Department for
Families and Communities

Research Report

Certainty for Children in Care

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

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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 that 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 second component of the study, *'Children with Multiple Care and Protection Orders: Placement history, decision making and psychosocial outcomes'* and explores incidents where children 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.

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 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 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.

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

Under Section 38 of the Children's Protection Act 1993 it is possible for the South Australian Youth Court to grant 12 month Custody or Guardianship Orders enabling the placement of children into protective care. These 12 month Care and Protection 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 and are designed to provide a limited time-frame within which to determine appropriate courses of action, e.g. to work with families to resolve the problems that led to the child being placed into care, or to consider alternative long-term placement options for the child. Under the current legislation, there is a specific requirement that these orders have a maximum duration of 12 months wherein a new application for a Custody or Guardianship Order will need to be made if the child or young person is not to return home.

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'* (ibid).

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 Care and Protection 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.

1.3 Purpose of the research

The purpose of this research 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 is anticipated that the results of the study will:

- 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.

2 Research methods

The study was conducted using both quantitative and qualitative research methods. The methods involved are outlined below.

2.1 Focus groups

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 (see Appendix 1).

Focus groups were run by two moderators and did not involve audio-recording, although detailed notes were taken during the course of the sessions. 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 Care and Protection Orders may have upon children and their sense of stability.

The focus groups were largely unstructured and driven by participant responses.

2.2 Case file analysis and caseworker interviews

A pro-forma was developed to record data in relation to all children who had been the subject of three or more sequential 12 month Care and Protection Orders as at 30th 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 (or the worker who had most contact with the child's case during the previous six months) and Goodman's (1997) Strengths and Difficulties Questionnaire (SDQ) 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 i.e. demographics and family backgrounds
- placement histories
- decision making processes
- the reasons for the multiple orders

- what impact the series of multiple orders were having upon children
- the relationships between different parties in the system, i.e. the child, birth families, foster families and case-workers, and
- the service responses to children with multiple orders.

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 in out-of-home care as at June 2005.

3 Findings

3.1 Demographic characteristics and placement status

Overall, only 46 children were identified as having three or more sequential 12 month orders at 30th June 2005. This number was surprisingly low as it had been expected that more children would have experienced multiple orders. A summary of demographic characteristics of the multiple order and comparison group is provided in Table 1. Overall, the two groups were very similar in terms of demographic characteristics:

- both groups contained an equal representation of males and females
- approximately three quarters 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 children were in a foster placement
- just under one in five were in relative care
- 50% of children were at home with birth parents
- all of the Aboriginal children (except one) were placed with Aboriginal kin or with Aboriginal foster carers.

Table 1: Demographic characteristics and placement status

	Three or more 12 month orders ***N* (%)** **N = 46**	***One or two 12 month orders*** ***N* (%)** **N = 42**
Gender:		
Male	23 (50.0)	23 (55)
Female	23 (50.0)	19 (45)
Age Group:		
0-4 years	13 (28.3)	9 (21.4)
5-8 years	12 (26.1)	12 (28.6)
9-12 years	11 (23.9)	6 (14.2)
13-18 years	10 (21.7)	15 (35.7)
Ethnicity:		
Non-Aboriginal	35 (76.1)	34 (81.0)
Aboriginal and/or Torres Strait Islander	11 (23.9)	8 (19.0)
Area:		
Metropolitan area	34 (73.9)	31 (73.8)
Regional	12 (26.1)	11 (26.2)
Current Situation:		
Foster care	15 (32.6)	11 (26.2)
Relative care	8 (17.4)	10 (23.8)
At home	23 (50.0)	20** (47.6)

* Not all figures sum to 100% due to missing data **At home or in independent living

Only two of the children with three or more 12 month Care and Protection 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 Care and Protection 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.

3.2 Factors contributing to the child's entry into care

Children who had experienced three or more sequential 12 month Care and Protection Orders came from families experiencing multiple 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 children were identified as having parents with mental health problems,
- another 60% of children had parents who were homeless or experiencing housing instability
- over half of the families were affected by significant poverty.

Children with 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 (see Table 2 and Figure 1).

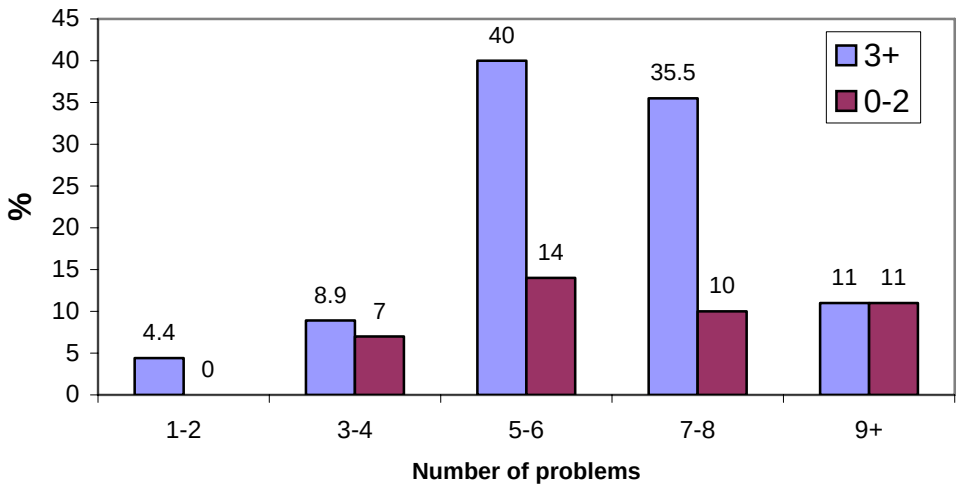
Table 2: Principal social and family difficulties

