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EXECUTIVE SUMMARY**The problem**

Worldwide, the goal of providing stable and caring living situations for some children has proved difficult to achieve. This is particularly concerning because of the increasing numbers of children in out-of home care and because such a high percentage of these children are very young.

Why are stable and settled arrangements difficult to achieve? (pages 2-3)

Child protection systems have swung between what could loosely be described as a family preservation approach and a child safety approach. The literature notes the restrictive nature of viewing child welfare in such a dichotomous way (Shore, Wirth, Cahn, Yancey, & Gunderson, 2002). An alternative approach is to frame policy and practice to work with the complexity of individual situations. This complexity is affected by additional factors such as the availability of carers, lack of continuity in child protection organisational arrangements, the impact of values on decision –making, the limits of knowledge and the problems of prediction.

What do we know from the literature?**The early years (pages 10-13)**

Recent advances in neuroscience techniques have allowed some research into young children's brains and therefore made links with developmental psychology (Shonkoff & Phillips, 2000). Research has highlighted the importance of the early years in affective, cognitive and physical development (Berrick, Needell, Barth, & Jonson-Reid, 1998; Mustard, 2000).

Nutrition and stimulation are linked with cognitive and sensory development

While there is a lack of consensus on the extent to which the development of critical brain functions is irretrievably locked into the early years (indeed there is a strong claim that it is 'all over by the time the child is six' (Sullivan & Calvert, 2004), there is compelling evidence that children who do not have responsive caring early in life will have great difficulty overcoming these deficits later (in Sullivan & Calvert, 2004). The

lack of appropriate nutrition and stimulation in these early years may severely disadvantage children later in life (Silver, 2000).

Young children who experience **high levels of stress** from the environment may become ‘wired’ for stress, and may demonstrate fear responses, hyper arousal and memory loss (Glaser, 2000; National Clearinghouse on Child Abuse and Neglect Information, 2001). When a child adopts hyper vigilant or avoidance mechanism to cope with stress, this can lead to neurochemical changes which foster anxiety, depression, and problems with anger management (NSW CCYP & CCYP QLD, 2004, p.36). Glaser (2000) suggests that neglect leads to deprivation of input needed by infants for experience-expectant maturation, whereas abusive experiences change brain development at experience-dependent periods (p.106).

Attachment experiences influence the development of the orbital prefrontal cortex, which is vital to the development of self-regulation of emotions and behaviour (Schore, 2002). Early social environments that engender insecure attachments inhibit the growth of this control system (Schore, 2002).

Sensitive periods for early development (pages 13-14)

Research indicates that sensory pathways peak in the early months of life, that the language centres of the brain have high plasticity under 12 months, and that the critical period for higher cognitive functions is from about 4 to 7 years (McCain & Mustard, 1999).

Researchers do not agree on how flexible the sensitive periods are (National Clearinghouse on Child Abuse and Neglect Information, 2001; Shonkoff & Phillips, 2000). However the research confirms not only is there rapid brain development in the early years there is also capacity for the brain to grow and change throughout life (Cashmore, 2001a; Shonkoff & Phillips, 2000, p.182).

This research on the one hand supports the need for optimum environments in the early years as well as indicating the need for ongoing intervention and supports for the older child to maximise development opportunities.



Attachment, continuity and critical periods

The evidence suggests that between 6 months and 2-3 years of age children are more likely to be emotionally disturbed when separated from their primary attachment figures than at other ages.

What does early brain research mean for planning for settled and stable arrangements? (pages 17-18)

Duration of early experience of deprivation seems to matter more than the extent of the deprivation particularly when it is followed by quality care. Rutter (2000) argues that this means that intervention at the earliest possible time is needed, and that if, after intensive quality intervention, serious adverse parenting persists, 'decisive decisions' are required, including the provision of the best possible alternative care (p.692).

Where there are multiple placements, the evidence suggests children suffer serious relational, emotional and cognitive consequences (Jackson, 2002; Mitchell, 2003).

Identifying protective and risk factors for planning (pages 18-20)

The bio-ecological framework and attention to risk and protective factors has important implications for promoting enhanced outcomes for children (Gilligan, 1999; T. Newman, 2002; M. Rutter, 2000).

Resilience literature indicates that risk factors are cumulative, but if the cycle of accumulation can be broken, most children with appropriate intervention will increase their ability to cope with adversity (T. Newman, 2002).

The resilience research stresses the importance of extended family relationships and community members rather than the transient involvement of professionals (T. Newman, 2002, p.21).

Participation in decision making (page 22)

There is some evidence that participatory approaches to decision making about placements result in more stable long term living situations for children (Kiely, 2005; Lupton & Stevens, 1997).

The evidence is mounting that the views of young people and children have to be taken seriously in order to achieve placement stability. This fact is emerging as a strong predictor of placement stability (Schofield, 2003; Triseliotis, 2002, p. 30).

What we know about out of home care options (pages 23-28)

Taking a broader view of permanency, options for achieving stability and continuity for children include family support, family reunification, kinship care, long term foster care, guardianship orders, and adoption. The emphasis is on achieving stable and continuous quality care for children.

It is important not to expect a single ‘true way’ to achieve appropriate planning for settled and stable arrangements for children, but to remain flexible with a variety of approaches to suit particular situations (Cashmore, 2000).

Family support

Parents need to be given sufficient time and resources to make the necessary changes to enable the return of their children to their care.

American research indicates that once a child is removed, the services follow the child leaving vulnerable families without ongoing support. This raises the question of how families can be expected to change without ongoing and substantial support.

