



Certainty for Children in Care

Children with Multiple Care and Protection Orders: Placement history, decision-making and psychosocial outcomes

Dr Paul Delfabbro

School of Psychology, University of Adelaide

Dr Helen Jeffreys, Nancy Rogers, Ros Wilson & Mignon Borgas

Department for Families and Communities

The study found that only a relatively small number of children experienced more than two 12 month Care and Protection Orders. The principal causes of multiple orders was (a) the time required for families to improve their situations and parenting capacity, (b) their failure to engage with the Department, and (c) the willingness of workers to give families time to improve their circumstances. Although the results showed little evidence that children with multiple orders experienced any significant psychological harm as a result of their experiences, the findings provide further evidence for the importance of achieving certainty and stability very early in children's lives. The earlier children enter out-of home care and are protected from violent or abusive home environments - the better their long-term functioning.

This study was designed to gain insights into concerns raised about the effects multiple 12 month Care and Protection Orders may have upon the wellbeing of children, their families and foster carers. The study was conducted as a collaborative research project between the University of Adelaide and the Department for Families and Communities and is part of the larger research project titled 'Certainty for Children in Care' which involves three major interrelated study components.

Context

Under section 38 of the Children's Protection Act 1993, the South Australian Youth Court has the ability to grant 12 month Custody and Guardianship Orders enabling the placement of children into protective care. These 12 month Orders provide an effective way for the Department for Families and Communities to protect children from family situations that are potentially harmful to their physical and psychological well-being.

As outlined in the Layton report (2003, Chapter 23:31), it has been a 'practice of the Youth Court to interpret Section 38 as permitting multiple orders, each not exceeding 12 months' (Chapter 23:31). Multiple 12 month orders are considered 'appropriate in circumstances in which it was important for the child and family to have an opportunity to assess the situation before a long-term plan was put in place' and to allow an 'adequate period for attempting reunification', particularly when it is seen as being in the best interests of the child to do so. Usually, however, it would be 'inappropriate for a court to be making a series of rolling 12 month orders'.

Multiple Care and Protection Orders continue to be a feature of South Australian child protection practice. A small, but not insignificant number of children continue to receive three or more sequential 12 month orders and concerns have been raised about the potentially deleterious effect these multiple orders may have upon the wellbeing of children. A particular concern is

the extent to which multiple orders are creating uncertainty for children and families. Multiple orders, by their very nature, delay or preclude longer term orders, so that children may be left uncertain about their long-term circumstances for lengthy periods of time. Such prolonged uncertainty is harmful not simply because it has the potential to create anxiety for children, but because it can have significant and detrimental consequences for children's long term development as it limits the child's opportunities to form stable attachments with any carers.

The purpose of this study was to explore incidents where children had been placed on three or more sequential 12 month Care and Protection Orders and investigate what impact these perceived periods of uncertainty and insecurity may have upon them. Specifically, the study sought to examine:

- why some children were experiencing three or more 12 month Care and Protection Orders
- decision making and assessment processes regarding the viability of reunification
- the effects multiple 12 month Care and Protection Orders may have upon children.

It was anticipated that the results of the study would help to:

- identify those factors which are impeding timely decision making for children
- inform policy and planning relevant to achieving certainty and stability for children entering the care system
- assist practitioners in making timely and appropriate decision-making in regards to reunification prognoses.

Research methods and sampling

The study was conducted using both qualitative and quantitative research methods.

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 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. Each group was asked to indicate their thoughts around:

- why children and young people are experiencing multiple 12 month orders
- what impact (positive and/or negative) they believed multiple 12 month orders may have upon children and their sense of stability

A pro-forma was developed to record data in relation to children who had been subject to three or more sequential 12 month Care and Protection Orders as at June 2005 (n=46). Data was collected from the Families SA '*Client Information System*' data base and case-file readings were also undertaken. The caseworkers for these children were also interviewed and Goodman's (1997) Strengths and difficulties Questionnaire was utilized to assess the general emotional and behavioural functioning of the children in the study. Two checklists were also developed to identify whether the child had any significant conduct disorder issues or high support needs (e.g. disabilities, physical illness, ADHD). In combination, these methods sought to obtain information concerning:

- factors contributing to the child's entry into care
- placement histories
- decision making processes
- the reasons for the multiple orders; and
- how the series of multiple orders had affected the children.

