Children's coping and thriving

Not just in care

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This paper was commissioned for this issue of Children Australia *to draw together developmental issues for children and young people in care.*

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Dr Frank Kunstal's keynote address attended to the very complex issue of how to best help children recover from the trauma of abuse and separation away from home. Dr Kunstal emphasised the therapeutic value of a family environment to help treat adverse emotional effects of past trauma, arguing that foster care is the only reasonable placement option for this special group of children.

Ensuring children grow developmentally while in care has always been a primary goal of the service. For a long time, it was assumed that simply removing children from deprived homes and into the public care would result in an improvement in welfare. However, some evidence from Australia and the UK suggests that outcomes are not always good for children who are taken into care. Moreover, recent trends in out-of-home care in Australia have resulted in children entering the care system with quite exceptional needs, raising questions about the most effective type of care for children experiencing difficulties in adjustment.

This paper outlines recent developments in policy and practice within the field of child welfare that have resulted in the growth of especially needy children in out-of-home care. Evidence from research related to the influence of different treatment options in out-of-home care on children's coping from abuse is then summarised. Despite equivocal evidence regarding the relative benefit of foster care over other approaches, such as residential treatment, the relevant literature suggests that one might expect normalisation processes to occur, and psychological improvements to be sustained in placements that maintain

the same characteristics as an ordinary family.

Thus, current emphasis on the use of foster care and kinship care in circumstances where families are not able to care for their children would seem entirely appropriate. Yet we still need to do better for children if our actions are to lead to their improved outcomes. The paper follows on with a discussion of approaches that can help ensure children are well looked after, and do better as a consequence of the foster care experience. These include creating appropriately therapeutic home environments and child-carer relationships, identifying and responding to deficits in children's developmental progress, ensuring carers work within a supportive context, listening to the children, focusing on independent living skills and maintaining links with biological families.

Moreover, removal of a child from family of origin and reception into the public care cannot simply be regarded as an end in itself. Perhaps the most pervasive finding from research related to the long term outcomes of children separated from their families is the deleterious effect of children and young people spending protracted periods of time in care, particularly when placement results in a series of moves from one unstable placement to another. Sound principles of child development, and evidence of the psychological complications of discontinuity in care have informed us of children's need for continuity of affectionate relationships, and his or her need to feel wanted by at least one responsible adult.

It is therefore critical that approaches to promote child development in care are

undertaken within a framework of family stability. The paper takes up the issue of permanence, pointing to our current success at providing a stable family life for our children, and the difficulties we face in reaching this ideal.

Finally, the need for major initiatives for improving the opportunities of all children and youth to grow up in a stable family environment and for developing enduring relationships is argued. Programs to reduce the extent of placements and re-entry into care (reunification), services for children who are unable to return to their families (permanency planning) and programs to help prevent placement for certain families (family maintenance services) are described.

So as child welfare enters the 21st century, it would seem that 'acting in the child's best interest' is synonymous with providing therapeutic care that promotes normal development within a permanence framework. While care systems around Australia have embarked upon a process of change to secure these outcomes, we still have some way to go in the new millennium before the process of change is complete.

TRENDS IN OUT-OF-HOME CARE

Current policies and new legislative structures implemented in state welfare systems around Australia have significantly altered the profile of children subject to intervention from the child and family support system.

MORE TROUBLED CHILDREN

Research suggests that compared to children in the past, children in placement today are significantly more disturbed. Children exhibit a wide range of problems including aggression, antisocial behaviour, hyperactivity, depression, and substance abuse problems, and are generally characterised by a high incidence of emotional disturbances (Bath 1998; Clark & Burke 1998; Boss, Edwards & Pitman 1995). Due to interactions of both medical and risk factors, children entering out-of-home care also experience higher rates of both acute and chronic mental illness,

developmental delays and mental health problems than those found in the community.

MORE TEENAGERS

There has also been a shift in the age that children and young people come into care. Throughout Australia, the highest number of substantiated cases of child abuse and neglect are for those aged thirteen and fourteen years (Broadbent & Bently 1997). At 30 June 1998, one-third of children on care and protection orders were 10–14 years of age. A further 28% of children were aged 5–9 years, and 21% were aged under 5 years. The remaining 19% were aged 15–17 years (Australian Institute of Health and Welfare 1999a).

In Victoria, comparisons with program data from placement and support services between five and ten years ago, although not meeting quite the same criteria, indicate that as a proportion of the total population of children in care, the number of adolescents coming into care has increased considerably. In 1989, the rate per thousand of the adolescents placed in care was 2.5. This rate has increased to 4.6 per thousand in 1995 (Department of Human Services 1997). Berry (1992) also observed that 'most placements in the 1980s and 1990s have involved older children, sibling groups or those with special physical and emotional needs'.

CHANGED PLACEMENT PRINCIPLES

Relative changes to children's age and level of disturbance at reception are explained by the current focus of intervention. Legislative changes in Australian states and territories have, in line with similar legislation adopted throughout the western world, significantly narrowed the focus of intervention to those children and young people who are at significant risk of harm and abuse, and whose families are unwilling or unable to provide for their care and protection.

