

## Research Report

### **Certainty for Children in Care**

**A study into the placement history and social background of infants placed into South Australian Out-of-home Care 2000-2005.**

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## CONTENTS

1	INTRODUCTION .....	4
1.1	Certainty for Children in Care .....	4
1.2	Background .....	5
2	RESEARCH METHODS AND SAMPLING .....	6
3	FINDINGS.....	8
3.1	Factors contributing to the child's placement into care .....	8
3.2	Placement orders, authorities and type .....	12
3.3	Placement destinations .....	16
3.4	Summary: Infant trajectories through care.....	18
3.5	Re-notifications and concerns since leaving care.....	19
4	DISCUSSION AND CONCLUSIONS.....	26
4.1	Demographics and social background.....	26
4.2	Placement outcomes and destinations .....	27
4.3	Ongoing issues.....	28
	REFERENCES.....	30
	APPENDIX .....	31
	Principal Types of Placement Order .....	31

## TABLES

Table 1: Summary of demographic characteristics of sample .....	7
Table 2: Factors contributing to child's placement in care .....	8
Table 3: Prevalence of multiple family background problems in infant sample...	9
Table 4: Co-occurrence of background factors.....	11
Table 5: Problems associated with placement into care: Aboriginal vs. non-Aboriginal comparisons .....	12
Table 6: Numbers of children (with at least one non-respite placement) experiencing each placement type .....	15
Table 7: Final placement destinations as at 30 <sup>th</sup> June 2005.....	17
Table 8: Number of re-entries into the care system.....	17
Table 9: Ongoing concerns following exit from the care system.....	19
Table 10: Pre and post care comparisons of the prevalence of risk factors .....	20
Table 11: The prevalence of risk factors based on pre and post-care data.....	21
Table 12: Distribution of Notification Types .....	23
Table 13: Number of notifications in relation to abuse type .....	24

## FIGURES

Figure 1: Age at first entry into the care system .....	7
Figure 2: Number of placement orders and authorities .....	14
Figure 3: Infant trajectories through care.....	19
Figure 4: Re-notifications since leaving care .....	22



## 1 Introduction

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### 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 first component of the study, '*A study into the placement history and social background of infants placed in South Australian Out-of-home Care 2000-2005*', which focuses on young infants, whose need for stability and continuity of care is so fundamentally important to their long term developmental wellbeing.

The second component, '*Children with Multiple Care and Protection Orders: Placement history, decision making and psychosocial outcomes*' explores incidents where children have been placed on three or more sequential 12 month Care and Protection 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.

The third component, '*Children with Stable Placement Histories in South Australian Out-of-Home Care*' takes as its counterpoint research that has focused on placement disruption and its causes, and turns instead to an examination of stable long term placements in order to identify which factors promote stability and continuity of care for children and young people. It explores such factors as placement histories and care experiences, family connections, children's sense of security and belonging and quality of care.

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

According to the Australian Institute of Health and Welfare (2006), 38% of children who enter out-of-home care in Australia are under five years of age, with 13% of the total care population being less than one year of age. However, relatively little research has been conducted to examine the placement histories and outcomes for infants and very young children.

The purpose of this study was therefore to examine the early placement history and social backgrounds of the youngest children entering care in South Australia during the five year period 2000 – 2005. The specific aims of the study were to examine:

- why infants enter the care system and
- the placement trajectories of these children.

It is anticipated that the results of this study will:

- inform policies and services relevant to the needs of families with very young children, and
- assist practitioners in timely and appropriate decision-making for this very vulnerable population of children.

## 2 Research methods and sampling

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In South Australia, a total of 1155 infants aged 0-2 years were placed in at least one out-of-home placement between 1<sup>st</sup> June 2000 and 30<sup>th</sup> June 2005. A random sample of 500 of these infants was drawn from Families SA ‘Client Information System’ data base and data was obtained for 498 of these cases.

A pro-forma was developed to record data in relation to these infants and specifically, to examine the following:

- factors contributing to the child’s placement into care
- placement orders, authorities and type
- placement destinations
- re-notifications and concerns since leaving the care system

Analysis of the random sample showed that the random sample of 498 infants was statistically representative of the general population of infants entering care. For example:

- male and female infants were evenly represented
- Aboriginal and/or Torres Strait Islander infants were significantly over-represented, (approximately 9-10 times the population average), and
- just under a third of the infants were from regional South Australia.

On average, infants in the sample group first entered care at the age of 1.3 years. Further breakdowns are as follows:

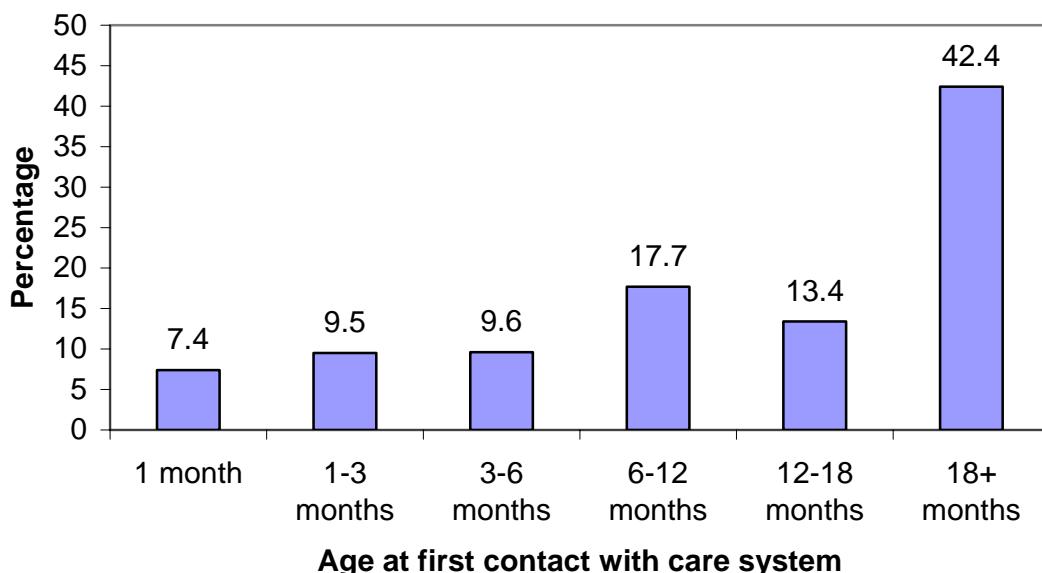
- 7.5% of infants entered care in the first month of life
- Just under 10% first entered care by 3 months of age
- Over a third first entered care between 3 and 12 months old (giving a total of 44% for the first 12 months)
- 56% first entered after 12 months of age.

