Children's wellbeing in care: Evidence from a longitudinal study of outcomes

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**A R T I C L E   I N F O**

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**A B S T R A C T**

This paper reports research on outcomes of long term foster care from an eight year longitudinal study of foster care placements. Using a prospective, repeated measures design and a multi-informant approach, the outcomes of 59 children were assessed at two yearly intervals as they progressed in placements. Data from personal interviews with children over 8 years and all caseworkers highlight outcomes in the spheres of family and social relationships and emotional and behavioural development highlighting the factors and constraints impinging on outcomes. Overall findings from the study indicate that alongside concerns related to placement stability, academic achievement and emotional and behavioural development, children and young people in this sample displayed positive outcomes in domains such as family and social relationships and pro-social behaviours as they progressed over time in their care placements. Intervention strategies to promote resilient outcomes and facilitate children's care experience are discussed outlining implications for evidence based 'best practice' and directions for outcome-based research with children in foster care.

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1. Introduction

Children in care are a vulnerable group and research into their experience has drawn attention to the extended periods spent in unplanned care, the instability they experience (Berridge, 2007; Fernandez, 1999; James, 2004; Sinclair, Barker, Wilson, & Gibbs, 2005), their poor educational achievement and vocational prognosis (Jackson, 2001; Harker, Dobel-Ober, Berridge, & Sinclair, 2004; Pecora, Williams, Kessler, Hiripi, O'Brien, & Emerson, 2006), and their susceptibility to emotional and behavioural difficulties and mental health concerns (Armsden, Pecora, Payne, & Szathkiewicz, 2000; Burns et al., 2004; Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Ward, Jones, Lynch, & Skuse, 2002; McCarthy, Janeway, & Geddes, 2003). Evidence of emotional and behavioural problems that are in the clinical range is also documented in studies on mental health service utilisation by children in foster care (Arcelus, Bellerby, & Vostanis, 1999; Stahmer et al., 2005). Research into the relationship between placement disruption and children's psychosocial problems notes that children who experience multiple moves tend to develop elevated emotional and behavioural problems which in turn trigger placement breakdown (Stanley, Riordan, & Alaszewski, 2005; McCauley & Trew, 2000). Children's vulnerability to the loss of significant attachments is also documented. Repeated moves exacerbate the sense of loss they have experienced through separation from birth parents threatening their evolving sense of security and belonging (Cleaver, 2000).

Research in care has also emphasised monitoring long term developmental outcomes in focal areas such as health, education, family and social relationships and emotional and behavioural development (Parker, Ward, Jackson, Aldgate, & Wedge, 1991) and moving child welfare policy beyond goals of safety and permanency to encompass child wellbeing (Wulczyn, Barth, Yuan, Harden, & Landsverk, 2005). Current research points to limitations of cross sectional studies in capturing developmental sequences and advocates longitudinal research (Farrington, 1991). There is also increasing recognition of the need to give a central place to the voices of children in research and practice (Gilligan, 2000; Grodin & Glantz, 1994). This paper reports selected findings from an ongoing eight year longitudinal study of outcomes of the experience of care, drawing on the perspectives of children and their caseworkers. The paper analyses data from three successive interviews on the children's emotional and behavioural adjustment, including their self-assessed skills and abilities to develop adaptive relationships and caseworkers' perceptions of outcomes and background variables that impact on the fostering experience.

2. Method

The research reported involves a longitudinal study using a prospective, repeated measures design. Children and young people's needs, strengths and difficulties and caseworkers' and carers' responses to these are assessed at 24 month intervals since entry to care. Personal interviews with children over eight years of age, caseworkers and foster carers of children of all ages are the main sources of data. Semi structured interview instruments incorporated items from the Assessment and Action Records (AAR) that are part of

2.1. The context

Across Australia, the numbers of notifications of child abuse and neglect has increased in the last four years from 252,831 in 2004–2005 to 317,526 in 2007–2008. On investigation of maltreatment reports and substantiation or verification a court may make Care and Protection Orders. The numbers of children on Care and Protection Orders rose by more than 100% from 16,449 at June 1998 to 34,279 at June 2008. In most cases children in out of home care are on a Care and Protection Order. The rate of children in out of home care in Australia increased from 3.1 per 1000 at June 1998 to 6.2 per 1000 at 30 June 2008. (Australian Institute of Health and Welfare, 2009). In Australia most children who are placed in care are reunited with their families. In terms of duration of care the proportion of children in care for five years or more ranges between 25 and 64% in all state jurisdictions (Australian Institute of Health and Welfare, 2009). In contrast with the USA and UK the use of time limits on duration of care and the termination of parental rights to achieve adoption or long term foster care has been less common in Australia. The introduction of such time frames and legal severance of parental rights has been more recent in some Australian States. Thus the use of adoption has been limited in comparison with USA and UK. Out of home care service delivery systems are predominantly foster care and kinship placements. A relatively low proportion of children are in residential care compared to other countries such as USA and UK. Placements are provided by both government and non-government organisations, with a differential mix of service auspices.

2.2. The participating children and their care status

The sample was drawn from the Barnardos Find-A-Family Programme operated by a non government, not for profit organisation which specialises in long term care, placing children in need of permanency with foster and adoptive families. The sample included 59 children, 29 boys and 30 girls. Interviewers explored children's characteristics, their experience of their family of origin, cohesion with the foster family, and their history in care (number of placements, time in care) and levels of adjustment and factors influencing it including parenting styles of carers.

The average age of respondents at wave 3 of data collection is 12.6 years, and the median is 12 years. Twelve year-olds make up just over a quarter of the respondents. Seven to 11 year-olds make up almost one third of respondents. Mean age did not differ by gender (p > 0.05). Respondents have been in care for 8.2 years on average. Respondents have had on average 5.4 placements in total. Seventy-three percent have been in their current placement for 3 years or more. Females are more likely to have had a longer placement with their current carer than are males (χ²(2) = 7.2, p = 0.028). The majority of respondents are in foster care. At the third wave of data collection, 19% are adopted.