In order to make more meaningful statements about some key variables included in the study, a comparative sample of 42 children who had not experienced three or more sequential 12 month orders was also included in the study design. The children in the comparative group were randomly selected from the population of children with this characteristic in out-of-home care as at June 2005.

The demographic analysis showed that the two groups were very similar

- both groups contained an equal representation of males and females
- approximately three quarters of the children were from the metropolitan area
- 22% of the children were Aboriginal and/or Torres Strait Islanders
- the average age of the children was 8 years
- approximately a third of the children were in a foster placement
- just under one in five were in relative care
- all of the Aboriginal children (except one) were placed with Aboriginal kin or with Aboriginal foster carers.

Only two of the children with three or more 12 month orders were on special needs loadings (one with 250% and one with 50%). A further four children had high intervention needs loadings ranging from 25% to 150%. Almost identical results were obtained in the comparison group (three with special needs loadings and three with high intervention loadings).

More detailed information about siblings was collected for the children with three or more 12 month orders. These children were generally from families with several other siblings who were also in care. For example:

- 40% had no other siblings in care,
- 58% had siblings who were also in care
- 33% had a sibling living in the same placement

Findings

Factors contributing to the child's entry into care

Children who had experienced three or more sequential 12 month orders came from families experiencing multiple and complex difficulties:

- over three quarters of children came from families affected by domestic violence,
- over 70% of children had been severely neglected or had substance abusing parents
- 60% of parents had mental health problems
- over half of the families were affected by significant poverty.

Children who had only had one or two 12 month Care and Protection Orders came from families with similar characteristics to those children who had experienced multiple orders. However, there were some differences. This group was less likely to have parents with mental health issues; but was more likely to have been physically abused, have homeless parents, and have parents who had expressed an unwillingness to provide care.

Overall, the data suggested that the children with a greater number of 12 month orders tended to come from more complex family backgrounds with these families experiencing more difficulties in combination.

Placement histories

For the sample of children who had experienced three or more sequential 12 month orders:

- approximately 55% had first entered care as infants (age 0-2 years)
- just over one in five had entered care after the age of six
- over half of the children had experienced no previous placements prior to their current placement
- over one in five had experienced seven or more previous placements (including one child who had experienced 28 previous placements).

In comparison to the sample of children who had experienced only one or two 12 month Care and Protection Orders, the group of children who had three or more 12 month orders had:

- experienced significantly more previous placements

- entered care at an earlier age, and
- spent more time in care.

Reunification efforts

Case files and CIS data analyses were undertaken to ascertain how many attempts at reunification had taken place for both groups. Overall, there was no significant difference in terms of the number of reunification attempts with families between the two comparison groups. For the children who had three or more 12 month orders, for which more detailed information was obtained:

- 36% of children were found to have had only one previous reunification attempt.

Reunification efforts tended to fail due to parents' inability to meet case goals and/or demonstrate their ability to safely care for their child(ren). Where children had been placed on three or more 12 month care and protection orders, workers were asked to indicate whether there were currently any reunification plans in place.

- Reunification plans or processes were in place for 67% of children
- 13 children (29%) had no such plans.

Where reunification plans were in place, caseworkers were then asked to score family progress against case goals on a five point scale.

- Almost half of the families - 47% - were making very good progress towards attaining case goals
- 13.3% were assessed as making satisfactory progress, and
- 29% of the families were reported to be making poor progress.

Further analyses were then conducted to assess which families did better than others. The results showed that families who had made poorer progress tended to have:

- children who entered care at a younger age
- experienced multiple reunification attempts
- be from the metropolitan area
- have backgrounds of homeless or housing instability.