	Three or more 12 month orders *N* (%) N = 46	**One or two 12 month orders *N (%)* *N = 42***
Domestic violence	34 (75.6)	24 (57.1)
Severe neglect	32 (71.1)	27 (64.3)
Parental substance abuse	31 (68.9)	27 (64.3)
Parental mental health issues*	27 (60.0)	17 (40.0)
Financial difficulties	26 (57.8)	29 (69.0)
Emotionally abusive	23 (51.1)	28 (66.7)
Physically abusive*	20 (44.4)	28 (66.7)
Homelessness/ housing inadequate*	16 (35.6)	25 (59.5)
Parents imprisoned**	15 (33.3)	8 (19.0)
Sexually abusive	9 (20.0)	8 (19.0)
Teenage parents	8 (17.8)	4 (9.5)
Rejection/ Abandonment	6 (13.3)	10 (23.8)
Parents unwilling to provide care*	6 (13.3)	14 (33.3)
Parent's intellectual disability	5 (11.1)	3 (7.1)
Parent's physical illness	4 (8.9)	1 (2.4)
Change in family configuration	5 (11.1)	3 (7.1)
Parent formerly GOM	1 (2.2)	3 (7.1)

*significant group difference, $p < .05$

** a parent may not necessarily have been imprisoned at the time the child first entered care but may have been imprisoned while the child was under a 12 month Care and Protection Order.

Figure 1: Number of problems noted at time of entry into care



The relationships between the principal social and family background difficulties for the children who had three or more sequential 12 month Care and Protection Orders were further analysed. These results showed that:

- Children from families with *financial problems* were significantly more likely to come from homes with domestic violence (70.6% vs. 18.2% without domestic violence), emotional abuse and where parents were imprisoned
- *Children from families where homelessness/inadequate housing* was an issue were also more likely to have experienced domestic violence (44% vs. 9.1% no domestic violence), parental mental health problems (48.1% vs. 16.7% with no parental mental health problems) and rejection and abandonment (83.3% vs. 28.2% with no rejection issues)
- Domestic violence was more likely to be present when there was neglect (92% vs.52.6%)
- Substance abuse problems were more common when there was emotional abuse (82.6% vs. 54.55%) or neglect (80.6% vs. 46.2%)
- Substance abuse problems were less likely when there was evidence of sexual abuse (33.3% vs. 77.8% with no sexual abuse) and where the parents had an intellectual disability (20% vs 75%)
- Sexual abuse was less common when there was emotional abuse (4.3% vs. 36.3% for no sexual abuse).

There were very few statistically significant associations between children's demographic characteristics and social background factors. However, for the group of children who had three or more 12 month orders, the following was concluded:

- Children from regional offices were far **less likely** to have families with housing problems (0% vs 48.5% for children from the Metropolitan area) or to have parents who were imprisoned (0% vs. 45.5%), but they were **more likely** to have been physically abused (75% vs. 33% for children from the metropolitan area) and to have parents with mental health problems.
- Aboriginal and/or Torres Strait Islander children were significantly **more likely** to have families with financial problems (90% vs. 48.6% for non Aboriginal children), to come from homes with domestic violence (100% vs. 68.6%) or substance abuse problems (100% vs. 60%). Aboriginal families were also characterized by a significantly greater number of problems overall.

Similar analyses were conducted with the comparison sample. In this sample:

- Aboriginal and/or Torres Strait Islander children were **more likely** to have parents with substance abuse problems or to be victims of neglect
- Children from regional areas were **more likely** to be physically and emotionally abused.

When children's placement history and social background factors were analysed it was found that:

- **homeless** children typically **entered care at a younger age** than other children
- **domestic violence** was also associated with an **earlier entry into care**
- **physical abuse** was associated with a **later entry intro care.**

3.3 Placement histories

For the group of children who had experienced three or more sequential 12 month Care and Protection 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.

A summary of the placement distributions is provided in Figures 2 and 3.

Figure 2: Age first entered care:

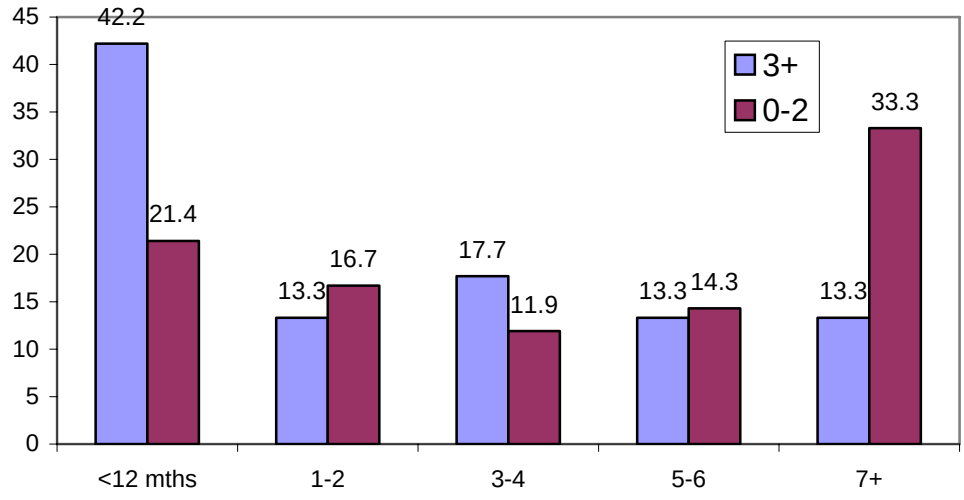
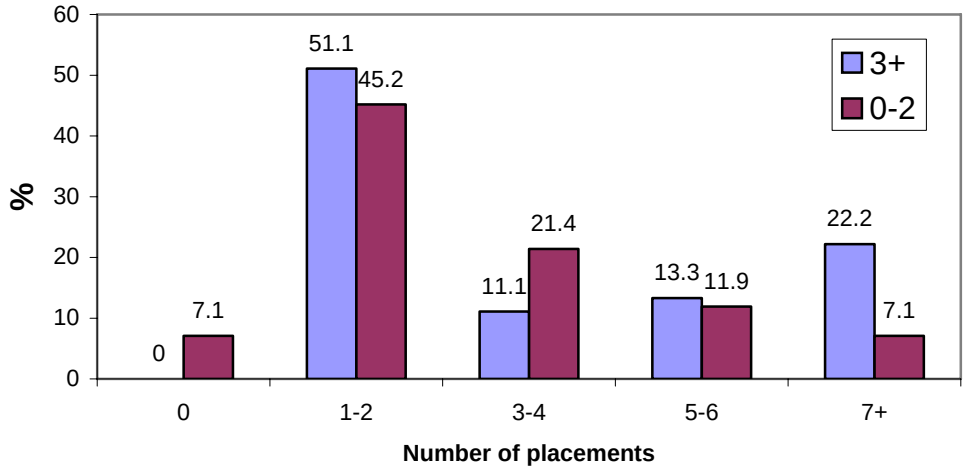