3. Results

3.1. Cohesion with foster family

Children growing up in foster care face many challenges including the forging of attachments with new families while sustaining relationships with birth parents and siblings. The importance of relationships in enhancing children’s sense of belonging and identity is reinforced in theories of attachment and resilience (Gilligan, 2001; Masten & Reed, 2002). Children’s accounts of their experience of attachments with foster and birth families are first reported followed by their perception of the pattern of outcomes achieved in emotional and behavioural development.

The children were asked to rate the level of attachment or cohesion they experienced with the current foster family. They were asked about their relationship with their foster mother, foster father and foster siblings using response categories of ‘very well’, ‘quite well’, ‘not very well’ and ‘badly’. All but one respondent indicated that they got on with their foster mother either ‘very well’ or ‘quite well’. Almost 9 out of 10 respondents were positive about their relationship with their foster father, rating ‘very well’ or ‘quite well’. However 1 in 10 respondents indicated that they got on with their foster father ‘not very well’ or ‘badly’. Forty-eight percent of respondents indicated they got on with their foster mother ‘not very well’ or ‘badly’. Eighty-six percent of respondents were positive about their relationship with their first foster sibling, rating ‘very well’ or ‘quite well’.

3.2. Contact with birth family

Contact was measured by asking the children to estimate how often they see their birth mother, father or siblings. For these analyses the frequency ratings were collapsed into at least monthly, every few months, yearly or less. Nine in ten (90%) respondents report they have had some contact with their siblings who are not living with them. Half have had less than monthly contact with these siblings, and just under one in three (30%) have had contact monthly with them. Nine in ten (92%) respondents report that since the last interview they had had contact with their birth mother. Two thirds (67%) reported either monthly (31%) or quarterly (36%) contact. Nearly two in five respondents (38%) had not seen their birth father since the last interview. One quarter had seen their birth father on holidays, and one quarter had seen him quarterly. When asked whether they would like to see their siblings, birth mother and birth father either ‘more often’, ‘less often’, ‘not at all’, or ‘the same amount’ respondents consistently responded with ‘more often’ (birth mother 63%; birth father: 78%; siblings: 62%) or ‘the same’ (birth mother 34%; birth father: 15%; siblings: 38%).

3.3. Cohesion with foster family analysis

The level of cohesion with the foster family was examined in relation to birth family contact. High cohesion scores were given for the foster mother, father and children. This means that the range is restricted for these variables such that cohesion scores were usually spread over only two levels: ‘very well’, ‘quite well’, restricting correlation analyses. There is no evidence that contact with the birth father or siblings is related to cohesion with the foster family. However contact with the birth mother is negatively correlated with foster mother cohesion (r = −0.33, p = 0.046) and foster father cohesion (r = −0.37, p = 0.021). The lower the birth mother contact, the greater the cohesion scores for the foster mother.

3.4. Emotional and behavioural outcomes

The emotional health and behavioural development of children in care is a vital dimension of outcomes, and was explored both from the perspectives of children as well as their caseworkers. Incorporated in the children’s interview schedule in each wave of data collection was the children’s self assessment of their feelings, behaviour and action records (AAR) of the UK LAC Framework (Parker et al., 1991) which plot children’s wellbeing through seven developmental domains (health, education, emotional and behavioural development, family and social relationships, identity, social presentation and self care) along which children are expected to progress to realise their
potential. The data from the 30 items were analysed at two levels. Firstly the data were scored conservatively noting the presence or absence of each skill or behaviour to present frequencies of individual items for each child in three areas—relationship building skills, anxiety problems and concentration and behaviour problems. Secondly the data were scored using the LAC subscales developed by Quinton and Murray (2002). The latter analysis is reported followed by data on children’s relationship building skills.

3.5. Looking after children assessment and action records and subscales

The children’s self assessment of their feelings and interpersonal skills based on the 30 item child version of the (LAC) AAR, was analysed in terms of Quinton and Murray’s (2002) six subscales. It is important to note that all LAC subscales, except pro-social skills, are scored to indicate that a higher score means more problems. The scores reported for each of the subscales at Interview 3 (Table 1) are within the same range or less than those reported by Quinton and Murray (2002) based on 100 children aged 10–18 in the UK. The value of each subscale and the total score appears to decrease across the three waves, suggesting that the emotional and behavioural difficulties are diminishing with time. The only statistically significant differences however are the decrease in the Peer subscale from Interview 1 to 3 ($t(21) = 3.79, p = 0.001$) and the decrease in the Emotional subscale from Interviews 1 to 3 ($t(19) = 3.52, p = 0.002$).

3.6. Children’s relationship building strengths

The data presented in Table 2 indicates children’s ratings from 2 waves first and third of interviews of the extent to which they had sixteen relationship building skills. The skills have been ranked from most to least frequently endorsed. The data have been recoded to be either ‘a lot’ or ‘quite a lot like me’ versus ‘a bit’ or ‘not at all like me’. These skills are expressed in the positive version (i.e. if it was a negative characteristic like ‘starts fights’, ‘not like me’ is written next to the item.

The six relationship strengths most frequently reported by children are perceived ability to share or include others in their activities, a sense of empathy by ‘comforting others who are upset’ and ‘being considerate of others feelings’, ‘not getting into fights’ and ‘sharing things with others’ and making and keeping friends. While the clear majority endorsed these pro-social behaviours, 30% of the children, on their self reports, saw themselves as not feeling ‘able to trust’, and not able to ‘seek reassurance from carers’. However ratings on these items reflect change in the positive direction compared to the first wave of interviews. Each child reported a repertoire of about 7–15 positive relationship skills and abilities. There appears to be a change across time such that by Interview 3 more children report more relationship building skills. At Interview 1, 65% of children reported up across time such that by Interview 3 more children report more positive relationship skills and abilities. There appears to be a change

number of skills across time: Interview 1 mean = 10.3, Interview 2 mean = 11.1, Interview 3 mean = 12.5.

