sinclair 1998; Wilson & Conroy 1999; Wise 1999a). Broader changes to society's conceptualisation of childhood (Hill 1997; Ryburn 2000; Singleton 2000), an increased emphasis on accountability of service providers to consumers and the shift away from the 'child rescue' mentality to a family preservation focus (O'Brien 1997; Ryburn 2000) have all assisted in consolidating this trend.

The rights of children, young people and their families to participate in out of home care decision making is now asserted in the legislative structures and policy frameworks of many countries (Australian state and territory child protection legislation such as Queensland's *Child Protection Act 1999* and New South Wales' *Children and Young Persons (Care and Protection) Act 1998*; *Childrens Act 1989*, United Kingdom; *Children, Young Persons and their Families Act 1989*, New Zealand; and many countries of the European Community as cited in Colton and Hellinckx 1994). While recent legislation may simply reflect policies that have been operational for some time, such legal reform is considered vital to supporting participation in practice (Ryburn 2000).

The paradox confronting the protection and care field is that widespread acceptance of the value of participation by service providers, reflected in policy and practice guidelines, exists alongside evidence that practice has yet to catch up. Recent research indicates that most professionals believe participation is central to quality service delivery (Berridge 1994). However, despite some evidence that involvement by children, young people and their families in planning their care has increased, research also shows that, overall, they still do not feel involved in decision-making (New South Wales Community Services Commission 2000b; Ryburn 2000; Sinclair 1998; Spall et al 1997; Wilson & Conroy 1999). This has triggered a major project by the European Forum for Child Welfare involving consumer organisations in four countries developing a manifesto for European children and young people in care (Andrikopolou 2000).



Partnership as well as participation has also been a common theme in child welfare for many years, with the two terms often used interchangeably. However, a subtle yet important distinction is evident from the literature. Essentially, partnership implies shared power and control, involving more than just the 'meaningful involvement' of participation. Ryburn (2000) argues that partnership involves shared goals and resources, trust and integrated roles. Taking this further, he also argues that true partnership demands acceptance of the expertise and potential held by children, young people and families, with recognition that this is of equal importance to that held by professionals.

Recently, the push for partnership with children, young people, families and communities, as opposed to participation, seems to have intensified, demonstrated by the growth of consumer organisations in many countries (Mendes & Goddard 2000) and other initiatives. The FACE to FACE initiative in Australia brings together children and young people, as partners, with Government agencies, foster carers, non-Government agencies and Indigenous agencies. It promotes partnership, collaboration, participation and learning as the bases for efforts by key stakeholders to improve outcomes for children and young people in care (FACE to FACE 1997, 1999).

The 'Family to Family' foster care reform movement in the United States which emerged in the early 1990s, relies heavily upon developing true partnership between families, foster carers and professionals in achieving better outcomes for children (Omang & Bonk 1999; The Annie E. Casey Foundation 2000), whilst Family Group Conferencing, originating within New Zealand, has been described as the most promising vehicle for partnership existing today (Ryburn 2000).

The movement towards true partnership poses huge challenges for out of home care services. It necessitates major changes to how service structures and policy are developed and maintained, requiring managers and administrators to develop new ways of working (O'Brien 1997; Singleton 2000; Spall et al 1997).

Collaboration and coordination

Like the participation and partnership principles, collaborative and coordinated approaches have long been accepted as critical to quality out of home care service provision. The literature demonstrates however, that they are rarely achieved in the out of home care field (Luntz 1994; Morrison 1996) with little agreement about the relationship between the two. It has been suggested that coordinated structures are necessary to set the scene for collaboration to occur (Cunningham-Smith 2000; Luntz 1996) although in some of the literature the terms are used interchangeably (Morrison 1996).

These principles have assumed added importance as the need for integrated service delivery has been recognised. De-institutionalisation, high levels of need in the out of home care population and ongoing difficulty in adequately addressing these needs have all converged to promote a needs-based approach where a range of specialist services come together to meet the individual needs of child and young people on a case-by-case basis. This approach requires a move away from 'stand-alone' service delivery by discrete agencies where young people are required to 'fit into a box', toward an emphasis on agency networks and partnerships aimed at securing seamless, coordinated service delivery that meets individual needs (Clark 1999; Wise 1999a). The use of 'wraparound services' to meet individual needs, a particular child and family focused service delivery philosophy (Ainsworth 1999), have been associated with the integrated service approach.

The 'integrated service approach' is a concept borrowed from managed care (Embry, Buddenhagen & Bolles 2000; Mordock 1998), which recognises that adequately addressing the needs of many children and young people in community based placements is often too big or too complex a task for just one agency (Mordock 1998; Morton, Clark & Pead 1999). This approach not only requires government and community child protection agencies to share responsibility for meeting children's needs, but seeks the involvement of other agencies outside the child protection sector such as health and education (Morton, Clark & Pead 1999). By drawing on the services of different agencies, this approach also has the capacity to better meet the care and treatment needs of individual children in a coordinated way (Clark 1999; Wise 1999a). No longer is it believed that simply removing a child from abusive circumstances and providing 'safe' care for them will automatically meet their needs (Bath 1998a, 1999; Kupsinel & Dubsy 1999; Morton, Clark & Pead 1999; Wise 1999a).

Good case management and coordination skills are critical to the integrated service approach, to maintain effective collaboration between agencies, care-providers, children and families (Clark 1999). More inter-departmental and cross-sectoral co-operation is required than has been the norm in Australia and elsewhere (Bath 1998a; Clark 1998; Kupsinel & Dubsy 1999; Wise 1999a). There is evidence of this approach being adopted by services within the one agency with examples provided by Barnardos South Coast in the Illawarra (Cunningham-Smith 2000) and the Boys and Girls Welfare Society in Britain (Haines 2000). However, the challenge is for integration to spread between agencies as is occurring in some regions of the United States (Mordock 1998).

While the notion of integrated services seems to have been enthusiastically received, it is true that a 'network' is only a concept, which in itself does not provide care, support or treatment (Campbell 1999). To convert a network of individuals and organisations into a caring team "requires recognition, receptivity, attention, imagination and work" (Campbell 1999 p45)



to which could be added willingness, commitment and perseverance.

Collectively, these principles represent major influences on policy and practice and have the potential to reshape the provision of out of home care. Although there appears to be widespread acceptance of these principles, their application in policy and practice requires further exploration and debate if this potential is to be realised. This involves acknowledging and addressing the tensions that sometimes arise in practice, for example, where the pursuit of family preservation may create instability, working against the protection and permanency needs of some children, while an emphasis on permanency may prematurely jeopardise family integrity for other children.

PLACEMENT TRENDS

An examination of the literature confirms a certain similarity in current placement trends between Australia and other developed countries. In an extensive review of placement data in Australia, Bath has found evidence of strong national trends consistent with those overseas (1994b, 1997, 1998a, 1998b).

Key findings for the period 1993 to 1996 in Australia were:

- An increase of nearly 20% in the overall number of children placed in out of home care (12,273 to 14,677)
- An increase of 30% in the number in foster care
- A further decline in the use of residential/group care of 26% which continues earlier trends (65% decrease between 1983 and 1993) and is supported by data from the Steering Committee for the Review of Commonwealth/State Service Provision (1999)
- A continued high rate of placement for indigenous children – at 20 per 1,000 the placement rate is 7.8 times the rate for non-Aboriginal children (Bath 1997, 1998b).

Australian Institute of Health and Welfare (AIHW) data for the period 1996 to 1999 show a sustained upward movement in overall care numbers and foster care placements, albeit at a slower pace, while the decline in residential/group care continues at about the same rate. As at 30 June 1999, there were 15,674 children in out of home care in Australia, 88% of whom were in family based care arrangements. The proportion of children in out of home care Australia wide, living in facility based care arrangements was 8%, ranging from 3% in South Australia to 16% in Victoria (AIHW 2000).

Increasing numbers of children in out of home care

While the very recent increase in the overall number of children in out of home care may be connected to changes in data collection procedures, an actual real increase is suggested by the consistency of the trend in most of Australia's child protection jurisdictions (Bath 1998b). This upward trend is consistent with, though not as explosive as the recent sharp increase in out of home care entries in the United States (McGowan & Walsh 2000). A record number of children were in foster care in the United States as of March 31 1999, (547,000) representing a 35% increase from 1990 (Children's Defense Fund 2000a), with other data showing a 75% increase in out of home care numbers for the United States from the mid 1980s to the late 1990s (Petit & Curtis 1997 cited in Barbell & Wright 1999). While the increase in the United States has been linked to a dramatic rise in child maltreatment complaints (McGowan & Walsh 2000), "we can only speculate on reasons for the recent increase" in Australia given the lack of more detailed data (Bath 1998b p109).

