Child Welfare:

Reception Centres, Regionalization, and Deinstitutionalization

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Between 1972 - 1980, eighteen regional offices were opened by state welfare authorities in Victoria, with the long term prospect that a comprehensive set of programmes would be developed in each region. This is part of an extensive policy change in which the reception of children into care will proceed by more diverse and local arrangements. Safe custody options already include small residential units and foster care and the very term "reception centre" is no longer part of official language. Substantial progress has been made along these lines and of the two central reception centres, Allambie (25 - 150 residents) is in the process of being closed and Baltara (45 - 70 residents) is to be redeveloped. In the most recently published planning documents redevelopment of these facilities had been anticipated by December 1990.[1] However, not a great deal is known about the population of these two centres, about reception processes and why some children proceed quickly through the process and others do not. This paper examines the present status of reception centres in Victoria and reports upon a preliminary study of the reception centre population for the period 1986 -1987. An argument is made that there is a case for revising reception policy and practice not only in existing centres but, in proposed new facilities and for giving more attention to services, for children and families who present with unusual difficulties.

THE POLICY CONTEXT

The official policy context revolves around three poles, regionalization, deinstitutionalization and community care.[2] At the operative level however, the key issues revolve around requirements for resource neutrality; industrial issues with respect to redeploying existing staff; and real knowledge gaps about reception centre populations. These issues have lead to a revision of the original objectives. "Resource neutrality" by itself brings sufficient problems in its own right because transitional arrangement are necessary to build new programmes before closing the old programmes. The very concept of "resource neutrality" indeed, has a curious

ring about it when it is acknowledged that there is an absolute funding shortage for providing any services at all to a substantial minority of the existing clientele. In his recent report (1989). Mr. Justice Fogarty, reviewing services in 1986 highlighted C.S.V.'s difficulties at that time in providing any services at all to some 25% of clients during the duration of their statutory orders.[3] Since then there has been an injection of funds which has ameliorated the situation. Industrial issues have become increasingly central to programme design and programme development. Staffing models and programmes have been negotiated with the Victorian Public Service Association on behalf of the residential Child Care Staff and other employees at central reception facilities. Some staff can be accommodated in 8 - 12 bed units for children with reception status to be established initially in metropolitan regions. New "Placement Support Teams" will absorb other staff. These teams are intended to provide a service during the reception phase to support families in an effort to avoid the use of substitute care, to support them during the phase of reception care and to take a particular interest in families with special needs children. The cost saving thrust of these latter measures are understandable in view of the high cost of reception centres (approximately $60,000 per child per annum).

Quite apart from funding and industrial issues there was an unanticipated upsurge in admissions to Allambie in 1988, being nearly 40% higher than in the previous year.[4] The proposed redevelopments must also compete with changes in an environment, where public and media pressures have demanded increased funding for child protection services and for emergencies within the non-government sector. Industrial resistance to change has been substantial; work bans and arguments about the timing of re-deployment, demands for changed staffing ratios and discussions about qualifications have attenuated the process. In turn, new industrial agreements have introduced new items into costings.

Strictly speaking, reception centres fall

outside the de-institutional debate. They are meant to be assessment and transit centres, stays are meant to be very short and the staffing patterns different from the various forms of care. The strong case is for them to be better distributed on a geographic base and for there to be some experimentation in types of reception facilities, the best known example of this being reception foster care to cater for younger children.

Nevertheless, there are some lessons to be learned from experience with de-institutionalization that can be applied to reception centres. For example, there are sunk costs in existing facilities and staff which can make new services more costly than anticipated. Staff resistance to change has been noted by a number of observers.[5] Arnaud and Mack (1982),[6] in a follow up study of the deinstitutionalization of status offenders in Massachusetts, noted that monitoring and evaluation responsibilities were poorly carried out. Paul Lerman (1980) was concerned that programmes were being implemented with little knowledge of the client groups.[7] All of these observations apply to the proposals for change in the Victorian reception centres.

A further theme that emerges from the deinstitutionalization literature is that the process does not guarantee better quality services. Both Lerman (1980)[8] and Janchill (1983)[9] caution that "community based alternatives", including family based care, may be as restrictive and custodial as those they replace.