Reasons for the multiple orders

Case file readings were undertaken to ascertain which factors Families SA had taken into account in the assignment of multiple 12 month Care and Protection Orders, and why the child's status had not been resolved more expediently. Overwhelmingly, the principal cause of multiple orders was to allow parents the time to improve their situations and parenting capacity and make progress towards goals specified by the Department, presumably in cases where positive developments could be reasonably anticipated. From the case file readings, multiple orders did not appear (for the majority of cases) to reflect inappropriate practice, but rather the significant amount of time required to achieve reunification or prepare for an application for a long-term Guardianship to 18 years Order.

Case-workers were also asked an open-ended question that required them to indicate what factors had been most important in decision making regarding multiple orders. On the whole, this question did not yield any information not otherwise obtained through a reading of the case files. From the perspective of case workers the principal cause of multiple orders was the time required for birth families to work towards goals, their failure to engage with the Department, and the willingness of Families SA workers to give families the time to improve their circumstances. The intermittent nature of mental health problems was also mentioned for a number of cases as was the inability to keep in contact with families who were either homeless or who lived transient lifestyles.

Focus groups ascribed more value to the role of the Youth Court as a determining factor in the use of multiple short-term orders. As they saw it, one of the principal causes of the increase in the use of multiple short-term orders has been the way in which the Children's Protection Act 1993 has been interpreted by the Youth Court. As it stands, Section 38 (2) of the Act contains two clauses, (a) and (b); each of which can theoretically be used to grant a long-term Guardianship Order (Guardianship to 18 years). However, focus group participants felt that the Youth Court appears to only grant orders for Guardianship to 18 years when both clauses have been satisfied. In other words, children will need to have been placed for at least two years under other short-term orders before a long-term order will be granted. Whilst this explanation provides some justification for children experiencing two sequential 12 month orders, it is not helpful in explaining why some children experience three or more sequential orders. It is however, consistent with the findings from the quantitative study that multiple orders were generally used in the context of reunification process that were more likely to be successful.

Focus group participants highlighted three other possible reasons for multiple 12 month orders. They were:

- poor interventions primarily based on ill-conceived reunification attempts
- discrepancies across Families SA offices, with some offices seen to be more willing than others to 'give parents a go'
- lack of long-term placement options (which provides justification for the prolonged use of short-term orders and even made reunification appear more practical in some cases).

Future destinations and case planning

Case-workers were asked to indicate the current plans for each child in relation to legal orders. For a large percentage of the children, longer term planning for permanence had been realized. For example:

- there was no intention to seek any further orders for 60% of the children
- 5.6% of the children were to be placed on long term Guardianship to 18 years Orders
- two children who were already under Guardianship to 18 years were to have these orders revoked.

Further delays in decision making were likely for a small number of children:

- In two cases, a fourth 12 month order was being sought
- In a further three cases, no decision had been made pending further discussions with the parents in family care meetings.

A similar analysis was conducted to determine the current placement plans for the children:

- 40% of the children had already been reunified with their birth families by the time the case-workers were interviewed
- Over a third of children were expected to remain in foster care, and
- Almost one in five were expected to be reunified with their birth families.

The effects of multiple orders upon children

Goodman's (1997) Strengths and Difficulties Questionnaire¹ (SDQ) was utilised to assess the general emotional and behavioural functioning of the children in the study and two checklists

¹ 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.

were also developed to identify whether the child had any significant conduct disorder issues or high support needs (e.g. disabilities, physical illnesses, ADHD).

The SDQ scores for the children who had three or more sequential 12 month orders were higher than those obtained in a normative population of children of the same age. Specific findings included:

- scores in the abnormal range of conduct disorder were almost twice as high
- hyperactivity and emotionality scores were similar to a normative population
- the prevalence of abnormal peer problems was four times what would be expected in the general population
- children with higher conduct scores also had a greater number of placement changes
- children with higher hyperactivity scores had a greater number of reunification attempts.

