Children and Young People in Out-of-Home Care:
Treating and preventing individual, programmatic and systems abuse.

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It is well recognised that the maltreatment of children results from a range of factors; some residing within the person, their family history and background, and others, clearly attributable to social stress and difficulties originating external to the family. In the last few decades, child welfare efforts have centred on the improvement of Child Protection Services and raising the prevention of child abuse as a community concern. More recently, attention has been focussed on strengthening the capacity of families to nurture and protect their own as the best means of meeting the developmental needs of children. However, our best efforts to assist families may still necessitate removal to protect the child.

Research has identified that children removed for their own protection may be at even greater risk in out-of-home care. (Ryan 1987, Dawson 1984) Whether the incidence of abuse of children in out-of-home care is currently equivalent or higher than for the general population, is at this point a secondary concern. Out-of-home care is an essential and complex service. It is imperative to acknowledge that abuse can occur within the very system entrusted with the responsibility of protecting and caring for vulnerable children and young people.

There is a need to develop the expertise of practitioners and program managers for responding to individual incidents of abuse. At the broader level the structure and resourcing of the out-of-home care system is also implicated in maintaining conditions which create the potential for abuse to occur. Systems based prevention and protective measures are therefore essential.

This paper discusses the problem of abuse in out-of-home care and presents findings from North American research and service developments. Recommendations for policy and practice development in Victoria are offered to promote the protection of children and young people placed in out-of-home care.

What is the problem ?

When children are removed from their families they are placed with alternative care-givers to provide safety, care, nurturing and at times, treatment. For most children this is exactly what they will receive. Sometimes, however, these placements are unsuccessful. For a range of reasons a placement can become stressful, relationships between caregivers and children deteriorate, and children may be physically, emotionally or sexually abused. To treat and prevent the abuse of children in out-of-home care we must acknowledge the problem, then document, analyse and reflect on our policy, program and practice deficiencies, mistakes and failures.

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The problems of abuse do not generally derive from the inadequacies or unsuitability of caregivers. Research and practice based information indicates resource, structural, training and case practice issues which significantly contribute to the development of stressful, and subsequently abusive, situations. There are rare situations where 'the wrong' people have been approved as caregivers: the cases which receive sensational media attention and do little to assist with improving the resources and services needed for vulnerable children and families. Attention is better focussed on the components of a quality service system which resources and implements high standards of practice, thus promoting the protection and care of children.

The Situation in Victoria.

In Victoria, we only have anecdotal practice experience information regarding abuse in out-of-home care. Prior to 1991, there were no formalised reporting requirements regarding allegations or incidents of abuse in out-of-home care[1]. The Burdekin Report on Homelessness (1989) acknowledged that:

> ...there is no established set of rules governing the relationship between children and stranger-caregivers [and no clear understanding as to] whether stranger-caregivers have the right to control and administer discipline to children in their care[2.]

This is indicative of a general lack of regulation of out-of-home care. It is therefore not surprising to find that the abuse of children in out-of-home care has received little systematic attention, let alone any data collection!

New legislation in Victoria, the Children and Young Persons Act (1989), contains many welcomed changes to child protection and child welfare service provision. However, it does not include protective services and procedures as they might apply to out-of-home care situations or what can be called 'stranger-caregivers'. The proposed regulations to support the legislation give attention to proscribing certain behaviours by caregivers, acknowledge that children have 'entitlements' to information and have the right to make a complaint about the care they receive. However, these regulations can only be enforced where an employer/employee relationship exists. The compliance of volunteer caregivers such as foster parents can only be 'encouraged'.

It is therefore suggested here that such regulations will operate best in a service system which has a clear understanding of the rights of children in out-of-home care, clearly defines the role and expectations of caregivers, provides instruction on managing children's behaviours and has dispositional

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guidelines for responding to complaints and infringement of rights.

From my experience as a social work practitioner and program manager, an alleged, suspected or even substantiated incident of physical, emotional or psychological abuse of a child by a caregiver caused extraordinary practice difficulties. There were no standardised guidelines and procedures to inform responses or guide investigations into such allegations. Each incident received an individual response according to the 'wisdom' of the responsible parties involved. The 'duty of care' for children can easily be compromised or over-ridden by the pressures of employer and agency management responsibilities. Ensuring the protection of children in out-of-home care can therefore best be achieved by locating individual case and agency practices in a clear context of shared service standards and agreed codes of practice.

have to make their own similar arrangements, depending on the variations in regional interest and expertise, unless the relevant authorities take up their central State responsibility for preventing and responding to the abuse of children in out-of-home care.