RECEPTION CENTRES AS WAITING FACILITIES

While the research on deinstitutionalization and regionalization is suggestive of a number of pitfalls it is desirable to clearly distinguish reception centres from other settings which have a residential component. Kadushin (1980) refers to reception centres as, in effect, special purpose institutions which are "... emergency facilities that accept children on a short-term basis while a study is made of the situation to determine the best plan for

their care..."[10] At issue in Kadushin's definition is what is meant by "a study..." An implication of analysing reception practice in Victoria and in other countries is that the study occurs in the courtroom, that the key decision makers are the magistrates and that the key decision is regarded as being whether or not children should be returned home. The dangers of this approach are that other important decisions about the future of children are deferred and that information is collated primarily for the purposes of the court. Indeed the whole structure of the reception process may become related to adjudication in the same manner as is an adult remand centre. Parker, (1980) in an English study of centres used for observation and assessment, describes them as facilities "...used in connection with the courts and as a waiting facility once recommendations are made, but before the required placement becomes available..."[11]

Because reception centres have been perceived primarily as "waiting" facilities there has been particular interest in the period of waiting. There is a population of children who wait until the courts reach a decision. There is another population, however, who remain in reception centres even after the formal decisions have been made. Parker, (1980)[12] noted that centres could become "silted up" with long stay children for a variety of reasons; refusal of community agencies to accept certain children, absolute shortages of substitute care and lack of clarity about responsibility for implementation. When silting up occurs, reception centres are being used for a purpose for which they are not designed and children are missing out on what they need.

Two researchers in Victoria have examined the population of reception centres in relation to waiting periods. A study by Gardiner (1985) found that nearly 50% of children stayed in reception care for more than 3 months[13] while in a regional study by Simpson (1986)[14] it was found that between 12 - 17% of children from that region stayed in reception care for more than 6 months. In these "length of stay" studies it is customary to view children as passing a series of decision points:

• admission to court disposition,

• disposition to worker allocation,

• worker allocation to case plan.

The findings show considerable variation in the speed with which these decision points are passed and at all points that there have been significant delays for some children. McFadden (1985) points to the fact that admission of children at reception is often made in a crisis to the detriment of a good decision process.[15] However, crises

are the ordinary stuff of child welfare and practice should allow for this. The Australian Association of Social Workers (1989) in its recommended standards for child welfare practice emphasizes the significance of prompt attention to securing as full an understanding of the child's situation as possible.

"...Timeliness of assessment and intervention is the touchstone by which all action is measured. Issues not addressed early tend to be overlooked altogether. Resources not identified, risks not understood, people not engaged early in contact tend to remain invisible. Prompt responses are essential..."[16]

The tendency to examine reception practice as a series of decision points, invites the use primarily, of administrative insights, with an associated interest of those features in the children's situations, which might seem to contribute to delays of passage. The *quality of practice* in reception centres receives less attention although two recent studies of child welfare in Victoria[17] concluded that the initial study of children's situation was neither timely nor of a quality consistent with normative social work practice. Apart from timeliness, there are other established criteria in child welfare relevant to practice in reception centres built around two interrelated dimensions, the needs of children for a permanent home and an ecological understanding of human growth and development. Neither criteria can be implemented as simple routines. There is a difficulty with the permanency concept because there is no one way in which it can be satisfied. Maluccio, Fein and Olmstead (1986)[18] have attempted to rank the various ways in a hierarchy of desired permanent choices:

1. remain with biological family,

2. temporary placement with relatives or foster parents as close as possible to the child's family to allow for visiting combined with intensive work with the family and child,

3. permanent placement with kin,

4. legal adoption by unrelated adults

5. specialised, long term foster care,

6. specialised long term group care.

However, the art of making the appropriate choice depends upon a calculus between ecological understanding and having the will and resources to apply this understanding in practice. Unless this art is developed reception practice can dissolve into episodic and undirected actions.

The second dimension, the ecological orientation, has been used by Bronfenbrenner (1979)[19] as a way of conceptualizing

human growth as the growth of social beings. He stresses that growth is a matter of human activity and of accomodation to the changing properties of settings and the ways in which settings interconnect. This is also the basis for Germain's (1979)[20] perception of the task of social work as directed to improving the transactions between people and their settings. Some particular strategic implications for reception practice in child welfare follow from this orientation. Stein and Rzepnicki (1983)[21] suggest the following criteria for reception practice:

• being geographically close as possible to the parental home,

• temporary placement in the home of a relative if this is feasible,

• placement in a non-restrictive setting which approximates a family setting,

• placement with a family who will support and reinforce the child's cultural heritage.

