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Research Report

Certainty for Children in Care

Children with Stable Placement Histories in South Australian Out-of-Home Care

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1 Introduction

1.1 Certainty for Children in Care

'Certainty for Children in Care' was conducted as a collaborative research project between the School of Psychology, University of Adelaide and the Department for Families and Communities. The research project involves three major interrelated study components, which all have at their centre the issue of stability and continuity of care for children and young people in out-of-home care. The following report is the third component of the study, '*Children with Stable Placement Histories in South Australian Out-of-Home Care'*. This study takes as its counterpoint research that has focused on placement disruption and its causes, and turns instead to an examination of stable placements in order to identify which factors promote stability and continuity of care for children and young people. It explores such factors as children's placement histories and care experiences, family connections, children's sense of security and belonging and quality of care.

The first component of the research project, '*A study into the placement history and social background of infants placed in South Australian Out-of-home Care 2000-2005*', investigates the nature and range of social and family difficulties contributing to infants being placed into care in South Australia.

The second component of the study, *'Children with Multiple Care and Protection Orders: Placement history, decision making and psychosocial outcomes'* explores a sample of children who have been placed on three or more sequential 12 month Care and Protection Orders. It investigates why some children are experiencing multiple 12 month orders including an exploration of decision making processes and practices, particularly those concerned with reunification. It also explores the impact multiple orders may have upon children's sense of stability and wellbeing.

In combination, each component of the research project aims to identify factors and strategies which might reduce instability and delay in the care system, inform policy and services relevant to the needs of children, young people and families, and provide guidance and assistance to those practitioners charged with the often difficult and always challenging responsibility of protecting children.

This report does not contain full details of the statistical analysis undertaken in the project. This is available in a supplementary report which can be obtained from the Department for Families and Communities website.

1.2 Background

A number of factors have been applied to assess the quality of children and young people's experiences in the out-of-home care system; however, placement stability is unquestionably one of the principal indicators and predictors of success. For children to achieve appropriate developmental outcomes, including the development of stable attachments, ongoing and meaningful social relationships, and educational success, it is essential that they be subjected to as little disruption as possible when they are placed into the care system[1].

Unfortunately, and as has been well documented in many recent reviews, young people's actual experiences in care have often diverged quite strongly from this ideal. For example, a cross-sectional analysis of children entering care in 1998-1999 in South Australia[2] found that over 25% of children had experienced 10 or more placements. Similarly, research by the Victorian Department of Human Services (2005) showed that 17% of foster children and 26% of young people in adolescent community placements had experienced seven or more placements. Other national research found that some young people had experienced over 50 placements in their life-time, with very similar levels of disruption being observed across different Australian States[3]. Similar, although less extreme results emerged in a longitudinal study which found, for example, that around 15-20% of young people in care experience unacceptably high numbers of placements (around 15 placements every two years)[4].

High levels of placement instability have been found to be associated with poorer psychosocial outcomes for young people[5]. Specifically, young people who remain unstable after 12 months in care show significant deteriorations in their wellbeing, most notably in social functioning, whereas children who remain stable tend to show gradual improvements in their wellbeing over time. On the basis of these results, it was concluded that placement stability should be considered a very important indicator of the success of out-of-home care systems, and that finding ways to reduce instability should be an important element of future research, policy, and practice in Australia.

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[1] Layton, R. (2003) *Our best investment: A state plan to protect and advance the interests of children*, Adelaide, South Australian Government.
[2] Barber, J., Delfabbro, P.H., and Cooper, L. (2000) Placement disruption and dislocation in South Australian substitute care, *Children Australia*, 25, pp16-20.
[3] Osborn, A. and Delfabbro, P.H., (2006) An analysis of the social background and placement history of children with multiple and complex needs in Australian out-of-home care, *Communities, Children and Families Australia Journal*, 1, pp33-42.
[4] Barber, J. and Delfabbro, P.H., (2004) *Children in foster care*, Taylor & Francis, London, p230.
[5] Barber, J. and Delfabbro, P.H., (2005) The long-term psychological consequences of placement disruption in foster care, *Children and Youth Services Review*, 27, pp329-340.

1.3 Understanding placement stability

Despite recognition of the importance of placement stability, only a relatively small volume of research has been directed towards understanding the range of factors that appear to contribute to the maintenance and success of individual placements. Most of this research has focused on one of three factors, or combinations of factors relating to: (i) the child's characteristics and background, (ii) the qualities of the carer and the home environment provided, and (iii) the operation of the out-of-home care system itself.

In terms of child characteristics, it has generally been observed that children with more significant emotional, social, or behavioural problems are less likely to achieve placement stability than other children[6]. Although it is true that placement instability itself may also serve to exacerbate these problems, it is also generally the case that the more troubled children entering care go on to experience more disrupted placements, or are more susceptible to placement breakdowns upon entering care[7]. Since adolescents often display more severe behavioural problems that put others around them at risk, it has been found that older children tend to be more susceptible to placement problems than younger children. Other research has shown that children who are less exposed to serious physical or sexual abuse during their early years are more likely to achieve stability because they are less likely to have suffered significant damage to their social, emotional, and neurological functioning. Such children are therefore better able to form effective and trusting relationships with others around them.

Studies of carer characteristics are very rare, but it is generally felt that effective carers share a number of important characteristics. These include an easy-going and tolerant disposition as might be manifested in an ability to like children even when they are misbehaving[8]. Stable foster homes are also more likely to have biological children who are of a similar age, or older[9], carers who are accepting of the child's background and biological parents, and have a willingness to work with other key stakeholders (e.g. case-workers) to achieve whatever is in the best interests of the child. Some degree of concordance between the nature or temperament of the child and the carer is also believed to promote placement stability[10].

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[6] See for example, Cooper, C.S., Peterson, N.L., & Meier, J.H. (1987), Variables associated with disrupted placements in a a select sample of abused and neglected children, *Child Abuse and Neglect*, 11, pp75-86, Dore, M., & Eisner, E. (1993) Child-related dimensions of placement stability in treatment foster care, *Child and Adolescent Social Work Journal*, 10, pp.301-317.

[7] Barber. J., Delfabbro. P.H., & Cooper. L.L. (2003) Placement Stability and the psychosocial wellbeing of children in foster care, *Research on Social Work Practice*, 13, pp409-425.

[8] (Triseliotis, 1989).

[9] Berridge, D., & Cleaver. H., (1987) Foster Home Breakdown, Oxford, Basil Blackwell

[10] Berridge, D., & Cleaver, H. (ibid); Dore. M., & Eisner, E. (ibid); and Triseliotis, (1989).

Important system factors are thought to include: the extent to which the child is prepared for each new placement; the child's understanding and acceptance of his or her situation and background and good working relationships between carers and case-workers.

1.4 Purpose of the research

Given the lack of information concerning the predictors of placement stability in Australia, this study was designed to identify factors that promote stability and continuity of care for children and young people in South Australia. It explores such factors as children's placement histories and care experiences, family connections, children's psychosocial wellbeing, their sense of security and belonging, the nature of the foster placement and the quality of their care.
It is anticipated that the results of the study will help to inform child centred planning and decision making in practice and policy relevant to placement planning and quality of care.

2 Research methods

The study was conducted using both quantitative and qualitative research methods. A two-part methodology was employed: (i) a qualitative focus group investigation, and (ii) a quantitative case-file and interview study with the current case-workers of children who had been stable in care. Some key variables were also explored with a comparison sample of children who had not experienced a prolonged period of stability. These methods are described in more detail below.

2.1 Focus group investigation

A series of focus groups were conducted with practitioners and service providers in the out-of-home care system in South Australia. Focus group participants were recruited from metropolitan and regional South Australia, and included the views and experiences of workers from both the Government and non-Government sector. Participants occupied varying roles and positions ranging through policy to direct practice levels. In total, six focus groups were held during August to November 2005[11].

Focus groups were run by two moderators and detailed notes were taken during the course of the sessions. Groups were asked to indicate their thoughts around 'what factors contribute to stability in care?' The focus groups were largely unstructured and driven by participant responses.

2.2 Case file analysis and caseworker interviews

A total of 305 children in care in South Australia as at June 30th 2005 were identified as having been stable in the same placement for five or more years. A sample of 50 of these children was randomly selected using a computerized random number generator. In order to obtain a larger number of Aboriginal and/or Torres Strait Islander children for the purposes of analysis, a further five Aboriginal and/or Torres Strait Islander children were randomly selected giving a total sample of 55.

Data was obtained in relation to these 55 children and a pro-forma was developed to investigate a range of factors commonly perceived to impact upon stability of care. Data was collected from the Families SA '*Client Information System*' data base and case file readings were undertaken. The caseworkers for these children were also interviewed (or the worker who had most contact with the child's case during the previous six months). In combination, these methods sought to obtain information concerning:

11 A summary of focus group details is provided in Appendix 1.

- factors contributing to the child's entry into care (i.e. socio-demographic data)
- placement histories and care experiences
- decision making processes
- family connections
- child's psychosocial wellbeing
- child's sense of security and belonging
- reasons for placement stability
- worker continuity and support to the placement

In order to make more meaningful statements about some key variables included in the study, a comparison sample of 54 children who had not experienced placement stability was randomly selected from the population in care at the same time. None of these children had been in the same placement for the last 5 years.

3 Focus group findings

The focus group material was transcribed and organized into key themes relating to the characteristics of children, foster carers, decision-making, and other relevant issues for policy and practice that were seen to influence stability in placements for children and young people. The following is a discussion of these key themes.