While overall numbers in care have recently increased, Australia's placement rate of children into out of home care (3.3 per 1,000 in 1999; AIHW 2000) remains considerably lower than that of other developed nations. The placement rate for Western European countries averages out at 5.6 per 1,000, with estimates for the United States sitting between 7.3 and 12.2 per 1,000 (Bath 1998b). It is interesting that this continues to be the case when most countries are experiencing an increase in the numbers of children with more challenging needs requiring out of home care.

Despite the recent increase, current out of home care numbers in Australia are still below those of the early 1980s (17,000 in 1983; Bath 1997). Numbers decreased by 28% from 1983 to 1993 before rising again just recently (Bath 1997, 1998b; Australian Institute of Health and Welfare 2000). This earlier decrease has been attributed to improved social security supports for parents, particularly sole parents (Clark 1999). The links between poverty and entry to out of home care have long been established and it still remains the case that generally children in out of home care are from poor families (Clark 1997; Katz 1999; Mason 1996; Shook 1999; Wise 1999a). These factors, and the strong suggestion that welfare reform in the United States has increased demand for out of home care (McGowan & Walsh 2000, Shook 1999) again reinforces the need to consider how changes proposed by the Australian Federal Government will impact upon the need for out of home care locally.

Over-representation of indigenous children and young people

The over-representation of indigenous children in out of home care in Australia (AIHW 2000; Dodson 1999; Clark 1998) is unfortunately consistent with the situation of Maori children in New Zealand's out of home care system (McFadden & Worrall 1999; Worrall 1997) and continuing over-representation of



indigenous children and children of colour in the United States (Barbell & Wright 1999, Children's Defense Fund 2000a; Wilhelmus 1998). Tilbury (1998) notes that the reasons for this require further investigation in Australia, although structural factors such as socio-economic concerns and the impact of past removal practices are commonly agreed to as contributing to over-representation (Bath 1998b).

Bath (1998b) advises that there seems to have been a notable increase in the numbers of indigenous children entering out of home care during the 1980's, with numbers now commencing to plateau out Australia wide. The placement of indigenous children and young people with non-indigenous families continues as a major practice issue, despite long-standing implementation of the Aboriginal Child Placement Principle around Australia. Although this policy principle has now been incorporated into child protection legislation by a number of states (Queensland's *Child Protection Act 1999*; Tilbury 1998), the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families (HREOC 1997) found that between 10% and 50% of placements are with non-indigenous care providers nationally across the states and territories. As previously indicated, in 1999 the proportion of indigenous children in culturally appropriate placements varied from 82% in New South Wales to 40% in Tasmania (SCRCSPP 2000).

Complexity of need

It is increasingly apparent that Australian children and young people currently in out of home care are more emotionally and behaviourally disturbed with higher levels of need than previously encountered. Children and young people are presenting with a range of difficulties including substance abuse, psychiatric illness, violence, antisocial behaviour, learning difficulties and sexual acting-out (Bath 1998a, 1998b; Clark 1997; Wise 1999a). This is similar to the situation in other developed countries including the United States, the United Kingdom and other countries of the European Community where there is mounting evidence that young people in out of home care, again particularly those in residential care are reported to have greater needs and present more challenges than a decade ago (Bath 1998b; Barbell & Wright 1999; Bates, English & Kouidou-Giles 1997; Colton & Hellinckx 1994; Sellick 1999). This situation is made more complex by the fact that children and young people in out of home care are not a homogenous group (Owen 2000; Wise 1999a) with particular concern recently about certain sub-groups of children and young people such as young parents, children with a disability and those who are engaged in substance abuse and other high-risk activities (Clark 1998; Morton, Clark & Pead 1999).

Government and community sector organisations across Australia are demonstrably concerned about the adequacy of service provision for "young people with intensive support needs" who are a significant and growing proportion of the out of home care population (Bath 1998a p3). While there is no clear

definition of this term used across the system, essentially it seems that these are the young people whose needs are so complex, varied, serious and intense that the usual options offered by out of home care (family care, residential care and individualised care) are in no way able to adequately address their needs (Bath 1998a; Clark 1998; Morton, Clark & Pead 1999) Conservative estimates indicate that these young people constitute approximately 15% of the adolescent out of home care population across Australia (Bath 1998a; Clark 1997). The issues for this group of young people are so great that the Child and Family Welfare Association of Australia (CAFWAA) held the 'Adolescents at Risk Practice Forum' in 1998, designed to bring together information about their needs, practice wisdom and models (Wight 1998).

It has been argued that the focus on significant harm and risk in Australian child protection legislation, consistent with that of legislation elsewhere in the western world, has contributed to this situation locally (Wise 1999a) as has the de-institutionalisation movement (Bath 1998a). More generally, the research that links poverty to out of home care and shows that children from poor families are more likely to suffer health and education deficits also impacts in Australia (Boss, Edwards & Pitman 1995 cited in Clark 1999; Katz 1999). The tendency, in Australia and elsewhere, to regard residential care as a last resort placement option when other forms of care have failed is also likely to have affected the profile of children in residential and family based care (Colton & Hellinckx 1994).

This means that poor children with a greater likelihood of health and education difficulties, who have experienced significant harm and deprivation, are entering out of home care, which may not adequately address their needs and may even create higher levels of need through instability and discontinuity. The numbers of children leaving care with many broken placements behind them is still a major issue. Data from the Steering Committee for the Review of Commonwealth/State Service Provision (SCRCSPP) shows that the proportion of children leaving care after 12 months or more in 1997/98, with more than 6 placements, ranged from 5% to 54%, across Australia (1999).

The fact that Australia's out of home care system is based on a care model without the treatment focus that is evident in the United States and Europe underlies this situation (Bath 1998a). "For a long time, it was assumed that simply removing children from deprived homes and into the public care would result in an improvement in welfare" (Wise 1999a: p18). It is beginning to be recognised that care-based models are no longer sufficient for the level and type of need evident in Australia's out of home care population (Bath 1998a; Morton, Clark & Pead 1999). Australia lacks the variety and number of treatment service options that are present in the United Kingdom, Western Europe and the United States (Bates, English & Kouidou-Giles 1997; Bath 1998a; Colton & Hellinckx 1994).



Growth in family based care and decline in residential care

The preference for family based care in Australia, accompanied by a move away from residential/group care, is shared by other western countries. The majority of children placed in out of home care in Australia are in family based care (AIHW 2000; Bath 1998a, 1998b; Clark 1998). In the United Kingdom and across the European community where policies have actively promoted family based care, all countries showed a decrease in residential placement numbers with an increase in numbers in foster care (Berridge 1994; Clark 1999; Colton & Hellinckx 1994). Very recent research in the United Kingdom (Waterhouse & Brocklesby in press, cited in Sellick 1999) suggests that fostering is now the first and only choice of placement there for many children, including adolescents.

These trends are replicated in the United States where a national study by the United States Children's Bureau showed that most children in out of home care were in family based placements with less than 25% in residential/group care (Whittaker 2000). Data from the United States Department of Health and Human Services shows that numbers in residential care remained much the same between March 1994 and April 1997 (Whittaker 2000) although numbers in out of home care have increased significantly (Children's Defense Fund 2000a).

Despite these similarities, Bath (1998a, 1998b & 2000) contends that the decline in residential care is much more severe in Australia than elsewhere. Australia's "increasing reliance on foster care stands in contrast with any Western European country for which data is available" (Bath 1998b p111) with reports that the average use of foster care for Western European countries in 1993 was 44% and residential/group care 56%, while Australian percentages were 88% and 12% respectively. Colton & Hellinckx (1994) confirm that although use of residential care has declined in every country of the European community, (significant given their long tradition of residential care and education), it is still much more widely used than in Australia with ratios of foster care to residential care standing at 60:40 in the United Kingdom, 50:50 for the Netherlands and Denmark and 12:88 in Spain. However despite this distinction, it is clear that residential care is increasingly regarded as a last resort placement option in the United Kingdom and other countries of the European community as is the case in Australia (Bath 1994b; Colton & Hellinckx 1994)

Residential care has developed a poor reputation, based on the dangers of institutionalisation, the influence of child development and attachment theories and notions of 'restrictiveness' and 'normalisation', which have led to a preference for keeping children in family and community based settings (Bates, English & Kouidou-Giles 1997; Bath 1998a; Colton & Hellinckx 1994). This has been

augmented by high profile accounts of abuse of children in residential care (Berridge 1994) that continue to occur in many countries, as has been highlighted by the recent Waterhouse Inquiry in North Wales (Garrett 1999b) and the Forde Inquiry in Queensland. The literature notes that fiscal imperatives have affirmed the move away from residential care although there is some agreement that family based care is only cheaper when not properly resourced (Bates, English & Kouidou-Giles 1997; Berridge 1994; Mason 1996).

Collectively, these placement trends indicate that out of home care services are confronted by taxing circumstances, derived from increasing demand and growing complexity of need in a heterogeneous population. What is remarkable is that many child protection jurisdictions nationally and internationally are facing broadly similar issues. This has triggered some significant worldwide trends in traditional approaches to out of home care, residential and family based care, and in the development of innovative service delivery responses.

