Placement disruption and dislocation in South Australian substitute care

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The purpose of this study was to examine the degree of disruption experienced by 235 children aged 4-17 years placed into substitute care in South Australia during 1998-1999. Key measures of disruption included: the frequency of placement changes, the number of children forced to change school, the geographical distance from birth families, and the amount of planned contact between children and families during the placement. Parental contact was reduced when children were victims of abuse, but more likely when children were placed because of parental incapacity. Changes in school were more likely when children were older or were placed a long way from their families. Geographical dislocation was, as expected, more likely to be a feature of rural placements, although there were no rural-metropolitan differences in the nature and frequency of family contact. The implications of these findings for future research are discussed.

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As in other Western countries, it is accepted policy in South Australia that children should experience as little disruption as possible when placed into substitute care (Department for Family and Community Services, 1996). A key intention of these policies is to avoid or, at least, reduce the number of placements experienced by children in order to provide them with the stability and continuity required for successful development and attachment. This is in light of numerous studies which have shown that the frequency of placement changes is inversely related to the probability of children being reunified with their families (Cantos, Gries & Slis, 1997; Inglehart, 1993; Pardeck, 1983).

Placement instability, or 'foster-care drift', as it is more commonly known, has been a concerning feature of almost all Western foster care systems for over 20 years, with teenage children being at greatest risk. In the United States, for example, Hornby and Collins (1981) found that 19% of teenagers in care had 6-10 previous placements, and 10% had 10 or more, whereas, more recently, Inglehart (1993) found that over a quarter of adolescents placed in California had four or more previous placements. Similar figures have been recently reported by Palmer (1996). Although many studies have examined the factors which predict placement instability, relatively little research has been undertaken to determine what effects placement instability has upon other aspects of child well-being. One of the few exceptions is Inglehart (1993) who found a significant link between placement instability and lower self-esteem and increased behavioural disturbance.

A more fundamental limitation of this research is that placement instability may not be the only form of disruption experienced by children placed into care. While placement changes are likely to be inimical to the development of stable attachments, their effects will vary considerably depending upon the magnitude and nature of the change itself. Three additional factors which may serve to compound the impact of placement changes include:

- whether children also have to change school;
- the proximity of their birth families from the placement; and
- the nature and frequency of family contact.

The problem of school changes has been highlighted by a number of researchers (Blome, 1997; Combs-Orme, Chernoff & Kagar, 1991). Blome found, for example, that 25% of foster children changed school at least three times from the fifth grade until the end of high school compared with only 11% of non-foster children. However, there have been few attempts to gauge the effects of these changes upon ongoing educational performance, although anecdotal reports suggest that school changes represent one of the most disruptive elements of foster care movements. Specifically, from a developmental perspective, there are concerns that children may be deprived of the opportunity to develop lasting associations with similar aged children with common interests. At the same time, from an educational standpoint, it may be difficult for teachers to identify the needs of particular foster children and to provide study programmes and schedules which are tailored to

accommodate their strengths and weaknesses. These factors combined are likely to cause considerable psychological distress in many children, a general loss of interest in school activities, and may contribute to tension and placement breakdowns when children refuse to complete homework and attend school. Presently, it remains unclear whether child behavioural problems or general placement instability is most responsible for the high levels of school disruption frequently reported.

Another factor seldom considered, but which is also likely to be of great importance in Australia, is geographic dislocation. Clearly the further a child has to be placed from either their birth family or previous placement, the greater the probability of school changes, and the reduced likelihood of family contact being maintained. This was confirmed by Hess (1988), who found that transport between foster homes and parental homes was often a hidden cost in the foster system, and one often not taken into account in either placement decision or case-planning. In Australia, anecdotal evidence suggests that this problem is likely to be considerably more pronounced than in North America and Europe because of variations in the size of placement areas. Australian metropolitan areas and States are generally larger and much more sparsely populated than those in Europe and the United States, so that significant geographical relocation is more a feature of Australian foster care than in other countries.

In contrast with other types of placement disruption, the issue of family contact has received considerable attention in the foster care literature (Bilson & Barker, 1995; Blome, 1997; Gibson, Tracy & DeBord, 1984; Gillespie, Byrne & Workman, 1995; Tam & Ho, 1996; Whittaker et al., 1988). Research has consistently shown that children who drift in foster care are less likely to be visited by their parents, and that the absence of parental contact significantly reduces the likelihood of reunification. Children who are visited regularly are rated as having fewer behavioural problems than those who are not visited regularly; although it remains unclear whether this is a consequence of, or a predisposing factor in, parental contacts. Another factor that remains uninvestigated is the nature of family contact. Although Milner (1987) has found a moderate association between placement instability and the frequency and effect (positive/negative) of parental visits, it is also important to consider the role of other forms of contact. Contact can be conceptualised as lying on a continuum ranging from very indirect contact (eg, family information), letters and telephone calls, to direct visits and overnight stays, where there is presumably no social worker supervision. Each of these is likely to be important and may be associated with different variables, including the distance between family homes and placements.