These criteria, provide very general guidelines only. Child welfare practice addresses situations which by their nature are often confused and where the obvious solutions have already been tested and found wanting. Sibling groups and older children are particularly hard to place in family settings on an interim basis. Many children enter reception centres from homes where transience is a feature of family life and where the families are alienated and isolated. School refusal and suspension or expulsions are common. The criteria suggested by Stein and Rzepnicki tend to be idealized and states, which skim over the sticky processes of understanding the family and taking its interest and capacities into account. Nevertheless, as general guidelines, these criteria have a place in practice in the reception setting.

THE POPULATION OF RECEPTION CENTRES

During 1988-1989 one of the joint authors of this paper, McDowell[22] conducted an empirical study of two reception centres in Victoria, Allambie and Baltara. The former centre provides reception care for boys until 10 years of age and girls until 14 years of age. Between 1986-1988, its population varied between 80-150 at any one time. In December 1989, numbers had fallen to 30 children. Baltara provides reception care for boys between 10 and 14 years. Numbers at any one time average about 50 children. Reductions in the size of both centres are envisaged as part of a policy of having small facilities decentralized throughout the state. It Is therefore an opportune time to examine the reception centres before the planned regional facilities are fully established. Although the two centres serve the whole

state the population of children included in the study was drawn from one region only (reflecting the interest of staff of that region.) The region is large and between 1986-7 accounted for 10% of all admissions to the two centres. Because the centres are state wide facilities, children and families are processed in a similar fashion regardless of region of origin hence the findings have general application. Two sub-populations were selected from the 169 regional admissions during the two year period 1986/87.

1. A category of 26 children from 17 families where cumulative lengths of stay were in excess of 6 months. Their lengths of stay by reception centre were as follows:

TABLE 1.

Long Stay Children by Reception Centre, by Length of Stay by Range N = 26				
	No. of Children	No. of Admissions	Average Stay in Days	Range of Stay in Days
Allambie	22	35	392	185-588
Baltara	4	6	243	207-273

2. A category of 14 very short stay children (less than 7 days) from 11 families. This category was selected for further investigation for two reasons. The first was that it tended to be outside official notice because no court orders were instigated. Yet if Allambie and Baltara are to be closed the existence of these children must be taken into account. The second reason is that the children provided a comparison group for the longer stay children.

It is recognized that the two categories fall at the extreme end of "lengths of stay" with most children falling in between.

Ecological and life course environments of the children

In examining characteristics of the children and their families, recourse was had to natural resource data only, that is , data collected for other purposes than research: information on admission cards, return sheets, court reports, regional records and correspondence. Particulat attention was paid to references to parental visiting and to ways of working with parents and children. Interviews were held with senior staff while 3 long stay and 3 short stay cases were selected for in depth study. There are limits to the use of these data but with inspection and sorting regularities can be found.

A search of the stated reasons for admission provided thin gleanings. They comprise an mixture of categories, administrative (breach of an order), child related behaviour (truancy) and parent behaviour (drug overdose) which are not used exclusively nor exhaustively. In addition, the stated reasons are an artifact of length of stay, for example, "parent's emotional care" was

never mentioned as a reason for admission of short stay children. Emotional care was unlikely to come under scrutiny in short stay admissions. It is of interest that for the long stay children, in all but 4 instances parents were reported as "unwilling to care" and in 3 instances children were reported as "refused to return home". Such reports were rare among the short stay children. Although these types of singular statements are indicators of things amiss in the child's environment, they provide no useful picture of the state of that environment. Still it is possible to piece together data in such a way as to give a picture of the environment.

The *marked instability* of the children's environment in the long stay families is striking. It is an instability with a long history. In the long stay population, there were 6 instances of parents who, themselves, were in residential facilities as children or young persons, there were 7 instances of imprisonment in adult correctional facilities and two of psychiatric hospital admissions. The families also tended to be residentially unsettled. Eight of the 17 families had been residentially unsettled for many years. During the reception phase, 7 of the 17 families were recorded as moving between 1-12 times. Further evidence of separation from mainstream social life is found in the poor attachment to the labour force. In only 6 of the 17 families was at least one parent in the work force. In this latter respect the families of the long stay and short stay families were similar. Income source and labour force attachment as single indicators do not appear to explain differences between the two populations.