3.1 Age of the child

Participants in every focus group agreed that age was a significant factor in placement stability and success. Children under five years - particularly infants - were considered the most likely to achieve stability in care. Children over nine, and particularly adolescents were highlighted as the age group that experienced greatest difficulty in achieving stability. Families SA workers argued that stability was best achieved when children were placed into care at a younger age, largely, because early entry into care resulted in children being less severely traumatized and damaged (have less "baggage") as a result of being protected from longer term exposure to abusive situations. Young children were also viewed as better able to build strong attachments and identify with their foster parents. In contrast, older children who were traumatized and who had memories of the abuse found it very difficult to find security in care because of their inability to trust adults and form secure attachments with them.

Focus group participants suggested that adolescents were particularly difficult to place (and therefore found it difficult to achieve stability) because of the nature of adolescence itself. As a development phase involving the consolidation of personal identity, adolescents often struggle to come to terms with their lives in care. Some young people build up either idealized or overly resentful views of their family that justify their attitudes towards the world and others in the system, so that it is important that workers provide young people with a clear understanding of why they are in care. In many cases, this is challenging because adolescents may refuse to accept explanations given by workers and may even blame the Department for 'ruining their life', '*you took me away from my parents',* or they may deny that they have a family at all.

For carers, this sort of deep-seated attitude can be challenging, especially if carers hold what are considered to be unrealistic expectations about what they are able to achieve. Focus group participants suggested, for example, that carers may hold the expectation that they will be able to 'fix' problems and manage them, and then become frustrated when these efforts fail, or when the young person's problems are found to be much more difficult than expected. Focus group participants suggested that there is often such a disjunction between the carer's expectations and the reality of the placement, and that this

arises due to a lack of knowledge and understanding concerning the effects of abuse on children and how children respond to being placed in the care system.

Focus group participants felt that an unfortunate outcome of the difficulties experienced by adolescents, was that older children are more likely to be seen as unmanageable by many carers and are therefore 'traded' for more 'malleable' children. It was also suggested that many adolescents are moved into independent living before they are ready. Workers felt that this was unreasonable and that it was not reflective of 'normal' family environments. Workers suggested that most 18 year olds do not leave home to commence independent living at this age, or at least not without the ongoing support of their family. The workers felt that most 18 year olds were not ready or capable of moving out of home and felt that 'selling the idea of [care] up to 18' was setting everyone up for failure, and that care should be extended to at least 25 years if this were legally and practically possible.

3.2 Matching of child with carer

According to some workers, an ideal system most likely to achieve placement stability would be one in which children's needs were identified and matched accordingly to the carer's experience and qualities. However, as they also pointed out, this was usually not possible due to the limited availability of suitable placements and a declining pool of suitably qualified carers. Successful placements were therefore seen to be more the result of a 'hit or miss' exercise or simply due to 'dumb luck'. Workers suggested that it was sometimes easier to obtain suitable placements for children with severe disabilities because in these situations there was little question about the required characteristics and expertise of the carer.

Workers also argued that the process of matching had become more difficult as a result of changes in the Alternative Care System since 1997. In the past, finding a suitable placement had been a more informal process reliant on interpersonal exchanges of knowledge, such that workers had been able to negotiate and advocate for the child's needs with colleagues. The current system, based largely on the electronic exchange of information had made the process of finding a placement a more detached and remote process, and therefore was viewed as not necessarily working to achieve the best placement match and outcomes for children.

Workers also pointed out that matching failed to occur because it was often difficult to match children's needs with the expectations and commitment of carers. For placements to endure, it is essential that carers are aware of the long-term commitment required. As workers explained, if carers were to receive an adolescent with multiple problems into their home, who did not want to be in care, and who had uncontrollable behaviours, it is unlikely that the placement would last if the foster carer had anticipated a child without these difficulties.

3.3 Carer characteristics

Almost every focus group identified the parenting skills of carers as being crucial to long-term placement stability and identified specific carer characteristics they considered most likely to contribute to greater stability in care. Examples of interpersonal skills included:

- Taking a positive interest in the child's affairs
- Being supportive
- Being a good listener
- Good communication between carer and child
- A running rapport and genuine liking for each other
- Being accepting
- Being flexible and creative in managing and responding to the child's emotions and behaviours
- Being insightful and reflective and able to intuitively understand the child's needs
- The ability to see through the child's eyes.

Attitudes that were felt to enhance placement success included:

- Having realistic expectations
- Having a normalised view and understanding of adolescence
- Treating the young person as part of the family i.e. as 'one of their own'
- Giving children a sense of permanence in relationships
- Valuing family connections i.e. carers who are able to link well with birth families and give the child a sense of having two families.

Focus group participants also cited several other circumstantial factors they believed increased the likelihood of placement stability. These included:

- No threat of imminent reunification with birth families
- Not having too many other children in the home
- Foster parents who are involved in decision making relating to the child
- Support and training for carers.

Workers argued that some of the best carers were those who had been unable to have any children of their own because these carers often tended to form deep attachments with children. Workers referred to examples in which children placed in homes of this nature called the carer 'Mum' right from the outset, and that both carer and child were strongly of the belief that this was the truth and that they wanted it to remain this way. In a very similar vein, workers also referred to so-called 'dormant' carers - carers who only take in a couple of

children at any one time and do not take on any more until those children have grown up and transitioned into independent living. Such families try to avoid unsettling the children placed in their care by taking on extra children and try to create as natural a family environment as possible.

According to workers, a 'pseudo adoption' situation worked best. However, workers felt that changes in legislation, policy and practice had served to undermine opportunities for this happening. Workers felt that policy shifts favouring reunification had taken the rationale out of fostering. In the past, foster parents had fostered children '*for keeps'* whereas in the current system, foster parents are aware of multiple orders and short-term placements and were more apprehensive about taking a child into their lives. Carers wanted to be able to take children in for the long-term and raise them as their own.

3.4 Good relationships

Focus groups emphasized the importance of good working relationships and support from Families SA and placement providers as factors that contribute to placement stability. Carers, they suggested, were more likely to persist with more challenging placements if they felt that their efforts were being supported. In this connection, Families SA workers made a number of recommendations about how to interact most effectively with carers. These included:

- The need to work *with* rather than *against* carers
- Not to be overly prescriptive about appropriate child rearing strategies
- Recognition of carers' skills and experience
- Acknowledgement of effective work
- Respectful communication.

A further contentious issue concerned the nature of financial payments available to support placements. Apart from concerns that these payments did not sufficiently compensate carers for their role, it was also felt that the payment structure tended to negatively reinforce challenging behaviours in children. For example, carers of children with challenging behaviours and/or disabilities are paid more via the receipt of a special needs or high intervention needs loading. The level of loading paid varies according to the particular needs of the child and is subject to social work assessment. In effect, this payment was seen to create an incentive for carers to exaggerate the child's behavioural or emotional problems - as one worker put it: '*you show us how difficult the child can be and then we will increase your pay'.* However, these loadings are subject to review and may be reduced if the child responds to therapy. Hence, the payment system was not viewed as providing an incentive for children making therapeutic or behavioural improvements. Criticism was also directed towards the system of reducing carer payments once youth allowances became

available to young people because this provided the carer with fewer resources to maintain the placement over a longer period.

It was also considered important that carers be treated with respect, and this included providing carers with as much information as possible about the children placed with them. Some workers felt that there was some reluctance to provide carers with information because of concerns about privacy and confidentiality, but such practice was seen to contribute to a deterioration of the relationship between workers and carers. It was felt that if there was clearer and more open communication, carers would have more accurate understandings and expectations of children's behaviours and therefore have a greater capacity to anticipate and manage any problems experienced.

A number of workers also emphasised the importance of flexible and less bureaucratic relationships with carers. In their view, placement stability would be more likely to be achieved if the carer could be "*left to it*" as based on an appreciation of the relevant risks and the areas of the children's 'life domains' that needed greatest attention. In support of this, examples were given where although a placement was not entirely ideal it was still in the best interests of the child to overlook minor issues if the placement was otherwise working well. There were also situations where workers would 'allow' carers to take on more responsibility for important decisions particularly if they had proven themselves capable over time. Workers who promote placement stability are therefore those who adopt a flexible approach and avoid a '*one size fits all'* mentality, are honest with carers, have the ability to work with difficult issues, and are able to diffuse and managed conflict effectively.

3.5 Continuity of workers

Opinion within focus groups varied concerning the importance of the consistency of workers for placement stability. Some workers argued that continuity of caseworker was not an important factor and that successful placements were more strongly influenced by the quality of the care provided. In contrast, others felt that a succession of social workers involved in a child's life had a detrimental effect upon placement stability because of the continuous need for children (and carers) to forge new relationships with the Department as each new worker was appointed. Some District Centres were described as suffering from a 'rotating worker syndrome' that gave rise to variations in how the placement was case-managed.

3.6 Relationships with birth families

There was also considerable debate across different focus groups as to whether contact with birth families necessarily contributed to better placement stability. Some workers felt that access between children and birth parents had a major and detrimental impact upon the stability of children in care.