The best type of program for providing support to assist families in this situation is those that are primarily delivered in the family home with one caseworker rather than by a series of referrals.

What does the research tell us about adoption and long-term fostering?

A review of outcomes of long –term fostering and adoption indicated that whilst the differences in outcomes for children between the two are diminishing, adoption does confer ‘significant advantages to children who cannot return to their birth families, especially in terms of emotional security and sense of belonging’ (Triseliotis, 2002, p. 30).

Cashmore's 2000 review of research for permanency planning found that some factors were common to both long term foster care and adoption. These include:

- The child's age at placement is related to placement instability: the older the child is at placement, the older they were separated from their parent, the more likely the placement is to end early.
- Placements are more vulnerable to break down between the first and the second years.
- The longer the child has been in care and the more placements, the more likely the new placement is to be disrupted.
- Children's emotional or behaviour problems are associated with placement disruption.
- The presence of the child's siblings is protective.
- The presence of children in the same house close in age and unrelated is associated with a higher level of placement disruption than if the carer has no children.
- Placements with older women who are experienced carers are less likely to break down than those with younger and less experienced carers (Cashmore, 2000).

In the ACT there is provision for orders which provide long term stable and settled arrangements for children which at the same time do not terminate contact with the birth family. These are the provision for Conditional or Open Adoption (*Adoption Act 1993*) and for enduring parental responsibility (*Children and Young People's Act 1999*). There is potential to further explore the use of these provisions and their outcomes for children and their families.

Contact, continuity and placement (pages 29-30)

The research is inconclusive about the optimum levels of contact for different child profiles (that is, age of child, plan, length and type of order). The uncertain nature of the research leads to practice which must involve 'child centred' individual assessment – asking what benefits are there for the child in having contact, how often and with whom. If contact is to be maintained it needs to be planned and supported (Schofield, 2003).



Adolescence and placement (page 30)

It may be important to rethink concepts of permanency for young people, so that a range of options are considered such as guardianship, adoption and less formal arrangements that are non-legal but socially secure (Charles & Nelson, 2000, p.26).

Research on children's view points indicates that children want a sense of permanence and a sense of identity, not a choice between one and the other (Cashmore, 2001b, p.229).

Many children and young people are dealing with grief and loss and wish to keep relationships with significant others. This research stresses the importance of maintenance of family and cultural identity through such things as life story materials (NSW Community Services Commission, 2000).

Summary

Of particular importance in this literature review is the research on early brain development and the implications for early intervention and prevention; not only the importance of family support, parent education and other strategies to prevent children entering care, but for making critical decisions about placements within time frames that are consistent with the developmental needs of young children. The literature sets out clearly the importance of adequate nutrition and stimulation, the negative impacts of high stress for young children and the implications for long term cognitive, emotional and behavioural development of children who are exposed to *prolonged* deprivation and high stress.

While researchers do not agree on the degree of flexibility of time frames for early development there is general agreement about the need to seek optimum environments in the early years, including stable and settled arrangements, and to reduce stress and maximise development opportunities for children suffering physical deprivation (nutrition and stimulation), attachment disruption and high levels of stress. The research, particularly the tragic natural experiment of the Romanian orphans, indicates that stable, loving environments can positively mediate the impacts of these very high risk factors.

Conversely there is compelling evidence that multiple placements and so called ‘foster care drift’ result in serious relational, emotional and cognitive consequences for children. The literature, overall, reminds us that there are no simple formulas for placement planning. Much of the evidence about what is ‘good’ for children in out-of-home care is still fraught with disagreements over critical time frames, the nature and frequency of contact and how best to ensure that children address identity issues. Further there are clearly substantial individual differences between children and young people including different configurations of risk and protective factors in their environments.

Although this literature review has not extensively canvassed family decision making processes and collaborative models of practice there are strong arguments for strengthening these approaches so that these difficult decisions are made involving those who have a long term interest in them including children and young people themselves. The evidence based *Looking After Children (LAC)* Case Management System which was introduced system wide in the ACT in 2001, the first jurisdiction in Australia to do so, has considerable potential to embrace collaborative and participatory practice which takes into account the complex messages from this research,

DEFINITIONS

“Child welfare” and “child protection” are used interchangeably to describe the organisational and state mandated systems in place to ensure the care and protection of children.

“Permanency planning” The notion of permanency planning developed in the USA and is now widely assumed to mean planning for adoption (Cashmore, 2000). Because of this association the literature review will not use the term unless part of cited literature. Instead the importance of stability, continuity, safety and security for children’s development will be stressed. We prefer the concept of planning for settled and stable arrangements.

“Out-of-home care” Alternative accommodation provided to children and young people unable to live with their parents, including foster care, placements with relatives, and residential care (AIHW, 2004, p.41).

1. The Problem

Worldwide, the goal of providing stable and caring living situations for some children has proved difficult to achieve. This is particularly concerning because of the increasing numbers of children in out-of-home care and because such a high percentage of these children are very young. In 2003-2004 in Australia, 23% of children in out-of-home care were aged less than 5 years, 31% were aged 5-9 years, 33% were aged 10-14 years, and 13% were aged 15-17 years (Australian Institute of Health and Welfare (AIHW), 2005) . In the ACT in 2003-2004, 181 children were admitted to care and protection orders, of which 46% were 5 or under. For all age groups in ACT care and protection orders increased by 23% from 2002-2003 (AIHW, 2005, p. 33).