A different kind of indicator of the unstable life histories of the children is found in the recourse of families to social agencies and the frequency of out of home placements of the children *prior* to their entering statutory care. In 16 of the 17 "long stay" families, there had been long standing involvements with a number of social agencies. Only 4 of the 26 children had not previously been placed out of home.

It is surmised that previous out of home placements were intended in some instances to allow home situations to improve, in other instances they may have represented placement breakdown. However, it is noteworthy that various forms of voluntary care had been tried before the

TABLE 2.

No. of Placements of Children Prior to Entering Reception Care by Placement Type Long Stay Children N = 26	
Type of Placement	No. of Placements
With Relatives	19
Foster Care	46
Previous Reception	11
Children's Homes	11
Family Group Homes	3
Psychiatric Placement	1
TOTAL	91

children were admitted to a state reception centre. Seven children only had been previously subject to statutory orders. By and large comparable data was not available for the short stay families except that none had previous statutory orders and two only were admitted from other than a parent's home. This contrasted with 9 of the 26 long stay children.

A third indicator of family instability for long stay children is found in family structure. Here there was a clear difference between long stay and short stay families. While there were structural deficits in both categories, the long stay families were more complex and their membership less stable. Three quarters of the long stay children had lived at some point in what is commonly called "blended" families. Nine had lived in families where there had been serial defacto relationships. By comparison, all but two of the short stay children lived in intact families (3 cases) or sole parent (mother) families (8 cases). A finding which would warrant more rigorous investigation was the greater tendency of the biological mother to be absent in the long stay cases as compared with the short stay cases.

TABLE 3.

Presence or Absence of Biological Parents Long Stay Families (N = 17) and Short Stay Families (N 5 11) (For Family Type see Notes Below)		
Parent(s) Present	Long Stay Families	Short Stay Families
Both Parents	4	3
Father Only	8	—
Mother Only	5	8
TOTAL	17	11

NOTES:
1. In the *long stay* families 6 fathers were in a defacto relationship, one was remarried and there was one sole parent.
2. In the *long stay* families one mother was in a defacto relationship, two were remarried and there were two sole parents.
3. In the *short stay* families there were 2 types of families only, intact (3 cases) or sole parent mothers (8 cases).

Inadequacies in the Service System

Children stay for overly long periods in reception care because of a shortage of services which would match their requirements. The second column in Table 4 shows the numbers of avenues explored in an endeavor to place children. Referrals were often refused on grounds of difficult to manage behaviours. One generalist hostel refused to accept a boy, 13 years of age, because he was "... a very needy young person ..." who would "... destabilize the hostel ..." Another boy, 14 years of age, who had been described as "borderline psychotic ..." and as having " ... a conduct disorder of the type under socialized and aggressive ..." was not considered appropriate for psychiatric services. He had not attended school for two years because schools refused to enrol him.

children tend to be of concern because of marked oppositional behaviour, truancy, running away, offending and aggression. Younger children tend to be of concern because of developmental delays and poor attachment. This is not to assert that there are two different types of children. Chronological age makes a difference in the behaviours which excite attention. Fitzharris (1985)[23] in a study of approximately 10,000 American children in residential care noted an emphasis upon negative child behaviours in the placement of older children and upon parental factors in the placement of younger children.

A cluster of behaviours indicating severe management problems was noted in respect of 7 of the sole children aged 7 -14 years. This cluster included "difficult to control",

TABLE 5.

Sibling Group Size by Length of Stay (Long Stay Cases) N = Sibling Group 4, Children 13 Length of Stay Post Case Plan	
Sibling Group Size	Length of Stay Post Case Plan
1 Sibling group of 2 children	127 days
1 Sibling group of 3 children	431 days
1 Sibling group of 4 children	265 days
1 Sibling group of 4 children	358 days

A foster home was found which took the sibling group of two, and eventually the family group of three was placed in a family group home. The *special needs* of the two sibling groups of 4 children required an additional full time child care worker to be made available to the staff of a family group home in one instance and to the parent in the parental home in the other instance.