Figure 3: Number of previous placements:



3.4 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 between the two comparison groups. Of the children who had three or more 12 month orders, 36% were found to have had only one previous reunification attempt.

According to the case file readings and interviews with caseworkers, 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). Table 3 (below) provides a summary of the reasons for failed reunification attempts.

Table 3: Principal reasons for not reunifying children who had 3 or more 12 month orders (multiple order group)

Explanation	***N* (%)**
Parental inability to meet case goals	10 (22.0)
Level of risk still too high	11 (24.4)
Parents unable to care for child	8 (17.7)
Changes in family composition	6 (13.3)
Failure to assume responsibility for abuse	4 (8.9)
No primary attachment to parents	3 (6.7)

* Data not available for all cases.

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.

When workers were asked what would need to happen in order for children to go home, a number of responses were provided. Many children were already at home, or there was no hope of reunification, so answers were only provided for a relatively small number of cases. Some of these responses included:

> "The mother needs to address her mental health issues"
>
> "The mother (recently released from prison) needs to find suitable accommodation and remain drug and offending free"
>
> "Parents need to comply with the Department's case-plan and abstain from substance abuse; the mother must continue with treatment, and the parents must acknowledge the child's global delays and consult with Disability SA"
>
> "The mother needs to complete all case goals, such as enrolling children in kindergarten, taking the younger children to playgroup, continuing her therapy and be receptive to home visits from a family support worker"
>
> "The parents must abstain from drug-taking, maintain stable housing, and engage with the reunification plan"
>
> "The mother needs to refrain from drug use and offending and participate in the reunification plan"
>
> "The mother needs to demonstrate her ongoing commitment to the child"

Where reunification plans were in place, caseworkers were then asked to score family progress against case goals on a five point scale ranging from 1 = No progress, 3= Satisfactory, and 5 = On track to reach all goals.

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

Generally, reunification appeared likely for many of the multiple order group. Families who had made poorer progress with reunification were more likely to have:

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

3.5 Reasons for the multiple orders

Case file readings were undertaken in order 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. A number of detailed responses were obtained and these were content analysed to identify similar responses. A summary of the different responses and their frequency is provided in Table 4. 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. Multiple orders therefore appeared to be predominantly connected to reunification processes. From the case file readings, for example, multiple orders did not appear (for the majority of cases) to reflect inappropriate practice, but rather the significant amount of time required to either achieve reunification or prepare for an application for a long-term Guardianship to 18 years Order.

Table 4: Factors relevant to Families SA decision-making

	N (%)
Parents were still completing Departmental goals or needed to be given more time to resolve their problems	16 (34.8)
Psychologist indicated that the child was still attached to parents so that a long-term order was undesirable	5 (10.9)
Reunification, as opposed to GOM-18, always looked promising from the outset and was part of the case-plan	4 (8.7)
There was a reluctance to seek any sort of long-term order for Aboriginal children	3 (6.5)
Psychologists indicated that the child should not go home and that the Department should work towards a long-term order	3 (6.5)
The Department needed time to lay the groundwork for a long-term order	2 (4.3)
The child didn't want to go home, but there was no long-term order as yet	2 (4.3)
The CP orders seemed appropriate given the nature of the problems (sexual abuse)	2 (4.3)
Not enough evidence against family to secure long-term order at the time	1 (2.2)
Reunification had not been previously attempted, so the orders were extended	1 (2.2)
The child protection issues were less of a concern, so the long-term order was no longer pursued	1 (2.2)
To avoid confrontation at trial	1 (2.2)
Child's interest not seen as a priority	1 (2.2)
Parental mental health kept on lapsing, or parents kept getting imprisoned before reunification plans could be effected	1 (2.2)

(*n* = 46)

The actions and/or status of the family were seen as influential in delaying the decision to seek a long-term order in a number of cases (see Table 5). One of the principal difficulties was that the status of the parents was either difficult to determine or remained unstable. In at least a half dozen cases, it was not possible to contact or locate parents, whereas in a similar number of cases, the parents were troubled by recurring mental health issues. Just when it seemed that the parent was ready to have the child home, the parent's problems would reappear, only to improve by the time the next order was due. There were also cases where parents were hostile or uncooperative so that it was not possible to obtain sufficient information relevant to case-planning, or where conflict between different family members (e.g. between couples) made it difficult to decide whether the family environment was suitable. Other miscellaneous factors included the fact that some parents were given short prison terms for crimes unrelated to child abuse, or situations where more time was needed to determine whether relatives were suitable as care-givers.