3.7. Relationships building strengths

The data on children’s background and care history, their cohesion with the foster family and contact with birth parents were analysed to identify potential relationships with the child’s self-assessed LAC subscales and relationship building skills.

3.8. Age and gender

There are negative correlations between ‘feel able to trust and confide’ and both age variables (age at entry to care: $r = -0.44, p = 0.004$; current age: $r = -0.33, p = 0.035$). This suggests that the younger the entry age, or the younger the current age, the greater the ability to trust and confide in others. Gender is related to ‘can be overfriendly with people they don’t know well’ ($\chi^2(6) = 9.4, p = 0.024$) such that females responded more strongly to this statement than did males.

3.9. Care history

The total number of placements is related to some relationship statements:

- ‘comfort other people who are upset’ ($\chi^2(6) = 15.1, p = 0.02$) such that the greater the number of placements the less strongly respondents identified with the statement.
- ‘get into fights and pick on other young people’ ($\chi^2(6) = 25.7, p = 0.0003$) such that the greater the number of placements the more strongly respondents identified with the statement.

Table 2

<table>
<thead>
<tr>
<th>Frequencies for each positive relationship skill for interviews 1 and 3 LAC child’s self assessment.</th>
<th>Interview 3</th>
<th>Interview 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Like to let others join in the things they are doing</td>
<td>92</td>
<td>88</td>
</tr>
<tr>
<td>Comfort other people who are upset</td>
<td>88</td>
<td>69</td>
</tr>
<tr>
<td>Are considerate of other people’s feelings</td>
<td>85</td>
<td>81</td>
</tr>
<tr>
<td>Does not get into fights or pick on other young people</td>
<td>85</td>
<td>70</td>
</tr>
<tr>
<td>Like to share things with others</td>
<td>81</td>
<td>77</td>
</tr>
<tr>
<td>Find it easy to make and keep close friends</td>
<td>81</td>
<td>67</td>
</tr>
<tr>
<td>Not extremely suspicious of other people’s motives</td>
<td>78</td>
<td>50</td>
</tr>
<tr>
<td>Are popular with other young people</td>
<td>78</td>
<td>63</td>
</tr>
<tr>
<td>Does not find it hard to mix with other young people or are shy</td>
<td>78</td>
<td>75</td>
</tr>
<tr>
<td>Not overly friendly with people they don’t know well</td>
<td>76</td>
<td>85</td>
</tr>
<tr>
<td>Feel able to trust and confide</td>
<td>73</td>
<td>41</td>
</tr>
<tr>
<td>Does not often show they are angry and lose their tempers</td>
<td>73</td>
<td>59</td>
</tr>
<tr>
<td>Not often in trouble for being disobedient, defiant or disruptive in school, TAFE, work or home</td>
<td>57</td>
<td>46</td>
</tr>
</tbody>
</table>

Relationship with carers

Do not get impatient and demanding with their carers | 78 | 67 |
Like their carers to show them physical affection | 71 | 70 |
Go to their carers when they need reassurance | 71 | 48 |

3.10. Differences by group

The data on children’s background and care history, their cohesion with the foster family and contact with birth parents were analysed to identify potential relationships with the child’s self-assessed LAC subscales and relationship building skills.

3.11. Children’s scores on LAC subscales at interviews 1, 2 and 3 and data from a comparable group of 100 children in care (UK).

<table>
<thead>
<tr>
<th>Subscales and total score</th>
<th>Interview 3</th>
<th>Interview 2</th>
<th>Interview 1</th>
<th>UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAC emotional</td>
<td>3.86*</td>
<td>5.14</td>
<td>7.13</td>
<td>3.8</td>
</tr>
<tr>
<td>LAC conduct</td>
<td>2.98</td>
<td>3.67</td>
<td>4.08</td>
<td>3.4</td>
</tr>
<tr>
<td>LAC overactivity</td>
<td>4.71</td>
<td>5.23</td>
<td>6.22</td>
<td>4.7</td>
</tr>
<tr>
<td>LAC peers</td>
<td>2.43*</td>
<td>2.68</td>
<td>4.85</td>
<td>2.9</td>
</tr>
<tr>
<td>LAC prosocial</td>
<td>6.52</td>
<td>7.18</td>
<td>7.50</td>
<td>8.4</td>
</tr>
<tr>
<td>LAC relationship with carers</td>
<td>2.95</td>
<td>3.50</td>
<td>4.73</td>
<td>3.4</td>
</tr>
<tr>
<td>LAC total score</td>
<td>21.10</td>
<td>21.52</td>
<td>27.29</td>
<td>19.2</td>
</tr>
</tbody>
</table>

* Significantly different from Interview 1 ($p<0.05$).
number of placements impedes the development of relationships, or both.

3.10. Cohesion with foster families

Cohesion with foster mother is related to the statement ‘go to carers when they need reassurance’ ($r = 0.36, p = 0.02$) such that the greater the cohesion the stronger the response to the statement. Foster father cohesion is related to statements including

- ‘like their carers to show them physical affection’ ($r = 0.38, p = 0.014$) and
- ‘like to let others join in the things they are doing’ ($r = 0.35, p = 0.027$) such that the greater the cohesion the stronger the response to the statements.

- ‘get into fights or pick on other young people’ ($r = -0.48, p = 0.002$) such that the greater the cohesion the weaker the response to the statement.

The greater the cohesion with foster family members the stronger the response to ‘find it easy to concentrate when they want to’ (Foster mother: $r = 0.41, p = 0.007$; Foster father: $r = 0.44, p = 0.004$; the first foster sibling: $r = 0.37, p = 0.027$) such that the greater the cohesion the stronger the response to the statement.

There were significant positive relationships between the child’s self-reported relationship building skills and cohesion with the foster mother ($r = 0.42, p = 0.006$) and the foster father ($r = 0.38, p = 0.014$). The nature of the relationships with the foster father at interview 1 appears to have an important developmental influence on the children, in that, if there was good cohesion at interview 1 an increase in relationship building skills is evident at interviews 2 and 3.