In addition recent research has emphasised the importance of quality parenting in the early years to promote sound brain development and secure attachment formation (Mustard, 2000; L. Newman & Vimpani, 2004; Silver, 2000). Issues arise about the long term damage to children if they remain in situations of abuse, and if they suffer continual separations and change through ‘foster care drift’ (M. Rutter, 2000).

What has also occurred is the major social change over the past thirty years that has impacted upon the wellbeing of children and families. For example there have been changes to the labour market, casualisation of work, increasing long term joblessness, changes to family structures including increasing numbers of people raising children on their own. There has also been a six fold increase in people receiving income support since the 1970s which results in higher levels of social exclusion (Winkworth, 2004).

These structural changes are largely outside the control of child protection services, but are at the heart of child protection problems. Structural factors are acknowledged within the literature as critical to the well-being of children and young people (Taylor, 2004). There is recognition that poverty is the single best predictor of child neglect (Hollingsworth, 2000).

Nations with greater disparity between the rich and poor have poorer developmental health in their children. This disparity is growing larger in Australia (NSW CCYP &

CCYP QLD, 2004, p.7). McGowan and Walsh note that because of this link there are great benefits to children and society to be gained from investing in poor families, including the provision of education and other infrastructure (McGowan & Walsh, 2000, p.25).

2. Why are stable and settled arrangements difficult to achieve?

Either or approaches

Child protection systems have swung between what could loosely be described as a family preservation approach and a child safety approach (Shore et al., 2002). Recently in Australia, there has been a trend towards family support and strengths based practice as the foundation for child protection (Tomison & Stanley, 2001). However concerns have been expressed that this has been interpreted to mean family preservation at all costs and that children's safety and well-being is being compromised (Tomison & Stanley, 2001).

The literature notes the restrictive nature of viewing child welfare in such a dichotomous way (Shore et al., 2002). Tomison (2004) and Cashmore (2001b) suggest that child protection and family support do not need to be seen as opposing principles. This is echoed by McGowan and Walsh (2000) who argue for the importance of accepting that family preservation and child protection are not necessarily antithetical. Berry uses the terms 'protection and connection'. Legislation and policies are often orientated more to 'protection' (aimed at ensuring children's safety and health) or 'connection' aimed at increasing a child's sense of trust and continuity and ability to form relationships. Both are important (Berry, 2004). One of the dangers of an either/or perspective, Tomison argues, is that radical changes in child protection could be driven by tragedies leading to a change from 'family preservation' to a 'strongly interventionist approach' (Tomison, 2004, p. 32).

An alternative approach is to frame policy and practice to work with the complexity of individual situations.

The challenge for the child welfare system is to move practice, policy, and thinking off the restrictive paradigm of the pendulum swing. Social workers and families need to work together to create a plan that provides for the child's immediate safety and takes into account a child's long term developmental needs. In the process it is also critical to broaden notions of family to include the network of extended family. The social worker and family must have a fuller range

of motion than the simple back-and-forth arc of a pendulum. ‘Remove’ or ‘reunify’ cannot be the only choices, given the complexity of child welfare cases today (Shore et al., 2002, p. 1).

Availability of Carers

A second reason why stable and settled arrangements are difficult to achieve is that of the availability of appropriate short and long term carers. Difficulties in attracting carers is attributed to the increasingly challenging behaviours of children and young people in care and the lack of remuneration (Bath, 2000). For example in Australia there are financial disincentives for foster carers to adopt (Cashmore, 2001b). This may lead to children being placed in unsuitable arrangements where there are frequent unplanned changes to living arrangements.

Lack of continuity of care in the child protection system

There is also a lack of continuity of care due to child protection organisational arrangements. Currently many child protection services are organised where work is passed from team to team. For example in the ACT cases can move from the “Intake Team”, to the “Appraisal Team” to the “Family Work Team” to the “Children on Orders Team”. Although there are often sound reasons for organising work in this way it can lead to unintended negative consequences such as poor communication flow between workers, inconsistent work practices and children and families having to repeat their stories many times. In a study of Victorian court decision-making, Campbell, Jackson, Cameron, Goodman and Smith (2003) identified problems in case practice when statutory workers passed the case on to another team, often resulting in discontinuities in the presentation and management of the case.

The impact of values on decision-making

A further reason why stable and settled arrangements are difficult to achieve is the impact differing values have on decision making. This includes allegiance to the ideology of the nuclear family and prescriptive notions of what constitutes ‘good’ enough parenting. This intersects with sometimes conflicting views about rights: the rights of the child, the rights of the biological family, the rights of foster parents (Bath, 2000). There is concern that the safety, cognitive and emotional development of children and their overall well being may be compromised by an ideologically based allegiance to the rights of the biological family.



Limits to knowledge and the problems of prediction

Finally, one of the biggest issues identified in the literature is the problem of prediction which follows from recognising the interaction of genetic, biological, social and structural factors in children's development (for example Bronfenbrenner, 1999). Rutter argues that in the interplay of nature and nurture, it is important that 'we are realistic about how limited our knowledge is.....This concern is most relevant with regard to seeking policy and practice implications that derive from basic science' (M. Rutter, 2002, p. 15). The implications of this uncertainty for children and young people are the unpredictability of outcomes in different family arrangements.

3. Structure of the literature review

This review is timely as the recent Audit of Australian Out-of-Home-Care Research indicated a gap in research about settled and stable arrangements. It identified the need for research in the area of 'permanency planning', 'especially the factors facilitating successful family re-unification, adoption and perceived security for children and young people' (Cashmore & Ainsworth, 2004, p.46).