Placements were more stable and generally more successful when there was less contact with birth parents over the longer term. Workers drew attention to a number of cases in which children had specifically requested not to have contact with their birth families. These young people indicated that they '*wanted to get on with their lives'* and that they did not want to see their parents or be reunified, because it was more important to build up a new life in one stable place. They were, in fact, '*fed up with the government car coming to the house and taking them to see their parents'* and '*were tired of all the people involved in their lives'.*

In contrast, other workers, and particularly psychologists, argued that good relationships between carers and birth families were essential for promoting both placement stability as well as long-term psychological wellbeing. Psychologists drew attention to the work of Judy Cashmore in NSW which has emphasized the importance of maintaining connections with birth families particularly in view of the long-term implications for young people leaving care. Without the ongoing support of the Department and their former foster carer, birth families may be the only place to which young people can turn to establish a sense of identify and support upon leaving care. On the whole, workers felt that the Department did not manage the issue of 'best connections' very well. It was felt that workers needed to make more effort to seek out extended family members and help to build up extensive genograms of families so that adolescents would have a community of networks (e.g. extended family members). Such information it was felt, should be routinely collected during a child's time in care, so that there was always a close family contact available who may even by able to assist in the event of a placement breakdown.

In terms of managing access arrangements, some workers argued that this should be normalized as much as possible with carers playing an active role in family contact arrangements (e.g. by taking children to their access with parents). However, other workers also drew attention to the risks that could be associated with family access and the requirements for workers to monitor family access and promote best family connections.

3.7 Decision-making processes

The importance of timely decision-making regarding children's long term care arrangements was also emphasized as having a significant influence on placement stability. It was felt that differences of between 12 to 18 months could sometimes be critically important to children's long-term developmental wellbeing. Some workers felt that it might be useful to consider the possibility of 'concurrent planning' (i.e. a process which involves planning for a long-term alternative care placement whilst also planning for eventual reunification, so that the child's long-term future is considered in terms of both possible placement trajectories).

As part of this planning, some workers emphasized the importance of making greater use of transitional care arrangements (perhaps even group homes) to stabilize very traumatized children before placing them in more conventional, foster care arrangements. These placement arrangements, it was suggested, should be short-term and could be used to obtain baseline assessments and identify supports. It was felt that the current system does not manage transitions that well and that children are effectively subjected to years of transition. Focus group participants suggested that more effective planning, assessment and decision-making needs to be done at the outset, i.e. when children first enter care due to child protection concerns.

A further issue raised regarded the effect that Courts and expert legal opinion may have on decision-making relating to the child. It was pointed out that many social workers that are required to represent the interests of children and families in Court might not have the experience and confidence to negotiate best outcomes.

4 Quantitative findings

4.1 Overview

The aim of the quantitative study was to provide a detailed profile of the characteristics of children who had been stable in care for a prolonged period, (minimum of 5 years) and to examine how these children differed from others in care. The study therefore included an analysis of:

- children's family history
- children's history in care
- measures of children's psychosocial wellbeing, and
- an assessment of the quality of the relationship between the different parties involved in the child's life, including their case-worker, biological family, and the child's foster carer.

Based on the findings of previous studies, it was hypothesized that children with stable placements would:

- have entered care at an earlier age than others in care, and
- have better psychosocial adjustment.

It was also predicted that there would be good relationships between foster carers, caseworkers, and biological families (where this contact was still maintained).

In order to undertake the analysis, a random sample of 55 children who were identified as being stable in the same placement for the past 5 years or more as at 30th June 2005 was obtained from the Families SA administrative data base. Case-file readings and interviews with the current Families SA caseworker (or worker who had most contact with the case during the previous 6 months) were undertaken. For comparative purposes, an additional sample of 54 children who had not been stable in the same placement for 5 or more years was also randomly selected from the population in care at the same time and a subset of relevant information was also collected for this group.

4.2 Demographic characteristics and placement status

A summary of the demographic characteristics of the children who had been in a stable placement for the past five years as at June 30th 2005 is provided in Table 1. As indicated, the sample contained:

- Approximately equal numbers of males and females
- Approximately three quarters of the children were from metropolitan South Australia

- Approximately 29% of the children were Aboriginal and/or Torres Strait Islanders

There was a large number of adolescents in the sample - just over 50% - however, this was to be expected given the requirement that children had been in the same stable placement for at least five years. The mean age of the sample was 12.5 years.

Approximately 90% of the children were in foster placements, and one in ten children were in relative care. All except three were under the Guardianship of the Minister to 18 years. Of the 16 Aboriginal and/or Torres Strait Islander children:

- 56% had been placed with Aboriginal foster carers, and
- 44% were not placed with Aboriginal carers.

A particularly distinctive feature of the stable sample was that the children were from large families. The average family size was over three children and there were 16 children who had five or more biological siblings, including 3 who had ten or more. On average, children with siblings had two or more siblings also in out-of-home care. Very similar figures were obtained for the comparison sample (Mean of over 3 other siblings with a range of 0-8).

Children in the stable sample had been in the current placement for an average of 10 and a half years.

- 16 (29%) had been there for 5-7 years
- 12 (22%) had been there between 8 to 10 years, and
- the other half had been there for over ten years.

Given that the average age of the sample was 12.5 years, these results suggested that the vast majority of these children had spent most of their life in care.

A further analysis examined what proportion of their lives children had spent in care as based on the ratio of years in care / age in years. The results showed that the stable group had spent (on average) around 83% of their lives in care as compared to 73% for the comparison group. This difference was statistically significant:

- Forty four percent of the stable group had spent at least 90% of their lives in care compared with only 28% of the comparison group.

The comparison sample was very similar to the stable sample. There were no significant differences in gender, age, ethnicity, or area of origin, although, as might be expected, the comparison sample had spent significantly less time in the current placement than the stable sample.

Table 1: Demographic characteristics and placement status

	Stable sample (n = 55) ***N* (%)**	***Comparison sample (N= 54)*** ***N (%)***
Gender		
Male	28 (50.9)	29 (53.7)
Female	27 (49.1)	25 (46.3)
Age Group		
0-4	0 (0.0)	0 (0.0)
5-8	7 (12.7)	8 (14.8)
9-12	19 (34.5)	17 (31.5)
13-18	28 (50.9)	29 (53.7)
Ethnicity		
Non-indigenous	34 (61.8)	46 (85.2)
Indigenous	16 (29.1)	9 (16.7)
Region		
Metropolitan area	41 (74.5)	38 (70.4)
Regional	14 (25.5)	16 (29.6)
Placement Status		
Foster care	49 (89.0)	42 (77.8)
Relative care	6 (11.0)	12 (22.2)
Placement Order		
GOM-18	52 (94.5)	54 (100.0)
Other	3 (5.5)	0 (0.0)
	***M* (*SD*)**	**M (SD)**
Proportion of life spent In the Care System	.83 (.18)	.73 (.21)

* Not all figures sum to 100% due to missing data

Ten of the children in stable placements were on special needs loadings (3 with 50%, 5 with 100%, 1 with 150% and 1 with 200%). A further six children had high intervention needs loadings ranging from 25% to 200%. The comparison group contained a similar proportion of children with special needs loadings (11%), but a significantly greater proportion (37%), had high intervention needs loadings ranging from 25% to 150%.

Demographic analyses and comparisons

Comparisons of the demographic characteristics of the 55 children in the stable sample with those of the original 305 children from which the random sample was drawn, revealed no significant differences, suggesting that the sample

(apart from the deliberate over-representation of Aboriginal and/or Torres Strait Islander children) was representative of the population of stable children in care.

An examination of the inter-relationships or differences between demographic variables indicated no significant association between any of the categorical variables (gender, ethnicity and area); however, children from the metropolitan area were found to be older than those from the regional areas. This result was not obtained for the comparison sample.

4.3 Placement histories

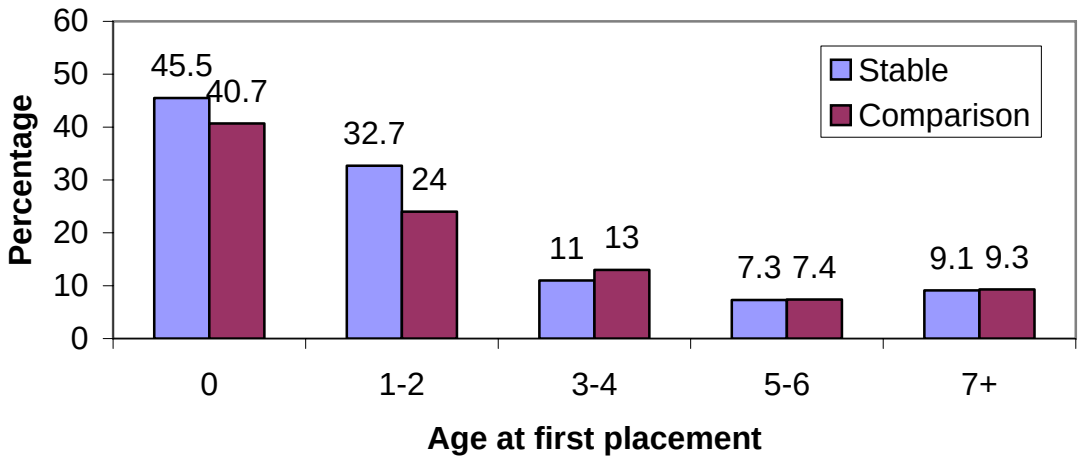
Placement movements and entry into care

Children in the stable sample had first entered care at an average age of 1.82 years and had experienced an average of 2.05 previous placements prior to the current arrangement.

The comparison sample had first entered care at an average age of 2.26 years (this was not significantly different from the stable sample). However, the comparison sample had experienced significantly more previous foster placements (Figures 1 and 2). As indicated:

- Almost 80% of the stable sample had first entered care as infants (age 0-2 years), and relatively few had entered care after the age of six.
- Similar results were obtained for the comparison sample, although fewer children had first entered care as infants (0-2 years).