Table 5: Family factors that contributed to multiple orders

	***N* (%)**
Indeterminate status or whereabouts of birth parents	7 (15.2)
Parental problems come and go	7 (15.2)
Uncooperative or hostile parents	6 (13.0)
Family conflict	3 (6.5)
Family indecisiveness in relation to Family Court application	2 (4.3)
Parent's prison term less than three years	2 (4.3)
Relatives emerging as a placement opportunity	2 (4.3)
Awaiting parents to seek treatment or engage with services	1 (2.2)

(*n* = 46)

There were 12 cases in which concerns surrounding the appropriateness of long-term foster care made case-workers reluctant to seek long-term orders. In ten of these cases children had already experienced multiple placement changes, placement breakdowns, or unsuitable placement options. In these cases, it was not seen as being in the child's best interests to allow the child to keep changing placements, or to keep moving backwards and forwards between home and care, or to continue to place the child into placements where he or she was acting out. In one case there was a shared care arrangement between the parent and a relative, so the issue was ambiguous, and another had been resolved by the fortuitous discovery of a grandparent who seemed capable of providing longer-term care. In summary, the lack of suitable placement options in the out-of-home care system probably contributed to around a quarter of cases not proceeding to longer-term placement orders.

Four child-related issues were also identified as factors that had contributed to multiple orders rather than the procurement of a long-term order. As indicated in Table 6, these factors were influential for only a relatively small number of cases, but suggest that long-term orders were generally not sought in situations where children expressed a desire to return home, when foster care seemed unsuitable, and when children still maintained an emotional bond with their parents.

Table 6: Prevalence of child factors that contributed to multiple placements

	***N* (%)**
Child wanted to be reunified	4 (8.7)
Child was responding poorly to being in care	4 (8.7)
Strong parental attachment despite ongoing problems	2 (4.3)
Desire to maintain child's placement with his/ her parents	2 (4.3)

(n=46)

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 (see Table 7), 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.

Table 7: Reasons for multiple orders

Principal reasons as perceived by caseworkers:	**N (%)**
Time taken for families to work towards goals or resolve their problems	16 (34.8)
Parents reluctance to engage with Department or initial hostility	11 (23.9)
Intermittent mental health problems of parents	9 (19.6)
Changing circumstances of parents (e.g., due to homelessness)	5 (10.9)
Parents in jail for 2-3 years	3 (6.5)
No obvious placement options	2 (4.3)
Reluctance to place Aboriginal children in long-term care	2 (4.3)
Lack of services and supports for mother	1 (2.2)
Always hopeful of reunification	1 (2.2)
Parental indecision about reunification	1 (2.2)

(*n* = 46)

Focus groups ascribed more value to the role of the Youth Court as a determining factor in the use of multiple short-term orders. According to participants, 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, Guardianship Orders to 18 years are generally not considered until it can be demonstrated that every effort has been made to assist the child or young person and the family to be safely reunited. Thus, instead of seeking to determine whether an application for Guardianship to 18 years is satisfied by either of the two clauses (as is possible given the discretionary interpretation of clause (a), focus group participants suggested 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.

In the context of the above, some focus groups referred to twelve month orders as 'nonsense orders' in that they are taken out as a legal and administrative necessity even when there was little likelihood of reunification, for example, where families were extremely hostile, had continued to deny previous abuse, and/or demonstrated little interest in caring for their children. Whilst this explanation provides some justification for children experiencing two sequential 12 month orders (e.g. particularly in cases where the preference may have been for a more expedient resolution of the child's future care arrangements through a long term Guardianship Order), it is not helpful in explaining why some children experience three or more sequential 12 month 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 also highlighted three other possible reasons for multiple 12 month Care and Protection 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).

Focus group participants believed, however, that it was very important to determine during the first 12 months of intervention whether reunification was a genuine option and thought this consideration should guide decision-making regarding the most appropriate order to best meet the child's particular

circumstances. Participants felt that reunification should be considered in cases where:

- children display strong attachments to birth parents, and/or
- the parent(s) are motivated and display a willingness and ability to change and succeed in reversing problems that placed their child(ren) at risk.

Conversely, participants felt that reunification was highly unlikely or almost impossible in cases where parents had:

- severe intellectual disabilities
- borderline personality disorders
- a brain injury that precluded a parent from making any progress.

Summary: reasons for multiple orders
In sum, the results suggest that the predominant causes of multiple 12 month Care and Protection Orders related to three principal issues:

- The need for a greater amount of time to help parents work towards Departmental goals or to resolve their problems
- The lack of suitable resources and services to help families deal with their problems in the short-term, or to investigate child protection matters
- Children's unfavourable responses to existing placement options.

3.6 Future destinations and case planning

Case-workers were asked to indicate the current plans for each child in relation to legal orders (Table 8). 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.

Table 8: Current plans re: legal orders

Planning re: future legal orders	***N* (%)**
No further orders	27 (58.7)
Guardianship to 18 years	7 (15.2)
Further 12-month Care and Protection Orders	2 (4.3)
Other	9 (19.6)

(*n* = 46)

A similar analysis was conducted to determine the current placement plans for the children (Table 9).

- 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.

Table 9: Current plans re: placements

Current case plans:	***N* (%)**
Remain in current placement	16 (34.8)
Return to parents	8 (17.4)
Place with other relatives	1 (2.2)
Other long-term foster care	1 (2.2)
Independent living	1 (2.2)
Already reunified with parents or relatives	18 (39.1)

(*n* = 46)

Difficulties in obtaining orders

Caseworkers were asked to indicate if they had experienced any difficulties in obtaining multiple 12 month orders. As indicated in Table 10, the vast majority of case workers experienced few difficulties in obtaining orders with fewer than one in five parents contesting.

