

Introduction

It has been assumed that children removed from unsafe and disadvantaged homes and placed in out-of-home care have a better chance of thriving and improving their future welfare. However, recent government inquiries indicate that children in out-of-home care have not been assured of protection from further abuse. In addition, research indicates that these same children are less likely to acquire the necessary skills and sense of well-being that will enable them to lead fulfilling lives and to successfully participate in the wider community. An Australian longitudinal study revealed that having only one placement meant that a child was more likely to be happier and well adjusted. Other commentators suggest that children are better served by a perceived sense of emotional security and ‘belonginess’ and that strengthening a child’s resiliency and connectedness is more important than securing a stable placement. This paper encourages workers to consider the impact of context on a child’s development and to adopt a reflexive/holistic approach when using out-of-home care as an intervention strategy for children subject to ongoing intervention.

In particular, the paper highlights:

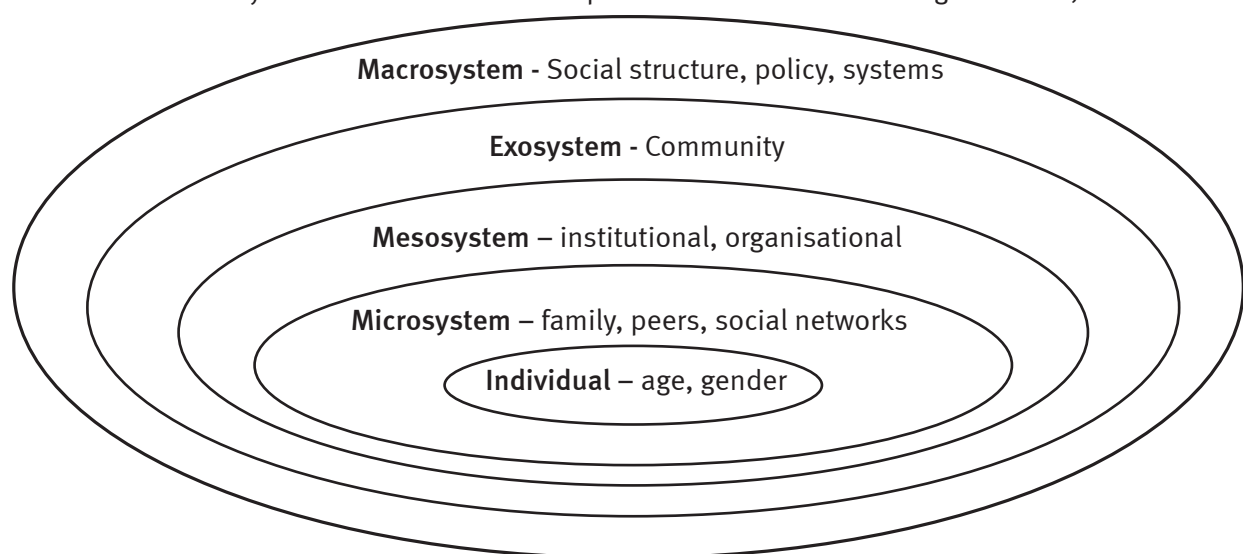
- (1) understanding the developmental needs of children;
- (2) exploring past approaches to inform future practice; and
- (3) relevant principles for best practice.

Placing children in out-of-home care is a key intervention strategy in the child protection sector. In fact, ensuring a child is in an environment that meets both their protective needs and facilitates their development underpins a departmental officer’s professional practice. It is reasonable to assume then, that when a child is removed from their family they will be placed in an environment that will enhance their wellbeing. However, recent inquiries and research indicate that a children’s safety and/or their developmental milestones cannot be guaranteed by placing them in out-of-home care. In response to these findings, government departments and child protection workers are being urged to review their work practices and to improve the out-of-home care system (Crime and Misconduct Commission, Carter, 2002; 2004). To enhance future practice, however, it is important to review child development theory and identify practice failings that can be addressed. As such, this paper provides a brief overview of developmental theory, background to the out-of-home care system in Queensland and Australia and offers principles to guide child protection departmental officers in facilitating better outcomes when placing children in out-of-home care.