Despite the years of service in Victoria, agencies still await the implementation of a code of 'Practice Standards' to inform and guide the provision of out-of-home care. These standards are required under the new legislation (Section 58 & 59) but are still in the 'developmental' phase! Agencies will soon be bound by the terms of a service agreement to secure their funding from the state government, but the exact nature of the service delivery and practice is yet to be described. (It is interesting to consider what indicators of service quality will therefore be used for service agreement reviews.)

identifies rates of abuse and the factors which can contribute to and increase the likelihood of abuse occurring. This data informs the next steps of treatment and prevention, by indicating areas for change at the systems, program and practice levels of the provision of out-of-home care services to children.
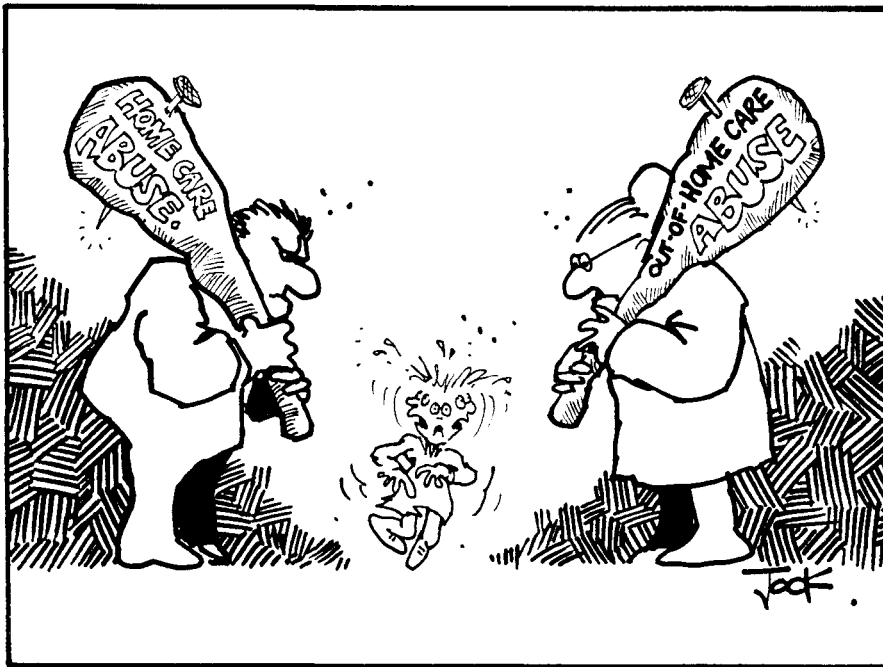
The Research

The North American research cited is confined to family foster care[4]. It is acknowledged that there are many limitations to achieving accurate data due to the lack of standard definitions of 'abuse' and the varying practices across different service systems. However, the small number of studies undertaken have returned compatible and supportive results.

The Vera Institute of Justice Study undertaken in New York City in 1981 identified a rate of 8 per 1000 children in foster care being abused. This was twice the established rate for the general population at that time and preceded the development of more rigorous child abuse reporting practices. (Ryan & McFadden 1986 : 11)

In the Ryan and McFadden 1983 nationwide state questionnaire survey, reporting rates varied according to the presence or otherwise of foster home licensing and monitoring practices. For the States of Michigan and Texas with mandated licensing and firm discipline policies, the substantiated abuse rates were 27 per 1000 foster homes and 26 per 1000 foster homes respectively: substantially higher than the general population rates of around 11 per 1000. For the States which identified lower rates than Michigan and Texas, the workers from these states indicated there was considerable under reporting due to the lack of a reporting protocol and associated licensing and monitoring practices. (Ryan & McFadden 1987:96)

Recent co-operative work between government and non-government agencies in the Inner Urban Region of Melbourne has sought to address this problem. Common procedures and protocols for responding to complaints and allegations of abuse of children and young people in out-of-home care have been developed and implemented. This, however, has been a regional initiative. The rest of Victoria will