The consequence of this practice is that children coming into care are not only likely to come from the poorest families in society, but are also those who have suffered significant deprivation. Thus, most children in out-of-home care are there as the result of abuse or neglect

within their own families, are almost invariably from poor socioeconomic backgrounds, are in poor physical health, and are of low educational achievement.

EFFECTS OF SEPARATION AND ABUSE

Follow-up studies have shown the substantial increase in emotional, social and behavioural problems of children who have experienced serious physical or sexual abuse or parental neglect. The association is robust, and has been found across a diverse range of samples. There is also solid evidence that the process of removing children from their parents can be traumatic, resulting in 'rage, grief, sadness, and despair, even among children and youth who are physically, sexually and emotionally abused' (Shealy 1995; Bryce & Ehlert 1971).

PROMOTING NORMAL CHILD DEVELOPMENT

Increasingly, the substitute care system is being called upon to provide care for troubled children and youth. Deciding how best to help an abused or neglected child can be an agonising process for protective service workers. Managing the outward symptoms of psychosocial dysfunction and intervening effectively to meet a child's emotional needs and promote successful adaptation is a significant challenge for out-of-home service systems today.

Although there is a dearth of solid evidence concerning the long-term effects of the abuse of children, the literature on psychosocial adversities of all kinds suggests that even with prolonged severely negative experiences, there is a huge variation among children in later recovery (Rutter, Giller & Hagell 1999). Children's adaptation to maltreatment is believed to be influenced by a variety of factors, including the child's personality characteristics, coping style, beliefs of the child related to the maltreatment, and the child's sense of self. Yet, it is currently unclear to what extent abuse characteristics such as the type of maltreatment, age at time of the abuse, and the time elapse between abuse and reporting has on the long-term adjustment of children (Haugaard, Repucci & Feerick 1997).

Parent and caretaker support consistently has been found to be related to adaptation to maltreatment, and some research has suggested that characteristics of a child's home and relationships with biological parents may have a substantial impact on the long-term adjustment of maltreated children. Research suggests that a supportive and developmentally appropriate family life is one of the strongest predictors of a child's ability to cope successfully with maltreatment.

There is, however, very little agreement in the literature about the consequences of out-of-home care on children's recovery from abuse. Methodological difficulties make it particularly difficult to draw firm conclusions about the impact of different forms of out-of-home care for children. However, if out-of-home care is to succeed in improving the quality of children's lives, we need to be aware of what research suggests are its strengths and weaknesses.

Several treatment options are available for children experiencing psychological adjustment difficulties as the result of maltreatment. Residential treatment represents the far end of the continuum in terms of restrictiveness, intensity of services, and cost. Residential care provides an emotionally corrective experience through the child's relationship with a childcare worker and the use of everyday life events of the residential living milieu as opportunities for therapeutic intervention. Individualised service programs serve the most severely maltreated children until they can be maintained in a normal environment without professional help, and usually cater for children from a number of failed residential placements. Services are usually provided until they are no longer needed. Conventional foster care and therapeutic foster care are forms of environmental treatment that rely on the family milieu as the primary agent of therapeutic change.

Overall, there is little evidence supporting the use of effectiveness of treatment in either a residential or non-residential setting. The primary impediment to a more definitive conclusion is the lack of methodologically rigorous outcomes studies—well designed studies are the

exception rather than the rule. There is therefore a clear need for further research to establish whether specific treatment programs are more successful than others in resolving the presenting problems of specific populations, and whether program characteristics are related to outcomes, and determining what types of aftercare program best maintains treatment gains.

So as child welfare enters the 21st century, it would seem that 'acting in the child's best interest' is synonymous with providing therapeutic care that promotes normal development within a permanence framework.

GROWTH OF FOSTER CARE

Despite the equivocal evidence on the effectiveness of different forms of care for emotionally troubled children, the positive benefits of family care on the psychosocial development of children are well accepted. Many commentators view family care as essential for children's wellbeing, and the most effective placement option for meeting children's basic developmental needs in terms of normal physical, psychological and emotional care appropriate to the child's age and stage of development, and responsive to the child's inner concerns (Gilligan 1999). Indeed, research has shown that many children are served well in family foster care, and make significant improvements in behavioural functioning, emotional development, physical health and academic achievement (Pecora & Maluccio in press).

Research claiming the positive benefits of family care on the psychosocial development of children has formed the basis of a welfare focus on foster care and kinship care in circumstances where their families are not able to care for them. The requirement to make permanent plans for children and the

family philosophy has also led to the growth in family-focused home-based services as an alternative to residential care.

At present, most children (87%) in out-of-home care in Australia are in home-based placements. Overall, foster care placements account for 56% of all out-of-home placements (Australian Institute of Health and Welfare 1999a). These figures vary considerably with the age of the child. Children aged 0–4 years are more likely to be in either family care (44%) or home-based out-of-home care (51%), while a considerable proportion of children aged 15–17 years are in facility-based care (20%) or living independently (12%). Thus, high quality foster caring is probably the most critical component of a well functioning substitute care system.

The next section deals with approaches that serve the positive purpose of reversing the effects of past adversity and help to promote normal development.