Figure 1: Age first entered care



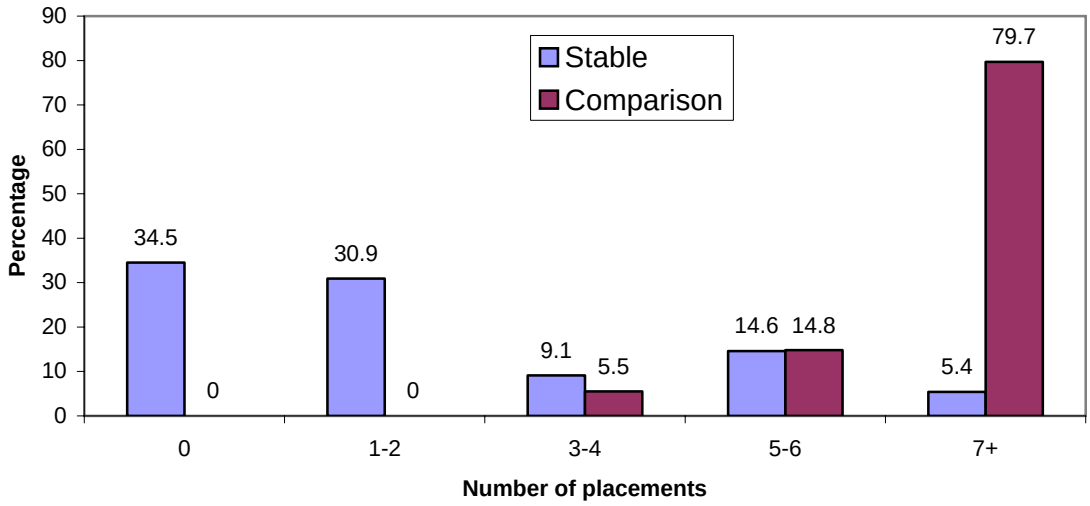
The vast majority of the stable sample of children had experienced relatively little placement disruption prior to the current stable placement.

- Approximately one third had experienced no previous placements and another third only one or two.

- Approximately 20% had experienced five or more previous placements.

In contrast, the vast majority of children in the comparison sample had been subjected to multiple placements during their lifetime, with almost 80% having experienced seven or more previous foster placements.

Figure 2: Number of previous placements



Family reunification efforts

The analysis of records in relation to reunification efforts with the children's birth families suggested that recommendations for placement into alternative care appeared to have occurred quite decisively for the children in the stable sample. The records indicated that reunification with birth families was either seen as clearly inappropriate from the outset, or assessed to be unlikely relatively early[12]. Table 2 provides a summary of the principal reasons given for not reunifying children with birth families.

Table 2: Principal reasons for not reunifying children

Explanation	N (%)
Parental failure to meet case goals	19 (34.5)
Level of risk still too high	14 (25.5)
Failure to achieve progress towards goals	6 (10.9)
Poor commitment to contact	6 (10.9)
Parents unwilling to provide care	5 (9.1)
Changes in family composition	5 (9.1)

(n=55) stable sample only

[12] It is important to note that the majority of these children would have entered care either prior to, or very soon after South Australia's child protection legislation was changed. This change in legislation heralded a shift away from permanency planning towards family reunification and preservation.

Workers were also asked to indicate whether there were currently any reunification plans for the child. All but one worker said no.

Factors contributing to placement changes (excluding respite)
Details were also sought concerning the factors contributing to previous placement changes within the stable sample. Since almost all of the children had not experienced sequential placement changes, very little data relating to this issue could be collected. For two children, workers indicated that changes were due to factors other than the child's behaviour, whereas for a third child, the lack of any long-term placement option had been the cause of repeated placements.

Placement history and demographic characteristics
In relation to the stable group of children, consistent with the finding that metropolitan children were older than their regional counterparts, it was not surprising therefore to find that regional children had not been in the current placement as long as metropolitan children. Similarly, metropolitan children were more likely to have experienced a greater number of placements and reunification attempts. No differences were observed in relation to the child's gender or indigenous status.

4.4 Family and social background

A summary of the difficulties experienced by the child's family at the time the children entered care is provided in Table 3. As indicated:

- 70% of the children had been severely neglected
- Around 50% of the children had been exposed to either domestic violence or physical abuse, had substance abusing parents, were affected by homelessness or housing instability or lived in homes affected by significant poverty
- four in 10 children had parents with a mental illness, and
- one third of children had been rejected or abandoned.

A number of other miscellaneous factors were identified, but only a relatively small proportion of children generally experienced these. Chi-squared analysis showed that the stable group did not differ significantly from the comparison group as to the prevalence of any of these issues.

Table 3: Principal social and family difficulties

Explanation	N (%)
Severe neglect	39 (70.9)
Domestic violence	28 (50.9)
Parental substance abuse	28 (50.9)
Physical abuse	28 (50.9)
Homelessness/ Inadequate housing	27 (49.1)
Financial difficulties	26 (47.3)
Parental mental heath issues	22 (40.0)
Emotionally abusive	19 (34.5)
Rejection/ Abandonment	18 (32.7)
Parents unwilling to provide care	15 (27.3)
Parent's intellectual disability	12 (21.8)
Sexual abuse	11 (20.0)
Carer previously GOM	10 (18.2)
Parent's imprisoned	9 (16.4)
Teenage parents	9 (16.4)
Parent's physical illness	7 (12.7)
Change in family configuration	7 (12.7)

(n=55) Children in stable placements

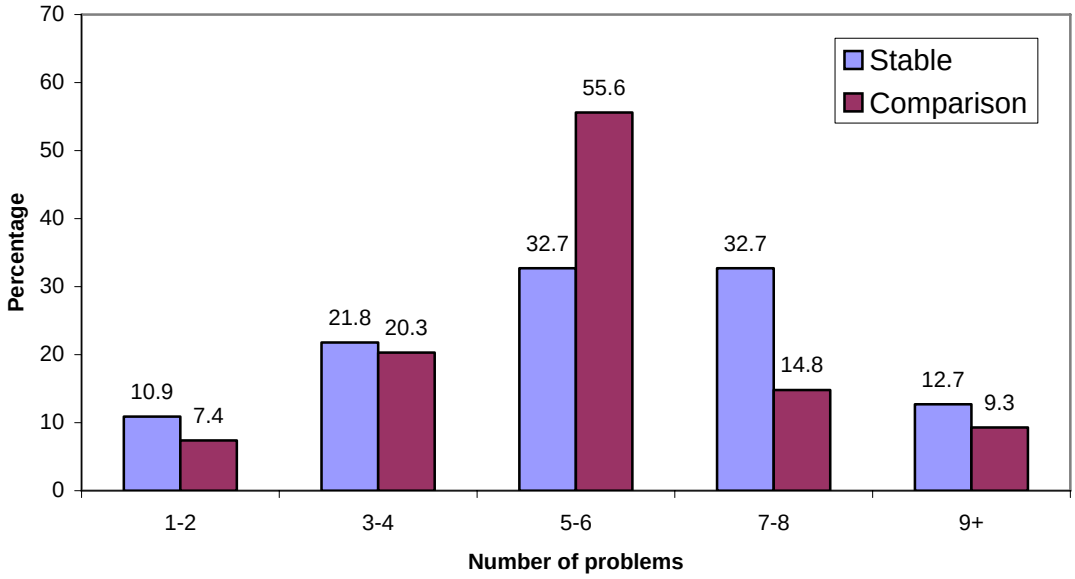
A count was undertaken to determine the total number of problems experienced by the children's family when they entered care. The results showed that:

- stable children had been exposed to a mean of 5.60 problems (SD = 2.57)
- whereas the comparison group had experienced 5.20 problems (*SD* = 1.80).

These differences were not statistically significant.

As indicated in Figure 3, the vast majority of both samples had been subjected to multiple problems. Around 70% or more had experienced five or more problems, and only relatively few had been affected by only 1 or 2.

Figure 3: Distribution of count of problems experienced at time of entry into care



Chi-squared analysis was used to examine the relationship between the principal factors identified (neglect through to parental mental health) within the stable group. The results showed that:

- children from families with financial problems were significantly more likely to be neglected (56.4% vs. 25.0% without financial problems)
- neglected children were more likely to be exposed to domestic violence (64.1% vs. 35.9% not neglected)
- families experiencing domestic violence were also more likely to have substance abuse problems (71.4% vs. 28.6% without domestic violence),

All other relationships were non-significant. When similar analyses were conducted using the comparison sample, it was also found that higher levels of domestic violence were associated with a higher prevalence of substance abuse. The other relationships relating to neglect were, however, not observed.

Placement History and Social Background

There was no relationship between the number of social background problems experienced and the number of previous placements or reunification attempts experienced, or the age of first entry into care. T-test comparisons of these variables in relation to individual background factors also indicated no significant differences. In other words, there was little evidence that the placement history of these children differed according to variations in their social background.

4.5 Court and decision-making processes

In relation to the children who had been in stable in placement, case file analysis were undertaken to determine the length of time taken from when

children were first placed on a short term order or authority to the granting of a long-term Guardianship Order (Table 4):

- The average length of time taken to place children under Guardianship to 18 years was 22 months
- Approximately one in four children were placed under Guardianship to 18 years within six months, and
- 43% of children were placed under long-term Guardianship within a year

For over a third of children, long term Guardianship was not achieved within 2 years, and this included three children where there was a six or more year interval between their first order and the Guardianship to 18 years Order.