Passage Through Organisational Decision-Points

Four decision points have been identified; court disposition, case allocation, case planning and plan implementation.

TABLE 4.

Residential Referrals, Previous Placements and Final Discharge Avenues and Length of Stay for Long Stay Group (N = 26)				
Age & Sex	No. of Residential Referrals	No. of Previous Placements	Final Discharge Avenue	Length of Stay
14 year old boy*	4	3	Hostel	6.9 mos
13 year old boy*	4	4	Hostel	8 mos
12 year old boy*	1	11	Specialist Unit	7 mos
13 year old girl*	1	—	FGH	8 mos
12 year old girl*	2	—**	Hostel	8 mos
9 year old boy*	8	—	Children's Home	6 mos
7 year old boy*	2	17	Specialist FGH	8 mos
12 year old boy	2	4	FGH	8 mos
11 year old boy	1	1	Extended Family	8 mos
13 year old girl	1	2	Home Release	6 mos
13 year old girl	1	2	FGH	9 mos
9 year old girl	4	4	Children's Home	11 mos
1 year old girl	3	1	Foster Care	12 mos
11 year old boy	4	8	Specialist FGH	16 mos
9 year old girl	3	8	Specialist FGH	16 mos
6 year old boy	4	8	Specialist FGH	16 mos
4 year old boy	4	8	Specialist FGH	16 mos
5 year old boy	4	1	Foster Care	10 mos
1 year old boy	4	1	Foster Care	10 mos
5 year old boy	5	5	FGH	19 mos
1 year old boy	5	8	FGH	19 mos
7 year old boy	3	1	Home Release	14 mos
5 year old girl	3	1	Home Release	14 mos
4 year old boy	3	1	Home Release	14 mos
1 year old girl	3	1	Home Release	14 mos
*Re-presents children with most difficult behaviors.				
**No placements prior to placement at Allambie, but 13 placements in the subsequent year.				

TABLE 6.

Average Waiting Period Between Decision Points for Long Stay Children N = 26		
Time Waiting	Average Days of Waiting	Median Days of Waiting
Court Disposition	48	37
Case Allocation	24	*
Case Planning	78	72
Plan Implementation	229	225
*14 cases were allocated immediately upon court disposition.		

The third column shows the numbers of previous placements made for children. Despite the unsuitability of reception centres for long-stay children it may reasonably be regarded as even more unsuitable to place children in settings where they repeatedly fail.

What kinds of behaviours made it difficult to place children? Behavioural difficulties are listed in the records although they need to be weighed differently in each situation. Some generalizations can be made. Older

"aggressive", "stealing" and "poor peer relations". All 7 were eventually discharged to settings of the type described by Maluccio, Fein and Olmstead (1986)[24] as being at the extreme end of the permanency hierarchy.

Sibling group size is recognized as being associated with long stays in reception centres especially when combined with behavioural problems. Thirteen of the 26 children were members of sibling groups. Their stays in reception centres were unusually lengthy.

The shortest pre-court period of waiting was for a child who waited 21 days prior to the dispositional hearing. The matter was not contested and there were no adjournments. At the other extreme was an instance of a waiting period of 78 days. The matter was contested with 5 court reports being requested; reports from CSV pre-court and post-court teams and from child and adult psychiatric specialists. The matter was adjourned once to allow for completion of the report. Bearing in mind that these delays refer to "long stay" children, delays could be expected in engaging with families who were often "unwilling to care," who had complex structures and who were often transient. When coupled with staffing problems these delays exacerbated. An internal report

(December 1988)[25] showed that delays in court reports were not confined to reception centres, in fact reception centre performance was better than elsewhere in the organization.

The time awaiting allocation refers to the time lag between a child being placed on an order and being allocated to a field worker to supervise the case and to develop a case plan. In 14 cases allocation was immediate. Usually this coincided with the fact that the field worker who prepared the court report was allocated the case post court hearing. Occasionally this coincided with the fact that the field worker was already allocated to a sibling of the child. Apart from these 14 cases, the average waiting time was 7-8 weeks, thus defeating the purpose of a reception centre as a temporary place of care pending the completion of the decision process. On the surface, chronic staff shortages accounted for this inordinate delay. According to the Fogarty Report (1989)[26] there was a 50% vacancy rate in CSV positions at December 1987 and figures made available by the Public Service Board revealed an excessive staff turnover. (As a result of measures taken by the government the vacancy rate had declined substantially by 6.10.88.)