More specific recommendations for protecting children in the child and family welfare system in Victoria are included later in this paper. First we must develop a better understanding of the nature of child abuse in out-of-home care. To develop this knowledge, and overcome the problem of lack of local data, we have drawn on American and Canadian studies of abuse in foster care[3]. The research

The Dawson, Ontario study in 1984 produced compatible data and provides the conclusion that:

...the incidence (of both alleged and substantiated abuse in the foster child population) is considerable and comparable to the incidence rate in the general child population. For children admitted to foster care because of

parental failure or inadequacy, these incidents are a form of 'double jeopardy' and a further assault on their developmental integrity. (Dawson 1984 : 26)

These studies document child abuse in out-of-home care as a significant problem. The indications are that the rates of abuse in out-of-home care are at least equivalent to abuse in the community but probably higher. It is reasonable to assume that Victoria and, in fact, Australia, has an equal proportion of children in placements who are abused as compared to abused children in the general population. Governments and communities agree that child abuse in the general population requires considerable commitment and resources for prevention and the protection of children. The same attitude should apply for children in out-of-home care. To understand what form this commitment should take, we need to identify the factors which contribute to the abuse occurring.

Why and when does abuse occur?

By collating the information from these studies, a number of characteristics are noted as significantly related to incidents of abuse of children in family foster care. These characteristics become increasingly significant when they occur in clusters. As a predictor for abuse occurring, each individual characteristic may not be particularly significant. Instead, it is the coexistence of characteristics which is increasingly significant and become indicators for supervising workers of the potential for problems to develop in the placement.

The following groups of characteristics, collated from the studies cited, appear to relate to the occurrence of abuse.

1) **Foster Family Characteristics:** social isolation, relocation, authoritarian discipline methods, family discord, change in working hours; single parent families, young mothers, employed mothers and mother abused as a child.

2) **Child's Characteristics:** past maltreatment and associated aggressiveness in behaviour resulting in more challenging and provocative behaviour. This behaviour can trigger an abusive response to control the behaviour or lead to 'over-disciplining'; sexually or physically abused children were found to be more likely to be re-abused; handicaps or special needs requiring special care and extra responsibilities for caregivers.

3) **Placement Characteristics:** the first year of placement; multiple placements; permanent wards; emergency placements.

4) **Placement Practices:** lack of foster parent training; the placement of too many children in the home; mismatching of child and foster parent; failure to examine disciplinary practices in the foster home; failure to delicense/decertify deficient homes; insufficient visiting and monitoring by caseworkers; failure to involve foster fathers in the placement; the placement of special needs children in 'regular' foster homes.

As indicated, these characteristics are likely to become significant in promoting abusive situations when they occur together. For example, the child with behavioural problems may be physically abused by a caregiver who has an authoritarian approach to discipline and uses corporal punishment in an attempt to control the disturbed behaviour. If the father figure in the caregiving family uses such discipline, but has not been included in the assessment and placement process, then the supervising worker will not be alert to this possibility when a child begins to 'act-out'. Hence the caregiver assessment and agency placement practices contribute to, and fail to prevent abusive situations.

Individual characteristics also have a cumulative stress effect on placements. Lack of assistance for a caregiver dealing with a difficult child, who then experiences a change in family circumstances, can produce an extremely volatile situation. Carers who have few family or social supports to turn to when stressed require extra assistance from the worker. To reduce the possibility of an abusive incident, the caregiver needs to be trained and supported and comfortable in asking for help from case workers skilled and available to respond. Where there is no such expectation of asking for assist-

ance, or a related response capacity, then the service system is promoting the possibility of abuse.

This final example concerns children with permanent guardianship status. This group was particularly identified in the Canadian study. An important correlation was noted between permanent guardianship, a high incidence of special needs, and lack of visiting and monitoring by workers. Placement practices generally give service priority to new and temporary placements. Caregiver families with children placed permanently with them, need assistance at different points in the child's and family's life cycle. Where the practice is to cease regular involvement, the service system leaves children and families unsupported and the early signs of placement stress are not picked up. Thus a possibly abusive situation is allowed to develop. Placement breakdown results in a child who has experienced multiple placements and remains in the high risk category for further abuse. Again, the contribution of system policies and practice to the occurrence of abuse in out-of-home care is clear.