3.11. Contact

Birth mother contact is related to several relationship variables:

- ‘Feel able to trust and confide’ ($r = 0.33, p = 0.042$) such that the greater the contact the more strongly respondents identified with the statement; ‘Like their carers to show them physical affection’ ($r = -0.39, p = 0.014$) such that the greater the contact the more strongly respondents identified with the statement.

3.12. Caseworkers’ assessments of children’s emotional and behavioural outcomes

The children’s self-assessment of emotional and behavioural health is complemented by caseworkers’ and carers’ assessments. The main measure of emotional and mental health of the children completed by caseworkers, carers and teachers in the present study is the Child Behaviour Checklist (CBCL 4–18) for children aged 4 to 18 (Achenbach, 1991). The CBCL 4–18 assesses 113 problem behaviours and are scored to produce three summary scores and eight further subscales. This measure was completed at three successive waves of data collection. What follows is the caseworkers’ assessment at the third wave of data collection. Carers and teachers assessments are reported in Fernandez (2008).

In this study comparisons have been made with the findings of the Australian Government’s Mental Health of Young People in Australia (Sawyer et al., 2000), based on a national representative sample of 4500 children aged 4–17. The survey had an 86% response rate and included a parent version of the CBCL/4–18. The statistic for comparison is the percentage of children falling in the “clinical range” of the survey, derived by using the percentage of children having “t-scores” above the recommended cut-offs of 64 for the three summary scores, and 70 for the subscales.

The results in Table 3 indicate that, based on the caseworker CBCL ratings, children from the sample were more frequently in the clinical problem range than the Australian community sample. Thirty six percent of the children, for example, were above the clinical range cut-off for total problems, compared to only 14% of the Australian youth sample. In relation to the subscales, only one child was in the clinical range for thought problems, but both social problems (10%) and anxiety/depression (14%) were outside the Australian sample figures.

3.13. CBCL ratings of the children across interviews

The prevalence of “clinical range” problems on the CBCL 4–18 summary scales at Interviews 1, 2 and 3 are shown in Fig. 1. T-tests were used to examine whether the caseworker ratings at Interview 3 were different from ratings at each of the previous interviews, separately.

These t-tests detected only one significant difference amongst the summary scales. There was a significant difference between the externalising ratings at Interview 2 and the externalising ratings at Interview 3 ($t = -3.79, df = 48, p = 0.000$).

A further indicator of the clinical spectrum of the group is the cumulative number of subscale problems that each child had over the clinical threshold. Children could have between 0 and eight such problems. These data indicate that an equal number of boys and girls were problem free at Interview 3, and about 1 in 5 had only one problem. 15% of boys and 15% of girls had multiple problems, including one boy with 5 problems on the subscales.

The percentage of children problem free for example, was 48% at Interview 1, 58% at Interview 2 and 62% at Interview 3, while those with multiple problems (between 2 and 8 problems) was 30% at Interview 1, 25% at Interview 2 and 16% at Interview 3.

3.14. Patterns by gender and age group

The prevalence of clinical range problems in the younger children (4 years to 12 years) was analysed. Comparisons are made across three CBCL 4–18 ratings for the girls and boys aged up to 12. Encouragingly, the

<table>
<thead>
<tr>
<th>CBCL scale</th>
<th>All children</th>
<th>MHYPA sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary scales</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Total problems</td>
<td>36</td>
<td>14.1</td>
</tr>
<tr>
<td>Internalising problems</td>
<td>26</td>
<td>12.8</td>
</tr>
<tr>
<td>Externalising problems</td>
<td>22</td>
<td>12.9</td>
</tr>
<tr>
<td>Subscale</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Aggressive behaviour</td>
<td>8</td>
<td>5.2</td>
</tr>
<tr>
<td>Anxious/depressed</td>
<td>14</td>
<td>3.5</td>
</tr>
<tr>
<td>Attention problems</td>
<td>10</td>
<td>6.1</td>
</tr>
<tr>
<td>Delinquent behaviour</td>
<td>8</td>
<td>7.1</td>
</tr>
<tr>
<td>Social problems</td>
<td>12</td>
<td>4.6</td>
</tr>
<tr>
<td>Somatic complaints</td>
<td>6</td>
<td>7.3</td>
</tr>
<tr>
<td>Thought problems</td>
<td>2</td>
<td>3.1</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>4</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Survey ($n = 3870$).

Fig. 1. Percentage of children in the clinical range for CBCL/4–18 summary scales at interviews 1, 2 and 3.
percentage of girls with a clinical range of “Total Problems” was 38.9% at Interview 1, and 18.8% at Interview 3, compared to 14.4% for the Mental Health of Young People in Australia sample. Small numbers however inflate the percentages and can make differences difficult to interpret reliably. Boys in this age group showed a similar pattern in relation to the percentage in the clinical range on total problems but again interpretation is limited by the very small numbers represented, and a variable sample as children move into the older age group.

Nevertheless, the prevalence of children above the clinical threshold on “Total Problems” at Interview 3 was 27%, compared to 35% at Interview 2 and 40.9% at Interview 1. Internalising problems also varied from the two preceding interviews, with 36.8% above the clinical threshold at Interview 1. When the older age group were compared to the Australian published data, 60% of girls and 46% of boys were above the clinical cut-off, whilst the Australian normative samples were 12.8% and 13.4% for girls and boys respectively. Much of this problem behaviour for the girls can be attributed to the internalising spectrum, specifically anxiety and depression, whereas the boys had a broad distribution of problems with only thought problems not represented.

3.15. School and social variables

3.15.1. Academic progress
Caseworkers rated the child’s academic progress over the last 18 months at Wave 3. Three-quarters (74%) are rated as progressing “very well” (19%) or “moderately well” (55%). Approximately a quarter (26%) of children are rated as progressing “not very well”.

3.15.2. Getting on with other kids at school
Caseworkers also commented on how the child “got on with other kids at school”. Nearly three-quarters (73%) are reported to get on “very well” (29%) or “moderately well” (44%). There is an effect of age such that older children are rated as not getting on as well with other kids at school (mean = 1.6) as are younger children (mean = 2.3) (t(32) = 2.66, p = 0.012).