Table 10: Difficulties in obtaining orders

Difficulties in obtaining orders:	*N* (%)
No problems	29 (63)
Parents contested at least one order	7 (15.2)
Child wanted to go home	1 (2.2)
Order sought only when attempt to obtain GOM-18 failed	1 (2.2)
Parents not willing to become involved	1 (2.2)
Unknown	6 (13)

(*n* = 46)

Caseworkers were also asked if a longer term order had ever been pursued for the child and whether they had experienced difficulties in seeking and obtaining Guardianship to 18 years. A total of seventeen (37.8%) long-term orders had been sought for the children. Of these, eleven had been granted without too many reported difficulties, two had allegedly been refused because the children were Aboriginal and four had been contested either by parents or another relative of the child.

For those cases where long term orders had never been sought, case-workers indicated that either there had never been an intention for the child to remain in care for very long and that reunification had always been the intention, or that the child had already been reunified so that there was no need to consider a long-term order.

3.7 The effect of multiple orders upon children

Goodman's (1997) Strengths and Difficulties Questionnaire (SDQ) was utilized to assess the general emotional and behavioural functioning of the children in the study. 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, case 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. Cut off scores are based on parental, child or teacher self-report, with the latter being the most conservative (i.e. has the higher cut off scores). Teacher cut-off scores are taken to be the most similar to case-worker reports because neither usually cares for the child on a daily basis. Table 11 (below) summarises the SDQ subscale and total scores for both groups. 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).

Table 11: SDQ Scores

Three or more 12 month orders (n = 46)		**Normal**	**Borderline**	**Abnormal**
	***M* (*SD*)**	***N* (%)**	***N* (%)**	***N* (%)**
Conduct	2.28 (2.4)	24 (52)	6 (13)	9 (20)
Hyperactivity	3.44 (2.5)	31 (67)	3 (7)	5 (11)
Emotionality	2.08 (2.5)	31 (67)	2 (4)	6 (13)
Peer relations	2.79 (2.7)	20 (43)	5 (11)	14 (30)
Total SDQ	10.59 (7.7)	27 (59)	4 (9)	8 (17)
One or Two 12 month orders (n = 22)		**Normal**	**Borderline**	**Abnormal**
	***M* (*SD*)**	***N* (%)**	***N* (%)**	***N* (%)**
Conduct	2.95 (2.9)	10 (45)	4 (18)	8 (36)
Hyperactivity	6.00 (3.2)	9 (41)	0 (0)	13 (59)
Emotionality	3.81 (2.9)	10 (45)	4 (18)	8 (36)
Peer relations	3.77 (2.5)	9 (41)	1 (5)	12 (55)
Total SDQ	16.55 (8.9)	9 (41)	2 (9)	11 (50)

Note: All scores out of 10 (it would therefore be expected that 10% of the general population would score in the 'abnormal' range).

The scores for the children who had three or more 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.

Only relatively few SDQ assessments were able to be completed for the comparison sample, so caution needs to be applied when interpreting the results based on only twenty two cases. Nevertheless, the results clearly show that the prevalence of all problems were significantly greater in the comparison sample. For children who had only had one or two 12 month orders, the rates of abnormal psychosocial problems were four to five times what would be expected in a general population. In other words, 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 Care and Protection Orders (though less well adjusted than children across the general population).

Total subscale scores for the children who had three or more 12 month orders 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 results showed that:

- children with higher conduct scores had a greater number of previous placement changes
- children with higher hyperactivity scores had a greater number of previous reunification attempts.

According to the checklists developed to identify whether children had any significant conduct disorder issues or high support needs, 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 28% had an intellectual disability (Table 12 and 13). The children who had three or more 12 month orders appeared however, to be better adjusted than had been expected with rates of psychological functioning not markedly poorer than population norms (17% abnormal for SDQ total scores vs. 10% for normative sample).

Table 12: Prevalence of children's special needs

	***N* (%)**
Conduct disorder	3 (6.5)
Hyperactivity	4 (8.7)
Depression/ Anxiety	9 (19.6)
ADHD	2 (4.3)
Physical disability	1 (2.2)
Intellectual disability	13 (28.2)

(*n* = 46)

Table 13: Prevalence of specific conduct problems

	***N* (%)**
Damaging or destroying property	4 (8.7)
Offending	1 (2.2)
Substance abuse	1 (2.2)
Temper tantrums	6 (13)
Lying and cheating	2 (4.3)
Fighting or physically attacking others	5 (10.9)
Persistent disobedience	1 (2.2)
Severe school problems	4 (8.7)

School refusal	3 (6.5)
Running away	3 (6.5)
Harm to self	2 (4.3)
Inappropriate sexualised behaviours	2 (4.3)
Sexually at-risk behaviour	2 (4.3)
Interpersonal conflict	5 (10.9)
Attachment problems	3 (6.5)

(*n* = 46)

Caseworkers were also asked to comment on what effect they thought the multiple 12 month Care and Protection Orders were having on the children. Responses were coded into themes and tabulated (see Table 14). The results showed that the multiple orders were seen to have had:

- a positive influence on 20 of the children (44%)
- no discernable effect on 9 (20%), but
- a very negative influence on 15 (33%) of the children.

Where caseworkers had given positive appraisals, the focus was predominantly on the benefits to the children, parents, and the relationship between children and their parents. Multiple orders, it was argued, had done a great deal to allow parents to develop independence; they had *"given the children protection until the children reached school age"; "the child had received services and supports for his emotional wellbeing", "the orders [had] served to protect the child",* or *"allowed for reconnections with birth parents"*. Some children had been provided with:

> *"a stable placement with a carer that loves him and who is able to offer a good standard of life- able to provide age-appropriate stimulation, toys and books, good nutrition" while also maintaining "positive connections with [the] father".*

Table 14: **Effects of multiple orders on children**

	***N* (%)**
Positive influence on the child's wellbeing and development	13 (28.2)
No discernable effect on the child	6 (13)
Helped to establish reconnections with family	6 (13)
Child very sad, desperate or displaced	6 (13)
Child experiencing significant anxiety	4 (8.7)
Child too young to be affected	3 (6.5)
Child's behaviour negatively affected by the separation from family	3 (6.5)
Child very insecurely attached	2 (4.3)
Carers provided a great deal of support for child	1 (2.2)

(*n* = 46)

Negative appraisals given by caseworkers focused predominantly on the significant trauma associated with separating children from their parents. As one worker indicated, the multiple orders had been: *"very, very negative, ridiculous, upset carer, upset mum, upset child"*. Another argued that the child was "*very traumatized by the time of the 3rd order*" and that the child was "*extremely anxious that he would be taken away from his foster mum-evidenced by severe separation anxiety"*. Others said that some children had become "*very clingy with the carer*" or "*very insecurely attached*".