TOWARD POSITIVE DEVELOPMENTAL PATHWAYS

Ensuring positive developmental pathways for children through, and out of foster care is a major goal of the child and family social support system. Creating appropriately therapeutic home environments and child-carer relationships, identifying and responding to deficits in children's developmental progress, ensuring carers work within a supportive context, listening to the children, and maintaining links with biological families are all known to support the development of children in out-of-home care.

PROVIDING EFFECTIVE CARE

Although there is a lack of rigorous research aimed at evaluating models of foster care programs, it is evident that the carer-child relationship is a critical component of effective environments which promote child development (Smith 1997:23). Children grow into the intellectual and social life of those around them and they do this by being stimulated, challenged, and supported

by those who have a warm relationship with them.

Because later competencies are built on earlier competencies, children who have been abused often have difficulty developing positive social relationships with others. The circumstances that lead to a child's placement may also result in the presentation of difficult and challenging behaviours, or children may be withdrawn, anxious and inattentive. The implications of research on attachment are that carers in out-of-home care must strive to achieve an emotional connection with children and youth placed in their care. Other important aspects of an effective caring environment include adopting disciplinary styles that avoid coercion or punishment, and promoting consistency and predictability in children's lives. Emphasising what children do right, rather than what they do wrong will also foster in children positive feelings of self-esteem and competence that they so desperately lack.

Some commentators have suggested that children who have experienced disturbed parental behaviour must not be exposed to further care of a harmful nature in their out-of-home situation (Shealy 1995). Substitute carers must be able to provide therapeutic parenting and skilful, knowledgeable intervention. Requirements of this task are believed to go beyond ordinary, competent parenting. Carers need to understand the emotional or behavioural difficulties experienced by children, and strategies for preventing aggression, teaching social skills and establishing trust (Smith 1997:25).

Recently in Australia, some foster carers are being called upon to provide more specialist care, and are remunerated differently and are more like employees. For the most part, however, foster carer is the organisation somewhere between paid employee and unpaid volunteer. Generally speaking, foster carers in Australia are not professionalised; that is, they are not a professional member of a treatment team, do not receive any pay, and receive little training, treatment-oriented supervision, support and treatment services.

Professional, therapeutic or treatment foster care, as so named by Frank

Kunstal in his keynote, is an alternative delivery model for especially needy children. They are highly individualised programs suited to the needs of the child, and usually have a treatment modality such as a behaviourist approach.

The goals and demands of treatment foster care compared to conventional foster care are quite marked. Therapeutic foster care serves especially challenging children, it requires understanding of issues, and practical skills in order to maintain effective and healing foster placements, and to deal with complex needs and extremely challenging behaviours. Therapeutic foster care may have possibilities in Australia as an alternative delivery model along a continuum of care to help children recover from the deficits in their lives that led to or were caused by the events that prompted admission into care.

It should also be noted that in addition to good experiences of attachment, children's relationships with birth children, and relationships found outside the substitute family, with peers, in the school, neighbourhood, workplace, and during leisure time pursuits, may also contribute positively to a young person's progress while in care. Thus, it has been suggested that promoting normal development involves the enhancement of children's relationships and social experiences (Gilligan 1997,1999; Smith 1997). This is particularly important during adolescence, where the key influence of support transfers from parent to social network, friends, colleagues and acquaintances.

CHILD AND SERVICE NEED ASSESSMENT

Individualised and goal-oriented intervention is based on the assessment of the developmental needs of the child. Children require full psychological, physical and educational assessments, which guide the type and mix of services provided to ensure deficits are recognised and rigorously acted upon. For example, children may require additional educational support (both formal and informal), special remedial health care, or special therapeutic support to recover from the deficits in

their lives that prompted admission into care.

The current literature reflects a limited but growing number of programs that seek to improve the

> ... early identification of the medical, developmental, and emotional needs of children in out-of-home care; the access of these children to timely intervention, and the coordination of these services for them (Silver et al. 1999:152).

Needs assessment tools have been developed in the UK, California and South Australia for use with vulnerable children, and in the UK, Michigan, and Tennessee for alternative care cases (Hetherington, in press).

The UK Looking After Children approach is possibly the best known instrument for identifying unmet needs among children in out-of-home care. It focuses on specific inputs for the child on the understanding that they will improve outcomes, and thus establishes a baseline for quality.

A COORDINATED APPROACH

To successfully meet children's developmental needs, a structured substitute care system is required where agencies come together to meet the needs of the young person, rather than a system of discrete agencies. Meeting the needs of especially needy young people in a community based setting is often beyond the capacity of a single child welfare agency. It is increasingly being recognised that managing chronic problems of adjustment and escalation of problems in adolescence is best undertaken through an integrated service management approach (Clark 1997).

An integrated service management approach provides a continuous and comprehensive response to children and young people, which is negotiated on a case-by-case basis. The approach also provides congruence between what is expected of children in his or her home or treatment environment and other environments that are influential in the child's life, such as school. Under this model, a number of agencies have a role in caring for and managing a particular child, and the case manager would be responsible for the coordination of the case, and would ensure that intervention

is directed at achieving the overall case plan goal (Clark 1997:53). Substitute carers, whether in residential or foster care, would form part of the service management team and are provided with a supportive context by other team members.