3.15.3. Number of school changes
Children were asked how many times they had changed schools since separation from their birth family. While nearly a quarter have had only one or two changes, nearly a quarter have had had six or more changes. The difference between the mean number of changes for older children (> 12 years = 4.1) and younger children (≤ 12 years = 2.9) approached significance (p = 0.05).

3.15.4. Caseworker assessments of child’s integration with placement and overall adjustment
As a measure of overall adjustment caseworkers were asked to indicate the extent to which they felt the child was integrated or settled in the placement, and their perceptions of the child’s overall adjustment.

3.15.5. Integration with the placement
Caseworkers rated the child’s integration with their foster family on a five-point scale. Over half (61%) are described as being “fully integrated and settled” (Table 4).

The child’s age affected the integration rating: 81% of those below 12 years old were deemed fully integrated, whereas only 31% of those over 12 years were deemed fully integrated (χ² = 9.3, df = 1, p = 0.002). Females appear more likely to be described as fully integrated (61%, males 39%) although there is no significant effect of sex on integration.

3.15.6. General adjustment
Caseworkers rated the child’s adjustment over the last 24 months on a four-point scale where 1 = “poor” and 4 = “excellent”. Overall the results are positive. Caseworkers rated 84% of children’s adjustment as “excellent” (40%) or “adequate” (44%). The remainder are rated as having “mixed” (10%) or “poor” (6%) adjustment. Younger children are rated as having better adjustment (mean = 3.5) than older children (mean = 2.7) (t(34) = 3.3, p = 0.002).

3.15.7. Overall satisfaction with placement
Caseworkers indicated how satisfied they were with the “way things are going for the child” on a five-point scale where “1” is “not at all satisfied” and “5” is “very satisfied”. Just over three-quarters are “very satisfied”. Only 6% are “not at all satisfied”. An age effect approached significance: greater average satisfaction ratings were recorded for younger (4.8) than older (4.1) children (t(35) = 1.95, p = 0.059).

3.15.8. General health
Caseworkers rated 90% of children as being in “excellent” (41%) or “very good” (49%) health. There are no age or sex differences.

3.15.9. Caseworker ratings of carers’ parenting styles and skills
The parenting approaches of carers are an important factor in the placement experience and in the development of caregiving relationships. This study followed a conceptualisation of parenting approaches developed by Quinton, Rushton, Dance and Moyers (1998) which examined parenting styles of carers in terms of warmth, responsiveness and management of aggression. Caseworkers rated carers on a number of variables relating to parenting styles and skills. For all categories but the “ability in relation to managing the child” the majority of cases are “never a problem” (Table 5).

There is an effect of age on disciplinary style or level of aggression in parenting: (χ² = 8.1, df = 1, p = 0.002). Those with a younger child are more likely to be rated as never having a problem with disciplinary style or level of aggression in parenting (81%) than those with an older child (38%). For each parenting style issue the data were recoded to two categories: (1) no current problem (“never a problem” and “problem resolved”) and (2) current problem (“problem developed” and “continuing problem”). The maximum possible total number of current parenting style problems is therefore five per case. Nearly a third (30%) of cases have at least one problem (12% have one problem only, 14% have four to all five problems).

The number of current parenting style problems varies with age: carers with younger children are rated as having fewer parenting style problems (≤ 12 years = 0.2 problems) than are carers of older children

<table>
<thead>
<tr>
<th>Table 4</th>
<th>Children’s integration with the foster family.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of integration</td>
<td>Percent</td>
</tr>
<tr>
<td>Fully settled and integrated with adults and peers</td>
<td>60</td>
</tr>
<tr>
<td>Strongly identified with placement but holds back slightly in relationships</td>
<td>22</td>
</tr>
<tr>
<td>Not really integrated with the placement, not at ease</td>
<td>12</td>
</tr>
<tr>
<td>Child feels at ease in the placement but is conscious this is a substitute care/interim situation</td>
<td>4</td>
</tr>
<tr>
<td>Not integrated with the placement, feels like a stranger</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 5</th>
<th>Caseworkers’ assessments of parenting styles.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating</td>
<td>Responsiveness</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Never a problem</td>
<td>66</td>
</tr>
<tr>
<td>Problem resolved</td>
<td>18</td>
</tr>
<tr>
<td>Problem developed</td>
<td>10</td>
</tr>
<tr>
<td>Continuing problem</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>
The number of current parenting style problems also varies by the age at entry to care \( (r = 0.62, p = 0.001) \) such that the older the age at entry the greater the number of parenting problems. There are no sex differences.

**3.15.10. Stressors experienced by carers**

Caseworkers reported on stressors experienced by the carer that impacted on the placement. 54% of carers had experienced major stressors directly related to the placement. Carers with older children are more likely to have experienced stresses directly related to the placement (81%) than are carers with younger children (40%) \( (\chi^2(1) = 6.2, p = 0.013) \). There are no sex differences. 47% of carers had experienced other stresses that were unrelated to the placement, including illness, bereavement, and marital difficulties.

**3.15.11. Caseworker visits and level of support to carers and children**

In the last 18 months caseworkers were most likely to have visited monthly. A majority (63%) visited fortnightly or monthly. Caseworkers reported that they had visited 11 times on average with the child alone, and 15 times on average with the carer and child. Caseworkers reported a greater number of contacts with the child alone for older children (> 12 years: mean 16.3 visits) than for younger children (< 12 years: mean 8.3 visits) \( (t(34) = 3.44, p = 0.002) \), perhaps reflecting the greater autonomy of older children. There are no sex differences. Caseworkers’ overall level of support to the carers is rated most frequently as “moderate work on a continuous basis” (37%) and their direct work with the child most frequently as “moderate work on a continuous basis” (44%).