Caseworker reports therefore suggested that the effects of the multiple orders upon children were equivocal. A significant number of children had benefited from the orders, but a third of the sample had been adversely affected.

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.

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 felt that multiple orders were unnecessarily unsettling for children, particularly when cases went to trial and involved a series of

protracted adjournments (one office reported a case where three 12 month orders extended over a five year period). These situations were perceived to create great anxiety in children because of the ongoing uncertainty surrounding their futures, and because this amount of time can often, as one worker put it, "*seem like forever for a child*".

Focus group participants also suggested that 12 month orders were actually 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).

Specialist assessments usually undertaken whilst these short term orders are in place were also seen to give rise to many new issues (emotional and otherwise) that needed to be addressed. Children, for example, are for the first time confronted with the problems existing in their families and faced with decisions about where they ultimately want to live and parents are confronted with assessments that are generally not complimentary of their parenting capacity. Focus group participants suggested that these processes, whilst necessary in securing the best interests of the child, also served to undermine attempts to work in partnership with parents. Workers pointed out that by the time they had managed to re-engage parents following an uncomplimentary assessment often it was again time for the next order to be negotiated with the Court. In effect, workers suggested that they had six month windows of opportunity in which to engage families before intervention was disrupted by adversarial court processes.

Despite the general feeling that 12 month orders were too short and created disruptions to reunification efforts, focus group participants did not believe that these issues would be overcome by lengthening orders to, for example, a 24 month period. In particular, workers were concerned that 2 year orders may not be compatible with the developmental needs of very young children (5 years and under). Focus group participants also felt that 2 year orders may mean that time would not be used as effectively, as one worker put it: "*12 months gives workers a jolt to get things done*".

Focus group participants also suggested that workers were under great pressure to keep Aboriginal and/or Torres Strait Islander children within their cultural group at all costs. At times, though, workers felt that this was at the expense of the child's safety or best interests, and suspected that Aboriginal and/or Torres Strait Islander children were probably subject to more short-term instability than non-Aboriginal children. Workers felt that there was a generalised reluctance to consider Guardianship to 18 years for Aboriginal and/or Torres Strait Islander children until reunification efforts had been thoroughly exhausted, even when reunification was obviously never going to be a realistic option. Workers also suggested that whilst relative care is often

recommended as the (culturally) preferred option, it may not always be the best option.

3.8 Child's relationship with family

Case worker interviews suggested that 82.2% of children who had received three or more sequential 12 month Care and Protection 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.

Family contact

Detailed information was sought concerning the nature and frequency of contact between children and birth family members (See Table 15).

- 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.

Table 15: Nature and frequency of family contact

	N	Never	1-2 times per month	Weekly or more often	Special Occasions
MOTHER					
Telephone unsupervised	16	14 (88)	0 (0)	1 (6)	1 (6)
Telephone supervised	15	13 (87)	0 (0)	0 (0)	2 (13)
Face to face supervised	17	10 (59)	1 (6)	6 (35)	0 (0)
Face to face unsupervised	23	10 (43)	1 (4)	12 (52)	0 (0)
Overnight	20	10 (50)	1 (5)	8 (40)	1 (5)
FATHER					
Telephone unsupervised	15	13 (87)	1 (7)	1 (7)	0 (0)
Telephone supervised	13	11 (85)	0 (0)	0 (0)	2 (15)
Face to face supervised	19	12 (63)	5 (26)	2 (11)	0 (0)
Face to face unsupervised	17	12 (71)	3 (18)	2 (12)	0 (0)
Overnight	15	12 (80)	1 (7)	1 (7)	1 (7)
SIBLINGS					
Telephone unsupervised	5	4 (80)	0 (0)	0 (0)	1 (20)
Telephone supervised	4	3 (75)	0 (0)	0 (0)	1 (25)
Face to face supervised	0	0 (0)	0 (0)	0 (0)	0 (0)
Face to face unsupervised	12	2 (17)	5 (42)	5 (42)	0 (0)
Overnight	7	4 (57)	1 (14)	1 (14)	1 (14)
OTHER RELATIVE					
Telephone unsupervised	5	5 (100)	0 (0)	0 (0)	0 (0)
Telephone supervised	5	5 (100)	0 (0)	0 (0)	0 (0)
Face to face supervised	7	6 (86)	0 (0)	1 (14)	0 (0)
Face to face unsupervised	9	3 (33)	3 (33)	3 (33)	3 (33)
Overnight	8	3 (38)	2 (25)	2 (25)	1 (13)

(*n* = 46) *Note that the majority of the children who had three or more 12 month orders had already returned to live with birth parents when the audit was conducted.

Current relationship between child's family and the Department

Case worker interviews indicated that approximately half of the child's parents had a co-operative and non-confrontational relationship with the Department, around one third had a neutral relationship, and only 15-20% had a hostile relationship (see Table 16). Analysis of the comparison sample revealed very similar results:

- 55% of parents had a co-operative relationship with the Department
- 30% had a neutral relationship, and
- only 15% had a hostile relationship.