This literature review begins by considering national and international trends in planning for settled and stable arrangements. This sets the policy context and highlights some critical and current issues. It then moves on to consider what is known about

- critical time frames in children's development and in placement planning
- the need for continuity in placement planning
- collaborative decision making practices in relation to placement planning
- contact between biological families and children in out-of-home care

The literature covers theoretical and empirical studies, government reports and policy statements from Australia and overseas. The disciplines which inform the debates about planning for settled and stable arrangements include psychology, psychiatry, sociology, social policy and social work. There are both empirical studies and principles developed from practice. The literature is drawn largely from the United Kingdom, United States of America, Canada and Australia.

4. Limitations of the evidence

One of the limits to strong conclusions is that the literature has been developed in a variety of legislative, policy and historical contexts and in different countries (Jackson, 2002). Triseliotis (2002), in his review of the evidence about the comparative benefits of long-term foster care or adoption, remarks on the difficulties involved in making direct comparisons. He argues that therefore what is being sought is ‘not the truth, but the weight of evidence and probabilities’ (p.24).

A further problem in social science and applied social research is that it is impossible to control for all variables. This is apparent in this literature review where different measures of outcomes and different categories of analysis between different studies are used (Triseliotis, 2002).

The transactional ecological developmental model is based on the view that children and their environments interact and influence each other (Berrick et al., 1998). From this framework it is not surprising that research results regarding the linkage of children’s developmental outcomes and single risk factors may be inconclusive (Berrick et al., 1998, p.7).

An important element of this environment is culture and the effects of culture on planning for stable and settled arrangements for children (Anderson, Ryan, & Leashore, 1997). It is outside the brief of this literature review to explore this element in any depth. However the literature indicates complexities of both practice and policy in a multicultural environment (Anderson, 1997).

5. Current national and international trends

This section identifies the major trends in child welfare policy responses to children in need of settled and stable care.

Looking After Children framework

In the United Kingdom, the Looking After Children (LAC) framework was developed to address problem of systemic failures in caring for children in out-of-home care (Wise,

1999) and poor outcomes for children in care (Department of Health, 1998). It is a case management approach that ‘integrates system and agency level needs for information about children in care with the practice level’s need for information about a child in order to be more effective with this child and his/her relevant others’ (Yeatman & Penglase, 2004, p. 234). LAC involves Assessment and Action Records and a clear process to consider the needs of each individual child or young person in their life areas of health, emotional and behavioural development, education, family and social relationships, identity, social presentation, and self care skills. It ideally requires a whole of government approach and involves all members of an individual young person’s care team, including significant adult such as family members, carers, child protection workers, and placement support worker. LAC incorporates principle of best practice in the documentation, provides some continuity in planning even if workers change, and is centred on the individual child (Yeatman & Penglase, 2004).

LAC was legislated for in the UK and operates in over 90% of local authorities in England and Wales. International licences to adapt and reproduce the original materials have been taken out in Australia, Canada, Belgium, Germany, New Zealand, Russia, Sweden and Hungary.

The newsletter of the LAC Project Australia indicates that in April 2005, there were almost 70 agencies around Australia using the LAC system through the LAC Project Australia, partnership of Barnardos Australia and University of NSW. This includes government and non-government organisations across five states and territories (The LAC Project Australia, 2005, p.2). It has been instituted in ACT, Victoria, Tasmania, Western Australia and in some non government agencies around Australia. ACT was the first jurisdiction in Australia to implement LAC in both government and non-government sectors (Yeatman & Penglase, 2004).

Re-visiting adoption

There is a widespread international trend to achieve timely decision making, so that children can be either returned home or placed in long-term permanent care, thus promoting a stable caring environment (Cashmore, 2001b). This is as a result of evidence from a number of countries, including Australia, which highlighted the poor outcomes for children who have been in out-of-home care (Delfabbro, Barber, & Cooper, 2000; Department of Health, 1998; M. Rutter, 2000; Yeatman & Penglase, 2004)

In the UK and the USA, legislative changes have occurred which emphasise clear timelines for decision making in child protection, with the view to achieving ‘permanent’ care for children as soon as possible. The emphasis is on adoption as the permanent care option of choice.

In the USA, the passing of the Adoption and Safe Family Act of 1997 (AFSA), replacing the Adoption Assistance and Child Welfare Act 1980 (AACWA) signalled a move to prioritise the goal of child protection above family preservation (Barth, 1999). This Act involves strict time limits for decision making: ‘when a child has been in foster care for 15 of the previous 22 months, a petition to terminate parental rights must be filed if a child is not to be returned home or placed in kinship care’ (Cashmore, 2001b, p. 217). The Act does not make distinctions on the basis of the age of the child. The apparent intention of the legislation and federal funding arrangements is to increase the numbers of children in out-of-home care moving into adoption. The requirement to make ‘reasonable efforts’ to assist families to achieve reunification may be waived under certain extreme circumstances (Cashmore, 2001b).

The intent of the 1980 legislation was to prevent children from unnecessarily entering long term out-of-home care by requiring that ‘reasonable efforts’ were made with families, to prevent the entry of children into care in the first place and to return children home wherever possible. Cashmore argues that caseworkers and decision makers were unwilling to agree to permanent alternative care for children until they were convinced that sufficient resources had been invested in the family of origin. The unintended consequence of this was large numbers of children remaining in temporary care (Cashmore, 2001b).