**3.16. Factors associated with caseworker rated adjustment variables**

**3.16.1. Integration with foster family**

Data elicited from caseworker ratings of the children’s integration in the placement were analysed to identify potential relationships with placement history, stability, age, level of caseworker support and parenting styles. As noted in Table 4 a measure of integration with the foster family was assigned by the caseworker for each child. Given the distribution of scores with 61% assessed as “fully integrated and settled” and with the remainder spread over the other four categories, for the purpose of analysis integration was recoded to two categories: 1 = fully integrated and settled, 2 = not fully integrated and settled.

**3.16.2. Placement history**

*Time with the current carer* reported by children is related to integration \( (U = 106.5, p = 0.029) \): it appears that those who have spent more time with their current carer are more likely to be rated as fully integrated. Length of time with the current carer is related to whether the child is fully integrated and settled in their placement. Ninety three percent of those who are fully integrated have been with their current carer for 3 years or more, compared with 63% of those who are not fully integrated \( (\chi^2 = 6.8, df = 1, p = 0.009) \).

Of those who are not fully integrated, 44% have been with their current carer for two years or less, 38% for between two and three years, and only 18% for five years or more. A different pattern is seen for those who are fully integrated: 46% have been with their current carer for five years or more, 41% for between two and three years, and only 14% for two years or less.

**3.16.2.1. Foster placement stability**

Ninety percent of those who are fully integrated are rated by the same caseworkers as having a stable foster placement as a positive life event in the last 18 months, compared with 58% of those who are not fully integrated \( (\chi^2 = 7.2, df = 1, p = 0.007) \).

**3.16.2.2. Age at entry**

Approaches significance such that those who are fully integrated appear younger at entry (mean age = 79 years) than are those who are not fully integrated (mean age = 10.0 years) \( (t(22) = -2.04, p = 0.053) \).

**3.16.2.3. Health**

Whether a child is fully integrated is related to their health. Those who are fully integrated are rated as having better health on average \( (mean = 3.5) \) than those who are not fully integrated \( (mean = 2.8) \) \( (t(47) = 3.4, p = 0.002) \).

**3.16.3. Caseworker support**

**3.16.3.1. Frequency of caseworker visits**

Those who are fully integrated have had less frequent caseworker visits than have those who are not fully integrated \( (U = 177.5, p = 0.007) \).

**3.16.3.2. Number of visits with the child alone**

Those who are fully integrated have had fewer visits with their caseworkers alone in the last 18 months (mean = 8.5) than have those who are not fully integrated (mean = 13.6) \( (t(44) = -2.50, p = 0.016) \).

**3.16.3.3. Work with carer**

A relationship between the child’s integration and the level of casework undertaken with the carer approaches significance \( (U = 220, p = 0.057) \) perhaps suggesting that carers of those who are fully integrated are likely to have less involved casework. Those who were assessed as not fully integrated are also more likely to have a carer who experienced a major stressor that related to their placement (80%) than are those who are fully integrated (37%).

**3.16.4. Parenting variables**

The total number of current parenting problems is less for those rated as fully integrated (mean = 0.2) than for those who are not fully integrated (mean = 1.7) \( (t(48) = -4.21, p = 0.001) \). Whether the child is fully integrated is related to the carer’s problems with responsiveness \( (U = 119.0, p < 0.001) \), warmth \( (U = 192, p = 0.002) \), sensitivity \( (U = 200, p = 0.002) \), and disciplinary style \( (U = 134, p < 0.001) \) such that there are fewer or less involved problems for those rated as fully integrated.

**3.16.5. School behaviour**

**3.16.5.1. Academic progress**

Those who are fully integrated are rated as doing better academically at school (mean = 2.1) than those rated as not fully integrated (mean = 1.6) \( (t(45) = -2.73, p = 0.009) \).

**3.16.5.2. Behaviour**

Whether a child is fully integrated relates to their school behaviour \( (\chi^2 = 15.8, df = 1, p < 0.001) \). Only 21% of those who are fully integrated have behaviour problems at school, compared to 79% of those who are not fully integrated. A similar pattern is seen with regard to school attendance. None of those who are fully integrated have school attendance problems, compared to 32% of those who are not fully integrated \( (\chi^2 = 10.1, df = 1, p = 0.001) \).

**3.16.6. Factors affecting caseworker adjustment variables**

Caseworker rated adjustment and satisfaction with the placement showed notable relationships with a range of variables including care history, positive life events, parenting styles, and behavioural outcomes.

**3.16.7. Care history**

The lower the age at entry to care the better the caseworker assessments of health \( (r = -0.55, p = 0.006) \), overall adjustment \( (r = -0.51, p = 0.011) \) and satisfaction with how the placement is going \( (r = -0.43, p = 0.038) \). The positive relationship between the caseworker’s satisfaction with how the placement is going and the total number of
care placements approaches significance \((r = 0.32, p = 0.05)\). So fewer previous placements were associated with more satisfaction with current placement?

**Length of time with the current carer** is related to several adjustment variables. Those children who have been with their carers for at least 3 years are rated as having, on average, better academic progress \((< 3 \text{ years } = 1.5; \geq 3 \text{ years } = 2.1)\) \([t(42) = -2.36, p = 0.023]\), better overall adjustment \((< 3 \text{ years } = 2.4; \geq 3 \text{ years } = 3.4)\) \([t(45) = -3.56, p = 0.001]\) and as being in a more satisfactory placement \((< 3 \text{ years } = 3.7; \geq 3 \text{ years } = 4.6)\) \([t(42) = -2.23, p = 0.03]\). An association of the length of time with the current carer on reduced CBCL ratings on total problem approaches significance \((< 3 \text{ years } = 2.1; \geq 3 \text{ year } = 1.6)\) \([t(44) = 1.98, p = 0.054]\).

### 3.16.8. Parenting variables

The total number of current parenting problems is negatively related to the caseworkers’ assessments of children’s academic progress \((r = -0.56, p < 0.001)\), health \((r = -0.72, p < 0.001)\), overall adjustment \((r = -0.79, p < 0.001)\), and satisfaction with how the placement is going \((r = -0.50, p < 0.001)\) and CBCL ratings for total problems. Particular parenting styles also showed relationships with adjustment ratings.