The average age of the infants as at 30<sup>th</sup> June 2005 was 5 years.

**Table 1: Summary of demographic characteristics of sample**

	(n = 498) N (%)
<b>Gender</b>	
Male	235 (51.6)
Female	239 (48.4)
<b>Ethnicity</b>	
Non-Aboriginal	333 (71.6)
Aboriginal	130 (28.1)
<b>Region</b>	
Metropolitan area	344 (69.5)
Regional	151 (30.5)
<b>Year first entered care</b>	
2000	140 (28.1)
2001	130 (26.1)
2002	104 (20.9)
2003	91 (18.3)
2004*	32 (6.4)

\*Only 6-months of data were available

**Figure 1: Age at first entry into the care system**

\*(n = 498)

### 3 Findings

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#### 3.1 Factors contributing to the child's placement into care

Using the detailed case descriptions available on Families SA 'Client Information System', information was collected concerning the circumstances that had contributed to children's first entry into care between the age of 0 and 2 years (Table 2). Results indicated that infants came from families experiencing multiple difficulties:

- Over two-thirds of the infants came from families where there was evidence of severe neglect and financial hardship
- Approximately half the sample were from families affected by domestic violence, substance abuse, or physical abuse
- 43% of infants lacked a stable home (i.e. family backgrounds of homelessness and housing instability)
- Parental mental illness (very often post-natal depression) played a significant role in over a third of cases
- Smaller proportions of infants were in care because of the loss of parents due to physical illness or imprisonment.

**Table 2: Factors contributing to child's placement in care**

Factors:	Number	Percentage
Severe neglect	336	67.5%
Financial problems	330	66.3
Domestic violence	261	52.4%
Parental substance abuse	250	50.2%
Physical abuse	224	45%
Homelessness	214	43%
Parental mental health	177	35.5%
Parents imprisoned	61	12.2%
Sexual abuse	40	8%
Teenage pregnancy	40	8%
Parental intellectual ability	37	7.4%
Parental physical illness	36	7.2%

An additional count was undertaken to determine the prevalence of multiple problems for each child's case. A summary of the resulting frequency distribution is provided in Table 3. As indicated, less than 5% of families had experienced none of the problems identified above, approximately a third had

experienced one to three, and almost two-thirds had experienced four or more. Further analyses demonstrated that the factors most likely to be observed in combination were:

- severe neglect
- financial problems
- homelessness
- domestic violence and
- physical abuse

**Table 3: Prevalence of multiple family background problems in infant sample**

	N (%)
None	23 (4.6)
1-3	157 (31.5)
4-6	275 (55.2)
7+	43 (8.6)

A significant association (as indicated by the shading in Table 4) indicates that the existence of one problem influenced the likelihood of the other problem co-occurring (i.e. that they were not statistically independent). A summary of the percentages for the significant results is provided below. The comparisons in the brackets indicate the effect of the presence of the specified problem. For example, for infants from homes with financial problems, 58% also had parents who were homeless or experiencing housing stress or instability, compared with only 14% from homes without financial problems. Similarly, domestic violence was present in 62% of financially strained households, whereas only 34% of houses without financial problems also had domestic violence.

**Infants from homes with financial problems** were more likely to be homeless (58% vs. 14%), exposed to domestic violence (62% vs. 34%), have substance misusing parents (54% vs. 42%), and be physically abused (49% vs. 38%), and neglected (75% vs. 52%). These infants were less likely to have parents with mental health issues (32% vs. 42%), or intellectual disabilities (6% vs. 11%).

**Homeless infants** were more likely to have been exposed to domestic violence (65% vs. 43%), have parents with financial problems (89% vs. 49%), have parents who were imprisoned (17% vs. 9%), teenage parents (12% vs. 5%), and be neglected (77% vs. 61%).

**Infants who had been exposed to domestic violence** were more likely to have parents in gaol (17% vs. 7%), to be homeless (53% vs. 32%) to have substance misusing parents (61% vs. 38%), to have been physically abused (57% vs. 32%), and neglected (73% vs. 61%), but were less likely to have parents with mental health issues (31% vs. 41%), an intellectual disability (3% vs. 12%), or to have teenage parents (6% vs. 11%).

**Infants with parents in gaol** were more likely to have financial problems (72% vs. 65%), to have been exposed to domestic violence (72% vs. 50%), and to have substance misusing parents (66% vs. 48%), but were less likely to have teenage parents (0% vs. 9%).

**Infants with substance misusing parents** were more likely to be from homes with financial problems (72% vs. 61%), domestic violence (64% vs. 41%), to have parents imprisoned (17% vs. 9%), to have been physically abused (51% vs. 39%), and neglected (81% vs. 54%), but were less likely to have parents with an intellectual disability (3% vs. 12%).

**Infants who had been sexually abused** were more likely to have been physically abused (77% vs. 42%) and neglected (85% vs. 66%).

**Infants who had been physically abused** were more likely to be from homes with financial problems (71% vs. 62%), to have been exposed to domestic violence (66% vs. 41%), have substance misusing parents (57% vs. 45%), to have been sexually abused (13% vs. 3%), and neglected (84% vs. 54%), but were less likely to have parents with a significant physical illness (5% vs. 10%).

**Infants who had parents with mental health issues** were less likely to be from homes with financial problems (61% vs. 70%), and to have been exposed to domestic violence (45% vs. 56%).

**Infants with teen parents** were more likely to be homeless (63% vs. 41%) and to have a parent with an intellectual disability (18% vs. 7%), but were less likely to be exposed to domestic violence (38% vs. 54%), or have imprisoned parents (0% vs. 13%).

**Infants from parents with an intellectual disability** were less likely to be from homes with financial problems (51% vs. 68%), to be exposed to domestic violence (24% vs. 55%), to have substance misusing parents (22% vs. 53%), but were more likely to be neglected (84% vs. 66%).

**Neglected infants** were more likely to be from homes with financial problems (74% vs. 51%), be homeless (49% vs. 31%), be exposed to domestic violence (57% vs. 43%), to have substance misusing parents (60% vs. 30%), to have been sexually abused (10% vs. 4%), to have been physically abused (56% vs. 22%), and to have a parent with an intellectual disability (9% vs. 4%).