1. Understanding the developmental needs of children

When assessing whether a child’s needs are being met by the out-of-home care system, a sound understanding of child development theory is necessary. Prior to the 1960s, judgements about what supported positive developmental outcomes for children in state care were made by professionals ‘looking on’ and/or by assessing a child’s behaviour (Leahy, et al., 1999). Workers and researchers tended to focus on the child in ‘isolation from other spheres of influence such as natural family, health, education, and community’ and were more concerned with a ‘stage model of development’. (Piaget and Erikson, Colton, et al., 2001) While knowing what milestones need to be achieved at different stages of a child’s life is crucial, in recent times, developmental theorists and researchers have begun to explore the impact of relationships between a child and their immediate families; their education settings; with other significant others such as social groups; agency relationships; communities and culture. For example, the emergence of Bowlby’s (1951) Attachment Theory highlighted the importance of ‘bonding’ with a significant other in relation to a child’s development between the ages of six months and five years. Bronfenbrenner’s (1989) Social Ecology Model has drawn particular attention to the ‘multiple contexts’ that impact on a child and their development (Bowes and Hayes, 2004).

As illustrated in Figure 1 below, Bronfenbrenner embeds a child's development within four contextual layers - somewhat 'like a set of Russian dolls (Bronfenbrenner, 1979)'. In the model the closest 'surrounding contextual layer' to the child is the microsystem - it includes the child's immediate family, school, church group, health services, peers and neighbourhood. The next layer, the mesosystem, refers to the interrelationships between the different settings identified in the microsystem (for example, the family and school system). That is, it attempts to highlight particular congruencies or differences in the values, styles or expectations associated with the various systems and to describe what impact these congruencies or differences may have on a child's development. The third surrounding layer is the exosystem. This layer accounts for other systems that, although removed from the child, are likely to impact on the family's functioning (e.g., parent's work place, the social welfare services involved, the mass media). Finally, the macrosystem draws attention to the broader social and cultural contexts that surround a child. Included in this layer, are cultural belief systems and values that are passed on to the child through families, social and



government institutions (Bowes and Hayes, 2004).

Figure 1: Bronfenbrenner's model of human development.

Bronfenbrenner's model (1989) is particularly useful for a child protection worker's understanding the 'bigger picture' needs of children and the impact larger systems may have on a child's development in the out-of-home care system. While acknowledging that individual children can also influence their own development (for example, a child who enjoys reading may choose to read rather than engage in outdoor play activities at school thus developing their literacy skills rather than their gross motor skills) and that individuals and contexts change over time, the model encourages child protection workers (and researchers) to consider the impact and interconnectedness between the many contextual layers in relation to a child's overall development (Colton, et al., 2001).

2. Exploring past approaches to inform future practice

Drawing on Bronfenbrenner's (1979) work then, it is interesting to note the historical and systemic influences that have and continue to impact on present day practice in the out-of-home care system. Since white settlement, Australian Territory and State governments have oscillated between using institutional settings and/or family-based settings to care for children in need of protection (Stanley, Tomison and Pocock, 2003:17). However, in the last 40 years, there has been a preference for family based care. Stanley, Tomison and Pocock (2003) believe that governments' inclination

to use family based care has been spurred on by the attention given to the incidence of abuse in institutional care and the recognition of the negative effects caused by the removal of Indigenous children as part of the ‘Stolen Generation (HREOC, 1997). While this is true in part, practice has also been driven by a desire to meet financial constraints as well as the recognition of the attachment and developmental needs of children (Cashmore, 2004). In fact the use of family based care, in particular relative care, and the introduction of strategies such as the Aboriginal and Torres Strait Islander Child Placement Principle emerged as direct strategies to meet these particular needs.

However recent reports (Carter, 2002; Crime and Misconduct Commission, 2004) and research (Cashmore, 2004) have revealed that irrespective of state efforts, children in out-of-home care are still at risk and don’t fair as well as their peers who are not in care. The Crime and Misconduct Commission’s (2004) investigation into the abuse of children in foster care in Queensland and Carter’s (Carter, 2002) report on the Victorian State foster care system both concluded that there were many ‘systemic failures’ that left children in family based care at risk of further abuse or neglect. Concerns have also been raised about the lack of out-of-home care options for children in Australia (Wise, 1999). Figures show that in 1961 close to 46 percent of children were placed in residential care compared to 5 percent in 2002-03 (Cashmore, 2004:178). While it has been assumed that family based care offers children the best opportunity to improve their welfare needs, evidence suggests that many of those children currently entering the system have exceptional needs which would better met in therapeutic settings (Wise, 1999). Likewise, when large sibling groups are taken into care, a residential setting may be more suitable for keeping them together (Cashmore, 2004).