TRENDS IN RESIDENTIAL CARE

As noted earlier, the decline in residential care has been experienced worldwide, fuelled by cost considerations, abuse enquiries, research about children's development and attachment needs, notions of 'normalisation' and 'least restrictive environments', and a belief in the importance of families for children (Bath 1998a; Berridge 1994; Colton & Hellinckx 1994). Large-scale institutions are now virtually non-existent, with most closed in Australia (Bath 1998a; Berridge 1994; Clark 1999; Colton & Hellinckx 1994).

Notwithstanding the strength of this movement, it appears that residential/group care continues to provide an effective response for some young people and their families in out of home care today (ACWA & Inter-Res 2000; Haines 2000; Shennum & Carlo 1995). Even though Australia uses residential care far less than other western countries (Bath 1998b), here as elsewhere, residential care is valuable as a 'last resort' placement option, particularly for adolescents, providing a 'fail-safe' function when family or community based options are unable to address intensive need (Bath 1998a; Berridge 1994; Clark 1998; Colton & Hellinckx 1994; Clark 1999). Despite the growth in family based care in the United States and the United Kingdom, residential/group care services are still used to meet the needs of a notable number of children and young people (Ainsworth 1997; Bates, English & Kouidou-Giles 1997; Berridge 1994; Haines 2000).

The literature from the late 1990s shows that the debate about the role, function and value of residential care in the out of home care field has re-opened. In Australia and overseas, there have been calls for contemporary approaches to residential/group care to be developed, providing it with a different and broader role than that of 'last resort' in the continuum of services (Beker &



Magnuson 1996; McNow Johnson 1999; New South Wales Community Services Commission 2000a; Whittaker 2000). In the current environment, this will mean that perceptions of intrusiveness and disempowerment will need to be tackled along with issues of 'normalisation' and 'restrictiveness' (Whittaker 2000). In keeping with this, there are already moves in the United States to realign group care as a family-centred service, emphasising links between the child, the residential setting, the family and the community, although it is questionable as to whether this has actually resulted in changes to agency practice (Ainsworth 1997; Whittaker 2000). Closer to home a review of fifteen intensive out of home care support services in New South Wales, about half of which provided group care, found that there was a strong emphasis on linking residents to family and community (Clark 1997).

The paucity of residential options, particularly in Australia, has been mooted as a serious concern (Bath 1998a; Whittaker 2000) that represents systems neglect of some young people (Whittaker 2000). Some have argued that residential care allows for all of a child's needs to be met in one setting and that the demise of residential care makes it difficult to replicate this network of services in all communities (Mordock 1998 p66). A recent inquiry into substitute care in New South Wales recommends that an independent study be commissioned to determine the extent of need and appropriate models for residential care in that state, noting that 'empirical evidence has not supported policy and practice in this area' (New South Wales Community Services Commission 2000a p37). It seems that this would be a worthwhile activity to be conducted on a national basis.

Reviews of the available research have concluded either that "there is little evidence supporting the effectiveness of...either a residential or non-residential setting" (Bates, English & Kouidou-Giles 1997 p43) or "foster and residential services seem broadly...equally effective in achieving their respective objectives" (Berridge 1994 p147). Either way, it seems there is little hard data to support the growth that has occurred in family based care and the concomitant decline of residential care (Mason 1996).

Research has demonstrated that both family based and residential care options have difficulty in meeting the health, education and emotional needs of children and young people in care or leaving care (Berridge 1994). However, there is only limited research evidence of the detrimental effects of residential care (Mason 1996), with recent overseas studies showing some evidence of benefits from residential/group care in certain circumstances (Ainsworth 1997; New South Wales Community Services Commission 2000a). The mixed research findings on residential care are further complicated by the lack of methodologically rigorous outcome studies locally and overseas (Ainsworth 1997; Bates, English & Kouidou-Giles 1997; New South Wales Community Services Commission 2000a), which is similar to the situation for foster care research (Berridge 1994). Despite this, enough evidence is supplied of possible positive effects to

warrant further exploration of the place of residential/group care in contemporary out of home care policy and practice (Ainsworth 1997; Bates, English & Kouidou-Giles 1997; Berridge 1994; Whittaker 2000).

The arguments now being advanced seek to end the 'polarising debate' between residential and family based care, which has tended to position these as 'either/or' services (Whittaker 2000 p72). Increasing recognition of the heterogeneity of the out of home care population, the intensity of need that exists, and the growing support for a needs-based approach have all bolstered the legitimacy of demands for a range of out of home care services, including residential/group care options, to enable better matching with the individual needs of different children, or the changing needs of a particular child.

A comprehensive study in Britain has shown that residential care and family based care achieve positive outcomes when used in a complementary fashion, with the focus on family support (Berridge & Brodie 1998 cited in Clark 1999). The Boys and Girls Welfare Society in Britain provides an example of one organisation's attempt to create its own continuum of out of home care resources by creating an integrated network of family based and residential care, rather than isolated 'stand-alone' services. Service provision is predicated on the belief that residential care is useful for a minority of young people, for certain purposes and at specific times (Haines 2000).

With the demise of large institutions in Australia and elsewhere, there has been a movement towards small-scale provision of residential care (Bath 1998a; Berridge 1994; Clark 1998; Colton & Hellinckx 1994). In Australia, residential care services commonly take the form of small, local and community based units catering for up to six young people cared for by rostered youth workers or 'houseparents' (Bath 1998a; Clark 1999). These smaller units, which generally have a 'care' rather than 'treatment' focus, are similar to the most common residential care model in Britain (Berridge 1994) and most parts of the European community (Colton & Hellinckx 1994). Interestingly, the recent review of fifteen intensive out of home care services in New South Wales showed that seven of the services had moved away from group care towards individualised arrangements, which reduced the possibility of detrimental influences and maximised intensive support. However, those that persisted with group care provided this to an average of four young people, not six (Clark 1997).

Australia has not developed the tradition of 'residential treatment centres', common to the United States and Europe (Bath 1998b). There is a distinct lack of "specialist service options to meet the mental health, substance abuse and educational needs of young people in care" (Bath 1998a). The unmet need created and augmented by this situation, in conjunction with the emerging needs-based focus, has stimulated interest in 'wraparound' services and the integrated service approach (Clark 1998; Morton, Clark & Peard 1999).



Consideration of the need for 'secure welfare' in Australia, involving the idea of containment and some coercion, has also been triggered by the difficulties encountered in using family and community based care as a response to the extreme challenging and risk-taking behaviours displayed by some children and young people (Clark 1999). Recent Australian interest in this controversial area was the subject of much debate at the CAFWAA Adolescents at Risk Practice Exchange in 1998 (Brown 1998). An Australian model for legislated residential treatment for emotionally disturbed 'runaways' has lately appeared in the literature (Yeo 1998), showing serious consideration of this issue, although 'community based and less coercive service options (have) the strongest research backing' (Morton, Clark & Pead 1999 pX).

There is some suggestion in the literature that a comprehensive and committed exploration of residential care options may be hampered by the 'sacred' nature of the concept of family, even in the face of some evidence that certain young people may not want or need an alternative family environment (Bates, English & Kouidou-Giles 1997; Berridge 1994; Mason 1996). Proponents of residential care do not seem to be advocating a return to large-scale institutions nor are they promoting residential care in preference to family care – quite simply they are seeking to discover the answers to questions such as:

When should any type of residential/group care be considered a first or last resort option?

When and where is residential care effective?

Does it provide better outcomes for certain groups of young people or is it useful to address particular circumstances?

What positive and effective relationship can exist between residential/group care and family based and community based interventions?

How best to balance the care and treatment needs of young people? (Bath 1998a; Whittaker 2000)

Debate around the role, function and value of residential care in the context of a range of out of home care options will continue as these questions are explored.

TRENDS IN FAMILY BASED CARE

The wane of residential care, fiscal imperatives and the pro-family paradigms and principles that are currently dominant in child protection have promoted family based care around the world (Bates, English & Kouidou-Giles 1997). Heightened demand and growing need in the out of home care population have stimulated developments in family based care including approaches to foster care and kinship care.

Foster care

In Australia, foster family care has been the primary response to the recent rise in demand for out of home care (Bath 1998b). Foster parents in the United Kingdom are now also the first option for a broader range of children and young people (Berridge 1994; Sellick 1999). Current trends in the out of home care population have required the foster care system to respond to increasingly complex and challenging needs, not just *more* children and young people, at a time when the role of foster care is in transition (Bath 2000; Colton & Hellinckx 1994; Spall & Clark 1998).