Table 4: Months to obtain Guardianship to 18 years Order from 1st Order

Time (months)	*N* (%)
0-6	14 (25.4)
7-12	10 (18.1)
13-18	9 (16.4)
19-24	1 (1.8)
> 2 years	19 (34.5)

(n=55) Children in stable placement

Case workers were asked to indicate whether birth families had contested the long term guardianship orders, hence, whether or not the process had been conflictual. Data was available for 47 cases and, of these, 38 (81%) were identified as non-conflictual.

Aboriginal placement principles

The case-file audit and worker interviews were also used to determine whether Aboriginal and/or Torres Strait islander children had been placed with appropriate consultation with their families and with the assistance of an Aboriginal worker or service. The results showed that 85% of Aboriginal and/or Torres Strait Islander children had been placed in conjunction with family consultations and that Aboriginal workers had been involved in the decision-making for all but one case. In addition to placing children with Aboriginal carers, some additional ways in which cultural connections were maintained included:

- placing Aboriginal and/or Torres Strait Islander children with other Aboriginal and/or Torres Strait Islander children
- involving the child in cultural activities in the community
- enrolling children in Aboriginal specific schools
- being involved with Aboriginal groups at school

- providing opportunities for the child to maintain his or her traditional language
- visits to Aboriginal cultural centres.

4.6 Nature of the current foster home

Other children currently in the placement
Details of other children currently placed in the same foster home as those children in the stable sample were also recorded.

- A third of the 55 children were placed in homes where there were no other foster children
- 11 (20%) shared their placement with one other child and
- 13 (24%) had two or three other foster children currently living in the same home
- Only eight (15%) children shared their home with the foster carer's biological children, and
- 22 (40%) were placed with at least one other sibling (range 1-3).

Number of other foster children in the home
System records were inspected to ascertain how many other foster children had been placed in the same foster placement as the stable children. The numbers of other foster children entering and exiting these foster homes was quite limited. As indicated in Table 5 only one in five homes provided respite or emergency care placements for other children in the out-of-home care system, and this did not occur frequently (an average of around eight placements in total across the five years). There was no evidence that the comparison group shared their placements with greater numbers of children. In fact, the stable homes generally had more long-term children in each placement than the comparison group.

Table 5: Number of other children placed in the home in the last 5 years

	M (*SD*)	1-2 children	3-5 children	6+ children
Stable				
Respite	3.92 (4.72)	12 (21.8)	1 (1.8)	11 (20.0)
Emergency	3.97 (4.30)	2 (3.6)	8 (14.5)	10 (18.2)
Short-term	3.19 (3.88)	4 (7.3)	6 (10.9)	7 (12.7)
Long-term	1.88 (1.55)	18 (40.0)	15 (33.3)	0 (0.0)
Comparison				
Respite	5.86 (7.93)	6 (11.1)	5 (9.3)	13 (24.1)
Emergency	3.42 (4.89)	9 (16.7)	4 (7.4)	8 (14.8)
Short-term	2.05 (2.97)	4 (7.4)	10 (18.5)	4 (7.4)
Long-term	1.08 (1.48)	13 (24.1)	5 (9.3)	1 (1.9)

Planned respite

Only nine stable children (16.4%) had planned respite from their placement, and this was occurring either monthly or on a fortnightly basis. This compared with 17 (or 31.5%) for the comparison group.

4.7 Children's psycho-social development

Developmental status of stable children

The developmental status of the children as reported by caseworkers was generally considered appropriate.

- Thirty eight (or 69%) were considered to have age-appropriate development,
- eight (14.5%) of children were considered to be delayed and
- nine (16.4%) were considered to be significantly delayed.

Educational status of children

Almost all the children were attending or receiving some form of formal education.

- 49% of children were currently attending primary school,
- Approximately 38% were in high school

Workers were, however, less positive about the general academic performance of the children:

- Almost half of the children were considered to be performing below average,
- 25% around average, and
- 23.6% were considered to be above average.

It should be noted however, that approximately a quarter of the children in the stable sample have an intellectual disability.

Strengths and difficulties questionnaire

The children's general emotional and behavioural functioning was also measured using Goodman's (1997) Strengths and Difficulties Questionnaire (SDQ)[13]. Children's scores for the four principal subscales of the SDQ are summarized in Table 6.

According to the designers of the scale, it is usually expected that around 10% of children will score in the abnormal range on the subscales. The percentages reported for the stable group of children were considerably higher than this:

- the percentage of children scoring in the abnormal range of conduct disorder, hyperactivity and emotionality was one and a half times higher than is usually expected, and
- the rate for peer relations was almost three times higher.

All of these problems were significantly more likely to be observed for the comparison group.

- The rate of abnormal conduct disorder was over 2.5 times higher than the stable children and almost 4 times higher than the general population
- hyperactivity was 50% higher than the stable children and 2.5 times that of the general population
- emotionality was 2.5 times higher than the stable children and 3.5 times higher than the general population, and
- peer problems were 50% higher than the stable group and 4.5 times higher than the general population

T-test comparisons confirmed that the mean subscale scores were significantly higher in the comparison group than in the stable group ($p < .05$). In other words, the stable group had better psychosocial adjustment than the comparison group on every measure, but had poorer adjustment than children of the same age in the general population.

[13] The SDQ is a standardized instrument designed to measure children's general emotional and behavioural functioning and is the measure of choice in the National Longitudinal Study of Children. It comprises four principal subscales, each of which has 5 items: conduct disorder, hyperactivity, emotional problems and peer relations. For each question workers were asked to indicate how true each statement had been of the child during the previous six months, where 0 = Not true, 1 = Somewhat true, and 2 = Certainly true. Each subscale has a scoring range of 0-10 points and specified cut-off scores that indicate whether the child is in the normal, borderline, or abnormal range.

Table 6: Strengths and difficulties questionnaire (SDQ) scores

		Normal	Borderline	Abnormal
	***M* (*SD*)**	***N* (%)**	***N* (%)**	***N* (%)**
Stable Group				
Conduct	1.65 (2.00)	41 (74.5)	5 (9.1)	8 (14.5)
Hyperactivity	3.37 (2.92)	42 (76.4)	3 (5.5)	9 (16.4)
Emotionality	1.93 (2.49)	43 (78.2)	3 (5.5)	8 (14.5)
Peer relations	2.80 (2.54)	31 (56.4)	6 (10.9)	17 (30.9)
Comparison Group				
Conduct	3.33 (2.64)	18 (33.3)	10 (18.5)	21 (38.9)
Hyperactivity	4.92 (3.02)	28 (51.9)	5 (9.3)	14 (25.9)
Emotionality	3.80 (2.92)	24 (44.4)	6 (11.1)	19 (35.2)
Peer relations	4.04 (3.00)	19 (35.2)	5 (9.3)	25 (46.3)

*it is usually expected that around 10% of children will score in the abnormal range on the subscales

Subscale scores for the stable group were analysed in relation to the child's demographic characteristics, placement history and the complexity of social background issues associated with the child's first placement into care. These analyses revealed very few differences or associations.

- Non-Aboriginal children were found to have more significant emotional problems than Aboriginal and/or Torres Strait Islander children
- Children who entered care later were more likely to have higher conduct scores.

Gender, region, the number of previous placements or reunification attempts as well as the number of difficulties experienced at intake were not related to SDQ scores.

Children's special needs

Very few children in the stable group were identified as having significant behavioural problems, but almost one in five was very depressed or anxious (Table 7). Approximately a quarter had an intellectual disability and 16% had physical disabilities. Comparisons of these results with those in Table 6 (SDQ subscales) suggest that these more general ratings appear to significantly understate the incidence of behavioural and emotional problems within the sample. However, the results may also suggest that an abnormal classification on the SDQ is not sufficient for children to be classified as having 'high support needs'.

Table 7: Child's special needs

	***N* (%)**
Conduct disorder	3 (5.5)
Hyperactivity	1 (1.8)
Depression/ Anxiety	10 (18.2)
ADHD	7 (12.7)
Physical disability	9 (16.4)
Intellectual disability	13 (23.6)

(n=55) Stable group

Table 8 provides a summary of more specific forms of conduct disorder that could be problematic in the placement. As indicated, all of the behaviours were typically observed in very few of the stable children (< 10% for all behaviours except temper tantrums). All of these problems were significantly more likely to be observed in the comparison group (Fisher Exact, $p < .05$).

Table 8: Prevalence of specific conduct problems

	Stable Group (n = 55) N (%)	***Comparison Group (n= 27)* N (%)***
Damaging or destroying property	3 (5.5)	7 (25.9)
Offending	3 (5.5)	7 (25.9)
Substance abuse	1 (1.8)	5 (18.5)
Temper tantrums	8 (14.5)	13 (48.1)
Lying and cheating	4 (7.3)	6 (22.2)
Fighting or physically attacking others	3 (5.5)	14 (51.9)
Persistent disobedience	3 (5.5)	8 (29.6)
Severe school problems	4 (7.3)	17 (63.0)
School refusal	3 (5.5)	9 (33.3)
Running away	1 (1.8)	10 (37.0)
Harm to self	2 (3.6)	5 (18.5)
Inappropriate sexualised behaviours	2 (3.6)	9 (33.3)
Sexually at-risk behaviour	2 (3.6)	10 (37.0)
Interpersonal conflict	5 (9.1)	12 (44.4)
Attachment problems	3 (5.5)	19 (70.3)

* Data was only obtained for 27 cases

4.8 Family connections

Parent-child relationships

Caseworkers for children in the stable group were asked to indicate the quality of the relationship between children and their birth families at the time they came into care, and at present. Workers pointed out that the vast majority of the stable children had entered care as infants; hence it was not possible to make any reasonable statement about the quality of the parent-child relationship. For the small number of cases where information was provided, the relationship was described negatively (e.g. no attachment, child fearful, ambivalent). The results for the question concerning current relationships showed that:

- 24 (44%) of children had no relationship at all with their birth parents
- 8 (15%) had a poor or ambivalent relationship, and
- 21 (38%) had a generally positive relationship.