While the above reports and research have focused on systemic failures at a departmental level to secure children’s protective needs, other research highlights the difficulties children encounter at an individual level - particularly those who ‘drift’ in and out of care. Cashmore (2004) notes that much of the research exploring outcomes for children who have experienced out-of-home care points to children having poorer emotional, physical and mental health in adulthood compared to children who do not enter the system. Children in care are also less likely to achieve educationally and more likely to have difficulty forming and maintaining intimate relationships. In an Australian longitudinal study of young people leaving care (Cashmore and Paxman, 1996), the researchers concluded that having only one placement resulted in a young person:

- being happier;
- having attended fewer schools;
- having completed at least Year 10 at school;
- being able to ‘make ends meet’;
- being satisfied with what the department had done for them;
- being less likely to say they had missed out on affection and ‘things that other kids had’; and
- being less likely to have thought of an attempted suicide (Cashmore and Paxman, 1996).’

However, other commentators drawing on Bronfenbrenner’s work, have suggested that rather than establishing secure placements, which are becoming more difficult to find, governments would be better to focus on strengthening children’s connectedness with significant others and pursuing clearly negotiated case plans with the child and their family. It is their view that children are better served by developing a sense of ‘belonginess’ and experiencing purposeful casework (Bowes and Hayes, 2004; Colton, et al., 2001; Leahy, et al., 1999).

By way of example, in a recent Australian study (Mason and Gibson, 2004), children, young people, carers and workers in NSW were asked to identify what they believed to be the most important

factors to be taken account of when placing children in out-of-home care. All the participants agreed that children's 'connections with others' was the overarching factor that impacted on their wellbeing. In fact, the participants believed it contributed to the fulfilment of all other stated needs, for example, love, stability, socialisation and children's power and sense of agency when making decisions. The children themselves described 'connection' in terms of valuing relationships with family members, carers, workers, other young children and pets based on:

- having something in common and/or already knowing of someone who is linked to them in some way;
- maintaining a continuity of connections over time with those they consider important; and
- being active participants in relationships that are dynamic and reciprocal (Mason and Gibson, 2004:75-76).

These factors are captured in the principles of the *Child Protection Act 1999*.

3. Relevant principles for best practice

Child Protection Act 1999

The following principles from the *Child Protection Act 1999* relate to placing children in out-of-home care:

- 1(b) the welfare and best interests of a child are paramount;
- 2(b) families have the primary responsibility for the upbringing, protection and development of their children;
- 5(d) powers conferred under this Act should be exercised in a way that is open, fair and respects the rights of people affected by their exercise, and, in particular, in a way that ensures –
 - (i) actions taken, while in the best interests of the child maintain family relationships and are supportive of individual rights and ethnic, religious and cultural identity or values; and
 - (ii) the views of the child and the child's family are considered; and
 - (iii) the child and the child's parents have the opportunity to take part in decisions affecting their lives;
- 5(f) if a child is removed from the child's family
 - (i) the aim of authorized officers working with the child and the child's family is to safely return the child to the family if possible; and
 - (ii) the child's need to maintain family and social contacts, and ethnic and cultural identity, must be taken into account;
- (h) if a child is able to form and express views about his or her care, the views must be given consideration, taking into account the child's age or ability to understand;
- (i) if a child does not have a parent able and willing to give the child ongoing protection, the child has a right to long-term out-of-home care.

Placement principles

It is vital that when finding an out-of-home placement that the needs of the child are addressed rather than the process becoming an exercise of 'slotting children into services with a vacancy' (Mason and Gibson, 2004). In order to facilitate this 'matching' process and to advance the principles outlined in the *Child Protection Act 1999*, it is essential that the departmental officer with case responsibility completes a thorough assessment of a child's protective needs and identifies all their relevant supports and connections. As Bowes and Hayes (2004) point out, it is

necessary not only to assess the risk to a child’s wellbeing, but also to consider their resilience and ‘developmental pathways’. Once the risks and resiliency factors in all contexts (refer to Bronfenbrenner’s model, 1979) associated with a child have been identified, the departmental officer is in a better position to assess the various placement options available and proceed with the ‘matching’ process and necessary support functions associated with out-of-home care.

Generally, out-of-home care can be separated into three phases: the pre-placement phase, the placement and support phase and the post-placement phase (Department of Child Safety, Policy 290-1,). Each phase is part of the ongoing intervention with a child and is informed by family risk evaluation and family risk re-evaluation structured decision making tools.

In each phase there are clear processes that aim to:

- maintain a focus on the child’s needs and connections;
- facilitate a ‘matching’ between the child and a care environment;
- work with the child’s family;
- facilitate additional connections to support the child;
- include the child in decision-making; and
- review the out-of-home intervention strategy for a particular child.