It is being recognised, however, that adopting an integrated service management approach will require higher levels of inter-departmental and inter-sectoral cooperation than have perhaps been customary in the past. The current mental health care system, for example, is a patchwork of poorly coordinated public and private sector agencies, where no one has the primary responsibility to ensure children's needs are met. Ultimately, outcomes for children are dependent upon the availability and effectiveness of the broad primary system of health, education and welfare, as well as other specialist services, such as mental health, remedial education and intensive skills and job training.

FLEXIBLE PLACEMENT OPTIONS

There is also a need for diversity of placements to match children's particular needs. Specialised emergency, respite, reception, short term or transitional foster care and intensive services for children with high dependency/needs with disabilities, learning impairments, and challenging behaviours are all necessary. As Robin Clark notes,

> It is not unusual for categories of foster carers to be set up, viz respite carers, emergency or reception carers, medium to long-term carers and possibly another group of carers are sought for children on a permanent care order if such a provision exists (Clark 1997:46).

Moreover, as we are as yet unclear about the relative benefits of different treatment options for recovery from emotional trauma, it is important that we do not restrict options to foster care, or alternative family models. Already, the diversity of placements offered to children is diminishing because of the reduction in use of residential care and family group homes.

One area of significant concern among researchers and practitioners is the lack of diagnostic tools or guidelines to help determine when residential care is

appropriate (Barth et al. 1994). Ideally, standardised criteria that consider the nature of the child's problem, the child's developmental stage, the degree of family pathology, and the availability of supportive community resources should be used when determining whether a child should be placed in a residential program. The lack of empirically grounded standardised criteria to refer to when making placement decisions means that they are often based on subjective judgements and the availability of placements, leading to incongruence between the child's needs and the placement characteristics.

Further research should therefore focus on establishing empirically grounded placement criteria, identifying what presenting problems are most amenable to each form of treatment, and maximising the maintenance of treatment gains in the postdischarge environment.

Deciding how best to help an abused or neglected child can be an agonising process for protective service workers. Managing the outward symptoms of psychosocial dysfunction and intervening effectively to meet a child's emotional needs and promote successful adaptation is a significant challenge for out-of-home service systems today.

A FOCUS ON INDEPENDENT LIVING SKILLS

Many children are leaving foster care for independent living. The latest figures show 19% of children on care and protection orders are 15–17 years. NSW data show that in 1996, children aged between 12 and 15 years were the group most likely to be in long-term

care. These teens need to be equipped with the necessary resources and skills to facilitate independent and productive living upon discharge.

Almost everyone decries the discharge of youths from foster care with too little preparation and no permanent and safe family to assist them in their reach for adulthood (Barth 1990; Maluccio 1991). Agencies must take responsibility early in the placement process for developing an overall self-sufficiency plan by identifying needs, attitudes, skills and behaviours (Barth 1990, as cited in Pecora and Malucccio in press). Recent research is also finding that preserving or building support networks for youth may be especially important.

TIES WITH BIOLOGICAL FAMILIES

Research is now establishing that the biological family is basic to foster children's adjustment and growth, and maintenance of parent-child relationships has increasingly been recognised for its influence in placement outcome and the development and wellbeing of children and young people (Aldgate 1980; Fanshell & Shinn 1978; Hess 1987). Most children and young people in substitute care who maintain regular contact with their parents have been found to be more settled in their placements, more able to manage relationships with other adults, and 'more competent socially and educationally' (Berridge & Cleaver 1987; Bullock, Little & Millham 1993).

Research shows it remains critical that ties are fostered between children in care and their families of origin. Children in the public care, even when there is recognition that the family of origin is incapable of providing the love and affection they need, grieve over loss which separation entails, and pine for contact to be maintained. Failure of the care system to foster such contact with the birth family adds further to the sense of loss often experienced by children in the public care, and amounts to a form of systems abuse for these already deprived and damaged children (Owen 1996).

It is also suggested that the birth parents have a significant influence on

the child's formulation of relationships with foster care parents and that their involvement in the transition to foster care is of particular importance. Inhibition of contact with the birth parents encourages the child to create a fantasy image of the birth parents to cope with the trauma of separation. In addition, isolation from birth parents can be associated with feelings of abandonment and rejection, guilt, and unresolved anger.

Parental visitation has also been related to better functioning at discharge from foster care. Especially crucial are early and regular child-parent visits (Fanshel & Shinn 1978). Furthermore, given the goal of out-of-home care is, for the majority of children, to provide appropriate care and protection until biological parents are able to resume their parental responsibilities, it is being recognised that the treatment regime needs to be attuned to long-term plans for children's care, and the continuous nature of the relationship between child and his or her family of origin. Vigorous efforts should therefore be made to institute frequent parental visiting, even with ambivalent or unresponsive parents. This will lead to faster reunification or faster decision-making in favour of an alternative permanent option.