**Table 4: Co-occurrence of background factors**

	Finance problems	Homeless	Domestic Violence	In Gaol	Substance abuse	Sexual abuse	Physical abuse	Parent Mental Health	Parent Physical illness	Teen parent	Parent intellectual Disability
Homeless	38.2										
Domestic Violence	41.0	27.7									
In gaol	8.8	7.2	8.8								
Substance abuse	35.9	23.5	32.1	8.0							
Sexual abuse	6.0	4.2	3.8	0.8	4.8						
Physical abuse	32.1	20.5	29.9	6.8	25.7	6.2					
Parent Mental Health	21.5	13.5	16.1	3.4	15.9	3.6	14.1				
Parent Physical illness	5.4	3.0	3.4	0.2	3.2	0.2	2.0	3.0			
Teen parent	6.0	5.0	3.0	0.0	3.6	0.4	2.8	2.4	0.4		
Parent Intellectual Disability	3.8	3.4	1.8	0.8	1.6	1.0	3.6	3.6	0.0	1.4	
Severe Neglect	49.8	32.9	38.4	8.2	40.6	6.8	38.0	22.9	4.4	5.8	6.2

Notes: The figures indicate what percentage of the sample experienced both problems in conjunction. Significant associations are shaded.

The data also indicated that:

- Boys were more likely to be exposed to parental substance misuse than girls
- Infants from the metropolitan area were more likely to be sexually abused and to have parents with mental health problems
- Parental substance misuse and neglect had become significantly more common in 2004 compared to 2001 as factors influencing infants entry into care

- Infants from families with financial problems entered care significantly later than other infants
- Infants born to teenage parents or those with an intellectual disability tended to enter care at an earlier age.

Aboriginal and/or Torres Strait Islander status was also found to be significantly associated with the reasons why young children entered care:

- Aboriginal and/or Torres Strait Islander infants were much more likely to be severely neglected and come from families experiencing financial hardship, homelessness, domestic violence and substance misuse, whereas
- Non-Aboriginal infants were more likely to be in care because of parental mental health issues or intellectual disabilities issues.

**Table 5: Problems associated with placement into care: Aboriginal vs. non-Aboriginal comparisons**

Problems associated with placement into care	N = 130 Aboriginal N (%)	N = 333 Non-Aboriginal N (%)	$\chi^2(1)$
Financial problems	105 (80.8)	200 (60.0)	17.84***
Homelessness	74 (56.9)	123 (36.9)	15.28***
Domestic violence	92 (70.8)	155 (46.5)	22.04***
Substance abuse	82 (63.1)	153 (45.6)	10.98***
Parent mental health	30 (23.1)	129 (38.7)	10.17***
Parent intellectual disability	5 (3.8)	32 (9.6)	4.02*
Neglect	98 (75.4)	213 (64.0)	5.53*

\* p < .05 \*\*\* p < .001

## 3.2 Placement orders, authorities and type

### 3.2.1 Placement orders and authorities:

The Children's Protection Act 1993 supports and promotes partnership practice with birth families and stresses the importance of maintaining the child within the family home wherever possible. In those situations where children are required to enter out-of-home care, the type of Authority or Order used is determined by the circumstances of each case and a consideration of the following:

- Whether the child is in need of immediate protection from a caregiver or parent
- Whether the caregivers are prepared to co-operate with any investigations and/or assessments that may be required

- Whether the family are requesting that the child be placed in out-of-home care
- Whether the family are motivated to work on any identified issues
- Whether the child is in need of a placement but there are no child protection issues

A detailed analysis was undertaken to determine the nature of the placement authorities and orders associated with each infant's entry into care (see Appendix 1 for a description of the types of placement orders and authorities used).

Infants in this sample had experienced an average of 5.35 orders and/or authorities during their lifetime, of which 3.01 were Court Orders. Only 32 children had entered care via other arrangements (e.g. via memorandums of understanding, as a result of a family care meeting).

A substantial proportion of infants had experienced multiple orders:

- Almost half of the infants had been placed on at least one court Order with almost 10% having had 11 or more orders (this included 6 infants who had 20 or more: maximum = 24).

Most infants only had the legally prescribed series of two Voluntary Custody Agreements (VCA's) but there were 23 cases where three or more VCA's had been used, and this included two cases where seven VCA's had been used.

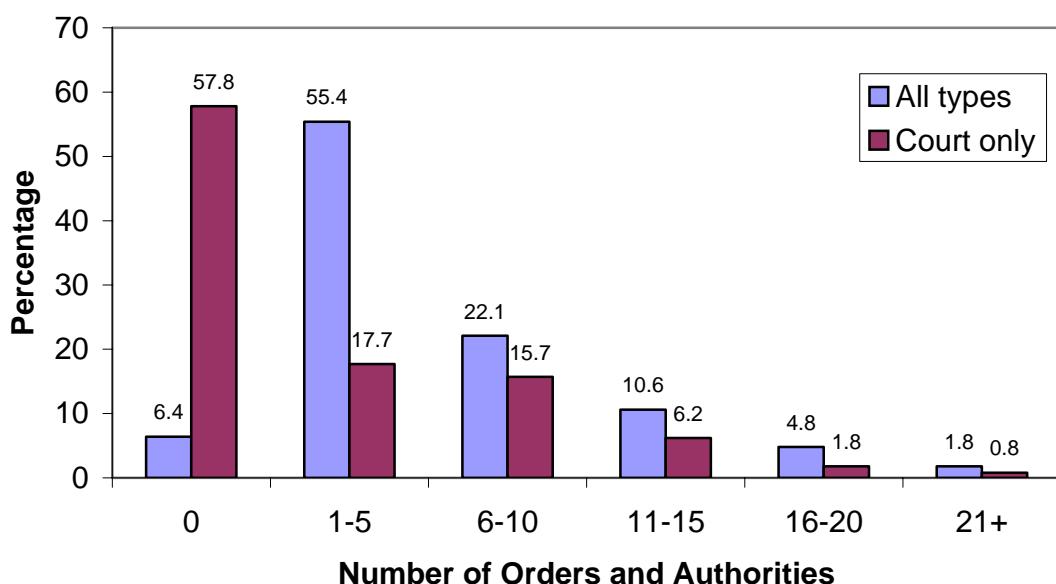
Many children had been subjected to numerous Investigation and Assessment Orders:

- 43 children had three
- 17 children had four
- 8 children had five
- eight children had up to nine Investigation and Assessment Orders.

Almost 15% of children had six or more Interim Custody or 12 month Guardianship Orders.

96 infants (19%) were eventually placed under the Guardianship of the Minister to 18 years after having been placed on an average of 8.88 court orders (compared with only 1.89 for the rest of the sample).

Infants with parents with intellectual disabilities or who had been subjected to neglect were significantly more likely to be placed under the Guardianship of the Minister to 18 years.