Maintaining a focus on the child’s needs and connections

the focus of using out-of-home care as an intervention should be on maintaining connections vital to a child’s well-being rather than on establishing and preserving a fixed placement. While stability is important, evidence suggests that facilitating nurturing relationships is more necessary to a child’s long term development (Mason and Gibson, 2004; Osmond and Darlington, 2001). Therefore, it is important that the departmental officers involved not only identify significant relationships prior to the child being placed in out-of-home care, but that they continue to identify and record a child’s many and varied connections in their case plan so that this information is not lost and can be built on. This information will not only inform ongoing planning and review, but can be essential to a recorded ‘story’ of a child’s developmental journey.

Facilitating a ‘match’ between the child and a care environment

When considering the appropriateness of an out-of-home placement, it is essential to explore all possible options to meet the child’s needs and to ensure the placement reflects the requirements of the relevant child protection order. In an ideal world, having a diverse pool of qualified and cultural appropriate carers and a variety of care environments (for example, residential or therapeutic) facilitates this process. Nevertheless, given the availability of placement options, the worker needs to find a placement where the child and carers feel that they are able to form caring bonds with each other (Mason and Gibson, 2004).

When the child is an Aboriginal or Torres Strait Islander child, the Child Placement Principle is also central to any placement decisions made about a possible care environment. In such cases a departmental officer must consult with a recognised Aboriginal or Torres Strait Islander agency as well as the child and their family. The Child Placement Principle is aimed at ensuring that a child is not dislocated from their family and community. The principle requires that Aboriginal and Torres Strait Islander children be placed in following order of preference:

- with the child’s family;
- with the child’s Aboriginal and Torres Strait Islander community;
- then with another Aboriginal or Torres Strait Islander person who is compatible with the child’s community

- then with other Aboriginal and Torres Strait Islander people;
- and if none of the above options are possible, with a non-Indigenous carer.

Working with the child's family

Whether working towards reunification or another case plan goal, the departmental officer needs to adopt a strengths-based approach to the child's birth family. Depending on circumstances and the child's wishes, it may be appropriate that resources are provided to support mothers of removed children and/or to facilitate opportunities for fathers to 'constructively engage with their children' (Mason and Gibson, 2004). In addition, departmental officers should ascertain and support children's desire to be placed with or apart from siblings. This consultative process should be ongoing. Actively supporting a child's desire to be asked about their connection needs and acknowledging that a child's relationships are 'dynamic and reciprocal' is a necessary step in building their resiliency and facilitating their future well-being (Colton, et al., 2001; Mason and Gibson, 2004:75-76).

Facilitating connections to support the child

The benefits of a child's connection with their family and community have been explored above. While relationships can be supported in obvious ways, such as the organising of contact access visits, participants in Mason and Gibson's (2004) research also noted the importance of assisting processes such as visiting parents when they are sick or having access to a favorite pet.

Joining forces with others who have a common interest and experience is known to be a useful strategy in helping to empower marginalized groups (Milner, 2001). Therefore, introducing a child to others who are in care through support groups and/or developing mentoring arrangements, not only facilitates their connection with others, but also nurtures their active participation in future events to meet their own needs (Colton, et al., 2001). This is particularly important in preparing a child to make a successful transition from care when they are old enough to do so.

Including the child in decision-making

For any of these processes to be successful, workers need to value children as 'contributing members of society' (Mason and Gibson, 2004). By encouraging and allowing a child to exercise choice and control, they are more likely to contribute to ensuring that the placement meets their needs and will become involved in their wider community (Mason and Gibson, 2004). Therefore, a child should be informed of their 'rights' and have ready access to support persons or advocates available through the Children's Commission or other services. This provides a child with an additional avenue to report any ongoing or new abuse they may be being subjected to while in the care of the department.

Reviewing the out-of-home intervention strategy for a particular child

Regularly reviewing an out-of-home care intervention within the wider context of the review of a child's case plan ensures that the needs of all those involved, particularly the child, continue to be met. It also recognises the changing nature of relationships and means that training and support needs can be identified for all carers and workers involved with the child. Drawing on Bronfenbrenner's model (1979), if the support systems surrounding the child are functioning well and the relationships between them are positive, the child's development is likely to be enhanced.

Conclusion

Rather than provide a model of best practice to follow, this paper has offered a context and encouragement for departmental officers to consider the ‘bigger picture’ when using out-of-home care as an ongoing intervention strategy. It has raised issues that have emerged from practice as well as presented research findings to inform practice in the future. While practice understandings change, it is hoped that departmental officers will continue to review their interventions and listen to key stakeholders to enhance outcomes for children who find themselves in care of the State.

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