Table 16: Relationships between birth families and the Department

	Mother N = 40	Father N = 28	Step parent N =5	Other N = 14
Very hostile and unco-operative	3 (7.5)	1 (3.6)	1 (20.0)	0 (0.0)
Unco-operative	4 (10.0)	3 (10.7)	0 (0.0)	4 (28.6)
Neutral	13 (32.5)	11 (39.3)	0 (0.0)	0 (0.0)
Quite co-operative	10 (25.0)	7 (25.0)	2 (40.0)	5 (35.7)
Very Co-operative	10 (25.0)	6 (21.4)	1 (20.0)	2 (14.2)

*For children with 3 or more sequential 12 month orders

3.9 Support to the placement

Information regarding the services and supports provided to the child since he or she had entered care were also explored (Table 17). These analyses showed that paediatric services were the most common services utilized, followed by counselling, psychological and behaviour management and support services.

A count of the total number of different types of service provided showed that:

- only 6.7% of children had received no services
- 49% had received between one and three services
- 33% had received four to six services, and
- 11% had received seven or more services.

A further series of analyses examined the profile of children who obtained a greater variety of services. Children who had 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.

Further exploratory analyses examining service utilization in relation to other variables found no evidence that the number of services was related to:

- the child's desire for reunification
- the existence of family-child attachments, or
- family progress against Department goals.

The results indicated that the more challenging children with often the poorest prognosis tend to receive a more intensive suite of services. The encouraging finding here is that children with the most problematic behaviours as indicated by the SDQ appear to be receiving greater support than other children.

Table 17: Services and supports received by children

Physical health and development	N (%)
Speech therapy	9 (19.6)
Occupational therapy	4 (8.7)
Physiotherapy	5 (10.9)
Paediatrician	26 (56.5)
Substance use information	1 (2.2)
Education	
Interagency Behaviour Support Management	6 (13)
Tutoring	5 (10.9)
Mental and emotional health	
Counsellor	20 (43.4)
Psychologist	14 (30.4)
Psychiatrist	4 (8.7)
Socialisation	
Behaviour management	12 (26)
Anger management	2 (4.3)
Assertiveness training	1 (2.2)
Self-esteem training	7 (15.2)
Mentor	2 (4.3)
Organised recreational activities	9 (19.6)
Cultural	
Cultural identity plan	2 (4.3)
Cultural activities	6 (13)
Aboriginal mentor	1 (2.2)
Legal	
Legal services	8 (17.4)

*(N =46) Children with three or more sequential 12 month orders

3.10 Services utilized by families

A final analysis examined the services recommended, available and utilized by birth families (Table 18) 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 counseling
- over half had received family reunification services or drug and alcohol services
- approximately a quarter to a third had received either financial services, psychiatry services, parent 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 intervention, many families had not received the specific services required for their identified problems, for example:

- 60% of parents had mental health problems
- 69% had substance abuse problems, and
- domestic violence was present in 76% of families (Table 2).

On the whole, 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 services, psychological services, and family support workers was less satisfactory.

Table 18: Uptake of services by birth families

Services	Recommended	Available	Engaged with service
Anger management	18 (39.1)	15 (32.6)	12 (26)
Assertiveness training	2 (4.3	2 (4.3)	2 (4.3)
Child care	4 (8.7)	4 (8.7)	3 (6.5)
Domestic violence services	12 (26)	11 (23.9)	5 (10.9)
Drug and alcohol services	27 (58.6)	26 (56.5)	24 (52.1)
Employment assistance	1 (2.2)	1 (2.2)	1 (2.2)
Family counseling/ Therapy	6 (13)	6 (13)	5 (10.9)
Family mediation	2 (4.3)	1 (2.2)	1 (2.2)
Family support worker visits	14 (30.4)	14 (30.4)	7 (15.2)
Family reunification services	25 (54.3)	24 (52.1)	20 (43.4)
Financial management	14 (30.4)	14 (30.4)	12 (26)
Grief and loss counseling	9 (19.6)	9 (19.6)	8 (17.4)
Housing assistance	9 (19.6)	8 (17.4)	6 (13)

Tenancy support services	1 (2.2)	1 (2.2)	1 (2.2)
Disability support services	3 (6.5)	3 (6.5)	3 (6.5)
Intensive family preservation services	9 (19.6)	9 (19.6)	8 (17.4)
Legal services	8 (17.4)	8 (17.4)	8 (17.4)
Parenting education and skills development	19 (41.3)	18 (39.1)	16 (34.7)
Personal counselling services	25 (54.3)	25 (54.3)	19 (41.3)
Psychiatry	16 (34.7)	16 (34.7)	12 (26)
Psychological services	7 (15.2)	7 (15.2)	3 (6.5)
Support groups	1 (2.2)	1 (2.2)	1 (2.2)
Social skills training	2 (4.3)	2 (4.3)	2 (4.3)
Sex offender treatment	1 (2.2)	0 (0)	0 (0)
Mental health services	14 (30.4)	13 (28.4)	11 (23.9)
Self-esteem building	4 (8.7)	4 (8.7)	4 (8.7)

(n = 46)

4 Discussion

This final section of the report summarises the principal findings and their implications for policy and practice in the area of child protection in South Australia.

4.1 Reasons for multiple orders

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 failure 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).

Multiple 12 month orders appear, therefore, 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 difficultly achieving reunification and that progress for these families is often slow with these families taking many months or years to come to terms with and address the actual changes in behaviour and circumstances required to directly affect the long term safety and well-being of the child. The children in this study who had three or more sequential 12 month orders came from extremely complex families (75% of children came from families affected by domestic violence, over 70% of children had been neglected or had substance abusing parents, 60% of children had parents who had been identified as having mental health issues, and over half of the families were struggling financially). These families also experienced more difficulties in combination.