**Figure 2: Number of placement orders and authorities**

### Placement types

Children entering out-of-home care can be placed in a variety of placement types including emergency, short-term, long-term foster or relative care placements, respite care (either from home or from the foster carer), and shared care arrangements (e.g. between foster carers or between foster carers and birth families). Table 6 summarises the distribution of placement arrangements (drawn from the Department's payments system). As Table 6 indicates:

- Approximately 45% (n=255) of the children who entered care as infants between 2000 and 2005 experienced only respite placements
- 55% (n=273) of infants experienced at least one non-respite placement (usually an emergency or short-term foster care placement).

Analysis of the demographic characteristics of these two groups revealed no significant gender, age, ethnicity or locational differences. However, there were several important differences in social background. Children who had entered care for the purpose of receiving respite care were less likely to:

- have parents who had been imprisoned
- have parents with an intellectual disability
- be victims of physical abuse or severe neglect

Only around 10% of the sample had been placed in formally listed relative care (i.e. relative placements where the Department provides payments for the provision of care). Another noticeable trend is the very low utilization of shared care arrangements (either between foster carers and birth families or between foster carers) and relative care.

Analysis of the overall level of placement stability (bottom row of table 6) indicated that around 20% of the sample had been exposed to higher levels of placement instability (7 or more non-respite placements). 26 of the 53 children had experienced 10 or more non-respite placements with a maximum of 18 placements.

**Table 6: Numbers of children (with at least one non-respite placement) experiencing each placement type**

	<b>M (SD)</b>	<b>Children experiencing 0 Placements N (%)</b>	<b>Children experiencing 1-3 Placements N (%)</b>	<b>Children experiencing 4-6 Placements N (%)</b>	<b>Children experiencing 7+ Placements N (%)</b>
<b>Foster Care</b>					
Emergency	2.40 (2.10)	28 (10.3)	187 (68.5)	45 (16.5)	13 (4.8)
Short-term	0.92 (1.39)	142 (52.0)	116 (42.5)	12 (4.4)	3 (1.1)
Long-term	0.15 (0.45)	242 (88.6)	31 (11.4)	0 (0.0)	0 (0.0)
Respite	5.05 (7.05)	84 (30.8)	83 (30.4)	29 (10.6)	79 (28.9)
<b>Other</b>					
Relative Care**	0.11 (0.35)	246 (90.1)	27 (9.9)	0 (0.0)	0 (0.0)
Shared care	0.01 (0.12)	266 (97.4)	7 (2.6)	0 (0.0)	0 (0.0)
Non-Families SA	0.71 (1.95)	209 (76.6)	47 (17.2)	10 (3.7)	7 (2.6)
<b>Total Number of children experiencing 0, 1-3, 4-6 and 7+ non-respite placements*</b>	<b>4.31 (3.58)</b>	<b>0 (0.0)</b>	<b>157 (57.5)</b>	<b>63 (23.0)</b>	<b>53 (19.4)</b>

(n =273)

Note: The numbers in columns 3-6 indicate what proportion of the sample of children who experienced each number and type of placements. For example, 68.5% of the 273 children had 1-3 emergency placements, 3 had 7 or more short-term placements.

\* Includes relative care

\*\* Relative care refers to formal arrangements where relatives were on the payment system. The number of children who spent time with relatives is higher than this, but the exact figure is unknown because it is not possible to know of the child's exact whereabouts when they intermittently leave the care system.

The total number of each type and number of placements were analysed in relation to both demographic and social background characteristics. No significant gender differences were observed, however:

- Aboriginal and/or Torres Strait Islander infants were found to have had significantly more relative care placements than other children, and
- long-term placements were significantly more likely to be found in metropolitan rather than in regional offices.

The analysis in relation to social background factors showed that:

- Emergency placements were significantly more numerous in homes with financial problems, domestic violence, physical abuse and severe neglect
- Short-term placements were more numerous in cases of severe neglect.
- Relative placements were more common when the parent had mental health issues.
- Respite placements were more common when children had been neglected.

Total placement numbers were higher for infants who had experienced physical abuse or neglect. The analysis showed, however, that total placement numbers were more strongly predicted by specific problems rather than the total number of problems in general.

### **3.3 Placement destinations**

In order to track the placement destinations of the infants an analysis of children's placement status as at the 30<sup>th</sup> June 2005 was undertaken. Analyses were undertaken for:

- the total sample
- infants who had experienced respite placements only, and
- infants who had experienced as least one non-respite placement.

As indicated in Table 7, over half of the total sample were living with their birth parents when the data were collected, a quarter were still in foster care, and just over 1 in 10 were living with relatives.

Of those still in foster care 81/116 = 70% had been placed under Guardianship to 18 years. 11/58 = 19.0% of children living with relatives were under Guardianship to 18 years Orders.

**Table 7: Final placement destinations as at 30<sup>th</sup> June 2005**

Destination	Total N = 498	Respite only N = 225	'Protective' Care N = 273	Significant
Still in foster care	116 (23.3)	5 (2.2)*	111 (40.7)	< .001
Living with birth parents	276 (55.4)	163 (72.4)	113 (41.4)	< .001
Living with relatives	58 (11.6)	24 (10.7)	34 (12.5)	-
Care transferred interstate	20 (4.0)	12 (5.3)	8 (2.5)	-
Adoption	12 (2.4)	12 (5.3)	0 (0.0)	-
Other arrangements	9 (1.8)	4 (1.8)	5 (1.8)	-
Child deceased	4 (0.8)	2 (0.9)	2 (0.7)	-

Note: (n = 498) NB. Respite care = Children who had only respite from home, 'Protective' care = At least 1 non-respite placement, \* Currently in a respite placement, \*\* Not all figures sum to 100% due to missing data

The majority of children in the sample had entered and exited the care system on many occasions, mainly due to the provision of respite care. However, of potentially greater interest is the extent to which these movements occurred for children who were ultimately placed in long term foster care under the Guardianship of the Minister to 18 years. In these situations, the number of exits and re-entries into the care system become important because they provide a picture of family reunification efforts and decision-making processes and practices within the system.

From the group of children who were eventually placed under the Guardianship of the Minister to 18 years, a total of 71 children were identified as re-entering the care system at least once after having returned home to birth parents. From this sample of 71 infants:

- 11 children re-entered the care system only for the purpose of receiving respite care
- 60 children re-entered the care system at least once for the provision of non-respite care.

Table 8 summarises the distribution of re-entries to care experienced by children who were eventually placed into foster care on long term Guardianship to 18 years Orders. This table comprises only those children who had at least one non-respite care placement and who came back into care (i.e. from home) into a placement other than respite. As indicated, over two-thirds of the children entered the care system 1-2 times, and relatively few exited and re-entered the system on multiple occasions.