LISTENING TO THE CHILDREN

Studies have shown that children's views about their experiences in out-of-home care, and their experience of the effect of decisions that are made about them are one of the best sources of information for identifying what aspects of the system are working well, and those which need changing (Smith 1997:26). It is therefore vital that children are listened to about any problems they may be having, that they are directly involved in decisions that affect their lives, and that they are given the opportunity to know and understand the reasons for their placement. As Pecora and Maluccio note,

> ... providing children with an opportunity to share their feelings of confusion and rejection so that they can understand the nature of their removal from home and prevent the hazards of denial, fantasy, and repression of their pain and suffering (Pecora & Maluccio, in press).

AFTER PLACEMENT SUPPORT

There is almost universal agreement that the level of the child's in-treatment adjustment is not predictive of later functioning. Post-treatment adaptation is much more strongly correlated with the quality of the post-discharge environment (Guterman et al. 1989). Thus, it is critical that the child and family continue to receive both formal and informal support after placement. Improving parents' formal and informal support networks are indicated to ensure quality of parenting and, in turn, the child is encouraged to maintain adaptive behaviour.

Meeting the needs of especially needy young people in a community based setting is often beyond the capacity of a single child welfare agency.

PROMOTING FAMILY STABILITY

Although foster care was grounded historically in the spirit of rescuing children from 'bad' parents and rearing them in 'good homes' to become well functioning citizens, the more modern concept of foster care is care predominantly by a substitute family as a temporary solution to a crisis situation, only to be used until the child's home situation can be made safe and relatively stable.

However, the reality appears to be quite different. The most flagrant problems of child welfare are children unnecessarily resigned to long-term and unstable placements that deprive children of stable and continuous care-giving. When out-of-home care is used for reasons of care or protection, children run the risk of never returning home, or being freed for adoption, and they may suffer the emotional harm of repeated foster care placements (Fischler 1984).

Research indicates that children and young people who experience multiple placements during care as a result of

planned moves, placement breakdown, misadventure (the death or illness of a carer, for example) or the closure of residential accommodation, are more likely to experience poor psychological outcomes than those who are able to form a warm, intimate and continuous relationship with a mother substitute (Vorria et al. 1998; Belsky & Cassidy 1994; Rutter 1995).

Thus, behind all the efforts to facilitate child adjustment through and out of care must be an intensive effort to ensure a stable family life for every child who enters care, either on the basis of returning to live with the family of origin or in an appropriate substitute arrangement.

PERMANENCY PLANNING

Permanency planning has been promoted as a solution to welfare drift. Indeed, the permanency planning era began because of research on foster care limbo and drift (Maas & Engler 1959). Permanency planning aims to lower the number of children in foster care by moving children who cannot go home into other permanent situations and by returning children to homes that are safe and will remain safe. In essence, permanency planning refers to the idea of:

> ... removing the child as soon as possible out of temporary substitute care and returning him or her to the family as the preferred alternative or to an adoption home as the second priority, or, if necessary to another permanent alternative such as a family with legal guardianship (Maluccio et al. 1984).

Interest in permanency planning has grown in response to continuing dissatisfaction with the service delivery system, especially as research has raised questions about the extent to which out-of-home care placement actually meets the needs of the children it is designed to serve. Attachment theorists have spotlighted the undesirable and often permanent effects of placement interspersed with unsuccessful returns to the care of the family on the developing child. Such theories have been a catalyst for current efforts to resolve cases in a timely fashion and to provide children a secure and stable home environment.

It has been suggested that permanency planning is a promising approach for improving the opportunities of all children and youth to grow up in a stable family environment and to develop enduring relationships. Permanency planning is based on the value of rearing children in a family setting, the primacy of the parent-child relationship, and the significance of the biological family. Planning is a central and continuing component of the helping process in order to ensure stability in the child's life.

THE FAMILY STABILITY PHILOSOPHY IN AUSTRALIA

In Australia during the 1990s, there has been a comprehensive revision of the out-of-home service system as a result of an increase in the amount of attention to child development needs. New legislation in most states and territories now gives greater support to the principles of permanency planning goal of avoiding indefinite welfare drift for children (see also Standing Committee of Community Services and Income Security Administrators 1996). Most states/territories now adopt common supporting principles in their legislation (sometimes implicitly) such as the need for the child to be safe; strengthening family relationships whether the child is living at home or not; avoidance of unnecessary disruption to the child's familiar environment; preservation of racial, ethnic, religious and cultural ties and identity; involvement of children and their families in decision-making; and prompt and timely decision-making.

The practice of shorter placements is also reflected and encouraged in the Children's Court decisions where there has been a stronger trend toward shorter care orders being made. In NSW, over half of all Orders are now made for a period of less than 12 months. Of the 1,758 Care Applications finalised in the NSW Children's Court in 1995/96 there were 434 Wardship orders and only 119 of these were for more than an eight year period (Association of Children's Welfare Agencies 1998).

The mandated priority for family maintenance and reunification over adoption and guardianship over long term foster care clearly reflects society's respect for the abused and neglected

child's right that most closely resembles that of other children. However, there is a core group of children who require extended and often permanent care arrangements. While welfare drift may no longer be the problem it was several decades ago, it may have been replaced by an acceptance of impermanence and a tolerance of a series of short-term placements for children and young people which may not be serving their interests well.