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THE PRESENT STUDY

Given the existence of South Australian legislation recommending the minimisation of disruption caused by placements, a first aim of this study was to examine the extent to which this policy had been realised in a cohort of children placed into care during 1998-1999. Using the types of disruption identified in this paper, a second aim was to identify the factors associated with disruption and what implications these might have for social work practice in South Australia. In the absence of previous research into this area, no hypotheses were advanced regarding the child and placement characteristics which would predict geographical dislocation or school changes. On the other hand, based upon studies cited above (Blome, 1997; Combs-Orme et al., 1991), planned parental contact was expected to be less likely and infrequent when children had been in care a long time and had experienced a large number of previous placements, and where children had been victims of abuse.

METHOD

Subjects

The study involved 235 children (121 boys, 114 girls) with a mean age of 10.8 years and age range of 4-17 years. Children younger than 4 years of age were not selected because the effects of placement instability are unlikely to be evident, or as visible, until children have attained kindergarten age. Children were selected if they were referred for a new placement between May 1998 and April 1999. Excluded from the sample were children on detention orders, children placed into supported accommodation, those referred for family preservation services, or those with placements of less than 2 weeks duration. The final sample represented the entire cohort of children meeting the selection criteria referred via the central referral agency for both metropolitan and regional areas of South Australia. Thirty-nine of these children (16.7%) had never previously been placed into care compared with 194 (82.9%) who had at least one previous placement.

Demographic composition

The sample consisted of 39 (16.2%) Aboriginal children and 196 (83.3%) non-Aboriginal children. Sixty-three (27%) were from country areas of South Australia and 172 (73%) were from the Metropolitan area of Adelaide. A breakdown of the sample by age showed that 65 (27.5%) were aged 4-8 years, 79 (33.7%) were 9-12 years and 90 (37.6%) were aged 13-17 years. Thirty-seven per cent (n=86) of the children were referred on short-term legal orders (< 12 months), the rest (63%) on longer-term orders of at least 12 months.

Data collection

Records at the central referral agency were monitored each week. The data for children suitable for inclusion in the study were recorded along with the contact details and the location of the case-workers responsible for each case. This information was collected from

central agency records, Government databases and verified with case-workers in interviews. Predictor variables collected in this initial data collection included:

1) demographic characteristics;
2) placement history;
3) type of legal order;
4) reason for placement;
5) serious physical or psychological problems requiring ongoing treatment;
6) recent school performance and changes;
7) nature and frequency of offending behaviour; and
8) child and parent problems associated with the placement. These included: behavioural problems, child mental health, child disability, parental incapacity (eg, due to substance abuse, illness or incarceration), family conflict and homelessness.

The dependent variables in this research included the four measures of placement disruption, namely, the number of previous placement changes, whether the child had changed school as a result of the placement, geographical distance from birth family (< 5 km, 5-10 km, 11-20km, 21-50, 51+ km), and the nature and frequency of three types of contact: indirect contact including phone calls and letters, direct visits, and overnight stays. The frequency of contact was measured on a scale ranging from 'monthly or less often' to 'daily or more often', and birth family was defined as either one, or both, of the child's original legal guardians prior to coming into care.

RESULTS

Placement changes

Only 39 (16.7%) had never been placed into care before compared with 194 (82.9%) who had at least one previous placement. Analysis of placement changes revealed high levels of disruption. Forty-eight (20.5%) had 1-2 previous placements, 46 (19.7%) had 3-5 previous placements, 41 (17.5%) had between 6 and 9 placements, and 55 (23.5%) had been placed at least 10 times previously. Indeed, 15 children had 20 or more previous placements, including 2 who had 34 separate foster homes during their lifetime. Of those who had been placed before (n=194), 123 (63%) had been in care for less than 12 months in total, 42 (22%) had been in placement for at least 3 years, while the rest, 30 children (15%) had been in placement between 1 and 3 years. However, only half of those who had previously been in care (ie, 50% of 194) had been in a previous placement at the time of the current referral.