**Table 8: Number of re-entries into the care system**

Number of re-entries	N (%)
1-2	38 (63.3)
3-4	15 (25)
4-6	3 (8.3)
7+	4 (6.7)

(n = 60)

In terms of the types of placements involved:

- 60% of the re-entries to care were to emergency placements
- 16% were to short-term placements
- 12% were to long-term placements
- 9% were to non-Families SA placements or shared care arrangements, and
- 4% were to the care of relatives.

Given that 60% of re-entries were unplanned (i.e. emergency placements) these findings suggest that the majority of re-entries into care were in response to a crisis situation and/or a Section 17 removal.

Children's demographic and social background factors were analysed in terms of the factors influencing placement trajectories. This analysis showed that:

- Aboriginal and/or Torres Strait Islander children were significantly more likely to be placed with relatives and were less likely to remain in foster care.
- Children were more likely to remain in foster care if they had entered care at a younger age (those who were still in care as at June 30<sup>th</sup> 2005 had a mean age of entry of 1.08 years as compared with 1.39 years for children who had been reunified with family or relatives).

The analysis showed that the infant's placement trajectories were influenced by social background factors:

- Children from households with financial problems were more likely to be reunified with birth parents (65.9% vs. 51.4% without financial problems)
- The presence of substance abuse and neglect significantly decreased the chance of reunification (56.0% reunified in the presence of substance abuse vs. 67.1% if no substance abuse) and (55.2% reunified if neglected vs. 75.9% if not neglected).

The most dramatic difference was for parental intellectual disability:

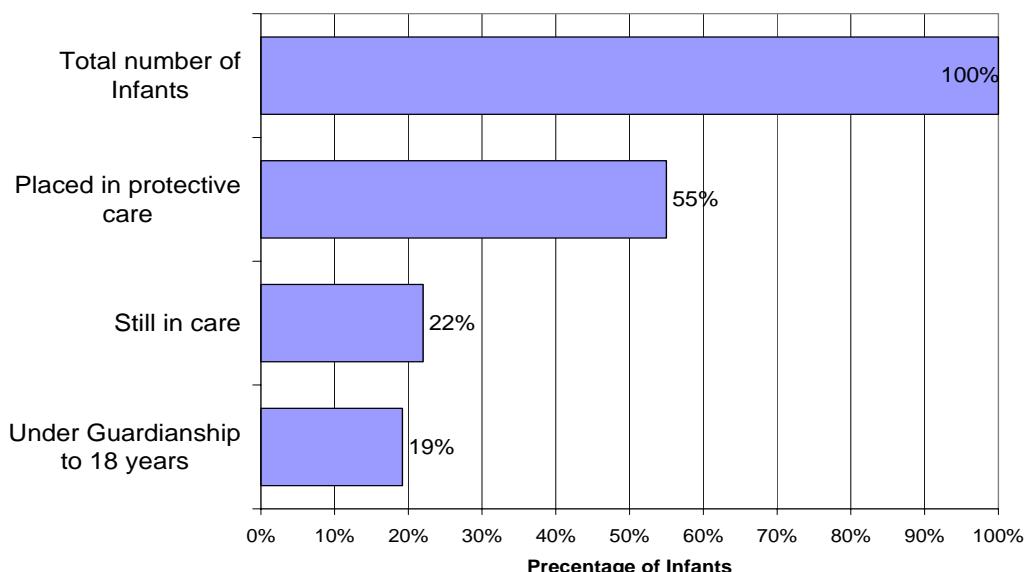
- Only 20.6% of parents with an intellectual disability were reunified with their children compared with 64.7% for the rest of the sample.

### 3.4 Summary: Infant trajectories through care

In South Australia, a total of 1155 infants aged 0-2 years were placed in at least one out-of-home placement between 1<sup>st</sup> June 2000 and 30<sup>th</sup> June 2005. This study focused on a random sample of 500 of these infants. A summary of the infants' trajectories through care is provided in Figure 3.

The findings indicate that approximately 45% of the children who entered care as infants between 2000 and 2005 experienced only respite placements. 55% of infants experienced at least one non-respite placement (usually an emergency or short-term foster care placement). Only 22% were still in protective care at the time the audit was conducted and 19% had been placed under the Guardianship of the Minister to 18 years. 41% of infants who had experienced a protective placement had been reunified with their parents when the audit was conducted.

**Figure 3: Infant trajectories through care**



### 3.5 Re-notifications and concerns since leaving care

#### Ongoing concerns and risk factors

In those cases where infants had been reunified with birth parents or were living with relatives, information was collected concerning the existence of ongoing problems or potential risk factors in relation to these care arrangements. Table 9 summarises the ongoing concerns as recorded on the Families SA 'Client Information System'. As indicated:

- 34% of families were seen to have significant financial difficulties
- Approximately 1 in 5 families were known to be experiencing ongoing difficulties in relation to substance abuse, domestic violence, mental illness and parenting.

**Table 9: Ongoing concerns following exit from the care system**

Ongoing concerns identified:	N (%)
Financial problems	50 (34.0)
Substance abuse	34 (23.1)
Carer unable to cope with general role	33 (22.4)
Domestic violence	32 (21.8)
Risk of physical abuse	29 (19.7)
Parental mental health issues	28 (19.0)
Ongoing housing concerns	23 (15.6)
Carer unable to cope with the child's behaviour	11 (7.5)
Risk of sexual abuse	7 (4.8)

\*(n= 147)

Further analysis was undertaken to determine what proportion of these children returned home to situations where there were ongoing concerns regarding the presence of risk factors such as substance abuse, domestic violence or physical abuse. This analysis showed that 38% of children who had left the out-of-home care system were noted to have returned to homes where at least one of these factors was present. Of these:

- 35% of infants had been returned to homes with one identified risk factor,
- 40% of infants had been returned to homes with two identified risk factors, and
- 24% of infants had been returned to homes with three or more identified risk factors.

The prevalence of these risk factors was, however, lower when children returned home than when they had first entered care. These differences are shown in Table 10 which provides a summary of the prevalence of problems for those children who were eventually reunified with their parents or placed with relatives. Only those problems identified both before children entered care and afterwards are examined. As can be observed, many of the problems (approximately half) contributing to the initial placement into care were no longer considered a concern once the children had returned home. These improvements in family circumstances are very likely to have contributed to reunifications (i.e. by giving case workers the confidence to return children to their families). However, it may also be that less system information is available concerning the status of families when reunification occurs so that the reduction in the prevalence of problems is only an artifact of the limitations in system data concerning post-placement circumstances.