Level of contact

Detailed information was sought concerning the nature and frequency of contact between children and family members. As indicated in Table 9, very few children in the stable group had ongoing contact of any form with their birth parents or relatives. Approximately one in five visited their mothers on special occasions such as birthdays. Regular or weekly telephone calls or face-to-face visits occurred very rarely.

Discrepancies between actual and Court-order access

Case-workers were also asked to indicate whether there were any significant differences between the actual contact arrangements and what had been prescribed by the Courts for the stable group of children. Of the 50 cases for which it was possible to obtain data:

- 24 (48%) of workers indicated that the level of contact was consistent with the Court order, and
- 26 (52%) said that it differed.

The predominant reason for any discrepancy between actual and Court-Ordered access was that children wanted different contact arrangements than had been prescribed (19/26 = 73%) when their Guardianship Order had been granted. Other explanations included:

- 35% of families were not committed to contact
- 23% of families had moved, and
- ongoing concerns for the child's safety existed in 19% of cases.

Table 9: Nature and frequency of family contact

	N	Never	1-2 times per month	Weekly or more often	Special Occasions
MOTHER					
Telephone unsupervised	43	37 (86.0)	1 (2.3)	2 (4.6)	3 (6.9)
Telephone supervised	43	41 (95.3)	1 (2.3)	1 (2.3)	0 (0.0)
Face to face supervised	47	27 (57.4)	7 (14.9)	3 (6.4)	10 (21.3)
Face to face unsupervised	45	40 (88.9)	3 (6.7)	1 (2.2)	1 (2.2)
Overnight	43	41 (95.3)	2 (4.7)	0 (0.0)	0 (0.0)
FATHER					
Telephone unsupervised	39	34 (87.2)	0 (0.0)	3 (7.7)	2 (5.1)
Telephone supervised	37	35 (94.5)	1 (2.7)	1 (2.7)	0 (0.0)
Face to face supervised	38	34 (89.4)	3 (7.9)	1 (2.6)	0 (0.0)
Face to face unsupervised	39	34 (87.1)	2 (5.1)	3 (7.7)	0 (0.0)
Overnight	38	36 (94.7)	1 (2.6)	1 (2.6)	0 (0.0)
SIBLINGS					
Telephone unsupervised	22	13 (59.1)	3 (5.5)	0 (0.0)	6 (10.9)
Telephone supervised	17	15 (88.2)	1 (5.9)	0 (0.0)	1 (5.9)
Face to face supervised	19	9 (47.4)	5 (26.4)	1 (5.3)	4 (21.1)
Face to face unsupervised	25	11 (44.0)	5 (18.0)	2 (8.0)	7 (28.0)
Overnight	15	15 (88.3)	1 (5.6)	2 (11.1)	0 (0.0)
OTHER RELATIVE					
Telephone unsupervised	13	12 (92.3)	0 (0.0)	0 (0.0)	1 (7.7)
Telephone supervised	12	11 (91.7)	0 (0.0)	1 (8.3)	0 (0.0)
Face to face supervised	14	11 (78.6)	0 (0.0)	0 (0.0)	3 (21.4)
Face to face unsupervised	18	12 (66.7)	4 (22.2)	1 (5.6)	1 (5.6)
Overnight	15	8 (53.3)	2 (13.3)	0 (0.0)	5 (33.3)

(n=55) Stable group of children

Child's reaction to access visits (stable group only)

Given that 44% of children had no relationship with their birth families, and that few children in the stable group had regular contact with birth families, information was only available for 33 cases regarding children's reactions to access with family members. Of these:

- 64% generally responded positively (e.g. looked forward to family contact)
- 27% were neutral, and

- 9% of children responded unfavourably to family contact (e.g. showed signs of distress).

Foster carers view of access visits
According to case-workers, foster carers were generally supportive of family contact visits. Of the 37 cases where data were available and where this question was relevant 86% of foster carers were described as being supportive of children having contact with their birth families.

4.9 Relationships and attitudes

Relationship between the Department and birth parents
Workers were asked to describe the quality of the current relationship between the birth parents and the Department in relation to the group of children who had been stable in care for the last 5 years. Based on the limited data available (21 valid cases referring to mothers and 6 for fathers), the results showed that most parents were co-operative (81% of mothers and 100% of the fathers). These results should, however, be treated with considerable caution because the sample of parents who remained in contact with the Department are likely to be a very select sub-sample of the overall population of parents.

Relationship between foster carers and the Department
Almost all of the foster parents (87%) of the stable group of children were described as having a positive and co-operative working relationship with the Department. Similarly, (95%) of the foster carers in the comparison group were described as having a co-operative working relationship.

Relationship between foster carers and biological parents
The relationship between foster carers and biological parents for the stable group of children were described as follows:

- Just under a third of foster carers had no relationship at all with the child's birth parents (31%),
- 41% had a positive relationship
- 20% had a neutral relationship, and
- only 7% had a hostile or unco-operative relationship.

Similar results were obtained for the comparison group:

- 48% of foster parents had no relationship with the child's birth parents
- 10% had a neutral relationship, and
- only 5% were described as having a hostile relationship, and
- 38% had a positive relationship.

4.10 Child's sense of security and belonging in care

Whilst stability of placement is important, children also need a sense of security in care – a secure base from which they can make sense of their past, cope with being in care, feel normal and experience a continuity of relationships[14]. Caseworkers were therefore asked a series of questions relating to the child's sense of security and belonging in the current placement. The results for the stable group of children were very positive.

Case-workers indicated that 49 children (89%) were most strongly attached to their foster carers, two (5.5%) to relatives, and that three did not have any particular attachments. No child had a primary attachment with their birth parents.

Case-workers were also asked to indicate how accepting children were of being in care on a 5-point rating scale where 1 = Not accepting and 5 = Accepting. Eighty percent of children were given a score of 5, and the remaining 20% (n = 11) a score of 3 or greater. In other words, almost all stable children appeared to be very accepting of the fact that they were in care. These figures were much lower in the comparison group. Only 35% of children in the comparison group accepted being in care, and 17% did not accept their situation and wanted to leave.

Case-workers were asked several questions relating to the security of the placement (Table 10). Almost 90% of cases had not been threatened by difficulties with the child's behaviour, and over 90% of children had not expressed any desire to leave the placement (only 3 out of the 5 children who had expressed a desire to leave the placement had been serious requests). Only 16% of placements (fewer than 1 in 5) had ever been in danger of breaking down. For the nine cases where there had been a risk of placement breakdown, four had been at risk because of the child's challenging behaviours, one had involved general carer-child conflict, one had involved carer health problems, one interference from the birth family, one involved tensions resulting from another child being placed in the home, and one involved an investigation against a foster father. When asked how well the child had integrated into the family on a scale of 1 to 5 (1 = Extremely well and 5 = Not very well), workers indicated that 53 (98%) of the children were very well integrated.

[14] Cashmore, J and Paxman, M (2006), Wards leaving care: Follow up five years on, Children Australia, Vol.3., No.3.

Table 10: Child's sense of security and belonging

	N	Yes	No
Has the carer ever indicated that the child might have to leave the placement e.g. because of the child's behaviour?	54	7 (12.7)	47 (87.3)
Has the child ever wanted to leave the placement?	54	5 (8.5)	49 (92.5)
Has the placement ever been at risk of breakdown?	55	9 (16.4)	46 (83.6)

4.11 Reasons for placement stability

Foster carer characteristics

In relation to the group of stable children, caseworkers were asked to comment on why they thought the placement had been so stable. A summary of the key factors identified is provided in Table 11. As indicated by far the most important factor identified was the skills of the foster carer (95%).

Table 11: Factors contributing to placement success

Factor	***N* (%)**
Skills of the foster carers	52 (94.5)
Child characteristics	26 (47.3)
Culturally appropriate placement	22 (40.0)
Placement characteristics	20 (36.4)
Geographic location	16 (21.8)
Decision-making processes	16 (21.8)
Family characteristics	9 (16.4)

(*n* = 55)

Miscellaneous comments provided by workers did not provide any clear or dominant themes not otherwise highlighted in Table 11, but underscored the importance of:

- culturally appropriate placements for Aboriginal and or Torres Strait Islander children
- striking a good balance between the statutory responsibility to monitor the placement and the child's right to a normal family environment
- good relationships between foster carers and biological families.

Caseworkers also noted that the children in the stable group had entered care at a very young age, therefore allowing time for stable long-term attachments to be formed.

4.12 Leaving care and future planning

In relation to the stable group of children, case-workers were asked to indicate where they expected the child to go after leaving the placement, and at what age this was likely to occur. No plans had been made for 32 cases (58%). However:

- 33% of children were expected to move into independent living, and
- 9% of children were expected to find themselves in other arrangements i.e. supported or residential accommodation (particularly for young people with a disability).

Importantly, for all but two cases, the children in the stable sample were not expected to leave their current placement until after they had turned 18 and/or were ready to make the transition to independent living. For most of the children in this sample, the expectation was that the current care (family) arrangement would continue on after the young person had been legally discharged from their Order.