EXTENT OF WELFARE DRIFT IN AUSTRALIA

Despite welfare rhetoric, foster care drift and limbo are still pulling down their fair share of futures, and attempts to implement a system of permanency planning have not been fully realised. We continue to experience difficulties in implementing case plans to restore placed children with their families, or to place them permanently with other families. However, contrary to the situation of some years ago, children are now there for shorter periods, and the maintenance of family links is a serious preoccupation (Clark 1997).

At 30 June 1998 there were 14,470 children in out-of-home placements in Australia. At this time, approximately 40% had been in out-of-home care for two years or more (Australian Institute of Health and Welfare 1999a). This includes children who were placed for short periods for respite reasons, including situations where a child's carer was ill and unable to care for the child. NSW data suggest that of those children in care at 30 June 1996, 78.6% had been in care for more than one year. This represents a decline from the 89% in 1991/92 (Association of Children's Welfare Agencies 1998).

SOME OBSTACLES TO PERMANENCE

Although recognition of the adverse effect of welfare drift on children has created a policy climate in which the need to provide children with a stable family life has become a pressing concern, we have yet to ensure all children benefit from lifetime relationships. In the last two decades the child and family welfare field has placed a great emphasis on case planning. In part this has been a response to the undirected casework

practice of the past, when children were left to drift in care, losing contact with parents and relatives.

Establishing clear goals as part of a case plan and sharing these with the child (if old enough) and family is seen as one way of providing a greater sense of security and ensuring more purposeful case work. Long-term objectives need to be specified, such as whether restoration is the long-term case plan goal, and what would need to change before the child is returned to his or her family. However establishing a long-term case plan goal in respect of children's future care, and implementing it in a timely fashion, is fraught with difficulty. Indeed, some commentators have suggested that permanence is frequently unattainable in practice, and as a governing paradigm of child welfare practice and policy is more aspirational than actual (Gilligan 1997).

LEGISLATIVE DEFINITION

A major reason for the gap between ideological assertions about the aims of social work intervention and the practice experience is the clear absence of any strategy established within any state or territory to define the steps that need to be undertaken to reach these outcomes. Despite supporting principles in legislation, the law does not have sufficient definition, and does not make any links to practice about how the principles of permanency planning can be achieved in practice.

ASSESSING THE LIKELIHOOD OF REUNIFICATION

Early identification of foster children who have the least chance of returning to their families, and who are at high risk for foster care drift is critical. However, diagnostic tools that can accurately separate families with a poor prognosis for reunification from families with a good prognosis are currently unavailable. There is also dissention in the literature about the desirability of assessments based on such things as family history, relationship with the child, and demonstrated progress.

Developing and applying instruments that would enable predictions to be made of family reunification and foster

care drift can be problematic for a number of reasons. First, the process of administering these records can be stressful and alienating to the families involved. Also, risk assessment instruments (those that identify families at risk of abuse or re-abuse) are unreliable. They have high false-negative rates (predicting that families are not likely to abuse their children who go on to do so), as well as false-positive rates (identifying families as potential abusers who never maltreat their children).

The idea that an initial assessment, of itself, can provide something of a blueprint for future action seems out of the question. Families cannot be assessed once and once only to determine the likelihood of reunification. Families can be assessed as to the stresses in their lives, problems in parental behaviour, or willingness to resume parental responsibilities which might be alleviated at a particular point in time, but predictions cannot be made on that basis that will stand for all time.

ENSURING A PERMANENT PLACEMENT OPTION

A 'permanent' placement is one that is intended, but not guaranteed, to last forever. Overall, while all types of placement are subject to disruption, adoption appears to be the most stable of options, and long-term foster care the least stable (Barth et al. 1994:335). However, adoption is not a much-used planned placement goal in Australia.

Other alternatives to adoption (such as placing children on guardianship or custody orders) do not provide a permanent arrangement for the child or the 'new' family. Finalised guardianship orders grant legal custody and guardianship to an authorised department, with the head of the state or territory community service department usually becoming the guardian of the child. Guardianship orders convey to the guardian responsibility for the long-term welfare of the child. Custody orders refer to care and protection orders that place children in the custody of a third party, including an agency. These orders usually involve child protection staff catering for the day-to-day requirements of the child while the parent retains guardianship. Custody alone does not bestow any

responsibility regarding the long-term welfare of the child. At 30 June 1998, there were 11, 566 children on custody or guardianship orders, comprising 75% of all care and protection orders (Australian Institute of Health and Welfare, 1999a).

There is also the problem of recruiting and retaining foster carers. There are particular difficulties in finding permanent placements for children with challenging behaviours and special needs. Furthermore, the likelihood of obtaining the desired outcomes of reunification and adoption decreases as children get older. This is particularly evident as the population of children in out-of-home care is aging. Thus, for older children, long-term foster care may provide the best alternative.

Involving the placed child's own family in the placement experience from pre-admission to case closure is creating new forms of practice all through the foster care system.

TENSIONS BETWEEN PERMANENCE AND PARENTAL RIGHTS

The right of parents to have custody and control of their children born to them is fundamental, and many commentators argue the law should not alter society's commitment to the parent's right to care for his or her children. There is also the problem of parent's right to resume its parenting roles without state interference even though after care services are known to help prevent repeat placement and re-abuse.