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Some factors associated with successful placements were also identified in the studies. These included time spent in preparation for the placement; an experienced social worker making the placement; the foster child being the youngest child in the home; and foster fathers being involved in the placement process. These are important guides to practices and features of the care system which can improve protection for children and enable caregivers to provide the best possible care.

Preventing and Treating the Problem

Durkin (1982,1983) has suggested that the victims and perpetrators of abuse in institutions are in many ways similar to the victims and perpetrators of abuse in homes.

Just as, for example, abusive unwed mothers...are isolated from family and community, lack a support system, and hang on the ragged edge financially and emotionally, so child care workers are isolated, unsupported, underpaid, and overstressed...

Abuse seems to occur when adults are unable to cope with the stress under which they live and take out their frustrations on troublesome, vulnerable children. Other than decreasing the vulnerability of the children, we can address the problem in two ways : by changing the coping mechanisms of the adults or by relieving the strains that are placed on them. (Durkin 1982 : 17)

Durkin proposes that 'the systems' are in need of therapy. To provide a better service and ensure children are protected, the strains which are placed on child care workers must be addressed: 'conflicting demands, too much work, too few rewards.' (Durkin 1982 : 18)

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However, before implementing systems change, we must also establish a framework for identifying what is, in fact, 'abusive'. Which are the situations and possibilities to be avoided or prevented? Considerable expertise has been directed to developing definitions of abuse and identifying criteria for intervention by mandated child protection workers in families where there are protective concerns. One method for ensuring consistency with community standards is to apply these same abuse definitions and criteria for assessing 'harm' to the child in out--of-home care. The standards of care expected for out-of-home services must be at least the same as for the general community, if not higher. This general community framework can be supplemented with additional criteria relevant to the non-familial status of relationships in out-of-home care and related requirements to implement child welfare policies, standards and practices.

Garbarino (1986) suggests that, in addition to general definitions;

...we define the broader domain of maltreatment in out-of-home care as acts of omission, commission or permission (acts perpetrated or promoted by the child welfare system, child care policies, a child care organisation, a specific program or a specific procedure) that violate the goals of out-of-home care, thereby harming the child.

A situation would be considered harmful if it –

(1) **endangers the protection, security, and/or safety of the child;**

(2) **prevents the child from obtaining basic care and satisfying basic physical and emotional needs;**

(3) **places obstacles in the way of the child's development or severely restricts the developmental opportunities available to the child;**

(4) **prevents the child from participating in the special care and treatment that he or she needs for adequate developmental progress.**
(Garbarino 1986 : 181)

The specific action or lack of action by a carer in a case specific situation of physical or psychological maltreatment, may well reflect problems at the programmatic and systems level as well as problems to do with the particular carer. By applying Garbarino's framework, workers can evaluate how the particular situation constitutes maltreatment of the individual child, as well as the programmatic and systems issues which have contributed to the situation.

If we return to Durkin's analysis, then systematic change for preventing the abuse of children in out-of-home care begins with the caregivers. He stresses the need to improve the status and rewards for caregivers. Combining this identified need with the information gathered from the studies, it is possible to specify a number of practice and programmatic features for 'treatment' as part of Durkin's 'therapy'. These include:

● a rigorous and shared assessment and selection process for caregivers;

● pre-service and in-service training in managing challenging and vulnerable children and young people for professional and caregiver staff;

● clear and agreed staff role and task expectations;

● stress management training;

● staff supervision policies and practices which enhance and support the work of direct service staff.

The researchers recommend that discipline and behaviour management policies be developed. Such policies are implemented as part of staff selection, training, supervision, and placement planning with the objective of enhancing the capacity to understand and then respond to more challenging behaviours. Applying knowledge about behaviour management is recommended as a key strategy for preventing the maltreatment which can result from inappropriate or 'over' disciplining. For this purpose, as an abuse prevention strategy, researched and evaluated discipline and behaviour management training modules have been developed in both Michigan and Ontario[5].

Even with the implementation of such prevention strategies through training and improving direct service, agencies and workers will still need to be skilled in identifying abuse when it does occur, and need to know how to respond effectively. The application of knowledge to the development of standardised policies and procedures, implemented via effective training opportunities, will develop the investigation and response skills of case workers and managers. Recommendations follow for systems and program level changes to achieve these preconditions for practice. Included is the need for implementing a clear reporting protocol, procedures for making a complaint and conducting an investigation, as well as improving the training for, and recognition of, direct care needs, roles and tasks.