TABLE 1 Proximity of placement to nearest birth family (n=235)

Proximity	n	%
Very close (<5km)	43	18
Quite close (5-10km)	42	18
Slightly remote (11-20km)	41	17
Quite remote (21-50km)	48	20
Very remote (51+km)	54	23

School changes

The results showed that 182 (77%) children were attending school at the time of the survey and that, of these, 83 (45%) had to change school as a result of the new placement. Furthermore, there was a significant association between current school changes and the number of changes which had occurred in the previous 12 months, ((2(2)=60.52, $p < .001$). Thirty-seven (or 45%) of those who changed school for the new placement had already changed school at least once in the previous 12 months with 12 children having done so 5 or more times. A logistic regression analysis, controlling for geographical distance, was conducted to determine the child and placement characteristics that predicted school changes. Apart from distance, age was the only significant factor which predicted school changes, with each unit increase in age associated with a 1.18 times greater likelihood of changing school. In contrast, each unit increase (see method for details of scale) on the geographical distance scale led to a 3.45 times greater likelihood of a school change. The origin of the child (country vs. metropolitan) did not influence school changes. Interestingly, when this analysis was undertaken separately for children already in care and those coming into care, the results only held for the children already in care. This suggests that disruption to schooling is more likely to be a feature of older children who have spent a longer time in care.

Geographical dislocation

Table 1 shows how far children were placed from their nearest birth family (parents or primary caregiver). As can be observed, 85 (36%) were placed within ten kilometres of their families, but a greater number, 102 (43%), were placed more than 20 kilometres away. Further analyses revealed significant associations between geographic location and gender, with 53% of boys placed more than 20 km from their homes compared with only 33% of girls, ((2(4)=14.27, $p < .01$). Location was also associated with school changes, ((2(4)=64.22, $p < .001$), with 75% of those who were placed 21 km or further from their home having to change school. Not surprisingly, geographical dislocation was greater for children in country areas than in the metropolitan area, ((2(4)=12.27, $p < .01$), with 62% of country children placed more than 20 km from home compared with only 42% of metropolitan children.

Planned family contact

Table 2 shows the nature and frequency of planned family contact (n=235). As can be observed, 25% of children had no planned contact with their birth families, and only a little over 50% were expected to have direct contact. However, when contact was planned, it was usually expected to occur on at least a weekly basis.

In order to identify the factors most strongly associated with family contact, a logistic regression was conducted with each type of contact (0=not occurred, 1=occurred) as the dependent variable. Neither demographic variables nor geographic factors (eg, whether the child was from a rural or metropolitan area) were related to contact. Instead, the best predictors were the characteristics or circumstances associated with placement. For children who had a mental health problem, there was a 3.71 times greater likelihood of having no

TABLE 2 Nature and frequency of planned family contact

Nature of contact	n (%)	Frequency of family contact		
		<1/month	2-3/month	1/week+
No contact	50 (21)	n/a	n/a	n/a
Information	10 (4)	2 (20)	4 (40)	0
Indirect	129 (55)	14 (11)	20 (16)	88 (68)
Direct (visits)	119 (51)	35 (29)	23 (19)	62 (52)
Direct (stays)	28 (12)	8 (29)	10 (36)	9 (32)

1. Percentages () based on the number in each category of contact, eg, n=129 for indirect contact.
2. Not all percentages add to 100% because of missing data.

contact with their birth families. Indirect contact was 4.81 times less likely if children had been victims of physical abuse, whereas direct contact (visits) was 3.29 times more likely when the children had been placed because of parental incapacity rather than as a result of child problems or abuse. No variables were significantly associated with overnight stays. A second analysis examined what factors predicted the frequency of each type of contact, but found no statistically meaningful associations.

Once again, the above analyses were repeated separately for children already in care and those coming into care. Child mental health was found to be a predictor only in the 'already in care' group, whereas physical abuse and parental incapacity were found to be equally predictive in both groups.

Overall disruption

Ideally, it would have been useful to obtain an overall model of placement disruption by identifying the factors associated with substantial geographical relocation, school changes and no contact. Unfortunately, this was not possible because of limitations in sample size (fewer than 20 cases fitted this description). Thus, a logistic regression analysis was conducted using only those children who were not expected to have any direct contact with their families and who had also changed schools. The three most important predictors of disruption were: gender, location and placement history. Specifically, overall disruption was over 4 times more likely for boys, 3.35 times greater for children in the country, and 3.38 times greater for children with a history of multiple placement changes (6 or more).