4.13 Continuity of workers and support to the placement

Caseworkers were asked to determine the number of Families SA workers that had been allocated to the child during the previous two years, and, how often the current worker had physically met and/or spoken with the child during the previous six months. The results showed that:

- children in the stable sample had experienced a mean of 2.13 workers (SD = 1.08)
- a third of children had only one caseworker
- 55% had two or three caseworkers in the past 2 years; and
- 9% had four or more.

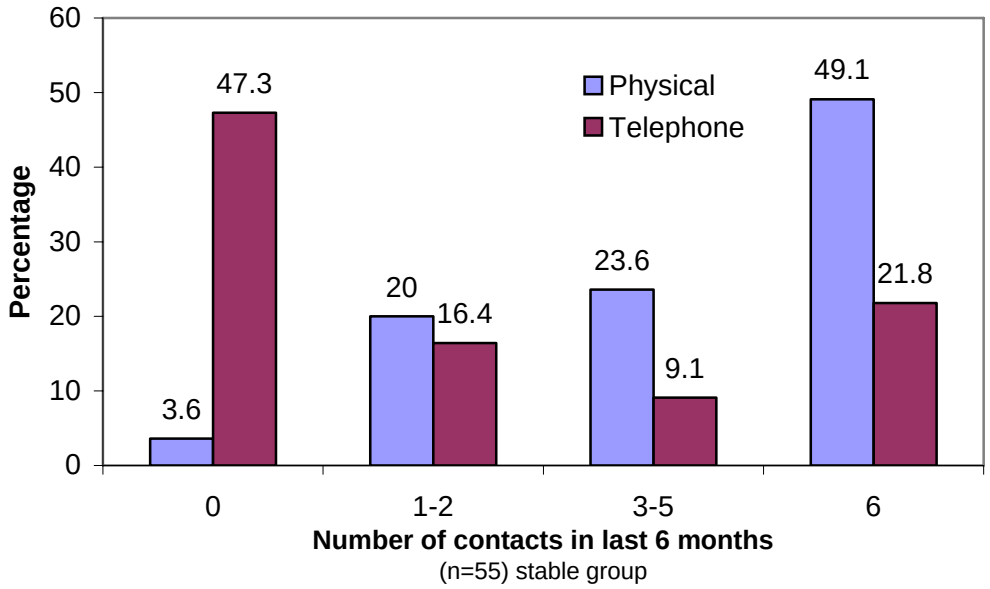
The results for the comparison group were almost identical (*M* = 2.21 workers, *SD* = 1.35).

Workers for the stable group of children had on average met with the child 5.83 (*SD* = 5.84) times or spoken with the child 3.12 (*SD* = 5.50) times.

- Only two workers had not seen the child in person and half of the caseworkers had seen the child at least once per month.
- Telephone contract was generally more sporadic with almost half of the workers having not spoken to the child on the phone, and only around one in five having done so on at least a monthly basis.

The level of face-to-face contact with children in the comparison group was significantly higher. 80% of caseworkers had monthly or more frequent contact. A higher frequency of telephone contact was also observed, with 61% of caseworkers having monthly or more frequent contact with children in the comparison group.

Figure 4: Contact between the caseworker and child during previous 6 months



(n=55) stable group

Information was also sought concerning the services and supports provided to the child since he or she had entered the current placement (Table 12). The most commonly used professional services were those provided by paediatricians, counsellors and psychologists. Organised leisure activities had been arranged for over a third of children. The stable group of children had generally used other services sparingly, thus, it is difficult to attribute the stability of the placements to a high prevalence of external services and supports.

Table 12: Services and supports received during current placement

Physical health and development	N (%)
Speech therapy	10 (18.1)
Occupational therapy	6 (10.9)
Physiotherapy	4 (7.3)
Paediatrician	20 (36.4)
Substance use information	1 (1.8)
Education	
Interagency Behaviour Support Management	6 (10.9)
Tutoring	11 (20.0)
Independent living skills program	3 (5.5)
Employment training	3 (5.5)
Driver education	2 (3.6)
Mental and emotional health	
Counsellor	16 (29.1)
Psychologist	10 (18.1)
Psychiatrist	6 (11.0)
Socialisation	
Behaviour management	5 (9.1)
Anger mangement	4 (7.3)
Assertiveness training	1 (1.8)
Self-esteem training	7 (12.7)
Mentor	1 (1.8)
Organised recreational activities	24 (43.6)
Cultural	
Cultural identity plan	5 (9.1)
Cultural activities	9 (16.4)
Aboriginal mentor	4 (7.2)
Legal	
Legal services	2 (3.6)

A final analysis examined the responsibility ascribed to different everyday tasks in the child's life (Table 13). As the results indicate, the foster carers in this sample took responsibility for the vast majority of daily tasks that theoretically, could have been assumed by other stakeholders in the care system. For example, foster carers organized and attended medical appointments and school meetings, they transported children to family contact and respite (where

occurring), and they organized and provided opportunities for children to participate in sports and leisure activities. These foster carers assumed therefore, a customary parenting role.

Table 13: Responsibility for specific services

	n	Foster parent	Families SA	Both
School meetings	51	32 (62.7)	1 (2.0)	18 (35.3)
School transport	48	45 (93.8)	0 (0.0)	3 (6.2)
Medical visits	53	47 (88.7)	2 (37.8)	4 (7.5)
Access transport	32	13 (40.6)	14 (43.7)	5 (15.6)
Respite transport	12	7 (58.3)	3 (25.0)	2 (16.7)
Counselling	23	14 (60.9)	5 (21.7)	4 (17.4)
Sports/ leisure	48	46 (95.8)	1 (2.08)	1 (2.08)

5 Discussion

The aim of this study was to obtain insights into the factors that appear to be associated with placement stability in South Australian Out-of-home Care. Using data drawn from a random sample of children who had been in the same placement for at least five years, and a comparison sample of children who had not experienced the same degree of placement stability, the study investigated a range of factors that might influence stability. These factors included the child's age of entry into care, family background, the child's psychosocial functioning, decision-making processes, the characteristics of carers and the nature of the relationships between stakeholders such the child's carers, the biological family and Families SA workers. Another component of the research was to obtain detailed qualitative feedback from professionals (Government and non-Government agencies) working in the Out-of-home Care Sector concerning their views about factors that influence placement stability. Based on the findings of previous studies it was hypothesized that children with stable placements would tend to have entered care at an earlier age than others in care, and would tend to have better psychosocial adjustment. It was also predicted that there would be good relationships between foster carers, caseworkers and biological families (where this contact was still maintained).

In general, the results of this study tended to confirm these hypotheses. The majority of the children in the stable sample (78%) had entered care as an infant (0-2 years), and were found to have less complex needs than other children in care. Over two thirds had experienced relatively little placement disruption and very few children were identified as having significant behaviour problems. They also scored significantly lower on every subscale of the Strengths and Difficulties Questionnaire (SDQ) in comparison to the group of children who had experienced placement disruption. The stable group of children had fewer conduct problems, were less hyperactive, less depressed or anxious, and had better peer functioning, (although their scores, particularly for peer functioning problems, were still significantly higher than what would usually be found in a normative population of children in the community). These findings support previous research which suggests that better adjusted children tend to be more likely to achieve stability in placements; and/or confirm the view that stability itself contributes to better outcomes in children. In a cross-sectional study such as this one, it is not possible to specify the direction of the relationship, but the results nonetheless confirm the view that stability is at the very least associated with better psychosocial outcomes for children in care.

Somewhat surprisingly, these differences in psychosocial functioning were not accompanied by similar differences in the family background factors that had contributed to the children's entry into care (i.e. the nature and prevalence of problems affecting the children's families). Although the families of the stable children had a significantly lower prevalence of domestic violence, physical

abuse, and substance abuse as compared with previous studies of children with high and complex needs (Osborn & Delfabbro, 2006), their backgrounds were generally quite similar to those of the comparison sample of children in this study. In other words, while it is possible to differentiate the family backgrounds of high-support needs children from other children in care, it is much harder to demonstrate clear differences between stable children and others who are in care. On the whole, the families of the stable group of children appear to have experienced many of the same problems as other children entering care. Arguably though, there may be differences in terms of the severity of the abuse or family problem experienced that were not captured in this study.

Osborn and Delfabbro (2006) have shown that one of the characteristic features of children with very disrupted placement histories is that they, on average, tend to be exposed to abusive environments for longer periods. Rather than coming into care early and decisively, these children either come into care later, or are returned to their biological families relatively quickly. A useful index of the relative exposure to Out-of-home Care and the home environment is obtained by dividing the amount of time the child has spent in care by the child's age in years. In the Osborn and Delfabbro (2006) high support needs study, children had only spent an average of 37% of their lives in care as compared with 73% for the children in the comparison sample and 83% for the very stable sample of children in this study. Moreover, children in the high support needs study first came into care at an average age of 7.5 years, whereas the children in this study entered care at an average age of 2 years. The results broadly suggest therefore that the poorest outcomes both in terms of placement disruption and psychosocial functioning appears to be associated with later entries into care and instability in care arrangements in the child's early years of life.

Having said this, it is important to recognize that these broad conclusions apply principally to the differences observed between children with high and complex needs and other children in care. Although the stable children in this sample had also been in care for longer periods than the comparison group, both groups had first entered care at approximately similar ages and both had spent high proportions of their lives in the care system (73% and 83% respectively). It therefore appears that other factors need to be taken into account when explaining why the stable children in this study fared better than the comparison group both in terms of placement stability and psychosocial functioning.