The move away from 'child rescue' frameworks has meant that the more traditional definition of fostering as "bringing up" another family's child now no longer applies to the majority of placements (Clark 1998; Colton & Hellinckx 1994; Spall & Clark 1998). In Australia today, the role of foster care is to provide temporary protection and care for a child until the family can be safely reunified, as is the case in the United States and the European Community (Ainsworth 1997; Colton & Hellinckx 1994). This in itself has created new expectations for foster families, suggesting the need to engage in partnership and collaborative work with professionals and the families of children and young people in out of home care (Campbell 1999; Spall & Clark 1998). Legislative requirements in the United Kingdom and locally have pressed foster parents to focus on children in the context of their families, requiring them to become more involved with the parents of children in their care (Ainsworth 1997; Berridge 1994; Spall & Clark 1998). The impact of this has been significant for carers, with concern now being expressed about the need for training and other supports to assist in the role change from volunteer to partner (New South Wales Community Services Commission 2000a; Spall & Clark 1998).

This state of transition and new demands upon foster care services has occurred at a time when the availability of foster families is in decline nationally and internationally (Bath 1998b, 2000; New South Wales Community Services Commission 2000a; Omang & Bonk 1999; Sellick 1999; Testa & Rolock 1999). This is generally attributed to women seeking paid employment and an increase in sole parenthood, which has impacted upon the population of women in the home, who have provided foster care labour in the past (Mason 1996; McGowan & Walsh 2000; Taylor 1997; Testa & Rolock 1999, Worrall 1997). In the United States, availability of foster care has also been affected by a spatial mismatch between placement needs and foster family supply. Most foster families seem to be located in suburban areas, while the families of children needing out of home care predominantly reside in inner city neighbourhoods (Testa & Rolock 1999).

These circumstances have set the scene for foster care reform in many areas. The 'sanctity' of the focus on family care has recently been challenged in the literature (Bain 1998; Mason 1996), with the lack of research on the outcomes and effectiveness of foster care compounding this situation (Bates, English & Kouidou-Giles 1997; Berridge 1994). Questions



about the ability of foster care to achieve desired outcomes (Barbell & Wright 1999) has stretched traditional boundaries and opened the way for reform efforts, a number of which have emerged from the United States.

In the early 1990s, New York State and New York City launched the Home Builders project to test major reform of the foster care system in New York City (Westat Inc. 1998). Essentially, this project tested the effect of capitation payments (a flat amount of money for a 3 year period), a concept borrowed from managed care. It was anticipated that use of this concept would remove disincentives for reunifying families resulting from traditional per diem payment (payment for each day a child is in a foster care placement). It was expected that permanency would be achieved earlier due to intensified discharge planning and after care services (Westat Inc. 1998). Evaluation of this project concluded that fiscal incentives are unlikely to be a catalyst for major reform in out of home care, although some reduction in the length of out of home placements was evident (Mordock 1998). Despite these findings, it has been predicted that the per diem funding system will disappear from out of home care in the United States eventually, even though concerns remain that this could encourage premature discharge from care (Mordock 1998).

The Annie E. Casey Foundation has promoted the Family to Family initiative in the United States. Family to Family aims to rebuild foster care as a family-centred process where professionals and foster parents are partners with parents in rebuilding their families (Omang & Bonk 1999; The Family to Family Evaluation Team 1997). Family to Family reconceptualizes foster care as a bridge, in keeping with the move away from 'child rescue', using foster families and local communities to create enduring supportive environments for families (Omang & Bonk 1999; The Annie E. Casey Foundation 2000). This allows everyone involved in caring for a child to have a continuing relationship with them during and after placement, to augment the child's family, not to destroy or replace it. Seventeen tools designed to preserve families, reduce the length of time in foster care, and promote sustained reunification, represent new ways of actually doing the work (Omang & Bonk 1999; The Annie E. Casey Foundation 2000). Recent evaluation indicates that Family to Family has engineered some key changes to attitudes and front-line foster care practice in the United States, which may help to achieve the desired outcomes over time (The Family to Family Evaluation Team 1997).

The significance of the Family to Family reform activity is in how it locates foster care within a child's family and community network. Family to Family seeks to create more permeable boundaries for foster care, to position foster care as a service that does not stand alone but in conjunction with other services, the family and the community, provides support to a child and their family during and after out of home placement. Recent use of 'shared family care' approaches is consistent with this perspective.

Shared family care

The term 'shared family care' denotes the planned provision of out of home care to parents and children so that parents and 'host caregivers' share the care of the children and work toward independent in-home care by the parent (Barth & Price 1999). Another similar approach in the United States, family care programs, also allow parents (usually mothers) and their children to live together in supervised living arrangements for extended periods (Allen & Larson 1998). Family care programs have the same aims as shared family care, which are to help families remain together safely without placement, or to achieve timely reunification without children experiencing further separations (Allen & Larson 1998; Barth & Price 1999). This approach is associated with research that shows family contact is critical to reunification and child well-being (Ainsworth 1999; Barth & Price 1999).

Shared family care is not a new idea, as it has a long history in western European countries and is part of the African American tradition. Over the last decade, there has been more interest in this approach across the United States with a variety of models emerging. Generally, workers have small caseloads with placements lasting anywhere from a few months to a couple of years. The host families may or may not be approved/licensed foster families, and both individuals and couples can be involved in mentoring and supporting parents to care for their children (Barth 1994; Barth & Price 1999).

Evaluations of shared family care pilot projects and family care programs are currently underway in America. Anecdotal information suggests that the costs may be higher than basic foster care and that these models are only suitable for certain families and circumstances, operating best in partnership with other agencies and community bodies to address the needs of children and families (Allen & Larson 1998; Barth & Price 1999).

Specialist or treatment foster care

To effectively respond to the new and complex demands it faces, foster care must provide skilled and sensitive support for children, young people and their families (Clark 1998; Morton, Clark & Peard 1999; Spall & Clark 1998). Aside from the general growth in foster care to meet increased demand, the last ten years has also seen the development of what is referred to in the literature as 'specialist', 'treatment' or 'therapeutic' foster care to address intensive or special needs (Bates, English & Kouidou-Giles 1997). Connected with moves to professionalise foster family care, this approach is proclaimed as the way forward for foster care in Britain (Berridge 1994; Haines 2000) and has been established in certain countries of the European community, in an attempt to provide family based care for children and young people previously



deemed unsuitable for such a placement (Colton & Hellinckx 1994). Regarded as “the latest trend in the evolution of family foster care” in the United States (Testa & Rolock 1999 p108), these services have dramatically grown in number across both the public and private sectors (Bates, English & Kouidou-Giles 1997). Australia too has displayed a “clear nationwide trend toward the development of specialised foster care services that cater for adolescents and other children/young people with special needs” (Bath 1998b p109), although generally foster family care in Australia is still not professionalised (Wise 1999a).

Characterised by higher levels of payment, training and support for foster families, the specialist or treatment approach to foster care uses the foster family, regarded as part of the professional team, as the primary agent for change (Bates, English & Kouidou-Giles 1997; Bath 1998b; Colton & Hellinckx 1994). Individualised programs, targeted at children with special, intensive or challenging needs, are provided. These are usually based on a behaviourist approach (although other treatment modalities are sometimes used), with lower worker-to-carer ratios (Bates, English & Kouidou-Giles 1997; Bath 1998b; Wise 1999a). The American literature makes distinction between two broad categories of specialist or treatment foster care. The first category involves foster families receiving payment in excess of the usual fostering allowances and increased training and supervision. The second category has foster families taking part in intensive, ongoing training and providing a professional caring service for which they are paid the equivalent of a salary (Bates, English & Kouidou-Giles 1997; Testa & Rolock 1999).

While these approaches to family based care have spread rapidly, and importantly, may offer Australia treatment options to expand its care-based continuum of placement services, it is again the case that little research exists about their effectiveness. Most studies that have appeared are exploratory or descriptive in nature and lack methodological rigour (Bates, English & Kouidou-Giles 1997). Although the effectiveness of specialist/treatment foster care is unclear, some data indicates it may be a good option for children who would otherwise enter residential/group care, as it is a less restrictive, family based setting and considered more cost-effective. Of course, this is tempered by questions as to whether specialist foster care and residential/group care serve comparable populations (Bates, English & Kouidou-Giles 1997). There is other evidence that suggests professional foster care approaches do better than traditional foster care or relative care in securing family reunification, which is worthy of further exploration (Testa & Rolock 1999).

Development of these programs has triggered debate as to whether fiscal incentives are appropriate for foster care and concern that professional foster care may negate the opportunity for ‘ordinary’ family life for children and young people (Testa & Rolock 1999), prompting the question ‘Is the foster caring unit a family, or a service?’ (Campbell 1999 p43). In the

face of current trends, it seems inevitable that people in the community whose own lives are increasingly full and complex, will need to be adequately remunerated for providing care and support for children whose needs are more intense *and* their families (Fenster 1997).