Very few children who had three or more 12 month orders were identified as having significant behavioural problems, but almost one in five were reported to be very depressed or anxious, and 13% had an intellectual disability.

Only relatively few SDQ assessments were able to be completed for the comparison sample. Nevertheless, the results clearly show that the prevalence of all problems were significantly greater in the comparison sample. The rates of abnormal psychosocial problems were four to five times what would be expected in a general population. Thus, those children with three or more 12 month Care and Protection Orders were generally better adjusted than children who had been placed on fewer 12 month orders (though less well adjusted than children across the general population).

Caseworkers were asked to comment on what effect they thought the multiple orders had had on children. Responses were coded into themes and tabulated. The results suggested that multiple orders had:

- a positive influence on 44% of the children
- no discernable effect on 20%, but
- a very negative influence on 33%.

Positive effects included:

- improved parent child relationships
- parents developing new skills
- children receiving needed services
- stability in care and continuity of relationships with birth families.

The negative effects cited focused predominantly on the significant trauma associated with separating children from their parents

Focus group discussions tended to centre on the perceived negative effects multiple 12 month orders may have upon children's sense of stability and belonging. These discussions also highlighted the impact a succession of short term orders may have upon the foster carer's ability to provide a child with stable and secure care. It was suggested that carers found short-term orders very difficult because there was no placement security or motivation to establish attachments or emotional bonds with children. Focus group participants also suggested that 12 month orders were not conducive to the reunification process in that they do not provide sufficient time to:

- effectively engage parents
- provide parents with the time needed to demonstrate significant changes in their life
- settle the child, and
- seek the views and assessments of other experts (e.g. Child Protection Services and psychologists).

Further analysis was undertaken to identify which children had responded more or less favourably to the multiple orders. Cases were classified according to whether the outcome had

been positive or negative. Analyses examined these classifications in relation to demographic variables, the child's placement history, their social background and their psychological adjustment as based on the SDQ scores. The demographic analyses showed that:

- Aboriginal and/or Torres Strait Islander children were found to have responded significantly less favourably with only 10% being in the positive group compared with 56% of non-Aboriginal children.

Analyses by placement history showed that:

- Children who were classified as having more negative outcomes had experienced a significantly greater number of placements.

Analyses by social background revealed:

- There were fewer positive outcomes for children from backgrounds with substance abusing parents (82% were positive if no substance abuse vs. 46% with substance abuse problems).

Analysis of SDQ scores confirmed that:

- Children who were classified as responding negatively did indeed have significantly poorer scores on three of the principal SDQ subscales.

All of the effect sizes were moderate to very large.

Child's relationship with family

Case worker interviews suggested that 82.2% of children who had received three or more 12 month orders were considered to still have strong attachments to their birth families (compared to 72% in the comparison group - no significant difference). Data analysis indicated that those children who were still attached to their parents:

- were significantly less likely to have been neglected
- were more likely to have entered care at an older age
- had experienced significantly fewer previous reunification attempts.

50% of the children who had three or more sequential 12 month orders were reported to have expressed a strong wish to be reunified with their parents. Children who had expressed a wish to be reunified were:

- less likely to be from homeless backgrounds (19% vs. 71% for homeless)
- more likely to have been physically abused (78% vs. 27% for not being physically abused)
- more likely to be from the metropolitan area (41% vs. 13% rural children).

Analysis of the comparison sample showed that significantly fewer children (only 28%) wanted to be reunified with their parents.

Detailed information was sought concerning the nature and frequency of contact between children and birth family members.

- The most common form of contact was face-to-face contact with mothers.
- It was generally rare for contact arrangements to involve fathers, siblings, or other extended family.

Analysis was also undertaken to determine whether certain types of contact were more or less frequent between the two comparison groups. The results showed that:

- Children who had three or more 12 month orders had more unsupervised face to face contact with their mothers and more overnight stays.

Support for the placement

Information regarding the services and supports provided to the child since he or she entered the current placement were also explored. These analyses showed that paediatric services

were the most common services utilized, followed by counselling, psychological and behaviour management and support services.