Recommendations for Policy and Practice in Victoria

A Clear Reporting Protocol.

There is evidence to suggest that the 'natural' social processes of institutions will suppress reporting, such processes needing to be counteracted by leaders being 'aggressive in stimulating and reinforcing reporting'. (Rabb and Rindfleisch 1985 in Garbarino 1985 : 218) Directors of agencies have a clear responsibility to understand the different contexts of maltreatment from caregiver responsibility through to service organisation and structures, and develop internal procedures for reporting and intervention.

In addition, we need to consider the significant findings of studies into the child abuse reporting practices where there is a legally mandated requirement to report. Zellman (1990) found that there was a significant tendency for professionals to decide that 'the abuse or neglect they had suspected or observed was not serious enough to report'. (Zellman 1990 : 13)

The study identified a tendency for mandated reporters whether doctors or child care workers to exercise professional judgement and discretion in reporting decisions where it would appear that:

...the professional had at least some reason to suspect that abuse or neglect had occurred, but chose not to report because the available evidence was not sufficiently compelling. Similarly, one-third of those who had ever failed to report had made a professional judgement that the abuse they suspected was not serious enough to report and employed this judgement as a very important factor in a decision not to report. (Zellman, 1990 : 18)

The foster care studies also identified a significant group where a number of previous complaints regarding the care provided had been either minimised or received insufficient attention but were in fact later assessed, during the investigation of a subsequent complaint, as having occurred. (Ryan 1987 : 107,108)

In out-of-home care in Victoria, all workers in 'approved community services' are effectively 'mandated reporters'. The Departmental Instructions (1991) to support the Children and Young Persons Act requires agencies to ensure that staff report 'serious incidents' including suspected maltreatment of a child in care. An agency register is to be kept of all complaints received and actions taken.

Such reporting and investigation is more likely to be effective where the process is seen to be fair and just and where some objectivity is employed. Ensuring that staff are informed of the investigatory processes which will be utilised, and facilitating their confidence in the process will encourage reporting to occur. Worker pre-disposition to employ the 'rule of optimism' (Morrison 1988:6) as a rationalisation for not reporting, or make a judgement that an incident is

'not serious enough' to warrant a report, must be minimised. The staff management practices and staff relations of the agency will be critical in this regard. Further, a reporting protocol implies disciplinary sanctions for failure to report. This, in turn, requires that staff are made aware of these sanctions as part of the appointment process, and, that the sanctions are actually used when warranted.

A firm reporting protocol for all staff ensures the agency's commitment to observing staff responsibilities and children's rights. At the broader socio-political level, Australia's signing and ratification of the United Nations Convention on the Rights of the Child (August 1990), provides a world view of the 'yardsticks' for measuring how the freedoms, protections and entitlements of children are affirmed in practice, including the practice of out-of-home care. A Charter of the Rights of Children and Young People in Out-of-Home Care will make this even more explicit.

The Right of Complaint

Recognition that children and young people in out-of-home care have rights

which are to be observed and protected includes (as well as reporting) the opportunity for the service user to speak on their own behalf and make a complaint. This requires an established process, known and accessible to the consumer.

It is incumbent upon agencies to inform consumers of the process and procedure for availing themselves of this right. The agency complaints or grievance policy and practice should be provided in language able to be understood by children and their families and forms part of the placement orientation process.

Complaints may range from lack of supports for the caregivers, through to serious incidents of abrogation of a child's rights, or maltreatment. Criteria for considering the appropriate response to each situation are required.

Early identification of and response to problems, whether they be the overloading of caregivers, stress being created by the service demands or lack of training for meeting a child's particular needs, will prevent the occurrence of most cases of abuse in care. For allegations of severe physical and sexual abuse, staff must be prepared to act speedily and effectively using legally sanctioned options (such as the Police) when necessary. Clear guidelines will enable a prompt response; shared definitions and decision making criteria will promote good practice.

Accreditation, Training and Registration of Caregivers

The standard and level of resources directed towards orientation, pre-service and in-service training for foster parents in Canadian and American agencies I visited during 1990 was truly enviable compared with that provided in Victoria. Agencies in Victoria do the best they can with little centralised financial or practical support.