Although the stable group and the comparison group both entered care at similar ages, fewer children in the comparison group entered care before the age of two (78% vs. 64%). Whilst this difference was not statistically significant, it may have been developmentally significant. The first 2 years of a child's life are the most critical for the development of attachment relationships so the age at which a child is separated from their birth family is very important. Between 18 -24 months of age or later, children will necessarily go through a more severe protest-mourning reaction before allowing themselves to develop a

significant attachment to the foster carers[15]. Previous studies have shown that children with easier temperaments tend to be easier to place into care, so it is not clear whether the personalities of the stable children themselves led to more positive responses from carers. And as raised earlier, whilst the stable group and the comparison group did not differ significantly in terms of the identified difficulties experienced by the family at the time the child entered care, there may have existed differences in the extent or degree of abuse or family difficulties experienced by the children. In any case, children in the stable sample experienced less placement disruption during a crucial developmental phase. As a result, they were likely to have experienced sensitive and consistent care-giving and be provided with opportunities to develop secure attachments. The caseworkers for these children noted that the children in the stable group had entered care at a very young age, therefore allowing time for stable long-term attachments to be formed. The quantitative findings showed that 89% of children were considered to be strongly attached to their foster carer and 98% of children in the stable group were considered to be very well integrated into their foster family. For most, there was a sense that they would be a part of their foster family beyond leaving care.

Not only did the stable children enter care at a very young age, but they were also subject to clear and prompt decision making concerning their long-term wellbeing. The case file reviews indicated that recommendations for placement into alternative care occurred quite decisively. The average length of time taken from when children were first placed on a short term Order or Authority to the granting of a long-term Guardianship to 18 years Order was 22 months. 43% of the stable group was placed under long-term Guardianship within 12 months. Reunification was either seen as clearly inappropriate from the outset, or assessed to be unlikely relatively early. The decision-making processes regarding the viability of reunification and the time taken to place children under long term Guardianship were not explored for the comparison group so it is unclear as to whether there were any striking differences in decision making and practice that could have given rise to the differences in stability observed between the two groups. It may be that early entry into care together with early decision-making are the important predictors of future placement stability and good outcomes for the stable group of children.

Both the focus group findings and the quantitative analysis of stable children examined the range of factors thought to have contributed to stable placements. The key factor identified in both studies was the quality of the care provided by the carers. When asked why stable placements had fared well, over 90% of workers responded that this had been due to the skill of the carers. Although the quantitative study did not probe more extensively to determine what qualities were specifically important to the cases selected, generally, caseworker

[15] Gauthier,V., Fotin, G., and Jeliu, G., (2004) Clinical Attachment Theory in Permanency Planning for Children in Foster Care: The Importance of Continuity of Care, *Infant Mental Health Journal*, Vol.25, No.4, pp379-396.

evaluations suggested that the foster carers for the stable children were providing attentive, nurturing care (e.g. as indicated by the high percentages of children attached to carers, accepting of being in care and integrated into the foster home). The quantitative findings also suggested that these carers did not appear to view their caring role as a burden. For example, the majority of foster carers in this sample did not receive targeted support and assistance (i.e. respite care, special needs and high intervention loadings), and the analysis of services provided to the placement did not attribute stability to a high prevalence of external services and supports. In fact, the foster carers for the stable group of children were active in taking on as 'normal' a parenting role as possible in that they were found to take responsibility for the vast majority of daily tasks that theoretically, could have been assumed by other stakeholders in the care system.

Focus group respondents identified many key carer qualities considered important in promoting placement stability. These included: a genuine interest in children, tolerance and acceptance of child behaviour, and making children feel like a part of the family. Some focus group respondents indicated that the number of other children within the home might also play a role in achieving stability, but evidence from the quantitative investigation found that the two groups were generally very similar in terms of the number of other children who had been placed in the home over time.

Focus group respondents also indicated that there were many system factors that created dissatisfaction amongst carers and which could exert pressure on placements. Carers were often unhappy about the lack of information provided about children, inconsistencies in reimbursement practices for incidental expenses incurred, case-worker turnover, and a lack of control over decision-making regarding the child. However, as some respondents indicated, these were not necessarily factors that led to stability on their own, but which helped to facilitate those placements that were thriving largely for other reasons, namely, the quality of the care provided and the rapport between the carer and child. System factors were, however, more influential when placements were under strain. In such situations, having poor working relationships with case-workers and limited support could lead to problematic situations within the placement not being resolved, so that the placement became more at risk of breaking down. In relation to this latter point, it was interesting to note that caseworkers had more contact (either face-to-face or by telephone) with children in the comparison group (e.g. the children who had a history of placement disruption and who had poorer psychosocial adjustment as measured on the SDQ).

Opinion within focus groups varied concerning the importance of consistency of workers for placement stability. All of the children in this study had been subject to caseworker turnover, which would tend to suggest that continuity of worker was not a key factor in influencing placement stability (at least for the stable

group of children). However, it may be the case that a series of workers is more easily endured when the placement has remained constant: *'when certain aspects of children's lives are held constant, change in other areas is more easily endured'*[16]. In other words, children in stable placements may be better able to cope with worker turnover because they have experienced continuity of care. Thus it may be that continuity of worker holds more relevance where children and young people experience placement disruption, as worker stability may provide at least one potential source of continuity of relationship.

Finally, a noteworthy finding from this study was that very few children in the stable group had ongoing contact of any form with their birth families or relatives. The importance of children maintaining contact with their birth family has increasingly been recognized. Children's ongoing contact with their birth family is thought to be one of the most important factors affecting placement outcomes and children's developmental well-being. Children in care who maintain regular contact with their families have been found to benefit by being more settled in their placements, more able to manage relationships with adults, and are more socially and educationally competent[17]. There is also evidence to suggest that birth family contact has a protective function for children beyond care[18]. For the stable group of children, the establishment of a relationship with a permanent alternative family may have come at the expense of biological family connections. Family contact is however, only one way of providing a child with a relationship and knowledge about their family of origin and the children in the stable sample were aware of their biological identity and of the reasons as to why they were in care. Still, the loss of family connections may not be felt until these children are discharged from care. Similarly, the extent to which a long-term alternative family has been provided is yet to be determined.

[16] Berridge and Cleaver cited in Cashmore, J., and Paxman, M., (1996) Longitudinal Study of Wards Leaving Care, Social Policy Research Centre, University of New South Wales.
[17] Berridge and Cleaver (ibid), Bullock, R., Hosie, K.., Little, M.., & Milham, S., (1991) The research background to the law on parental access to children in care, *Journal of Social Welfare and Family Law,* 2, pp85-93.
[18] Cashmore, J., & Paxman, M., (ibid)

6 Conclusions

In view of the criticism about the 'care' that children receive whilst in the care of the state, this study took as its counterpoint research that has focused on placement disruption and its causes, and turned instead to an examination of stable placements in order to identify which factors promote stability and continuity of care for children and young people. The study identified a group of young people who have achieved stability in care and the findings showed that these children are doing relatively well. Their psychosocial adjustment was better on every measure in comparison to the group of children who had experienced placement disruption. They were also engaged in education and the majority were reported to have age-appropriate development.

Whilst the children in this study achieved stability in care, establishing cause and effect in relation to this placement stability was difficult given that a cluster of inter-related factors are involved. Although this study provides insights into the broad differences between stable and unstable children in care, there are still questions that remain unanswered. First, although the findings clearly demonstrate the importance of good quality care in the maintenance of stable placements, it is unclear to what extent the interaction between child and carer characteristics played a role. The children who had experienced placement stability were generally better adjusted and had fewer conduct problems than other children in care. Thus, while it may seem logical to conclude that stability itself led to these better psychosocial outcomes, it may also be the case that these children were better adjusted or less 'damaged' when they came into care. Previous studies have shown that children with easier temperaments tend to be easier to place into care, so it is not clear whether the characteristics of the children themselves led to more positive responses from carers. Further longer-term research would need to be conducted to determine how temperament and adjustment differences in the early years predicts longer term adjustment for children placed into care. Second, although carer characteristics were identified as being very important in influencing placement outcomes for stable children, it is not clear what aspects of parenting were specifically influential in the cases identified. Further research is therefore also needed to ascertain what particular skills or resources these carers possessed that are not necessarily available in all homes. Some of these qualities (e.g. understanding of children's needs) may be transferable, but others may not (e.g. pleasant, accommodating disposition).

The results of this study also raised the question as to whether stability is achieved at the expense of family connections. Whilst caseworker reports suggested that the children in the stable sample would be fortunate in being able to call on the continuing care and support of their foster parents even after their formal care arrangements end at 18 years of age, longitudinal follow up of this group of children would be required to substantiate this.

A limitation of this study is that the views and participation of the children, young people and foster parents were not incorporated into the study design. Consequently, the study relies strongly on caseworker report and documentation as to how these children are progressing in care. As Cashmore & Paxman (1996) have pointed out, it is dangerous to assume that long-term care necessarily equates with quality care - while the length of a placement is generally a good predictor of its quality, this is not always the case.

In terms of the policy implications, the findings from this study very much underscore the importance of early intervention and prevention, or decisiveness in decision-making to achieve good long-term outcomes. The findings suggested that early entry into care together with timely decision making in relation to children's long term care arrangements are important predictors of future placement stability and good outcomes. As compared with children who have very disrupted placement histories, stable children (and as it appears, many others in care) fare better when they are protected from home environments that are abusive and unsafe. Attempts to reunify children in such situations, or keep children at home for as long as possible in the interests of family preservation may not be in the best interests of children. For some children, out-of-home care remains a better option.

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