**3.16.8.1. Responsiveness.** Problems with the carer’s responsiveness is negatively related to the child’s academic progress \((r = -0.49, p < 0.001)\), the caseworker’s overall satisfaction with the placement \((r = -0.47, p < 0.001)\), the child’s overall adjustment \((r = -0.65, p < 0.001)\), and health \((r = -0.48, p < 0.001)\).

**3.16.8.2. Warmth.** Problems with the carer’s ability to express warmth towards the child is negatively related to the caseworker’s overall satisfaction with the placement \((r = -0.50, p < 0.001)\), the child’s overall adjustment \((r = -0.55, p < 0.001)\), and health \((r = -0.40, p < 0.005)\).

**3.16.8.3. Disciplinary style/level of aggression.** The carer’s disciplinary style or level of aggression in parenting is negatively related to the child’s academic progress \((r = -0.35, p = 0.015)\), the caseworker’s overall satisfaction with the placement \((r = -0.45, p = 0.001)\), overall adjustment \((r = -0.62, p < 0.001)\), health \((r = -0.59, p < 0.001)\) and CBCL ratings above the clinical threshold for total problems \((r = 0.52, p < 0.003)\).

**3.16.8.4. Behavioural outcomes.** Lower ratings of overall adjustment are associated with CBCL ratings above the clinical threshold for total problems \((t(46) = 3.76, p = 0.001)\) and externalising problems \((t(46) = 3.2, p = 0.001)\).

**3.16.9. Factors affecting cohesion with foster family**

A series of analyses were used to examine factors associated with foster family cohesion. While cohesion with foster family members has been examined for any contribution to other adjustment outcomes, this cohesion is an adjustment outcome in itself. Given tight distribution of scores, with a major cluster in “very well” and then a spread of small frequencies in each other category, cohesion was recoded to two categories; “very well”, “quite well” and “other” (badly or don’t know) to try to identify contributing variables.

Fewer caseworker visits with both the child and the carer were made if there is high cohesion with the foster father \((t(35) = 2.42, p = 0.021)\).

**3.16.10. Parenting variables**

The only relationship between cohesion and parenting style variables is that those children reporting very high cohesion are more likely to have carers rated as never having a problem with disciplinary style or level of aggression \((\chi^2(2) = 8.1, p = 0.017)\).

Cohesion also relates to some LAC subscales and CBCL ratings (Table 1). The greater the foster mother cohesion the fewer relationship problems with carers (carer subscale \(r = 0.41, p = 0.006)\). The greater the foster father cohesion the fewer the conduct problems \((r = 0.36, p = 0.020)\) and externalising problems.

### 4. Summary of findings and implications for practice

Modest but consistent patterns of improving outcomes for children across the three waves of interviews appear in the data. On average, outcomes at Interview 3 appear better than at Interview 2, which are in turn reflect gains since Interview 1 for all of the children’s outcome measures: the LAC Total Score, each of the 6 subscales, the number of relationship skills and abilities and the CBCL scores. It is worth noting that the small sample size and consequent low statistical power are likely to impede detection of some real differences.

This pattern of improvements appears against a backdrop of steady, high levels of cohesion with foster parents and of gradually emerging placement stability. Approximately three-quarters of children have been in their current placement for three or more years at the third wave of data collection. At Interview 3 carers rate 61% as being fully integrated and settled and 78% as having a stable foster placement as a positive life event in the last 24 months. Almost all carers (93%) are satisfied or very satisfied with how things are going for the child and a large majority (84%) rate the children’s adjustment as adequate or good.

#### 4.1. Placement stability

The caseworkers’ indications of the children’s length of time with their current carers are associated with outcome measures used by the caseworkers. The greater the length of time, the better the ratings of adjustment, satisfaction, integration, academic progress and behavioural outcomes. The children also indicated how long they have been living at the current placement. The longer the residence the better the integration measure. Overall, longer placements are associated with better outcomes as rated by caseworkers. Children are at risk of their psychological and social development being compromised when stability of their living environment is not maintained. Children in this study experienced instability in care arrangements especially in the initial five years of the study (a mean of 4 placements). Placement moves were accompanied by change of schools and disruption of adult and peer attachments. This recurrent finding must reinforce the commitment of care systems to plan proactively for stability. Proactive assessments and support of placements, listening to children, promoting their educational stability, and offering respite and targeted support to carers are important ways of promoting placement stability.

#### 4.2. Current age and entry to care

The child’s current age is a key factor. It might be expected that at Interview 3 the older children would have experienced greater placement stability, given that their age might have allowed a greater opportunity for this, and further that this might produce better outcomes for them. This is not the case. The outcomes are not as good for older as for younger children.

Older children (i.e. those over the median age of 12 years) are less likely to be rated as fully integrated and settled than younger children 12 years or under. They are also rated by caseworkers as having more problems and less positive outcomes. Older children: have lower caseworker ratings of general adjustment and have lower caseworker ratings of overall satisfaction with how the placement is going. They are more likely to have carers rated as having disciplinary style problems, and carers who are more likely to have experienced a stressor related to the placement. They are perceived by caseworkers
to get on less well with other kids at school, and are more likely to have school attendance problems.

The age at entry is associated with both children’s and case-workers’ outcome ratings at Interview 3: the older the age at entry the less positive the outcomes. Specifically, children who are older at entry report a greater number of anxiety symptoms and emotional problems and their caseworkers rate them less positively on health, adjustment, satisfaction with the placement, and integration. The mechanism for the effects of entry age may involve greater exposure to harm. To the extent that family of origin problems have been a constant for them, those children who enter at an older age may have had greater exposure to the causes for removal and therefore perhaps to harm. The vulnerabilities and strengths of children based on age and gender indicate the need for differential and individualised responses from caseworkers and carers.