The needs of children requiring out-of-home placements have become increasingly specialised and this can be expected to continue. Family strengthening services to prevent placement and support families will contribute further to the specialisation and treatment orientation of out-of-home

care services. The days of 'boarding out' or full-time 'babysitting' have long gone!

The problems presented by children requiring placements are not generally within the range of most people's life experience. Alternative care providers need knowledge and skill development to respond to and care for:

● the child who has experienced physical, emotional, psychological or sexual abuse;

● the child who has not experienced early bonding and nurturing and manifests the behaviours of an 'unattached child';

● the child who has experienced multiple rejections and placement disruptions;

● and the more challenging, provocative behaviours presented by socially and emotionally disturbed children and youth.

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Permanency planning principles and values (Maluccio: 1989) require us to move effectively towards permanent stable placements for children, whether with their family of origin or an alternative family. Placement disruptions in out-of-home care are less likely to occur when carers are trained, resourced and supported to meet the child's particular needs. All too often, placement breakdown or removal of the child is the outcome of placements where caregivers have been stressed by the demands of the child. Training and on-going support might avoid such disruptions, reduce multiple placements and facilitate needed stable, permanent placements.

Effective training requires skilled trainers and relevant curricula. This can be provided by a central resource

which develops training materials, in consultation with the field, followed by a dissemination process which skills agencies in the delivery and use of the training modules. Training curricula and modules must be consistently evaluated and updated with new knowledge. The Institute for the Study of Children and Families attached to the Eastern Michigan University, and the Institute for the Prevention of Child Abuse in Toronto, Canada, have such programs operating. Training and Resource manuals are developed, professionals in the field contribute and trial the materials, and workers are trained to use the resulting product for training caregivers[6].

To ensure proper attention to the training and development needs of caregivers, the training can be a mandatory part of the approval and maintenance of accreditation status as a caregiver. The Oxford County Foster Parent Accreditation Program, implemented in Ontario, Canada, links the level of training achieved to the reimbursements received, providing motivation, acknowledgment and status for caregivers. (Dawson : 1987) This is another model worthy of our consideration.

Despite our best efforts and even with the implementation of these recommended changes, it is still possible that 'the wrong people' will be appointed as caregivers. There will be times when we 'fail'. But the likelihood of this occurring must be minimised. Apart from the damage to children, the negative media attention which can result hurts the many dedicated and excellent caregivers and brings the care system into disrepute.

Those people who are the subject of substantiated complaints and allegations of abuse must be prevented from re-entering the out-of-home care system. A central register of accredited carers, (residential and home-based), detailing dates of commencement and termination with an agency would allow for tracking of caregivers across the service system, without infringing civil liberties and individual rights. A register check followed by permission to contact any previous agency involved, provides some measure of quality control for agencies in screening applicants and

thus another protection for children. A register check could be undertaken in conjunction with the mandatory police check, using similar permission and information control procedures.

Adequate Financial Compensation

The reimbursement rates for out-of-home caregivers is a problem of considerable proportions. It is another example of the low priority generally given to services for children, as well as the de-valuing of those occupations traditionally regarded as female caring or helping occupations. For those involved in home-based alternative care, there is no professional or skill status ascribed and the system still operates as an outmoded, volunteer charitable model of care. It has been a community and industry supported government policy to 'de-institutionalise' and increasingly move children from facility to home based care, but with little acknowledgment of the resultant change to caregiver roles and tasks. The needs of children placed in all forms of out-of-home care require a professional approach to parenting and adequately resourced support services.

A 1988 Canadian study *The Future of Foster Care: Towards a Redesign in '89* concluded that ...

The most satisfied foster parent is one who identifies with the professional role. In this study 51% of foster parents regarded themselves as professionals. Foster parents describing themselves as volunteers revealed more confusion and ambiguity about their roles... and felt less supported by their agencies.

(Caldwell 1988 : 9)

Those people who are the subject of substantiated complaints and allegations of abuse must be prevented from re-entering the out-of-home care system.

This study found problems with reimbursement and financial compensation contribute to the stress of providing alternative care, the ability to recruit an adequate supply and variety of caregivers and maintain children with 'special needs' in placements. Recommendations included that for foster parents...