**Table 10: Pre and post care comparisons of the prevalence of risk factors**

<b>Risk Factors:</b>	<b>Pre-care N (%)</b>	<b>Post-care N (%)</b>
Financial problems	102 (69.4)	50 (34.0)
Substance abuse	74 (50.3)	34 (23.1)
Domestic violence	75 (51.0)	32 (21.2)
Physical abuse	82 (55.8)	29 (19.7)
Parental Mental Health Problems	62 (42.2)	28 (19.0)
Housing problems	61 (41.5)	23 (15.6)

\*(n=147) Data Source: Families SA 'Client Information System'

Many problems were identified after children had been placed into care and when child protection workers had gained more detailed insights into the family's circumstances. The extent to which this occurred is presented in Table 11. As indicated in Table 11, approximately 10% of families were identified post-care as having problems that had not been evident when children came into care. When these post-care figures were added to the figures already presented for pre-care (the final column in Table 11), the prevalence of family risk factors is suggested to be even higher than previously reported. Thus, 78% of families suffered from significant financial hardship, three in five had experienced domestic violence, substance abuse or physical abuse, over half of the parents had mental health problems and half had housing problems.

**Table 11: The prevalence of risk factors based on pre and post-care data**

<b>Risk factors:</b>	<b>Pre-care only N (%)</b>	<b>Post-care only N (%)</b>	<b>Both pre and post care N (%)</b>	<b>Overall N (%)</b>
Financial problems	66 (44.9)	14 (9.5)	36 (24.5)	116 (78.9)
Housing problems	50 (34.0)	12 (8.2)	11 (7.5)	73 (49.7)
Domestic violence	52 (35.4)	9 (6.1)	23 (15.6)	84 (57.1)
Substance abuse	57 (38.8)	17 (11.6)	17 (11.6)	91 (61.9)
Physical abuse	64 (43.5)	11 (7.5)	18 (12.2)	93 (63.3)
Mental health problems	51 (34.7)	17 (11.6)	11 (7.5)	79 (53.7)

(n=147)

### Prevalence of notifications and post-care abuse

Details of all re-notifications of abuse received since children had exited the care system were examined<sup>1</sup>. These analyses were conducted for:

- the sample as whole
- for infants who had only ever been in care for the provision of respite
- for infants who had been placed in at least one non-respite placement (i.e. placed in ‘protective’ care).

A summary of these results is provided in Figure 4.

For the total sample, these results showed that:

- Over 60% of infants had been the subject of a notifier concern
- a quarter of infants had been the subject of a Tier 3 notification
- 45% of infants had been the subject of a Tier 2 notification, and
- just over 1 in 10 infants were the subject of a Tier 1 notification.

As Figure 4 demonstrates there was no significant difference in the frequency of Tier 1, 2 or 3 re-notifications between infants who had been placed in care for protective reasons and for those infants who had only ever received respite care. Infants who had only ever received respite care, were however, marginally more likely to be the subject of a notifier concern.

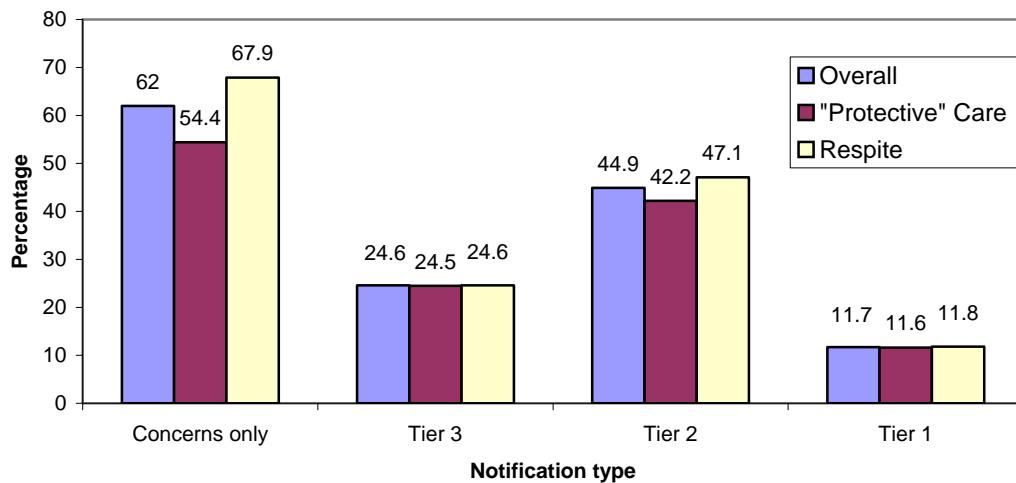
A more detailed breakdown of the distribution of re-notifications is provided in Table 12. The most striking feature of this table is the very high rate of Tier 2 notifications:

- On average, infants had received at least one Tier 2 notification since leaving care,
- Over 10% of infants had attracted four or more Tier 2 notifications and half of these (5% of the total sample) had attracted seven or more (the maximum was 13).

In contrast, Tier 1 and Tier 3 notifications were more likely to occur only once or twice. There was no significant difference between respite-only and other children in terms of the frequency of each type of notification, except for notified concerns, which were significant more frequently observed in the respite only group.

#### **Figure 4: Re-notifications since leaving care**

<sup>1</sup> It is important to note that these figures do not indicate instances of confirmed abuse and that families who have been involved with the child protection system are likely to be under scrutiny and therefore more likely to receive ongoing notifications.

**Table 12: Distribution of Notification Types**

	<i>M (SD)</i>	Children experiencing 0 Notifications N (%)	Children experiencing 1-3 Notifications N (%)	Children experiencing 4-6 Notifications N (%)	Children experiencing 7+ Notifications N (%)	Total
<b>Total sample</b>						
Concerns only	1.18 (1.97)	173 (51.8)	131 (39.2)	25 (7.5)	5 (1.5)	<b>334</b>
Tier 3	0.47 (1.01)	252 (75.4)	70 (21.0)	12 (3.6)	0 (0.0)	<b>334</b>
Tier 2	1.33 (2.19)	184 (55.1)	107 (32.0)	27 (8.1)	16 (4.8)	<b>334</b>
Tier 1	0.17 (0.52)	295 (88.3)	39 (11.7)	0 (0.0)	0 (0.0)	<b>334</b>
<b>Non-respite care</b>						
Concerns only	1.07 (2.37)	88 (59.9)	45 (30.6)	12 (8.2)	2 (1.4)	<b>147</b>
Tier 3	.49 (1.09)	111 (75.5)	28 (19.0)	8 (5.4)	0 (0.0)	<b>147</b>
Tier 2	1.35 (2.30)	85 (57.8)	43 (29.3)	8 (5.4)	11 (7.5)	<b>147</b>
Tier 1	.17 (.53)	130 (88.4)	17 (11.6)	0 (0.0)	0 (0.0)	<b>147</b>
<b>Respite only</b>						
Concerns only	1.26 (1.60)	85 (45.5)	86 (46.2)	15 (8.1)	1 (0.5)	<b>187</b>
Tier 3	.45 (.95)	141 (75.4)	42 (22.6)	4 (2.2)	(0.0)	<b>187</b>
Tier 2	1.32 (2.10)	99 (52.9)	64 (34.4)	19 (10.2)	5 (2.7)	<b>187</b>
Tier 1	.17 (.51)	165 (88.2)	22 (11.7)	0 (0.0)	0 (0.0)	<b>187</b>