The growth of professional foster care in the context of current welfare reform measures in the United States poses an interesting conundrum. Specifically, professional foster families are being paid a salary to provide stay-at-home care for children, while welfare reform is reducing or eliminating financial assistance to poor and needy parents who wish to remain in the home to care for their children (McGowan & Walsh 2000; Testa & Rolock 1999). With moves towards professional foster care occurring alongside of welfare reform proposals in Australia, close attention to this situation is warranted.

The other major trend in family based care is increasing reliance upon kinship or relative care. It is interesting to note that some researchers believe that professional foster care offers a way to approximate some of the benefits of relative care for children who cannot access extended family (Testa & Rolock 1999).

Kinship or relative care

The formal use of kinship or relative care by child welfare authorities extends a long history of informal care that exists for many cultures and communities and is used to denote care by immediate family members, extended family and elders or others who have a significant emotional bond with the child (Ainsworth & Maluccio 1998a; Taylor 1997; Wilhelmus 1998).

In recent times, Australia has experienced marked growth in the formal use of kinship care by the child protection system (Ainsworth & Maluccio 1998a) with recent data indicating that at least 26% of children in family based placements in Australia were in kinship care (Bath 1998b). These developments signify that kinship care has been repositioned from an alternative to the child protection system to a funded service within it (Wilhelmus 1998). It appears that in Australia, kinship care is increasingly being considered as the first option for placement (Ainsworth & Maluccio 1998a; Clark 1999). Australian state and territory governments have very recently stated their preference for kinship care when children are unable to be cared for by their parents (SCRCSSP 1999) with legislative and policy frameworks across states and territories promoting the use of care by relatives (for example Queensland’s *Child Protection Act 1999* and the Aboriginal and Torres Strait Islander Child Placement Principle).

Again these developments reflect international directions. In New Zealand, use of kinship care as the first placement option for children and young people in out of home care was legally mandated over 10 years ago by the *Children, Young Persons and their Families Act 1989* (Taylor 1997; Worrall 1997).



Kinship care has been the fastest growing form of family based care in the USA since the mid-80s (Baker 1995; Leslie et al. 2000; Testa & Rolock 1999) with Federal policies encouraging the States to consider kinship care as the first option for placement (Children's Defense Fund 2000c; US Department of Health and Human Services 2000). Currently, one-third to one-quarter of the 500,000 children in foster care in the United States are placed with relatives, accounting for at least half, possibly more of the formal family based placements in some States (Children's Defense Fund 2000a, 2000c; Leslie et al. 2000; Worrall 1997). Data from the United States Department of Health and Human Services indicates that 29% of foster children in 1997 (approximately 200,000) were in formal kinship care (2000). Sellick (1999) reports that use of kinship care has increased in Britain, from 3% over a decade ago to 12% nationally, although these placements remain more common in Australia or the United States (Cashmore 2000).

Three broad models of kinship care have emerged in the United States (Children's Defense Fund 2000a; Worrall 1997). Essentially these are distinguished by their position on approval requirements and financial support for relative carers. In 10 states, relative carers are subject to the same assessment and approval requirements as non-relative carers and are reimbursed at a similar rate. In the remaining states, two models apply. In both these models, relative carers are subject to less stringent approval and licensing requirements than non-relative carers. However with one approach, relative carers are reimbursed at a similar rate to non-relative carers, while with the second, relative carers are paid less than the usual fostering allowance (Children's Defense Fund 2000a).

What is concerning about the trend toward kinship care is the clear indication from the literature that it has occurred in the absence of a strong research base (Ainsworth & Maluccio 1998a; Leslie et al. 2000). Overseas research is limited and descriptive and has been criticised for its methodological shortcomings (Ainsworth & Maluccio 1998a; Leslie et al. 2000; Scannapieco, Hegar & McAlpine 1997; Worrall 1997).

The research that does exist presents a mixed picture. A recent study in the US (Scannapieco, Hegar & McAlpine 1997) confirmed previous work that children are more likely to be placed in kinship care due to neglect and parental substance abuse issues (US Department of Health and Human Services 2000). Studies have generally shown that children in kinship care are more likely to maintain parental contact (Leslie et al. 2000; US Department of Health and Human Services 2000), although a recent qualitative study of 14 children in kinship care in New Zealand did not find this (Worrall 1997). It has also generally been shown that sibling groups are more likely to be placed together (Leslie et al. 2000) with a recent American study confirming this advantage over regular or professional foster care (Testa & Rolock 1999). Overseas research from the 1970s and 1980s

indicated that kinship care was likely to provide more stability, security and continuity than other forms of care (Worrall 1997) with studies from the mid-1990s confirming this (Duerr-Berrick et al. 1994 & Inglehart 1994 cited in Leslie et al. 2000). There is even some suggestion that children in kinship care may experience less maltreatment than children in other family based care (Zuravin et al. 1997 cited in Leslie et al. 2000).

Other findings appear less positive in the context of modern child welfare practice. Studies from the United States show that children in kinship care are likely to remain in care longer, do not seem to be reunified with their families as often or as early as children in non-relative family based care and are less likely to be adopted (research cited by Ainsworth & Maluccio 1998a; Bath 2000; Leslie et al. 2000; McGowan & Walsh 2000; US Department of Health and Human Services 2000). This seems linked to financial obstacles and the often-noted lack of supervision and support services for kin carers (including training, emotional, practical and financial support), which is common across many countries (Ainsworth & Maluccio 1998a; Children's Defense Fund 2000c; Leslie et al. 2000; Wilhelmus 1998; Worrall 1997). In the United States of America, some states are tackling this issue by encouraging kin carers toward adoption and legal guardianship of children placed with them, with arrangements for ongoing financial assistance once legal guardianship has been obtained (Children's Defense Fund 2000c). It is also possible that the reluctance of kin carers to adopt or assume long-term guardianship for children derives from reluctance to disrupt parental connections (Bath 2000; Wilhelmus 1998).

When attention is focussed on the experience of children in kinship care the findings again are not promising. It seems that they are exposed to the same risk of educational disadvantage as children in non-relative foster care (Dubowitz 1994 cited in Worrall 1997) and may actually be living in less physically safe environments with greater levels of violence, alcohol and drug use (Berrick 1997 cited in Ainsworth & Maluccio 1998a). Generally, it appears that kinship carers are more likely to be single women who are poorer and older than non-relative foster carers and exhibit more physical and mental health problems (Ainsworth & Maluccio 1998a; Children's Defense Fund 2000c; Wilhelmus 1998). There is little information about the outcomes for children and carers (US Department of Health and Human Services 2000), but one recent study comparing kinship care and non-relative foster care (Benedict, Zuravin & Stallings 1996 cited in Ainsworth & Maluccio 1998a) concluded there was little difference in adult functioning for children raised in either form of care.

Aside from a limited and mixed research base, it seems there have been four broad factors stimulating the rise in kinship care locally and overseas:



The ideological view that kinship care is the preferred form of out of home care

The dominant principles of family preservation and participation contribute to the widespread view that kinship care is a less detrimental alternative placement (Ainsworth 1997; Leslie et al. 2000; United States Department of Health and Human Services 2000). However, some issues are starting to emerge in the literature that are important here. It seems common for kinship placements to receive less support than non-relative placements – particularly financial support, but also emotional and practical support and supervision (Wilhelmus 1998). Alternatively, some relative carers may resist support efforts from child protection agencies. Either way, these circumstances can result in additional stress for kinship carers (Worrall 1997) that could have negative impacts for children particularly when intrafamilial and intergenerational transmission of abuse is a factor (Clark 1999).

There is some view that while kinship care is particularly of value as a permanency option, this is actually less likely to be achieved because relatives are often unwilling to be part of terminating parental legal rights and may require ongoing financial support (Bath 2000; Baker 1995; Scannapieco, Hegar & McAlpine 1997; Wilhelmus 1998). Of course, this is where current questioning of the somewhat narrow equation of permanency with adoption may prove beneficial.

Growing awareness of the need for culturally appropriate placement practice

Use of kinship care is consistent with the traditional practices of many cultures including Aboriginal and Torres Strait Islander groups, Maori families and African Americans (Dodson 1999; Scannapieco, Hegar & McAlpine 1997; Taylor 1997; Tilbury 1998; Wilhelmus 1998; Worrall 1997). There is a high use of formal kinship care by Maori families in New Zealand (Taylor 1997) while children in kinship care in the United States are predominately African American (Scannapieco, Hegar & McAlpine 1997; United States Department of Health and Human Services 2000; Wilhelmus 1998).

Cost considerations

It appears from the literature that rather than being a side issue to the question of what is best for children,

cost considerations may actually be one of the drivers of the trend toward kinship care. Taylor (1997) in commenting on the New Zealand situation argues it is simply that the two are not mutually exclusive, indicating that moves to promote legal permanency for long-term non-relative carers (based on what is best for the child) will result in cost-savings for the State. The recent introduction of orders awarding long-term guardianship to persons other than the State in Australia may have the same impact.