4.2 Decision making and assessment processes

The study suggests that multiple orders were not indicative of general practice, (i.e. they were the exception rather than the rule), with only 46 children found to have experienced three or more 12 month orders. The study also found that (for the majority of cases) the occurrence of three or four sequential 12 month orders did not represent poor decision-making or poor practice, but rather the significant amount of time required to achieve reunification or alternatively, to prepare for an application for a long-term Guardianship to 18 years Order. As caseworkers explained, 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.

Certainly, the comparative analysis of children with three or more 12 month 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 12 month 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 perhaps also underscore why these children experienced multiple 12 month 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 children who had three or more 12 month orders came from families who offered a better prospect for reunification. Certainly, the analyses of reunification data confirmed that reunification plans had been established for two-thirds of this group of children, 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 in 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.

Given the complexity of the families where children had three or more 12 month orders, it would appear 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. Caseworker reports suggested that for some families, the multiple orders allowed workers to maintain a mandate for involvement in which 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 safety net post reunification and before mandated supervision was withdrawn.

4.3 Impact of multiple orders on children

Although a number of focus group respondents and caseworkers spoke favourably about the potential benefits of multiple 12 month orders, particularly in relation to their ability to provide greater time for decision-making, many workers also expressed significant concerns. These concerns related principally to the uncertainty created by short-term orders; beliefs that young children are often left not knowing where they will be in a year's time, and have a greater probability of experiencing multiple placement changes. Such a lack of certainty and greater instability may, it was argued, increase children's anxiety and reduce the likelihood of them developing stable attachments with care-givers. Whilst these concerns are acknowledged, they were not fully borne out by the findings of this study.

For example, the study confirmed that children who had experienced three or more 12 month orders also experienced more instability in care arrangements. Approximately 22% of the children with three or more 12 month orders had already experienced seven or more non-respite placements compared with only 7% of children who had only one or two 12 month orders. However, this difference appeared to have been confounded by differences in the timing of the children's entry into care. That is, children with three or more 12 month orders tended to have spent longer in care and therefore had more time in which to accumulate a greater number of placements. On this latter point, and given the concerns raised about placement instability, it is worthwhile noting that over half of the children who had three or more 12 month orders had in fact achieved relatively good placement stability experiencing only one or two placements during their time in care[1].

In this study, 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

[1] Two basic measures of stability in care are the number of placements and the proportion of time spent in care with stability equal to the child being in one placement for 75% of their time in care (Cashmore and Paxman 1996:138)

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 outcomes[2]. 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 for 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. Thus, the earlier children enter out-of home care and are protected from violent or abusive home environments - the better their long-term functioning; and this effect appears to be particularly strong when children come into care from homes affected by significant violence.

[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.

5 Conclusion

This study has revealed the complexity intrinsic to child protection work which at its core involves resolving issues that are critical to a child's wellbeing and the parent's life. As this study has demonstrated, few cases will ever be straightforward, particularly when families have a multitude of concerns. Child protection workers in South Australia are guided by the philosophy and principles of the Children's Protection Act 1993. As such, reunifying children placed in foster care with their birth families is a primary service goal. As this study has shown some families are more difficult to reunify. Families experiencing multiple and complex difficulties often take many months or years to come to terms with and address the actual changes in behaviour and circumstances required to directly affect the long term safety and well-being of the child. Consequently, reunification takes longer to happen. As this study has highlighted, reunification is not a one time event, but a process involving the reintegration of the child back into a family[4]. This study has indicated that the reunification process involves good assessment and planning, family compliance with case plans and family readiness to safely reassume the ongoing responsibility for their child(ren). For some families, making the required progress can be slow and may necessitate ongoing service assistance and close monitoring -even after a child's return to the family home. Multiple 12 month Care and Protection Orders provide workers with the foundation for protecting children whilst working with families to resolve the issues that led to the child being placed into care.

Having said this, it is important to be reminded that: '*a child's time in the crucial years is much shorter than the "adults time": A young child cannot wait for the parents to solve their persistent personality problems, childhood traumas, drug abuse and violence. A child cannot be put "on hold"*'[5]. The importance of a child's need for stability and continuity of care - for secure attachments so their development proceeds accordingly has been well established and reunification attempts should not go on indefinitely. Whilst the findings of this study indicated that the effects of multiple orders upon children were equivocal, for 33% the impact had been negative with one in five children reported to be very depressed or anxious. Reunification therefore needs to be targeted, time-limited and subject to change if parents do not demonstrate significant progress for their child's developmental and emotional needs. As this study has shown, workers face difficulties in predicting with certainty which families will respond positively to services. Further research with a more specific focus on reunification processes would therefore assist in decision making and in the development of resources and services to support and strengthen families and

[4] Wulczyn, F. (2007) 'Family Reunification' The Future of Children, Vol.14, No.1,www.futureofchildren.org

[5] Gauthier et al (ibid) p:394

enhance timely reunification efforts. 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 therefore also needed.

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Appendix

Summary of focus group discussions

Date	Location	Participants
15/9/2005	Marion Families SA	19 Participants: Social workers (11 from long-term teams representing stable placements); 6 from Reunification teams (representing Multiple 12mth orders), and 2 psychologists.
22/9/2005	Salisbury Families SA	5 participants for session one and approximately 15 for session 2: Families SA workers including supervisors, senior practitioners, case-managers and 1 psychologist.
26/9/2005	Port Augusta Families SA	3 participants: 1 senior practitioner, 2 case managers. Apologies received from Whyalla and Port Pirie DC.
4/10/2005	Mawson Lakes Northern Metropolitan Regional Office	Statewide Psychologists Meeting (Families SA).
25/10/2005	Murray Bridge Families SA	12 participants: 7 Families SA workers and 5 workers from Anglicare (NGO) service provider
1/11/2005	Guardianship and Alternative Care Directorate	14 participants: 9 from Alt. Care Directorate, 2 from Community Residential Care (CRC), 2 from Transitional Linked Care (TLC), 1 from the Relative Care Team