(n = 334)

Neglect was the most commonly reported issue of concern (Table 13). Children who had left care had typically attracted around two reports of neglect and one report of physical abuse. As shown in Table 13:

- Approximately 8% of children had been subject to four or more re-notifications regarding physical abuse, whereas there were 16% or more who had experienced this frequency of repeated notifications relating to neglect.
- Ten children had experienced 10 or more neglect-related notifications, with a maximum number of 20.

The frequency of each specific form of abuse did not differ depending upon whether children had a history of respite from home only, or at least one non-respite placement into the care system before returning home.

**Table 13: Number of notifications in relation to abuse type**

ABUSE Type	M (SD)	0 Notifications N (%)	1-3 Notifications N (%)	4-6 Notifications N (%)	7+ Notifications N (%)
<b>Total Sample</b>					
Physical	1.82 (3.06)	215 (64.4)	91 (27.2)	21 (6.3)	7 (2.1)
Neglect	0.89 (1.79)	166 (49.7)	112 (33.5)	28 (8.4)	28 (8.4)
Sexual	0.28 (0.78)	281 (84.1)	51 (15.2)	2 (0.6)	0 (0.0)
<b>In 'Protective' care</b>					
Neglect	1.78 (3.17)	79 (53.9)	45 (30.6)	9 (6.1)	14 (9.5)
Physical	.97 (2.03)	101 (68.7)	31 (21.1)	8 (5.4)	7 (4.8)
Sexual	.29 (.87)	124 (84.4)	22 (15.0)	1 (0.7)	0 (0.0)
<b>Respite Only</b>					
Neglect	1.86 (2.98)	87 (.46.5)	67 (36.0)	19 (10.2)	14 (7.5)
Physical	.83 (1.39)	114 (61.0)	60 (32.2)	13 (7.0)	0 (0.0)
Sexual	.27 (.71)	157 (84.0)	29 (15.6)	1 (0.5)	0 (0.0)

\*(n = 334)

A further count was undertaken to determine how many of these re-notifications resulted in confirmed cases of abuse. The results showed that re-abuse had been confirmed for:

- 28.6% of the children who were living with their parents
- 13.8% of the children who were living with relatives.

The overall level of confirmed re-abuse for the sample as a whole was 26%. There was no significant difference between respite-only and other children in terms of the frequency of confirmed cases of abuse.

Analyses were undertaken to identify which demographic and social background factors had the most influence on post-care re-notifications. This showed that:

- Infants living in metropolitan South Australia had significantly more re-notifications regarding sexual abuse than infants living in regional and country areas
- Non-Aboriginal infants received a greater number of Tier 3 notifications and had double the rate of re-notifications in relation to physical abuse than Aboriginal and/or Torres Strait Islander children
- Infants whose parents were homeless had significantly higher rates of re-notifications relating to physical abuse post-care
- Infants from homes affected by domestic violence attracted a greater number of notifier concerns, Tier 2 notifications and notifications regarding neglect
- Infants from sexually abusive households attracted a greater number of Tier 2 notifications, Tier 3 notifications, and almost eight times the number of notifications relating to sexual abuse.

A previous history of physical abuse led to higher numbers of re-notifications of every type (physical, sexual or neglect) as well as re-notification classifications at all levels. Indeed, a history of physical abuse appeared to be associated with a three to fourfold increase in the risk of future re-notifications.

Similarly, there was a significantly greater risk of neglected children receiving further re-notifications having returned home to birth families. These children were three times more likely to be the subject of further re-notifications.

In order to determine which risk factor was the strongest predictor of ongoing abuse, a final multivariate analysis was conducted using the three Tier notification levels. The results showed very clearly that the strongest predictor of ongoing Tier level notifications was a previous history of physical abuse.

Logistic regression was also used to determine the probability of ongoing Tier level notifications occurring where there was a previous history of physical abuse. The results showed:

- the probability of ongoing Tier 3 notifications was 35% (over a 1 in three chance)
- the probability of ongoing Tier 2 notifications was 43%
- the probability of ongoing Tier 1 notifications was 14%.

In other words, the most likely outcome of returning children home with a previous history of physical abuse is a substantial risk (over a third) of ongoing Tier 2 and Tier 3 notifications.

## 4 Discussion and conclusions

### 4.1 Demographics and social background

Infants entering the out-of-home care system in South Australia share many similarities with other children entering care across Australia (Australian Institute of Health and Welfare, 2005). Approximately 70% of infants entering out-of-home care are referred from offices located in metropolitan Adelaide and there is a very substantial over-representation of Aboriginal and/or Torres Strait Islander children, particularly within the regional areas. The proportion of Aboriginal and/or Torres Strait Islander infants in the care system is over ten times higher than in the general population, which is generally consistent with the overall Aboriginal and/or Torres Strait Islander population in care (21.5%) in South Australia. In this sample, around 20% of children in the 0-2 year age range were placed in care within their first three months of life. One in five families, therefore, were experiencing difficulties in caring for their infants very soon after birth, and another third of families experienced difficulties within the following nine months.

As identified in many major reviews of out-of-home care services in Australia (Australian Senate, 2005; Crime and Misconduct Commission, 2004; Layton, 2003; Victorian Department of Human Services, 2003), children enter care as a result of a combination of different factors. The Australian Senate review proposed that there has been a change in the reasons for children entering care since the 1970s; namely, a shift in the importance of poverty and social disadvantage factors to a greater emphasis on child abuse. On the whole, the results from this study support this view. Persistent neglect or physical abuse are the dominant reasons why very young children enter care. Such abuse arises in environments affected by significant poverty, homelessness, mental illness, substance misuse and domestic violence. Families who require support from the current system experience many of the social disadvantages experienced by families in the past, but the range of problems has increased with parental substance misuse and neglect becoming increasingly more problematic.