In the United Kingdom the Adoption and Children Act 2002, required that adoption be considered early in children’s care plans (Monck, Reynolds, & Wigfall, 2004). The Act was intended ‘to promote the wider use of adoption’ as a way of providing permanent alternative homes for children unable to live with their parents (Secretary of State for Health, 2000, p.4). The Act also provides support to adoptive families, enables unmarried couples to adopt, and introduces a Special Guardianship order to provide ‘security and permanency for children who cannot return to their birth families, but for whom adoption is a suitable option’ (Department for Education and Skills, 2005).



Contact with families of origin

The issue of ongoing contact between families of origin and children in out-of-home care is a major concern to all child protection systems. In the United States only a minority of states which allow adopted children full access to their birth and adoption records (Cashmore, 2001b). However in the United Kingdom the Adoption and Children Act 2002 allows access to information about birth families in a consultative and individualised way (Department of Health, 2002). UK legislation and policy recognises the importance of appropriate contact arrangements with adult birth relatives and siblings.

Participation of children, young people and families in decisions

There are also trends to involve the family and the young person or child, depending upon their age in decision making (McNeish & Newman, 2002). This is consistent with policies in the broader social services towards increased participation in decision-making by service users. Article 12 of the United Nations Convention on the Rights of the Child has been influential in placing children's participation in decisions which affect them on the policy agenda (McNeish & Newman, 2002).

'Family group conferencing' for example is an umbrella term for a range of planning activities used in child protection. Its theoretical roots emphasise values of family and community participation (Brown & Lupton, 2002; Maluccio & Daly, 2000). Family Group Decision Making, family group conferencing and other related family involvement interventions are part of a larger debate about the role of the community and the state in addressing cases of child abuse and neglect. Participation in decision making by children, parents, carers and the state is built into LAC processes and records (Wise, 1999).

From policy margins to policy mainstream

A further development is to locate child protection and placement planning in a much broader policy framework aimed at ensuring the wellbeing of children and young people. In the United Kingdom, the child protection measures and the Adoption and Children Act 2002 are now located within a broad policy called *Every Child Matters* (Department for Education and Skills, 2003). This whole of government approach is based on the notion that

child protection cannot be separated from policies to improve children's lives as a whole. We need to focus both on the universal services which every child uses, and on more targeted services for those with additional needs (Department for Education and Skills, 2003, p.6).

It aims to include young people from birth until 19 years of age in its framework, which encompasses a Common Assessment Framework for all services to use.

A Head Start for Australia, an Early Years Framework (NSW CCYP & CCYP QLD, 2004) proposes a framework to incorporate all child- focussed interventions for children between 0 and 8. The framework applies across government, non-government organisations and the private sector. In this framework child protection is seen as one of the many important functions required in society to promote the health and wellbeing of young people and of society in general. Prevention and early intervention is a strong theme of the framework, and includes structural (macro) measures, family and community based action and investment in the early years. 'Protecting the safety of children', including specific actions to support stability of child placements, is identified as a key outcome area of the proposed framework (NSW CCYP & CCYP QLD, 2004, p.37).

6. What do we know from the literature?

Recent advances in neuroscience techniques have allowed some research into young children's brains and therefore made links with developmental psychology (Shonkoff & Phillips, 2000). Research has highlighted the importance of the early years in affective, cognitive and physical development (Berrick et al., 1998; Mustard, 2000).

Cognitive and affective development

Two main mechanisms related to early brain development are discussed in the literature. The first is that of the development of neuronal connections, which occurs rapidly, particularly in the first three years of life, including prior to birth (Silver, 2000). The processes are termed 'pruning', 'wiring' or 'sculpting' of regions of the cortex which connect to the sensing systems (Mustard, 2000; NSW CCYP & CCYP QLD, 2004). If unused the brain connections disappear.

For normal development of these neuronal pathways, children need appropriate stimulation and nutrition (Glaser, 2000; NSW CCYP & CCYP QLD, 2004). Some connections are ‘experience expectant’, which means that excluding highly aberrant conditions, all members of the species will experience the environment required (Glaser, 2000; Shonkoff & Phillips, 2000). If the environment does not provide the required interactions, the synaptic connections may be eliminated, and may lead to permanent cognitive or sensory limitations (Glaser, 2000). The early years are when the brain is at its most ‘plastic’ or open to learning and change (Glaser, 2000).

Differences in experience in early childhood have been shown to lead to measurable differences in brain function (Mustard, 2000). The quality of caring received by a child and attachments formed by the child may affect the extent to which the brain develops normally and this in turn affects how the child acts upon the environment (how the child behaves) and how the environment responds to the child (Schore, 2002).