Others note that because there is often less assessment, training, financial and caseworker support services available to relative carers, kinship care is a less costly service for State authorities, which fits with the political rhetoric of 'valuing families' and economic rationalism (Ainsworth & Maluccio 1998a; Worrall 1997). In this context, it is interesting to note that the growth in formal use of kinship care for children in foster care has been criticised by some as subverting the welfare reform measures in the United States, by acting as a program to assist relatives caring for dependent children (Testa & Rolock 1999). This criticism is linked to the dramatic rise in use of kinship care in the United States during the mid 1980s, attributed to Federal and State Court rulings that relative carers of children in foster care are entitled to financial recompense (US Department of Health and Human Services 2000; McGowan & Walsh 2000).

Yet, the possibility of kinship care actually proving exploitative must be considered, given that older, poorer, single women from minority groups are more likely to provide kinship care without high levels of training and support (Ainsworth & Maluccio 1998a; Children's Defense Fund 2000c; Scannapieco, Hegar & McAlpine 1997; Wilhelmus 1998).

Decline in the availability of non-relative carers plus the increase in demand for out of home care places

Kinship care has increased the capacity of family based care within the out of home care system (Clark 1999). This has assisted in avoiding a placement crisis at a time when the demand for family based placements is increasing nationally and internationally and yet, the availability of non-relative foster carers is declining (Ainsworth & Maluccio 1998a; Leslie et al. 2000; McGowan & Walsh 2000; Taylor 1997; Testa & Rolock 1999).

As seems to be the case with other initiatives in family based care, there is only limited research evidence to support the trend towards kinship care with very few local studies having been done (Ainsworth & Maluccio 1998a; Worrall 1997). Again, more information is needed about the outcomes for children from kinship care and its effects upon reunification and length of stay in out of home care (Ainsworth & Maluccio 1998a; Leslie et al. 2000). The gaps in Australia's body of knowledge about any of the recent family based care initiatives supports the call by an Australian academic for a national child welfare



research forum to reduce dependence upon overseas work and to build data pertinent to Australian policy and practice (Ainsworth 1997).

INNOVATIVE SERVICE DELIVERY DEVELOPMENTS

Aside from the developments in residential and family based care that have been examined, other family and community based service delivery innovations have recently emerged, which cut across more traditional approaches. These have originated from questions about the effectiveness of established approaches, changes in demand for out of home care and the major paradigm shifts that have impacted on the child welfare field in recent years. Key innovations include family preservation and reunification services, approaches to case planning and case management, leaving care and after care services, and individualised and wraparound services.

Family preservation and reunification services

As previously noted, contemporary legislative and policy structures, now encourage partnerships between professionals and families, emphasising placement prevention and timely safe reunification, as preferred ways to address the protective needs of children. These developments set the scene for the emergence of family preservation and family reunification services during the early 1990s in Australia (Ainsworth 1997; Scott 1993). These family focused child welfare programs use intensive services to reduce placements in out of home care, maintain family stability and prevent re-abuse (Ainsworth 1997; Littell & Schuerman 1995; Walton 1998).

Originating from the 'Homebuilders' model initiated in 1974 (Ainsworth 1997; Littell & Schuerman 1995), family preservation services in the United States were championed by private foundations as a response to the situation created by the demand for costly out of home care placements, foster care drift and the influence of family centred and ecological child welfare approaches (Bath 1994a; Scott 1993, 1994).

Today, family preservation services are commonly crisis-oriented, intensive, in-home services, relatively brief in duration (often less than 90 days) designed to prevent imminent placement in out of home care (Bates, English & Kouidou-Giles 1997; Littell & Schuerman 1995; Walton 1998). The services are predicated on a belief that a child's own family is the best environment for them, with a focus on strengths and family participation (Ainsworth 1997; Lewis, Walton & Fraser 1995; Littell & Schuerman 1995). Previously reliant on crisis theory with some leanings towards family systems and learning theory, a recent national evaluation in the United States has shown that service delivery aspects are now their defining features (Littell & Schuerman 1995).

In Australia, a number of states had established initiatives modelled on overseas approaches by the mid 1990s (Bath 1994a). The Australian literature notes some differences between the Australian and United States contexts that can significantly affect the adaptation of overseas models to the local context. In the United States, providing concrete services is an important function of family preservation services (Lewis, Walton & Fraser 1995). However, in comparison to the United States, Australia's universal health system, income security system and history of prevention services in the child welfare field (Bath 1994a; Scott 1993) all assist to ameliorate need and divert families from entering the child protection system. In conjunction with Australian state and territory legislation which positions removal as a last resort, this may mean that the children and families served by Australian programs are more truly at risk than those encountered by American services (Scott 1993).

This contention is supported by reviews of American research that strongly suggest family preservation services do not actually target families where there is a child at imminent risk of placement (Ainsworth 1997; Bates, English & Kouidou-Giles 1997; Littell & Schuerman 1995). This is related to difficulties in objectively defining 'imminent risk of placement' in practice and inconsistency across studies. Recent control group studies in the United States show extremely low placement rates, indicating that the risk of placement is already low in those families targeted by these services (Bates, English & Kouidou-Giles 1997; Littell & Schuerman 1995). When the risk of placement is already low, it is unlikely that significant reductions in placement can be demonstrated (Littell & Schuerman 1995). These findings jeopardise claims used to promote preservation services – namely that they provide cost-savings by preventing out of home placement - and so pose some threat to their viability (Scott 1993, 1994).

As more methodologically rigorous research becomes available, it seems that the findings about effectiveness diminish, challenging earlier claims of success (Bates, English & Kouidou-Giles 1997; Littell & Schuerman 1995). There is little evidence in the existing research base to support claims that family preservation services are more effective than conventional approaches in preventing placement (Ainsworth 1997; Bates, English & Kouidou-Giles 1997) with only limited information to suggest modest short term improvements in child and family functioning (Littell & Schuerman 1995). However, it has been argued that in the 'haste to claim more than could actually be accomplished, disappointment was created where none was warranted' and that family preservation services are useful and required within a continuum of services (Katz 1999).

A recent national evaluation of family preservation services in the United States revealed considerable diversity across services (Littell & Schuerman 1995). This indicated that although placement prevention remains a central concern, attention has also turned to enhancing family functioning, with changes to the



intensity and duration of services (Littell & Schuerman 1995).

There have already been calls in Australia to broaden conventional approaches to family preservation, such as varying the period of intervention and expanding the focus to include enhanced family functioning and better long term outcomes for children (Ainsworth 1993; Bath 1994a). This allows for the fact that placement may occasionally need to be supported for a particular child, representing a positive outcome on an individual basis (Bath 1994a; Littell & Schuerman 1995; Scott 1993).

The 'Temporary Family Care' approach implemented by Barnardos in New South Wales and the Australian Capital Territory, has responded to this challenge by locating services at the point where the child is actually entering the care system, seeking to prevent permanent placement by providing services to the child and family during temporary placement and offering ongoing assistance, rather than very short term involvement (Voigt & Tregeagle 1996).

In Australia, there has been little real evaluation of the outcomes or effectiveness of these services in meeting local needs (Ainsworth 1997; Wise 1999a). The limited research that does exist suggests that family preservation services have a place in the Australian child welfare system (Ainsworth 1997), which is reinforced by the serious lack of support generally to help families prevent placement (New South Wales Community Services Commission 2000a; O' Neill 2000). It has been suggested that these services be seen as only one part of a wider service spectrum, used to complement other services in the out of home care field (Scott 1994). It is important that further local work is completed to determine the true potential contribution of this model to a diverse continuum of out of home care services in Australia. Without this, decisions about the future of these services in Australia, based only on overseas research, should be considered premature.

Like family preservation services, family reunification services fit with the principles of family preservation and permanency (Ainsworth 1997) as their aim is to reduce stays in out of home care, promote timely family reintegration and reduce re-entry to care (Littell & Schuerman 1995). Family reunification programs grew out of family preservation programs often using similar service models to provide support during placement in preparation for reunification (Gillespie, Byrne & Workman 1995; Littell & Schuerman 1995; Walton 1998). Fewer in number than family preservation services, they are generally less well defined and are a more recent phenomena (Wise 1999a), with a United States evaluation showing the majority had been established post 1990 (Littell & Schuerman 1995). As such the research base here and overseas is very limited (Wise 2000b), showing at best mixed evidence of effectiveness (Gillespie, Byrne & Workman 1995). There is some evidence to suggest that a better understanding of the dynamics of reunification work and longer periods of intervention would enhance the efficacy of these

services (Gillespie, Byrne & Workman 1995, Littell & Schuerman 1995; Wise 1999a).