The high prevalence of domestic violence, substance abuse and mental illness within disadvantaged families has been identified as a significant trend in a number of the major reviews identified above. Over-use of alcohol and newer more widely available drugs such as amphetamines have been considered a major cause of increases in mental illness amongst both teenagers and young adults (Whitaker, 2005), and of domestic violence and child abuse (Brewer, Fleming, Haggerty, & Catalano, 1998; Humphreys, Regan, River, & Thiara, 2005). Partners of substance abusers have been found to be significantly more at risk of domestic violence and children born to substance abusing parents are more likely to suffer from congenital and developmental deficits and delays and

to be victims of neglect and other forms of abuse (see Mullen et al., 1996 for a review).

A comparison of the prevalence of social and family background problems within this sample with other recent South Australian studies of older children with high support needs (Osborn & Delfabbro, 2006) reveals the infant group was more likely to be in care because of neglect or family financial problems, but much less likely to have been subjected to domestic violence, physical abuse, or sexual abuse. However, the figures were generally very similar to those obtained in the companion study to this report<sup>2</sup> involving children who had been stable in care during the last five years, but considerably higher than figures obtained by Barber and Delfabbro (2004) in a profile study of children entering out-of-home care in 1998-1999. Together, these findings suggest that the prevalence of abuse and other social and family problems is probably increasing over time, or becoming more concentrated within families involved with the child protection system. Such results suggest that any developments in social policy relating to the reduction of domestic violence, substance abuse and mental illness may have a significant influence on the out-of-home care system. Thus, it may be that commonly cited problems in the out-of-home care system (e.g. increased demand for placements, the increasing complexity of children's needs) are possibly as much a reflection of wider social problems as the problems inherent in the out-of-home care system. The challenge is therefore to develop a range of family focused services that are targeted to specific problem areas and to recognize that families may have a range of highly complex co-occurring problems that must be addressed if positive child welfare outcomes are to be achieved<sup>3</sup>.

## **4.2 Placement outcomes and destinations**

Several positive findings emerged from the study. A total of 1155 infants aged 0-2 years were placed in at least one out-of-home placement between 1<sup>st</sup> June 2000 and 30<sup>th</sup> June 2005. Analysis of a random sample of 500 of these infants found that most of the children in this study had experienced only a relatively small number of placements and most of these had been respite from their families rather than emergency or short-term placements. 55% of infants experienced at least one non-respite placement (usually an emergency or short-term foster care placement). Only 22% were still in protective care at the time the system audit was conducted, and only 19% of children entering care were placed under the Guardianship of the Minister to 18 years. It was encouraging to see the Aboriginal Child Placement Principle in practice; with the results

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<sup>2</sup> Delfabbro, P. Jeffreys, H. Rogers, N. Wilson, R. & Borgas, M. (2007) Certainty for Children in Care: Children with Stable Placement Histories in South Australian Out-of-home Care, Department for Families and Communities and the University of Adelaide.

<sup>3</sup> Marsh, Ryan, J, Choi, S. Testa, M. (2005) Integrated services for families with multiple problems: Obstacles to family reunification, *Children and Youth Services Review*, Vol28, 1074-1087.

showing that Aboriginal and/or Torres Strait Islander infants were much more likely to be placed with relatives than non-Aboriginal children.

However, the results also indicated that children's social and family background factors influenced placement trajectories. Infants entering the care system come from families with multiple difficulties and co-occurring problems. In particular, parental substance misuse and neglect were found to be increasingly more common. These same factors and parental intellectual disability significantly decreased the likelihood of successful reunification. Many studies have found that families with co-occurring problems have difficulty achieving reunification; further, that where progress does occur, it is often slow. These studies suggest, however, that families who make progress in each specific problem area are more likely to achieve reunification. Families therefore require tailored and targeted services that are responsive to need, able to work on a range of co-occurring problems and have demonstrable impact in terms of progress in order to influence outcomes.

There was also a low utilization of relative care for this sample, only 10% of infants had been placed with relatives. These results suggest, (consistent with the AIHW, 2006 statistics) that this placement option is still under utilized in South Australia.

### **4.3 Ongoing issues**

A concerning finding from this study was that almost 40% of children had returned to homes where at least one social or family risk factor was still present. Moreover, approximately one in ten children returned to homes where three or more risk factors were still present. Over 60% of infants who had exited care had attracted at least one form of re-notification, with 10% of the total sample having received a Tier 1 notification. Subsequent abuse was confirmed in 26% of total cases, with ongoing neglect or physical abuse most commonly observed. In a small number of cases ( $n = 10$ ), children had received ten or more re-notifications relating to neglect with a maximum of 20 since leaving care.

The results also showed that children's family abuse history was highly predictive of subsequent abuse. For example, there was almost a 50% chance of further Tier 2 notifications if children had previously been physically abused and over a 1 in 3 chance of Tier 3 notifications if there was a previous history of physical or sexual abuse. Tier 1 notifications were significantly more likely if children had been subject to previous physical abuse, but the risk was significantly lower. Around 1 in 7 children were at risk of additional Tier 1 notifications if they had previously been physically abused. Taken together, these results suggest that the risk of further abuse is moderate to high if infants are returned to families where previous abuse has occurred. It also suggests that the Department's recent emphasis on enhancing training around the issue

of decision-making in relation to reunification in child protection cases is very well placed, and that considerable expertise and caution must be exercised when making these decisions. In particular, due consideration must be given to the extent to which family circumstances have improved since the child first came into care, and the extent to which families have been willing, and able to work towards goals, and access the appropriate services to resolve the problems leading to the original child protection notification.

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## Appendix

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### Principal Types of Placement Order

Type of Order or Authority	Relevant Section of Child Protection Act 1993	Nature and Duration
Parental Authority	Not applicable	6 weeks with 6 week extension (No court involvement)
Voluntary Custody Agreements (VCA)	Section 9	3 months with 3 months extension (no Court involvement)
Emergency Removals	Section 16 and 17	S. 16 Removal of child from dangerous situation by police or the Department S.17 Removal from Guardians if safety is jeopardized
Investigation and Assessment Orders	Section 21 Section 23	S.21 Investigation and Assessment of abuse cases for up to 28 days S.23A Interim Custody of Minister for cases for < 28 days
Short term orders	Section 38	Short-term Custody Orders are granted if GOM-12-months is not immediately available
Guardianship until 18	Section 38	GOM until the age of 18