BUILDING A BRAIN 35

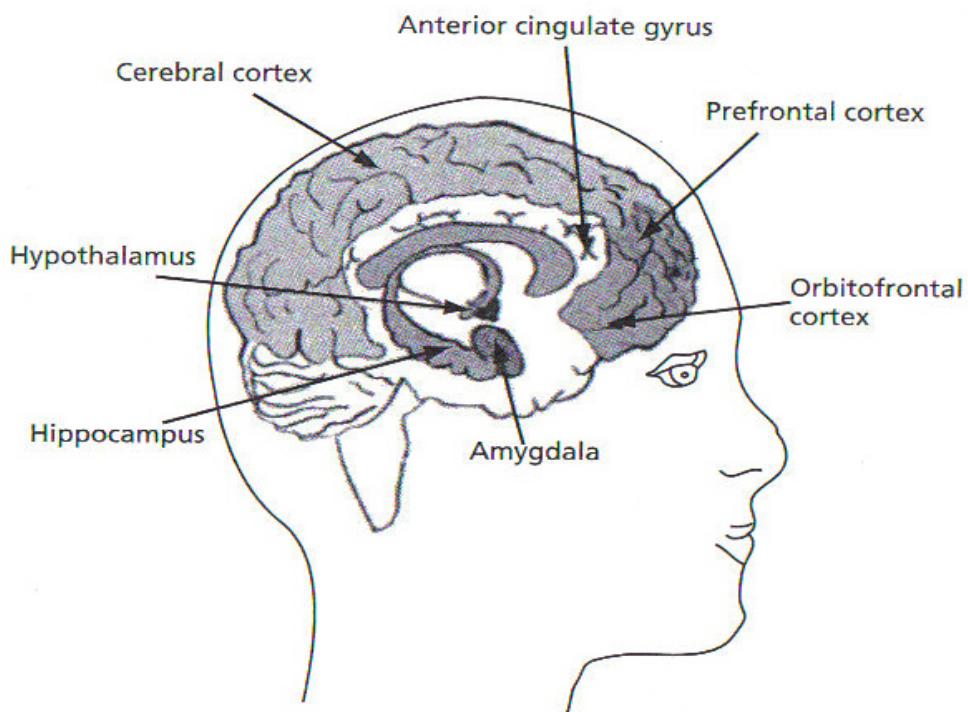


Figure 2.1 The human brain.

Above figure cited in Jones (2005, p. 26)

There are sensitive periods for early development in various brain functions (L. Newman & Vimpani, 2004; NSW CCYP & CCYP QLD, 2004; Silver, 2000). While there is a lack of consensus on the extent to which the development of critical brain functions is irretrievably locked into the early years there is compelling evidence that children who do not have responsive caring early in life will have great difficulty overcoming these deficits later (NSW CCYP & CCYP QLD, 2004). The lack of appropriate nutrition and stimulation in these early years may severely disadvantage children later in life (Silver, 2000).

The second area of brain research links research in neurobiology, psycho neuroendocrinology, and psychoneuroimmunology and relates to human stress response (Mustard, 2000). It indicates that the brain releases hormones, and at the same time the released hormones affect the brain and its development, meaning that differences in experience lead to differences in brain function (Mustard, 2000). The hypothalamus pituitary adrenal gland (HPA) system and its interaction with the corticotropin releasing hormone (CRH) in relation to stress is critical to these differences (Mustard, 2000). Early development of this pathway affects memory, cognition, behaviour, the immune system (Mustard, 2000).

Young children who experience high levels of stress from the environment may become ‘wired’ for stress, and may demonstrate fear responses, hyper arousal and memory loss (Glaser, 2000; National Clearinghouse on Child Abuse and Neglect Information, 2001). When a child adopts hyper vigilant or avoidance mechanism to cope with stress, this can lead to neurochemical changes which foster anxiety, depression, problems with anger management (NSW CCYP & CCYP QLD, 2004, p.36). There can be loss of neurons in the hippocampus, which is important for learning and memory (Jones, 2005). Glaser (2000) suggests that neglect leads to deprivation of input needed by infants for experience-expectant maturation, whereas abusive experiences change brain development at experience-dependent periods (p.106). Vimpani’s review cites evidence that long-term stress can suppress the immune system (McEwan 1998 cited in Vimpani, 2001).

With this knowledge now well established it is argued that there is a need to be particularly vigilant about the experiences of young children; not only those for whom

there are serious immediate safety concerns but for those whose safety and well being is threatened over a prolonged period by stress, lack of stimulation and level of nutrition.

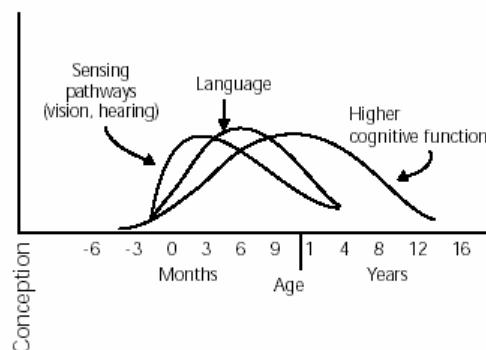
Brain development and attachment

In a review of research, Schore (2000) links the advances in brain research with attachment processes. He sees attachment as promoting the development of self regulatory functions in children, which are essential for social living. He argues that attachment experiences influence the development of the orbital prefrontal cortex, a corticolimbic area that is known to begin a major maturational change at 10-12 months and to complete a critical period of growth from the middle to the end of the second year. The functioning of the orbitofrontal control system in regulation of emotion is central to self regulation, which is an important element of development. An ultimate indicator of secure attachment is resilience in the face of stress, but early social environments that engender insecure attachments inhibit the growth of this control system (Schore, 2002).

Sensitive periods for early development

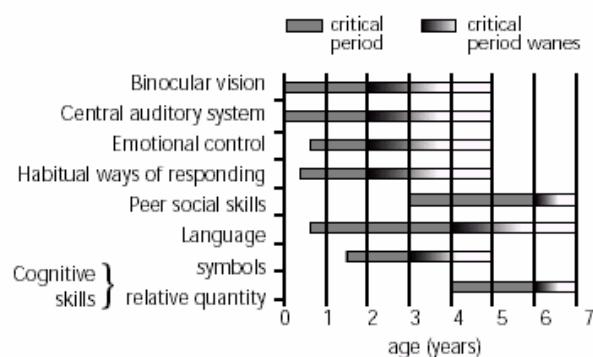
The following diagrams taken from *A headstart for Australia: an early years framework*, indicate the importance of the early years in brain development (NSW CCYP & CCYP QLD, 2004). It can be seen that the sensory pathways peak in the early months of life, that the language centres of the brain have high plasticity under 12 months, and that the critical period for higher cognitive functions is from about 4 to 7 years. These critical periods were identified in the *Canadian Early Years Study* as relating to 'binocular vision, emotional control, habitual ways of responding, language and literacy, symbols and relative quantity' (McCain & Mustard, 1999).