4.3. Cohesion

Overall, children reported high cohesion with their foster family at each of the three interviews. Generally, the higher the cohesion at any interview, the better were the outcomes at Interview 3. This might suggest that the benefits of cohesion last beyond the immediate placement. Significant relationships emerged regarding children’s judgement of their interpersonal skills and attachment with foster carers.

At Interview 3, greater the cohesion with the foster mother and father were both associated with: fewer negative moods; a greater number of relationship skills and abilities and better carer-relationship skills (a lower LAC Carer subscale score). In addition, high cohesion with the foster father was associated with fewer conduct problems (lower LAC Conduct subscale score and lower CBCL externalising problem score). High cohesion with the foster mother was associated with fewer anxiety symptoms as this analysis approached significance. Previous high cohesion is associated with positive outcomes at Interview 3. High cohesion with the foster mother at Interview 2, is associated with better emotional outcomes at Interview 3 (lower LAC Emotional subscale score), and lower CBCL internalising problem scores.

Interestingly, high cohesion with the foster father at Interview 2 and 1 are both associated with better outcomes at Interview 3: fewer concentration and behavioural problems and better emotional outcomes (lower LAC Emotional subscale score). High cohesion with the foster father at Interview 2 was also associated with better peer-relationship outcomes (lower LAC Peer subscale score) and general relationship building skills (Fernandez, 2008).

The finding that relationships with foster fathers had an important developmental influence on children indicates a need to promote fuller involvement of foster fathers in enhancing these outcomes for children. Resources and training to enable carers and care systems to build on these strengths are to be stressed (Featherstone, 2001).

Consistent with a resilience and strengths orientation, interventions may include fostering children’s relationship building skills, reinforcing their pro-social behaviours and self worth and promoting positive peer and adult attachment relationships to enhance their nurturant systems and social resources.

4.4. Birth family contact

Frequency of contact is greatest with siblings, followed by the birth mother, then the birth father. Contact with the birth mother is also negatively related to both foster mother and foster father cohesion. However, given that respondents report high foster family cohesion, and the lowest cohesion score for the foster mother is “quite well”, it cannot be concluded that more frequent birth mother contact prevents cohesion with the foster family. It is likely that the greater the contact with the birth mother the slightly less the child’s attachment to, and hence cohesion scores for, the foster parents.

While acknowledging strong attachments with foster parents, children desired more contact with their family of origin. The results on contact have been mixed ranging from noting no significant difference in disruption rates (Barth & Berry, 1988) little evidence of improving adjustment outcomes (Quinton et al., 1998) to evidence supporting beneficial contact as a protective factor associated with positive outcomes (Fratter, 1996; Farmer, Moyers, & Lipscombe, 2004). Carers must be supported in their dual task of building cohesive relationships with their foster children while responding to children’s continuing need for connection with birth families.

4.5. Parenting style

The majority (70%) of children are with carers who are rated by caseworkers as having limited problems with the five parenting issues examined. As noted earlier, the presence of one or more problems is associated with less positive outcomes. The greater the number of current parenting problems, the lesser the carer ratings of academic progress, health, adjustment, satisfaction and integration. A similar pattern is seen when looking at each of the five parenting issues rated by caseworkers. In addition three of the five issues were related to children’s self-reported outcomes.

It is important to note there is a relationship between the child’s age and parenting problems. Older children are with carers who are rated as having more current parenting problems, and in particular problems with their disciplinary style or managing levels of aggression in parenting. Further, age at entry to care is positively correlated with the number of current parenting problems. Again a possible mechanism may be that those children who enter at an older age may have had greater exposure to the causes for removal from their birth family and therefore perhaps to harm.

Parenting styles that predict outcomes are important to note. The relationship between parenting practices and children’s outcomes has also received limited research attention. Parent child cohesion, sensitive responding, nurturance and warmth have been linked to greater academic achievement, pro-social behaviours, relationship skills and lower levels of aggression (Lipscombe, Farmer, & Moyers, 2003; Hulsey & White, 1989; Smith, 1994; Perkins-Mangulabnan & Flynn, 2006). In this context it is important to consider the range of empirically supported interventions which attempt to further children’s outcomes through services to foster carers to facilitate their positive parenting and which have had demonstrated impact on children’s behavioural outcomes (Dozier, Albus, Fisher, & Sepulveda, 2002; Fisher & Chamberlain, 2000; Jackson and Warren, 2000).

4.6. Psychological need

Children’s scores on the CBCL were higher than published normative data reaffirming their level of psychological need. Findings from this and previous research (Clausen et al., 1998; Meltzer, Gatward, Corbin, Goodman, & Ford, 2003; Stanley et al., 2005) underline the importance of recognising emotional and behavioural difficulties experienced by children in care and identifying their impact on carers. Carers may come to expect their foster children to display emotional and behavioural problems, develop high expectations of their ability to cope and may fail to recognise when expert help is needed. Caseworkers delay assessments and intervention while focusing on stabilising placements. The implications of untreated emotional and behavioural problems are documented (Ward et al., 2002). Children with externalising problems and conduct disorders are at risk of having continuing problems that can escalate in severity and trigger involvement in juvenile and criminal justice systems.

Findings have implications for the recruitment, training and support of foster carers and children. A comprehensive plan of placement
support for carers including specialist assessments and access to
treatment services and stress management is indicated, while lower
caseloads and specialist supervisory support for caseworkers
can facilitate individual direct work with carers and children (Corrigan &

5. Conclusion

In summary findings from this study indicated that despite
concerns related to emotional and behavioural outcomes, academic
achievement and placement stability, modest and consistent patterns of
improving outcomes were evident, supporting the positive trends
in resilience research (Masten & Reed, 2002). Longitudinal follow up
of the sample enabled the capturing of outcomes suggestive of the
care experience being restorative for many of the children as they
progressed to more stable placements.

While the study sample is numerically small it has generated
findings which are validated by larger samples. The absence of a
comparison group to control for natural processes of maturation is a
further limitation of the study. Incorporating children’s perspectives
encouraged their right to participation in child inclusive research
while providing important evidence to assess outcomes and inform
policy development.

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