ACHIEVING FAMILY STABILITY

Some commentators talk of the limits of permanency planning as too mechanistic and too time bound and constraining of choices that might best the child's needs (Maluccio 1991; Gilligan 1997). The paradigm of family

continuity has been called for as a new form of permanency planning. The principles of family continuity include:

> ... strengthening the core family; the integration of family preservation concepts with permanency planning (so intensive services become available when foster care or adaptive placements become endangered); the emphasis on family continuity begins at the first placement; and emphasising the child's extended family and connectedness of the child to each family (Barth et al. 1994).

There is a need for major initiatives for improving the opportunities of all children and youth to grow up in a stable family environment and for developing enduring relationships.

The following deals with programs to reduce the extent of placements and re-entry into care (reunification), services for children who are unable to return to their families (permanency planning) and programs to help prevent placement for certain families (family maintenance services). At present, we do not have legislation in Australia that establishes any of these programs.

FAMILY REUNIFICATION SERVICES

Reduction in long-term foster placements is influenced by the success of reunification efforts. The majority of children in out-of-home care ultimately are returned to their family of origin. Approximately 89% of children leaving substitute care in 1996 in NSW returned to their families (The Association of Children's Welfare Agencies 1998). Work therefore needs to be done to ensure parental behaviour is going to continue the healing process. Reunification services not only refer to family support efforts made when the child is returned from placement but also to services provided to the parents and child while separated in preparation for reunification.

If services that could potentially promote reunification efforts are not available, this may affect the permanency outcomes for many children and their families. Little is known about the content and form of reunification services. Although some work has been done on the efficacy of

family preservation services, little work has been conducted on the efficacy of reunification services and thus deserves more testing (Barth et al. 1994:354). Research does show however that changes in behaviour of parents does not occur unless supported by changes in family skills and social environments (Whittaker 1985).

Characteristics of the majority of families with children in foster care places them at risk of abuse, neglectful or psychopathic parenting. Many children are placed in out-of-home care as a direct result of psychiatric illness and substance abuse (Besharov 1990; DeBettecourt 1990; Ribton-Turner 1992). In fact, it is estimated (from anecdotal evidence, based on the 1992–93 placement statistics from permanent care agencies) that up to 75% of Victorian special needs permanent placements occur as a direct result of drug and alcohol and mental health problems, which are frequently associated with child abuse (Darivakis 1993). Thus, reunification services are often inappropriately brief, given the tenacity of family problems. Greater services will help prevent re-abuse and prevent repeat placement. Joint staffing, multi-disciplinary collaboration, and family group conferencing are ways in which families might best be helped.

It should be noted however that families where children have been placed in the care of the state are frequently involuntary participants in programs aimed at achieving the safe return of their children to their care. Intensive efforts are therefore required to involve 'resistant' parents in case planning and reunification services. It is proposed that involvement of the birth parents in therapy sessions with the child (and possibly the foster parents) should be encouraged in an attempt to achieve an atmosphere of cooperation between the child, foster parents, and birth parents (Tiddy 1987).

INVOLVING PARENTS IN THE PLACEMENT EXPERIENCE

The family stability philosophy has centred services squarely on the family as the primary client. Involving the placed child's own family in the placement experience from pre-admission to case closure is creating new forms of practice all through the

foster care system. Parental involvement has become a cornerstone of the movement to promote permanency planning for children and youth who are placed—or at risk of placement—out of their homes. Foster family care in particular provides many opportunities for effective involvement of biological parents in child welfare practice.

Speaking from their long experience in family therapy, and their work with foster families, Minuchin and Eluzir (1990) argue that agency workers, foster carers and others engaged in out-of-home care should be oriented toward providing services to whole families. These authors suggest that foster carers should be considered as part of an extended kinship network of the child, so that they and the child's own parents will be seen as part of one large network. This approach would take account of and address the child's separation trauma, and would result in greater engagement of the child's own parents (Clark 1997:52).

This calls for an approach which ensures that the carers and the child's parents actively collaborate in making decisions about the child to the greatest degree possible. Carers then become active rather than passive agents in the work of helping families to change and function as healthy and supportive units.

Shared family care, a relatively new concept in child welfare, is one strategy that may be effective in helping families remain safely together or become permanently reunified in an expedient manner without harm to their children or without difficult separations (Barth & Price 1999). More precisely, shared family care describes the

> ... planned provision of out-of-home care to parent(s) and children so that the parent and host caregivers simultaneously share the care of the child and work toward independent in-home care by the parents(s) (Barth 1993:273).

This new model of service will reduce the conflict between the protective capacities of placement and the family preservation capacities on in-home service (Barth et al. 1994).

PERMANENCY PLANNING SERVICES AND APPROACHES

Where it is not possible for a child to return to his or her family the aim is to find permanency and security for the child in the next nearest best alternative, which might be securing the present foster care placement in the best possible way. In 1992, Victoria introduced permanent care orders to overcome this problem. Permanent care orders grant permanent custody and guardianship of a child to a third party. Unlike adoption orders, permanent care orders do not change the legal status of the child and they expire when the child turns 18 or marries. There is also an application to be made to revoke or amend a permanent care order. The granting of a permanent care order is usually the final step in the process of permanent family placement for children who are unable to remain safely with their biological parents.