Figure 1: Human brain development-synapse formation



Note: From *From Neurons to Neighbourhoods: The Science of Early Child Development* (p. 188), by Committee on Integrating the Science of Early Childhood Development, J.P. Shonkoff & D.A. Phillips (Eds.), 2000, Washington D.C.: National Academy Press.

Figure 2: Sensitive periods for early development



Note: From *Reversing the Real Brain Drain: Early Years Study Final Report* (p.31), by M. McCain & J.F. Mustard, 1999, Toronto: The Founders Network of the Canadian Institute for Advanced Research.

Is it all over by six?

Researchers do not agree on how flexible the sensitive periods are (National Clearinghouse on Child Abuse and Neglect Information, 2001; Shonkoff & Phillips, 2000). However the research confirms not only is there rapid brain development in the early years there is also capacity for the brain to grow and change throughout life (Cashmore, 2001a; Shonkoff & Phillips, 2000, p.182). This research on the one hand supports the need for optimum environments in the early years as well as indicating the need for ongoing intervention and supports for the older child to maximise development opportunities.

There is some evidence that neurones are developed postnatally and whilst there are questions about how significant this is in adulthood, Shonkoff and Phillips suggest that

it lends support to the view that the brain ‘continually remodels itself’ (Shonkoff & Phillips, 2000, p.191). The *From Neurons to Neighbourhoods Project*, undertaken for two and a half years by the Committee on Integrating the Science of Early Child Development concluded that

assertions that the die has been cast by the time the child enters school are not supported by neuroscience evidence and can create unwarranted pessimism about the potential efficacy of interventions that are initiated after the preschool years. Nevertheless, what happens early matters. Concerns about the developing brain need to begin well before birth’ (Shonkoff & Phillips, 2000, p.216).

There are indications arising from research into Romanian orphans adopted in the United Kingdom between ages 3 months and 3 years, that in terms of recovery, it may be the duration of deprivation (in this case both nutritional and psychological privation occurred), which is more significant for later development than the severity at any one point in time (M. Rutter & ERA, 1998).

However the neuroscientific research on brain development generally indicates children who grow up in environments which do not provide them with adequate nutrition and ‘other growth-fostering inputs, expose them to biological insults and subject them to abusive and neglectful care’ warrant the greatest concern (Shonkoff & Phillips, 2000, p. 217).

Attachment, continuity and critical periods

Attachment theory has undergone many changes since first proposed by Bowlby but overall it highlights the importance of children having at least one adult who is devoted to them, responsive to them and willing to commit to and value that child for a long time (American Academy of Pediatrics Committee on Early Childhood, 2000).

The evidence suggests that if a child is separated from their primary caregiver during the first 6 months of life, providing it is followed by good quality care and the opportunity to develop long-lasting relationships with an alternative care giver, this separation may not have long-lasting damage to the development of a child’s capacity and functioning (American Academy of Pediatrics Committee on Early Childhood, 2000; Berrick et al., 1998).

There is some evidence that between six months and 2 to 3 years of age children are likely to be very distressed by separation. Emotional disturbance is more likely to result during this period (Berrick et al., 1998). Mennen and O'Keefe quote research which indicates that the best time to make a long-term placement which allows for the formation of secure attachments is when the child is aged 6-9 months(Mennen & O'Keefe, 2005).

Children who are older than 3 or 4 years of age, separated for the first time, and placed long term with a family are more likely to be able to use language to cope with the separation and loss involved (American Academy of Pediatrics Committee on Early Childhood, 2000; Berrick et al., 1998). Whilst long term effects of separation from attachment figures are not clear due to multiplicity of factors, research findings indicate that children need high quality support when separated from attachment figures (Messer, 1999).

There is some disagreement about how enduring attachment styles are. Some researchers have found that attachment styles (secure, anxious ambivalent, anxious avoidant, disorganised) tend to be stable over time and best predicted by the attachment styles of their caregivers (Mennen & O'Keefe, 2005). Other researchers conclude that early attachments are also affected by family stresses, changes in family interaction and continuity in quality of care (Lewis, Feiring, & Rosenthal, 2000; Thompson, 2000). Attachment may, not be a 'static personal quality' but ' adaptive, context sensitive and relational' and it remains an open question about whether or not there may be stages when attachment relationships are more open to change, for example entry to school (Weinfield, Whaley, & Egeland, 2004).

Some evidence exists that maltreated children exhibit insecure behaviour patterns and that this may explain intergenerational transmission (Mennen & O'Keefe, 2005). However, the notion of this mechanism for intergenerational transmission is controversial (Berrick et al., 1998, p.18) due to the enormous methodological issues in attachment research (M. Rutter & O'Connor, 1999).



Identity in older childhood and adolescence

Planning for settled and stable arrangements for older children and young people needs to take into account identity issues (Bath, 2000; Cashmore, 2001a). Luckock and Hart (2005) note the complexity involved in issues of identity for children when considering the possibility of adoption. Bath (2000) refers to the ‘power and persistence of family and cultural identity’ (p. 16). This can sometimes conflict with the ‘right’ to a permanent family. He remarks that often apparently settled young people leave their home and school success and return to a seemingly abusive or neglectful home because they feel incomplete (Bath, 2000). This is a powerful factor to take into consideration when planning placements for older children.