Children who obtained a greater variety of services included those:

- who had been physically abused
- who scored higher on the SDQ subscales of conduct disorder and hyperactivity
- whose family backgrounds had a greater number of problems.

Service delivery therefore appeared to be most responsive to children who had more complex needs and challenging family backgrounds.

Services utilized by families

A final analysis examined the services recommended, available and utilised by birth families in order to address the difficulties that had led to the children's placement in care. This analysis found that:

- 40% of the families had received counselling
- over half had received family reunification services or drug and alcohol services
- approximately a quarter to a third had received either financial, psychiatric, parenting skills training or anger management services.

Any other services were generally accessed by only a relatively small number of parents. The figures indicated that, unless families had been able to resolve their difficulties without formal interventions, many families had not received the services required. On the whole though, parents appeared to be willing to follow up on the recommendations of Families SA when the relevant services were available, although the uptake of domestic violence, psychological services, and intensive family support workers was less satisfactory.

Discussion and conclusions

The findings of this study indicated that the principal cause of multiple 12 month orders was the time required by parents to address issues that may currently prevent reunification, their reluctance to engage with the Department; and the willingness of Families SA workers to give families the time to improve their circumstances, particularly in those cases where positive developments could be reasonably anticipated and where children expressed a strong desire to return home and maintained an emotional bond with their parents. The lack of suitable placement options in the out-of-home care system was also found to have contributed to, and provided some justification for, the use of three or more sequential 12 month orders (and even made reunification appear more practical in some cases).

The findings of this study indicated that multiple 12 month orders appear to be associated with lengthy reunification processes and are an underlying reflection of the difficulties faced by workers in the out-of-home care system. Many studies have shown that families with multiple and complex problems have difficulty achieving reunification and progress is often slow, with families taking many months or years to come to terms with and address the actual changes in behaviour and circumstances required.

The study suggested that multiple orders were not indicative of general practice and that the occurrence of three or four sequential 12 month orders did not represent poor decision-making or practice, but rather the significant amount of time required to achieve reunification or alternatively, to prepare for a long-term guardianship order. Caseworkers suggested that decision making for this particular group of children was often not straightforward with the actions and or status of the family being influential in delaying decision making and assessment processes. For example, sometimes it was not possible to locate parents, or some parents suffered from recurring mental health issues, whilst others were hostile and uncooperative making it difficult to obtain sufficient information relevant to assessment and case planning purposes. Given this, workers found it very difficult to make appropriate recommendations

about the suitability of long-term orders or to feel confident about the family's engagement or lack of engagement with services within the short time frame of a 12 month order. Multiple orders were therefore seen to provide sufficient time and opportunity for greater certainty to be achieved about the viability of reunification.

The comparative analysis of children with three or more orders to those with fewer orders revealed a number of important child and family characteristics related to decision making regarding the probability of reunification. In general, children who had three or more sequential orders were less likely to be victims of physical abuse, to come from families which were homeless, or to have parents who were unwilling to provide care. Rather, they were more likely to have parents with mental health problems. These differences are of importance when considering the prognosis for reunification and are perhaps indicative of why these children experienced multiple orders. For example, it is very difficult to reunify children who have been persistently physically abused or where there is no home available (Barber & Delfabbro, Barber, & Cooper, 2003; Delfabbro, 2004; Delfabbro et al., 2006), but it may be possible to reunify children in situations where the mother has mental health issues that are amenable to treatment (e.g. post natal depression or other similar difficulties). In other words, the reason why the children in this sample had multiple 12 month care and protection orders was because their families offered a better prospect for reunification.