The time awaiting case planning refers to the period of time between allocation of a case to the field worker and presentation of the plan to a Regional Case Planning Meeting. Departmental standards would require this to occur within a maximum of 6 weeks after the child was placed on a guardianship order. Clearly this is impossible if a period of 7 weeks elapses before a field worker is allocated but even after allocation the average gap before presentation to the Case Planning Meeting was 13 weeks. Three children only were "Case planned" within 6 weeks of allocation.

In principle, delays at the three preceding decision points could be overcome by different staff strategies, more staff and improvements in the legal process, however the greatest source of delay was in case implementation. This accounted for more than 60% of the time spent waiting. Primarily this was related to the necessity to discover a specific solution in case situations for which there was no readily available service.

A final observation on the passage through the decision points is that the longer this passage is, then the greater the likelihood that secondary or associated factors will intrude and cause further interruptions in the passage to resolution. Key family members move, files of children are transferred to new regional offices and staff take up new positions. The files of 9 children were transferred in this manner

and each case had an average of two field workers assigned during the reception phase. In addition the review process specified in the Guardianship Manual does not appear to address the special position of children in reception centres. Annual reviews may be adequate for children whose position is reasonably settled and even though reviews of reception children were initiated rather more frequently than the minimum required there is a case that they should be much more frequent.

The Reception Process
An approach in "length of stay" studies, even when cross referenced with the difficulties of the case and the availability of resources, does not exhaust the important children available for adoption.
(English and King, 1983)
to be independent of these variables. In this respect it is without reference to history. Both centres evolved from a single facility which received all state wards or children on remand ranging from babies to young offenders. Differences between children were met by separate divisions within the facility. When Allambie was opened as a new facility for small children and girls it was accorded a different staffing pattern from Baltara which although largely rebuilt, remained at the old Royal Park site where it catered mainly for boys 10-13 years. Since then the two centres have evolved substantial differences in style. There is more emphasis on parental visiting at Allambie, including provision for overnight stays. At Baltara, parental contact has been largely in the form of overnight or weekend leaves. Sunday visits are encouraged but are rarely taken up. There is a secure section at Baltara but not at Allambie which means that a number of younger girls are sent to a facility largely intended for older girls.

When it comes to substance, however, the reception processes are similar in both centres. They fulfil a historic role of temporary holding centres for children pending decisions to be made elsewhere. Parents who visit the centres do so to make contact with their children rather than receive service. That is also expected to occur elsewhere if it is to happen at all. This separation of decision making and service from the place where the children (and often the parents) are is a feature making for fragmentation of understanding, decision and service from the very beginning. Little information is gained at admission about the child and its circumstances and even when case planning meetings are held there may still be gaps in knowledge. Regional field workers rarely see child and parent together and although parents visit the reception centre, the field worker is not there to see them. Reception staff routinely monitor the progress of children but this

does not answer the task of assessing the child in the context of family and environment. Also tension is easily built between centre staff who can see themselves as advocates for the child and regional staff who can be seen as advocates for parents.

From the child-in-family-in environment perspective admission to a reception centre is what Bronfenbrenner (1979)[27] calls "... an ecological transition ..." that is where there is an alteration in position and roles of both parents and child. Under usual circumstance Bronfenbrenner believes that a child's developmental potential is increased if the transition to the new setting is made in company with a familiar adult. With the qualification that children's circumstances are often unusual, three practice principles can be derived from a consideration of the reception process.

1. Reception with the assistance of a familiar adult is likely to reduce a child's sense of displacement.

2. Linkages between familiar settings and the reception facility should be maintained where feasible.

3. Direct, on-going personal contact between familiar adults, reception personnel and field workers is to be desired.

In child welfare these practice principles have to be applied in a field where parents may be absent and may have actively rejected a child, the children may already be living with a third party or have been admitted at a time of family chaos. Reception staff use the more obvious means of telephone and letters to contact key individuals . However, disrupted relations are usual in child welfare and practice should be expected to go beyond the pursuit of routine measures.