In the year 1997–98 there were 124 permanent care orders granted in Victoria, an increase of 31% from the previous year. A total number of 549 permanent care orders have been granted since their inception in 1992 (Australian Institute of Health and Welfare 1999b). South Australia also has provisions for the transfer of guardianship to a third party. By contrast, the number of adoptions in Australia has steadily decreased since the 1970s. In 1997–98 there were 577 adoptions of children. Compared with 1996–97, this number decreased by 13 per cent (adoptions peaked at nearly 10,000 children in 1971).

WORKING WITH FAMILIES WHEN RESTORATION IS NOT THE PLAN

In cases where reunification is not the plan, it is also important that ties between the child and his or her biological parents are maintained. As discussed earlier, family of origin constitutes a critical component of a child's personal history and personal identity, and ongoing contact is known to help children better adapt to the foster care environment, and be more receptive to alternate care-taking.

Parents are also likely to have multi-problems, to have experienced out-of-

home care themselves, and to struggle for their own recovery and with other personal issues. Extended and intensive support and services to help parents for their own sake is a humane and worthy component of any child and family welfare system. As Barth and Price (1999:91) note,

> Child abuse often occurs when there is stress on parents who themselves received deficient parenting and who experience isolation from their own family and other supports.

TIME LIMITS FOR IMPLEMENTING CASE PLANS

Research showing the drop-off in reunification after a significant separation points to the benefit of introducing time limits for implementing case plans. In cases involving the return of children from foster care, time limits should be extended. Furthermore, intensity of case management must remain high for as long as an overall case plan goal has been determined. This level of intense involvement should continue until the child's future is secure in the best possible way.

A DISTINCTION BETWEEN CARE AND SUPPORT

To encourage the formation of enduring relationships, services must match the long-term case plan for children, if it is support, respite, long-term care or permanent care. In the New South Wales Department's data, a distinction is made between substitute care 'support services' aimed at supporting children and/or their family through periods of crisis and 'care services' aimed at supporting children to live away from their families for extended periods and in some cases permanently.

PLACEMENT STABILITY

If long-term care is the case-plan goal, placement stability is of critical importance to children's likelihood of experiencing continuity of relationships. Several factors are likely to influence placement stability, including worker and foster parent characteristics (Pecora & Maluccio, in press). Timely interventions and on-going support for foster carers is essential to share problems and solutions.

Child need and foster home supply must also be suitably matched to ensure placements are maintained. Foster placements need to be carefully planned, with due regard being given to both the needs of the child and the capabilities of the foster parents. Reasonably accurate information is required as to the client profile and specialist inputs that would be required and a prediction of the degree of intensive supervision is therefore needed. However, as more women enter the paid labour force, child-placing agencies are facing new difficulties in recruiting sufficient numbers of families willing to volunteer to become foster parents. In light of this trend, it is vital for the wellbeing of children that placements do not become a matter of availability rather than choice.

FAMILY MAINTENANCE PROGRAMS

New legislative structures have swept aside several ways in which children could be separated from their families, emphasising placement prevention by focusing on the primary importance of services to families to avoid removing children into foster care. In some cases, law requires that children should be maintained in their own homes if their safety can be assured. This practice is shifting the emphasis in the practice of child protection away from removal of children from the home toward a voluntary partnership between statutory workers and parents.

In circumstances where it cannot be said that the child is at risk of significant harm, and if the family situation is such that the child will need to be looked after for a significant period, removal should not take place, but a range of preventive and support services ought to be supplied. This approach would require an orientation of the child protection and care system from one which focuses on investigation and removal of children from parents to one where emphasis is on preventing harm to children and preserving families.

Children who have been abused or neglected and remain in home or return after only a brief time in foster care are the next great challenge in child welfare. Given that services to families

in their own home are less costly than out-of-home care and more precisely targeted than child abuse prevention programs, funding for additional and extended out-of-home care services should be a priority. This is not the same as increasing placement prevention services. Each is necessary.

There is much we in Australia can learn from changes to the British child protection system which are currently being implemented (Department of Health 1999). In the UK there is an ongoing move away from forensically based 'child rescue' approaches to child protection towards approaches based on child and family assessment, service provision and the provision of family support. The new approach has emerged from a very successful research program carried out over the past ten years (Department of Health 1995).

At the centre of the UK approach is a child and family needs assessment instrument that evaluates child development need, family capacity to provide competent care and meet the full spectrum of child need, and environmental determinants that restrain family functioning, such as housing need. On the basis of this assessment, which is undertaken on a cooperative basis with families, a range of agencies join together to provide holistic and comprehensive services.

CONCLUSION

Although we are currently transforming our out-of-home care services to ensure practice and policy is rooted in child development (which includes recognition of the significance of timing in a child's life), we need to do better if our children are to experience a safe, healthy and nurturing home environment and to experience the benefits of a stable family life. The challenge in the new millennium is to make sure that the conceptualisation of factors that contribute to child welfare and our commitment to family continuity are consistent with the provision of services that maximise the welfare of all children. □

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