As with family preservation, the literature suggests these services work best when integrated with other out of home care services such as frequent family contact, worker support of foster family and the child's own family and foster parent training (Gillespie, Byrne & Workman 1995). Although a recent study showed that positive effects were maintained over a period of six years (Walton 1998), there is some evidence to indicate that the outcomes of preservation and reunification services may decrease over time (Gillespie, Byrne & Workman 1995). This gives further support to the idea that to maximise beneficial effects, interventions by preservation and reunification services need to be integrated with other out of home care and general welfare services, which provide ongoing support to families.

Case planning and case management

Over the last two decades, there has been considerable importance placed on case planning with children and families, to enhance decision-making and outcomes for children in out of home care (Wise 1999a). It is now generally accepted that quality case planning and case management are critical to achieving stability, continuity and coordinated service delivery for children (Clark 1999; Wise 1999a). Ongoing concerns about welfare drift, and principles of permanency and family participation have all played a part in generating new developments in this area. Another major factor has been the interest in needs-based assessment and the significance placed on "...the early identification of the medical, developmental and emotional needs of children in out of home care, the access of these children to timely intervention, and the coordination of these services for them" (Silver et al. 1999 p152).

Major developments in this area are characterised by an emphasis on family participation and inter-agency collaboration. One such development is Family Decision Making, a case planning approach developed by New Zealand and used in Family Group Conferences. Originating as culturally appropriate practice with Maori children and families, this approach 'allows key decisions to be made by the family and friendship network' of a child or young person in out of home care, with professionals to provide assessment, support and resource information (Ban & Swain 1994a; Ryburn 2000). Other countries, including Australia have demonstrated interest in this approach and established their own initiatives (Ban & Swain 1994b; Trotter & Sheehan 2000).

There is much favourable research supporting development of this approach, with studies in the United Kingdom indicating significant professional confidence in plans made by families for children and young people (Ryburn 2000), although this was not



replicated in a recent evaluation of the Victorian experience (Trotter & Sheehan 2000). There is also some evidence that Family Decision Making assists families to build resilience with consumer research showing that high levels of satisfaction, related to a sense of control and efficacy, persist up to a year down the track, which may indicate the beginnings of long-term change (Ban & Swain 1994b; Ryburn 2000; Trotter & Sheehan 2000). Use of this approach is more likely to result in relative care placements (Ban & Swain 1994b; Ryburn 2000) with higher levels of stability (Ryburn 2000). The positive picture painted by these findings is tempered by emerging indications that these results may be limited to pilot studies that are adequately resourced and carefully implemented (Ryburn 2000). Despite this note of caution, the Family Group Conferencing model seems to offer an exciting path forward towards more effective case planning through true partnership with families.

Another case management development emphasising participation and collaboration is the 'Looking After Children (LAC) system. The LAC case management system was developed by the Department of Health in the United Kingdom after extensive research into outcomes for children in care (Clare 1997; Knight & Caveney 1998). Intended to address poor quality needs assessment and planning which was negatively affecting outcomes for children in care, the LAC system is comprised of case-plan recording and review forms, with Assessment and Action Records forming the centrepiece of the system. There are six age-related Assessment and Action Records designed as practice tools for work with children and other stakeholders such as parents and carers. They cover seven key dimensions of child development – health, education, identity, family and social relationships, social presentation, emotional and behavioural development and self-care skills (Clare 1997). The LAC system emphasises good corporate parenting based on what an 'ordinary' parent would do, partnership with families and outcomes for children (Jackson 1998).

LAC has proved immensely attractive to the out of home care field, with more than 90% of local authorities using LAC in 1998 (Garrett 1999a; Jackson 1998). Many other countries have demonstrated enthusiasm, including Australia, where a number of States have recently implemented pilot projects (Clare 1997; Clark 1998; Wise 1999b). Barnardos Australia and the University of New South Wales have jointly launched a research partnership, 'The Lac Project', now in its fourth year of operation. This project developed from work to adapt the United Kingdom materials to the Australian context, with a number of non-government agencies in New South Wales and the Australian Capital Territory now using the LAC system and materials under licence to The LAC Project².

² Information about the LAC project is available at www.lacproject.org

What is interesting about the rapid spread of LAC is that no critique is evident in the literature until the late 1990s (Garrett 1999a; Jackson 1998; Knight & Caveney 1998), with commentators from the United Kingdom only recently starting to question several aspects of the LAC system. There is concern that the notion of 'corporate parenting' may marginalise a child's parents, negatively affecting the capacity for partnership, while the 'reasonable parent/good parent' construct could possibly carry an element of individual blame, minimising the link between poverty and out of home care (Garrett 1999a, 1999b; Knight & Caveney 1998). It is suggested that normative assumptions, equating good parenting with middle class parenting underpin the Assessment and Action Records, which are also suspected to be culturally insensitive and labelling of children (Knight & Caveney 1998). Some anxiety exists that with its focus on outcomes and level of proscription, LAC increases the possibility of caring becoming 'formalised, dispassionate and merely functional' (Garrett 1999a), similar to the criticism attracted by professional foster care. Finally, it is considered that the way the Assessment and Action Records are to be used may actually deskill workers in participative casework (Garrett 1999a; Knight & Caveney 1998).

Use of the LAC system in Australia has recently been subject to some evaluation (see Clark & Burke 1998; Wise 1999b). These have shown that local LAC initiatives have greatly assisted in securing practical and specialist help for children in out of home care, suggesting better outcomes in health and well-being may be achieved (Wise 1999b). There is also some interest in exploring the potential of adapting the United Kingdom's Looking After Children System to aggregate well-being outcome measures (Gain & Young 1998). While it is true that any 'initiative of this kind should be subject to critical analysis and debate, rather than accepted too readily as the new solution' (Knight & Caveney 1998 p31), early results seem to indicate that LAC may prove to be an important addition to the local service system.

Leaving care and aftercare services

It has been suggested that the focus on family preservation and permanence has contributed to neglect of the needs of young people leaving care (Mallon 1998). Recent research showing dramatically diminished life chances for young people who have been through the care system has ensured this is now a topical issue worldwide, as have the activities of consumer advocacy groups in many countries (Mendes & Goddard 2000). In Australia, the CREATE Foundation has been instrumental in highlighting these issues and promoting collaborative efforts to improve service delivery.

The difficulties confronting young people leaving care have been well-documented (Cashmore & Paxman 1996; Charles & Nelson 2000; Courtney & Barth 1996; Green & Jones 1999a, 1999b; Mendes &



Goddard 2000; Stoner 1999) and include homelessness, unemployment; substance abuse, young parenthood, social isolation and mental health issues, with the literature confirming a serious lack of leaving care and aftercare support for young people around the world (Mendes & Goddard 2000; Stoner 1999). This situation is at risk of deteriorating with higher levels of need and increasing demand for out of home care (Courtney & Barth 1996; Green & Jones 1999a, 1999b). What remains unclear due to the lack of local and overseas outcome data is which services and resources are most effective in preparing young people to leave care (Colca & Colca 1996). Current approaches overseas emphasise multilevel services able to address individual needs with use of adult learning, reality based experiences and mentors (Colca & Colca 1996; Mallon 1998; Stoner 1999).

It has been estimated that over 2500 young people aged 15 – 17 will leave state care in Australia over the next three years (Maunder et al 1999). Most young people in this situation are not allowed the gradual transition to independent adulthood experienced by others residing with their families, who commonly don't leave home until their early 20s, often to return a number of times (Cashmore & Paxman 1996; Mendes & Goddard 2000). The transitional support necessary for young people leaving care is required past the age of discharge, along with ongoing relationships (Mallon 1998). This has resulted in calls to either continue State care as necessary beyond the age of 18 or to extend the legal age for leaving care, as has occurred in some Scandinavian countries (Green & Jones 1999a, 1999b; Stoner 1999).

Young people residing with their families have access to an inbuilt safety net, which is yet to be constructed for most youth readying to leave care (Mech, Pryde & Rycraft 1995; Mendes & Goddard 2000). In keeping with this, recent studies suggest that maintaining and developing support networks for young people in out of home care, particularly with immediate and extended family is critical, given previous research showing that most young people in long-term care leave to reconnect with their families (Charles & Nelson 2000; Courtney & Barth 1996; Wise 1999a). In the United States, mentoring services involving caring adults who may or may not be relatives are being used to assist young people leaving care (Mech, Pryde & Rycraft 1995; Power & Maluccio 1998). An innovative aftercare program in New York City, funded by a consortium of agencies and grants, has young people working with adult mentors (Mallon 1998). The New York City Independent Living Partnership has young people working to provide an informal support network for each other, as well as participating in monthly support group meetings. The young people also collaborate with their mentors to plan and participate in twice yearly leadership development weekends (Mallon 1998). The literature also suggests that mentoring can be important in promoting resilience by encouraging and supporting the development of a young person's talents and interests (Gilligan 1999).