DISCUSSION
The reception centre is intended as a temporary care facility pending assessment and decision. However, in the case of the very short stay children it would appear that some children need not have been brought to reception at all. At the other extreme the reception centre is a repository for some children whose previous placements have been disrupted. There is an intermediate category of children who fall outside the limits of this study and whose situations would warrant separate study.

What is the difference between the short stay and long stay children? The short stay children appear to be admitted in emergencies, they have more typical family structures and appear to have more social supports than the long stay families. They tend not to be subject to statutory orders. The long stay children come from families

with atypical structures, have a long involvement with social agencies and *their admissions tend to represent failed interventions and failed placements.* The children are experienced as problems of control and management who tend to need carefully chosen specialist facilities which are in short supply. If the reception process is conceived as involving 4 dimensions: the organization system, the system of services, the child-in-family-in environment, worker behaviour/quality of service, then each dimension contributes to the outcome. However the contribution of each should not be evaluated solely in terms of "length of stay", the issue is always whether there is unnecessary delay and whether the quality of the outcome is satisfactory in terms of the child's longer term development.

At various points in this study some undesirable time lags were found at all decision points. Some of this appeared to be due to staff shortages and the location of staff in relation to the administrative process. Secondary consequences of delays such as changes in staff and changes in address of family members were also identified. It is not definite that a reduction in these time lags would have moved children through the reception centres more quickly as there appears to be a shortage of specialist facilities for some children. The experience here appears to parallel the findings of Fanshel (1987)[28] who found that there is a significant minority of children who have been rejected by existing facilities but for whom there is no clear policy.

Similarly, there were a number of points at which worker behaviour or the quality of practice could be questioned. Again "length of stay" may be an inappropriate measure of quality practice. During 1987-88 the Social Service Review published, in a series of articles and author responses, a debate between Michael[29] Sosin and Richard Barth around this subject. In an initial review of outcomes under permanency planning Barth reviewed research on the various permanency options; family reunification, adoption, guardianship and long term foster care. Except in the case of adoption he was critical of the quality and volume of services provided to support family reunification, guardianship and foster care. He was deeply concerned that services were not only inadequate but ended prematurely. In a study of Wisconsin's child welfare programs Sosin had queried whether quality of worker behaviour made a difference as his evidence appeared to show that differences in length of stay come about because of features of the case and of the service system. The most positive results appeared to be related to:

1. using many sources of information to reach a good decision,

2. not spending too much time on plans and goals which were unrealistic ("low probability outcomes").

Barth rejected any equation of "speed of placement" with permanency planning. Low probability outcomes may be the best while decisions can be hasty but poorly informed thus leading to a succession of failed placements. Long stays may be necessary to produce good outcomes. In addition, the pursuit of unrealistic goals may proceed from a lack of skilled and timely assessment and engagement with relevant parties.

CONCLUSIONS
In the light of the previous discussion no assertion is made that length of stay is an indicator of a poor outcome. Given a short term time frame of planning it may be best to retain children in the reception centres rather than to consign them to unsuitable reunifications or substitute care options. However, practice during the reception phase should be reviewed. Permanency planning assumes assessment and engagement. A reception placement is a focal point for these processes. The tradition of it being a "holding centre" has lead to long lines of communication, to key staff working in different locations and to a separation of those who care for children and those who attempt to engage with other family members. This puts continuity of action and integration of action at risk. The present system of case reviews does not mitigate this risk.

Sosin's, (1987)[30] observation that good information and good decisions go together needs to be set against the finding that many children are received into reception centres with little accompanying information. It is true that these admissions may be made in the midst of chaotic family situations but more information could be collated from the protective intervenors or police than at present. Good information requires skilled reception and the admitting worker could routinely interview the admitting agent at the time of admission.

The desirability of securing good quality information as soon as possible emerges more urgently when it is realized that early deficits of information tend to persist into the case allocation and case planning stages. In two recent studies of child welfare in Victoria it was found that case plans were being attempted with little knowledge of the child and family.[31] Several of the short stay placements seemed unnecessary but police cannot be expected to explore a range of options and at present, this is not considered a responsibility of admitting staff.

There are at least two areas requiring

further research of special significance for the reception process. The first is the desirability of developing better taxonomies of child and family situations partly to gain a clearer picture of what services are necessary. The significance of drug and alcohol involvement is not well understood. The second area suggested for research is to study what are the criteria for leadership (not merely coordination) in cases involving a number of agencies.

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