Increases in the service fee would be made based on a certification process for foster parents, training taken, years experience and a satisfactory annual review. (Caldwell 1988:15)

In 1990/91, foster carers in Victoria provided more than half the out-of--home services for statutory clients, for less than one third of the allocated government budget for Alternative Accommodation and Care. For the same budget year, the projected average unit cost for the non-government sector of a child in residential care was $30,400 for the year. For a child in foster care, the cost for the year was $9,520 per year[7].

A corollary to the inadequate acknowledgment of the service provided by home-based carers and the minimal reimbursements provided, is the dilemma created for agencies requiring attendance at training (as another unpaid, time-consuming activity), or in requiring carers to be available for increased placement monitoring plus involvement with natural families. These are all extra demands on their time and commitment which should be essential rather than optional. Such requirements can be established as part of the duty statement for employed caregivers but it is difficult to make similar demands of volunteers.

The research identifies the importance of training in preventing abuse of children in foster care as well as the need to involve both partners of the caregiving home in the placement process. This finding is equally applicable to facility based care.

In the Victorian system, 'training' could be included as a component in the 'cost-of-care' formula and a Caregivers Accreditation Curriculum and 'Diploma' developed and shared across the field. These programmatic developments would assist with the implementation and maintenance of service standards and ascribe status and value to the role and function of caregivers.

The Permanency Planning Approach to Practice.

'Permanency planning' encompasses a body of knowledge related to a child's basic need for security and continuity of relationships, the importance of families to fulfil this function, and practice methodologies for assessing and engaging with families to reach timely decisions in the best interests of the child. The ultimate decision may lead to supporting the natural family as the 'best permanent placement' or identifying and securing a permanent 'alternative' family for the child. (Maluccio : 1986, Goldstein : 1986, Kagan & Schlosberg 1989)

In this approach, out-of-home care is clearly a placement strategy towards clarifying the child's best long-term interests. The American service system has moved towards securing these interests with programs to strengthen families, prevent out-of-home placements, and facilitate family reunification where placement has occurred. In addition, permanency planning legislation has been introduced which allows for termination of parental rights and transfer of guardianship and custody permanently to an alternative carer when return to the natural family is demonstrated to be unachievable or undesirable. (For example, the Stabenow Legislation of 1988 in the State of Michigan.) Return to the natural family is clearly the preferred option to be actively pursued, but the developmental needs of the child are given priority when it is demonstrated that return home is not possible despite appropriate services provided within a reasonable time-frame.

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The new Victorian legislation will go as far as requiring a return to court for permanent alternative care decisions and orders to be made. But a right of appeal by the natural family remains to the Family and superior courts.

Adoption will remain the only means by which a child can be permanently placed with other than their birth family without fear of legal challenge and disruption. The importance of providing this placement certainty was clearly demonstrated in the work of Lambert and Rowe (1973). The capacity for children to attach to their alternative family was increased with the resolution of issues of permanency and when the placement was secured legally. Placement disruption rates were significantly reduced in foster placements which had been converted to adoptive placements. Placement breakdown was three times higher for the same age group of children who remained as 'long-term foster care'.

> *Return to the natural family is clearly the preferred option to be actively pursued, but the developmental needs of the child are given priority when it is demonstrated that return home is not possible despite appropriate services provided within a reasonable time-frame.*

A possible consequence in the Victorian situation is that, rather than being a strategy towards clarifying permanency for the child, foster care will remain the long-term status for children. How can agencies ethically recruit 'permanent carefamilies' or recommend foster parents seek a 'permanent care-order' when there is no guarantee that the placement will, in fact, be secure and permanent? Such advice would be contradictory. Failure to acknowledge the implications and possibilities of the open ended right of appeal would be simply dishonest.

Alternatively, delays in decision making or challenges to permanent care orders will see children continuing to move in and out of the care system. The time consumed by appeals, as well as the disruption experienced by the child, gradually depletes the potential for successful placement with permanent alternative carers. Current carers become disillusioned, children begin to manifest the disruption and uncertainty in 'disturbed' behaviour, and the 'battle' consumes the energy and commitment of all parties. Important developmental milestones are passed. Instead of securing the optimal placement in the best interests of the child, the situation can become one of providing the least detrimental option.