Certainly, the analyses of reunification data confirmed that reunification plans had been established for two-thirds of children who had three or more 12 month orders and, that these children had strong attachments to their parents and were open in expressing their desire to be reunified with them. Additionally, caseworker interviews and focus group findings suggested that reunification is an intensive, lengthy process whose success is dependent upon a number of factors - principally, the motivation and willingness of parents to engage in the process. In this respect, it is interesting to note that those families who tended to make poorer progress with regards to reunification efforts included those who had children who entered care at a younger age, those who had experienced multiple (failed) reunification attempts, and those who had backgrounds of homelessness or housing instability. Arguably, each of these factors would impact upon parent/child attachment and bonding as well as caseworker's abilities to engage (transient) parents in a sustained and purposeful reunification plan.

The study also suggested that multiple orders were, on occasions, used as a means for ensuring children's continued safety even after children had been reunified with parents (i.e. as a 'watching brief' or supervisory power). 40% of the children in this study were still under a 12 month order although they had returned home. These results suggest that some families will require substantial service support following the return of children. Indeed, caseworker's reported that for some families, the multiple orders allowed them to maintain a mandate for involvement whereby they could more thoroughly assess parents readiness for reunification, for example, by monitoring parents abilities to manage once the child(ren) had been returned home and to allow further time to observe sustained change in those behaviours and circumstances that had directly affected the long-term safety and well being of the child. In effect, the multiple orders provided workers and children with a kind of safety net post reunification and before mandated supervision was withdrawn.

It had also been expected that children with three or more 12 month orders would be more poorly adjusted due to having experienced prolonged periods of uncertainty. Certainly, the focus group participants consistently expressed this concern. However, contrary to expectations, the children who had three or more 12 month orders had rates of psychological functioning that were not markedly poorer than population norms (17% abnormal for SDQ total scores vs. 10% for a normative sample). Indeed, almost every aspect of psychological functioning was much poorer in the comparison group of children who had experienced only one or two 12 month orders. There were, however, some differences to be observed between the two groups that might account for this result (note: cause and effect cannot be determined rather it is an observed relationship). The children who had experienced three or more 12 month orders had entered care at a younger age and were less likely to have been physically

abused. Both these factors have been found to play a very important role in child wellbeing outcomes². As a general rule, children who enter care later and, in particular those with high rates of exposure to physical abuse, tend to have much poorer psychological and social functioning. In effect then, it might be that the children with three or more 12 month orders had quite good levels of psycho-social functioning because their families tended to have a lower prevalence of the problems that very strongly contribute to severe disruptions in wellbeing (e.g. violence)³ and given their early entry into care these children were less 'damaged'.

In sum, although the results showed little evidence that children with multiple orders have experienced any significant psychological harm as a result of their experiences, the findings provide further evidence of the importance of achieving certainty and stability very early in children's lives. Children who were more poorly adjusted (i.e. those with higher conduct scores on SDQ scales) had experienced greater placement instability and children with higher hyperactivity scores had experienced at least one failed reunification attempt. Similarly, children who were classified by caseworkers as being negatively affected by having three or more 12 month orders were also found to have experienced a greater number of placements and to have significantly poorer scores on three of the principal SDQ subscales. Whilst acknowledging the complexity intrinsic to child protection work and the difficulties workers face in predicting with certainty which families will respond positively to services, the findings of the study remind us that reunification attempts should not go on indefinitely. Rather, reunification needs to be targeted, time-limited and subject to change if parents are unable to achieve significant progress. The study therefore highlights the need for further research to assist in decision making and in the development of resources and services to support and strengthen families and enhance timely reunification. Further research regarding what combination of services and client characteristics tend to promote positive changes for parents and children in support of successful reunifications is also needed.

² Osborn and Delfabbro (2005) A national comparative study of children with high support needs in out-of-home care. University of Adelaide, Adelaide.

³ SDQ scores were lower when physical violence was present.

This bulletin draws on the findings of the '*Certainty for Children in Care*' research project. A full copy of the report and details of statistical analysis can be obtained from the Department for Families and Communities website.

For more information please contact:

Department for Families and Communities
Strategy and Research
Research and Analysis Unit

research@dfc.sa.gov.au
Tel: (08) 8463 7129
www.familiesandcommunities.sa.gov.au



**Government
of South Australia**

**Department for Families
and Communities**