

**The Mental Health and Well-Being of
Children and Adolescents in Home-Based
Foster Care in South Australia**

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Abstract

Despite attempts to keep families together and investment in family preservation and reunification services, the number of children in foster care has been increasing across Western jurisdictions during recent decades. Furthermore, use of home-based foster care as the preferred placement option, as opposed to residential or community group care, is now at record levels (Barber & Gilbertson, 2001). Although there is growing evidence that children in alternative care systems and state custody experience elevated rates of mental health problems, little is known about the mental health of children residing in *home-based care*, and almost nothing is known about their broader well-being and quality of life. Furthermore, most studies have been conducted overseas and have not been tested for their applicability to children in care in Australia.

This is the first study to provide comprehensive information about the mental health and broader well-being of a representative sample of children and adolescents living in *home-based foster care* in Australia. Participants were 326 children and adolescents (aged 6-17 years) residing in home-based foster care in metropolitan Adelaide, Australia, who were under a Guardianship of the Minister court order between August 2004 and January 2006. Information about children's mental health, health-related quality of life, and service use was obtained from foster carers and older children (13-17 years) during face-to-face interviews. Information about health-risk behaviours such as suicidal ideation and behaviour, and drug use was also obtained from older children (13-17 years). In addition, foster carers provided information about the extent to which the problems of children in their care impacted upon their personal lives. The study utilised the same measures as those employed in the Australian Child and Adolescent Survey of Mental Health and Well-Being (Sawyer et al., 2000; Sawyer et al., 2001). This enabled the mental health and well-being of children in home-based foster care to be compared with that reported for children of the same age and gender in the general community in Australia.

The results showed that, compared to their peers in the general community, children in home-based care experienced significantly more mental health problems that were of clinical significance, and much poorer health-related quality of life across a wide range of domains that impeded their ability to fulfil daily roles such as schooling and social events. A substantial proportion of children in foster care who were identified as needing help for physical or emotional and behavioural problems, had not received this help. Furthermore, rates of suicidal ideation and attempts were significantly higher amongst foster youth than youth in the general community. The results also showed that foster carers were experiencing high levels of emotional stress and limitations on their personal time, due to the psychosocial and/or physical health problems of children in their care.

The findings of this study have important implications for child protection policy and practice. Although home-based care is the preferred option in Australia and other Western jurisdictions because it is believed to avoid problems associated with institutionalisation and provide ‘normalcy’ by modelling the family environment in which most children live (Barber & Delfabbro, 2004), the results of this study raise questions about the extent to which the needs of children in home-based care are currently being met. The significant health problems and poor quality of life of children in home-based foster care identified in the present study challenge child welfare agencies, practitioners, and policy makers to identify ways of providing more effective care for this vulnerable population, so as to maximise their short and longer-term outcomes.

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