It is likely that the young (ex-ward) people who featured significantly in the Burdekin report on Homelessness will not disappear. They will be replaced by another generation of young people the system and the community has failed to 'claim' and provide with secure and stable parenting.

Some doubt must therefore remain as to the capacity to achieve the ultimate goals of permanency planning, and in fact, the principles which underpin the *Children and Young Persons Act (1989)*. Can the phenomena of 'foster care drift', and the abuse associated with inadequately supervised 'permanent placements', be prevented without an unequivocal legislative foundation and service commitment?

Summary Comments

A number of changes have been suggested for different levels of the service system in order to improve the protection of children removed from their families and placed in out-of--home care. From experience in local practice and an analysis of North American research, the occurrence and characteristics of child abuse in out-of-home care has been recognised. This data has been discussed in relation to the Victorian service context and recommendations for policy and practice offered.

Can the phenomena of 'foster care drift', and the abuse associated with inadequately supervised 'permanent placements', be prevented without an unequivocal legislative foundation and service commitment?

The implementation of reporting protocols and process will provide the basis for a data collection system and development of further 'self-knowledge'. From the data, more specific information regarding the characteristics and incidence of abuse in the Victorian service system can be collated and analysed. This information collection needs to be established centrally to provide a standardised statewide database. The State has a special responsibility to protect those children

identified by the Court as requiring state guardianship. Failure to monitor the care of these children is an abrogation of statutory responsibilities.

A further step required is to evaluate the impact of any changes implemented. For instance, does increased and specialised training increase placement stability and reduce placement breakdowns? Quality assurance reviews for 'good practice' might reveal factors present in successful placements and thus illuminate effective criteria for placement matching.

We could also seek to discover from data collected how many caregivers involved in abusive incidents should have been screened out versus what role was played by the stress of the job?

Resources directed to evaluation and research as part of programmatic funding, rather than awaiting higher degree studies would be welcomed. Practice based research is able to document the knowledge and processes applied in practice as well as the outcomes of that practice.

The seeking and sharing of knowledge and practice with our colleagues overseas should also be encouraged. Certainly cultural relevance and critical assessment for local application is essential. The geographic isolation of Australia and internal state boundaries create hurdles for practice developments. The research, knowledge and practice development recommendations included here have taken much sharper focus, and a keener sense of the capacity to implement, with the opportunity to directly observe the programs and practice of overseas colleagues. The development of new models of placement prevention programs in Victoria is a dramatic example of rapid service development promoted by the overseas study of local service providers. Providing practitioners with more opportunities to experience and 'import' the knowledge and skills of others has a place as a more regular and established feature of the child and family welfare service scene.

Finally, the intention of this paper is to share one area of local practice experience together with knowledge gained from overseas experts. Whilst service developments to support families

and prevent the removal of children are to be welcomed and supported, it is also urgent that a focus on the needs of children and young people placed in out-of-home care is expanded to include systematic change to protect them. ♦

Notes.

1. This situation has changed with the introduction of Community Services Victoria (1991) *Policy Guidelines in response to Client Deaths and Serious Injuries*, and the *Departmental Instructions for Approved Community Services* (1991).

2. Burdekin, B. (1989) *Our Homeless Children, Report of NationalInquiry into Homeless Children* Appendix E. : 'Legal Responsibilities to Children of Persons other than Parents or Guardians.'

3. Research reports referred to: P.Ryan and J.McFadden (1987) *Analysing Abuse in Family Foster Care*, Eastern Michigan University, Institute for the Study and Children and Families, Ypsilanti, Michigan. R. Dawson (1984) *The Abuse of Children in Foster Care Summary Report*, Family and Children's Services of Oxford County, Ontario, Canada.

4. Family Foster care referred to in the research is comparable to the home-based volunteer service provided in Victoria. It does not include the Foster Family Group Home placement model also provided in America.

5. For example, Ryan, P. & McFadden, J. (1986) *National Foster Care Education Project : Preventing Abuse in Family Foster Care, Final Report*, Institute for the Study of Children and Families, Michigan.

6. An exhaustive list of such training material is provided in the Appendices of Cavanagh J. (1991) *Towards Preventing the Abuse of Children in Out-of-Home Care : Report for the Winston Churchill Memorial Trust.*

7. From Community Services Victoria, Placement and Support Branch Budget papers for 1990/91.

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