DISCUSSION

The results of this study showed that South Australian children experience considerable disruption when placed into substitute care. Almost half of the sample had to change school because of the placement, 43% were placed more than twenty kilometres from their homes, and approximately half were not expected to have any direct contact with their birth families. Overall disruption, as measured by the absence of direct family contact and school changes, was more likely in rural areas than in the metropolitan area, and for boys. School disruption was more likely if children were older, whereas family contact in general appeared to have been strongly influenced by parental factors. Specifically, if children had been victims of physical abuse prior to coming into care, they were less likely to be in telephone contact with their parents, whereas direct contact was more likely if they had been placed into care because of parental incapacity (eg, as a result of illness, substance abuse or incarceration).

These results are generally consistent with previous studies into this topic. For example, Fanshel (1992) and Cantos et al. (1997) also found that older children who had been in care for longer periods were less likely to be visited, and that contact is typically less frequent in placements precipitated by child abuse. While this is encouraging in the sense that some cases involving no direct contact are the result of deliberate case-planning, it also suggests that many children are unlikely to be reunified due to characteristics of the family environement (eg, a risk of abuse) which are not easily amenable to social work interventions. At the same time, there appears to be a trend towards more difficult children (older and/or with mental health problems) having a reduced likelihood of contact. Difficulties in achieving satisfactory outcomes, including reunification, for older children with psychiatric problems have been well documented in Australia (see Bath, 1998). Bath argues that current care options and social work practice are generally unable to deal with the needs of adolescents, many of whom are unsuitable for family-based care arrangements, and that these young people should instead be accommodated in residential units or facilities which can provide specialist interventions with trained professionals. Thus, given the likely cost associated with placement changes and the greater frequency of changes in challenging adolescents, there is a need for cost-benefit analyses to consider the costs associated with a transition from existing care arrangements to these more intensive forms of intervention.

Nevertheless, despite the above results, a striking feature of this study is the elusiveness of useful predictors of placement disruption. In this regard, the results appear to be in line with other previous Australian studies (eg, Clark, 1997) which also found few, if any, clear demographic, systemic or psychological predictors of placement decisions. Instead, the results of this study, and those that precede it, suggest that problems increase as children grow older and the longer they are in care. Yet, there does not appear to be any detailed research that has examined why this might be so. This suggests that research needs to switch its focus from specific parental or child characteristics at intake, and instead examine the interaction between child characteristics and placement experiences. It may be that the problems documented in adolescents have arisen gradually, over many years, as a result of prolonged separation from families, unsatisfactory

living arrangements and placement instability.

A similar point can be made concerning the long-term educational outcomes of children subject to multiple school changes. Clearly, if the present results are replicated in future placement decisions, the future educational outlook for many older children does not appear very promising. The fact that so many children had been placed many times before and the fact that 45% had to change school for the current placement, suggests that future schooling is unlikely to be building upon a stable body of knowledge. We anticipate that these children are likely to have considerable difficulty in developing stable peer relations, and that teachers or foster carers will be severely limited in terms of their ability to implement specialised tuition programs to accommodate each child's particular strengths or weaknesses.

Unfortunately, although these problems were acknowledged by social workers, many argued that they were an inherent and often unavoidable characteristic of the current foster care system. Since most placements were located in either the extreme north or south of the metropolitan area, it was rarely possible to obtain placements close to birth families or previous foster homes. Many foster carers were also unwilling or unable, due to their limited resources or age, to provide transport for longer trips to school. Furthermore, foster homes were located in areas where there was little public transport, or where the trip from the placement to the previous school would have taken too long by public transport.

CONCLUSIONS AND IMPLICATIONS

Although the multiplicity of problems experienced by foster children may appear intractable, it is also true that problems are interdependent and compounded by each other. While child and parental characteristics have featured strongly in investigations of foster care outcomes, there has been less focus on how foster care experiences, in turn, influence children and families. Instead, placement instability has been almost always treated as a dependent variable, even though it is likely to play a causative role in almost all other areas of development, including: satisfactory attachment, self-esteem, social networks, education and in the development of leisure interests. Unfortunately, establishing clear links between placement experiences and developmental outcomes has proved elusive. We believe this is for two reasons.

Firstly, existing research designs involving the analysis of historical data, or cross-sectional studies involving children at a given point in time, have not been sufficient to determine how placement instability influences subsequent development. Secondly, it may be that the experience of being in care fundamentally alters the psychological and social functioning of children, and/or how they relate to their families, so that predicting future outcomes in out-of-home care may be more strongly related to earlier placement experiences than to child or parental characteristics. For this reason, future research by the authors using a prospective longitudinal design is likely to provide greater insights into the relative importance of placement experiences in the development and well-being of children in out-of-home care. □

Details of the multivariate analyses reported in this paper can be obtained by writing to the authors.

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