Australia has lately developed a greater focus on the needs of youth leaving care, following the lead of other developed countries, such as the United States, Britain and some European countries that have forged ahead in legislating for leaving care and aftercare support (Green & Jones 1999a, 1999b; Mendes & Goddard 2000; Stoner 1999). Green & Jones (1999a, 1999b) have developed a best practice model for leaving care, which outlines a continuum of stages towards interdependence for young people in care and supports permanency planning to adulthood, similar to views emerging in the United States (Courtney & Barth 1999). New South Wales is now considered a 'world leader' for introducing legislative requirements for the provision of aftercare support to the age of 25, the only state to provide both a legislative and program response for young people leaving care (Green & Jones 1999a, 1999b). New South Wales also offers both an Aftercare Resource Centre and services specifically targeted to Aboriginal and Torres Strait Islander young people and adults (Mendes & Goddard 2000).

Governments in most Australian States and Territories have recently implemented or are considering implementing, leaving care or aftercare initiatives, although what is still lacking is adequate funding for specialist programs, available as core components of an out of home care service continuum (Green & Jones 1999a, 1999b; Mendes & Goddard 2000). Moves towards time-limited orders apparent in several Australian child protection jurisdictions, will only intensify the need for effective aftercare services for children, young people and their families.

Individualised and wraparound services

The failure of the child welfare system to effectively coordinate services to meet complex needs has stimulated interest in concepts from managed care. In the United States, this initiative from the health sector is being promoted as a platform for cross-system integration of services for children and youth (Ogles et al. 1997). Integrated Service Systems, a non-profit corporation in the United States, has developed Integrated Services for Youth (ISY), which manages the care of children, young people and families involved with multiple public service systems such as child welfare, juvenile justice and health. ISY is based on the values of the system of care movement and grounded in managed care strategies for controlling quality and cost. It provides a range of services including resource coordination, planning, support, assessment and respite care.

Developments in Australia also reflect the broader shift from 'stand alone' services to integrated service delivery and are predicated on a needs based approach and the use of 'wraparound services' (Bates, English & Kouidou-Giles 1997; Clark 1999). This term denotes a child and family focused service delivery philosophy, while 'individualised services' are those developed to provide wraparound services to



meet the needs of a particular child and family (Ainsworth 1999). Their common features include: flexible funding, interagency care coordinated by an interdisciplinary team whose members have the authority to access resources, a child, family and community based approach and the provision of unconditional care (Ainsworth 1999; Bates, English & Kouidou-Giles 1997; Brown & Hill 1996). A step-by-step process for constructing wraparound services has been developed which is widely quoted in the literature (VanDerBerg & Grealish 1996 cited in Ainsworth 1999; Bates, English & Kouidou-Giles 1997). A strengths based needs assessment forms the basis for development of an individualised service package purchased with flexible dollars. A resource coordinator or case manager is responsible for coordination of this process (Ainsworth 1999).

Australian attempts at wraparound service provision are exemplified by Victoria's High Risk Adolescent Initiative, the funding of individual service plans by the New South Wales Department of Community Services and individualised packages for children with disabilities and challenging behaviours in Queensland, all of which are characterised by high costs (Clark 1999). A review of intensive support services in New South Wales showed moves toward the use of individualised services in preference to group care, to better address high need (Clark 1997). However, Australian examples have not often originated from a particular model or good planning, tending to be ad hoc responses lacking the community involvement that is integral to American services (Ainsworth 1999). Research remains limited with the literature again composed primarily of descriptive and exploratory data with only some evidence of effectiveness (Bates, English & Kouidou-Giles 1997; Ainsworth 1999)

During the 1990s, recognition of the need for an integrated approach rather than agencies or professionals existing as sole operators (Charles & Nelson 2000) has occurred alongside of pressure to provide flexible and coordinated services which better meet changing needs and make the most effective use of limited resources (Brown & Hill 1996). In this context, individualised and wraparound service models may offer a new way forward, albeit with careful and thorough research and practice.

BEYOND 2000

The literature from the latter half of the 1990s identifies the potential for major progress in the out of home care field. The significant trends occurring across the western world, such as renewed debate about the use and value of residential care, the transitional state of family based care and the pursuit of partnership between professionals and children, young people and families, all offer opportunities to achieve better outcomes.

Locally, the interaction of a few key developments provides the impetus for strategic innovation in the out of home care field. At the centre of this is the current focus on addressing individual needs, which is argued to contain the seeds for major reform of Australia's

out of home care system. Growing support for needs-based service responses has contributed to a gradual shift away from care-based approaches, usually designed as 'stand-alone' services, toward the idea of integrated service systems, aimed at addressing placement, treatment and support needs. While this movement remains in its infancy in Australia, it has the potential to significantly reorient how government and community child welfare services are structured and delivered.

The widespread professional commitment to the concepts of partnership and collaboration noted in the literature provides the vehicle for concerted efforts to achieve this change. These concepts establish new parameters for how government and community should approach contemporary policy and service development. The risk that needs to be managed here is the current gap between rhetoric and reality, which may lead some to think that partnership and collaboration have already been tried and failed. The literature suggests that while these concepts have been the subject of much discussion, garnering support over time, they are yet to be integrated in any real way across policy and practice.

For Australia to realise positive change in the out of home care field, other significant issues have emerged to be addressed by both the government and community sectors. Of utmost concern is the lack of depth in Australia's out of home care system. It seems that the almost total decline in the use of residential care in Australia and widespread adherence to traditional forms of family based care have contributed to a situation where only a limited range of placement options exists with little provision of 'treatment' or therapeutic services. There are relatively few services offering support to families to prevent either temporary or permanent placement or to provide aftercare support. The literature defines an urgent need to enhance current approaches to out of home care service delivery to establish an inclusive, responsive and integrated continuum of diverse family support, placement, treatment and aftercare options for children and families. It is here that careful and considered exploration of kinship care, professional and specialist family based care and contemporary developments in residential care may introduce the innovation and variety that are needed.

Attempts at doing this must be built upon a strong body of research and evaluative evidence. The literature suggests that current directions in out of home care, in Australia and elsewhere, are somewhat ad hoc and largely ideologically driven with only equivocal support from a limited and mixed research base. Although this does not necessarily negate the potential value of the directions being pursued, it is critical that the out of home care field directs attention and resources to amassing evidence about what approaches work best, in which circumstances, for different children and families. It is imperative that the views of children, young people and their families stand at the centre of these activities. Strengthening the local evidence base would enhance the validity of current directions, assist in identifying effective



innovation and better support the targeting of scarce resources to achieve maximum benefit from service delivery.

A particular issue for Australia is the lack of rigorous local research relevant to current service delivery approaches. It seems that out of home care in Australia has traditionally depended heavily upon overseas research when implementing new service systems and models. This is problematic in several ways. Firstly, transferability is an issue. Differences in factors such as the broader health and welfare systems, population characteristics, the existing features of Australia's out of home care system and local needs are often not adequately accounted for when transplanting new initiatives, yet can significantly affect the possibilities for success.

Further, new approaches are frequently implemented in Australia just as they begin to be questioned by overseas research. This creates a reactive situation where attention turns to the next new 'solution' before some initiatives are fully implemented or their potential benefits adequately explored in the local context. Consequently the opportunity to foster greater depth and diversity in Australia's out of home care system, by developing the different contributions from a range of options is often lost, in searching for 'the' answer.

These circumstances and ongoing issues of resource constraint mean that Australian government and community service providers are not positioned to access and use evaluative research to inform service development and practice, let alone contribute to building a local body of knowledge. It is proposed here that an alliance between Australian state and territory governments, community agencies and academic institutions would be a useful starting point in beginning to address this situation. The purpose of such an alliance would be to develop an out of home care research agenda with a commitment to fund pertinent research across Australia. This augments previous calls for Australian research forums to reduce the reliance on overseas material (Ainsworth 1997; CREATE Foundation 2000; Spall & Clark 1998) and bears some similarity to the successful partnership between the Department of Health and the Dartington Institute in the United Kingdom. This initiative could also serve to promote and disseminate practice wisdom by sponsoring national practice forums on a regular basis, much in the style of the 'Adolescents at risk' national practice exchange, auspiced by the Child and Family Welfare Association of Australia in 1998.

It seems that as practitioners, policy-makers and academics strive to enhance outcomes for children and their families, new directions open and old responses are reworked. The literature reinforces, yet again, that no 'magic' solutions remain undiscovered in the wings. The life-changing importance of this work demands considered and coordinated efforts by government and community, by front-line workers and administrators, to build local knowledge and integrate this with policy, practice and

service development. What is encouraging is that many of the advances on the worldwide stage over the last ten years seem to offer hope for new ways forward. In order to fully exploit these directions, the tendency to 'hitch our wagon to the latest new star' must be lost, in favour of building depth, variety and diversity so that the heterogeneous needs of more children and young people can be encompassed by a mature and integrated out of home care system. With the new century stimulating the need to reflect on the past and consider potential challenges and opportunities, there is no better time to start.



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