A child’s sense of time

Understanding a child’s sense of time in placement is important. A child’s sense of time and how they perceive the length of placement or length of time between contact visits will vary according to their age and stage of development. For example 6 weeks is a long time for a three month old baby, slightly less for a six year old child and less again for a teenager (American Academy of Pediatrics Committee on Early Childhood, 2000).

Taking this research into account the next section addresses how the evidence can assist in planning for settled and stable arrangements.

What does early brain research mean for planning for settled and stable arrangements?

This research indicates the need to both optimise development of children and limit the length of any deprivation and abuse which is occurring, to minimise possible permanent damaging effects on development.

This is demonstrated by research with Romanian orphans and other research into adoptions which indicate that the earlier severely neglected and abused children are provided with a safe secure and stable environment, the more likely they are to develop optimally. In the Romanian study, the children adopted between under 6 months had better outcomes at 4 than those adopted after 6 months, but those adopted after 6 months also made considerable progress (M. Rutter & ERA, 1998).

There is also recent evidence that the child's early experiences can be mitigated if therapeutic intervention occurs and stability is provided (Mennen & O'Keefe, 2005). Abused children who form attachments to adults other than the abusing parent may develop secure internal working models (Mennen & O'Keefe, 2005). Even in adults, change can occur.

However, where there are multiple placements, the so called 'foster care drift' the evidence indicates that children, suffer serious relational, emotional and cognitive consequences (Mitchell, 2003). Widom (cited in National Crime Prevention, 1999, p. 163) found that the instability of placements and the number of placements had a significant effect on the likelihood of a child being arrested at any time of life.

Duration of adverse early experience is also a crucial factor with respect to the children's outcomes (M. Rutter, 2000, p.691). This seems to matter more than the extent of deprivation, particularly followed by quality caring (M. Rutter & ERA, 1998).

It is these findings which has informed the focus on the early years in Australia by the NSW Commissioner for Children and Young People (NSW CCYP) and the Commissioner for Children and Young People in Queensland (CCYP QLD), outlined in a report called *A Head Start for Australia, an Early Years Framework* already discussed above (NSW CCYP & CCYP QLD, 2004). Most states in Australia have also taken these findings seriously and are implementing policy frameworks which acknowledge the early years.

7. Identifying Protective and risk factors for planning

Research challenges assumptions that face-face family interactions are the only aspects of development which matter to children (Barrett, 1999). Bronfenbrenner's (1999) influential bioecological model highlights the range of psychosocial environments which move out from the face to face family, to encompass the neighbourhood and other communities in children's lives. Belsky's related approach theorises that child maltreatment is alleviated by the 'mutual influences of the individual child or parent, family, local community and the wider culture and society' (cited in Tomison & Wise, 1999, p.2). The advances in understanding brain development previously discussed can

be integrated into this overall approach. The ‘essence’ of Belsky’s model is the interaction of protective and risk factors (Tomison & Wise, 1999, p.2)

Protective factors

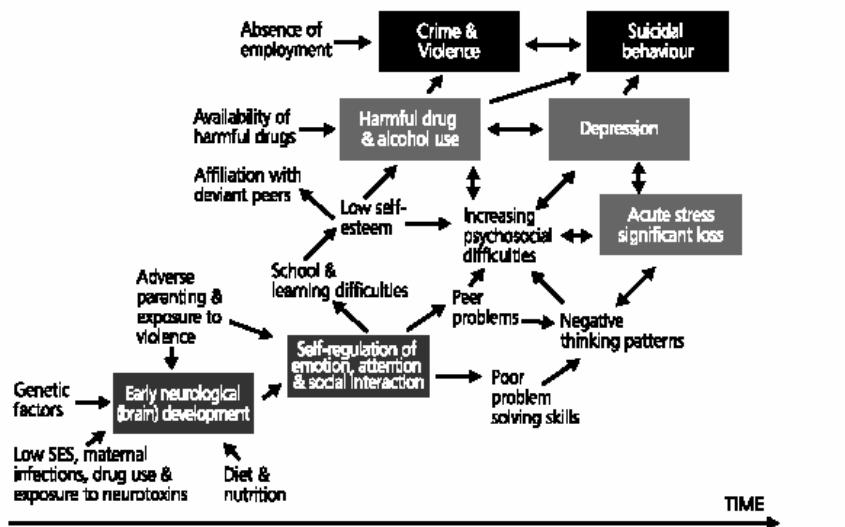
The recent research area of resilience has important implications for promoting enhanced outcomes for children (Gilligan, 1999; T. Newman, 2002; M. Rutter, 2000). Resilience is a ‘quality that helps individuals or communities resist and recover from adversities’ (T. Newman, 2002, p.5). ‘Resilience appears to be determined by the presence of risk factors in combination or interaction with the positive forces (protective factors) that contribute to adaptive outcomes’ (Tomison & Wise, 1999, p.2). Research findings are developing in this area, but it is still an emerging field.

Rutter (2000) argues that there are a ‘multiplicity of risk and protective influences’ in this important field of research (p. 690). This is reflected in the large variations in outcomes of risk experiences (p.689). Werner (1995) identifies ‘clusters’ of protective factors which seem to impact upon high risk children in the Kauai Longitudinal study. These included: characteristics of the individual child (they engage other people); they had affective ties which enabled them to develop a sense of trust (this could have been from extended family); and there were also support systems and significant relationships in the wider community (p. 85).

Tomison and Wise (1999) assert that resilience is culturally relative: what is considered resilient or adaptive behaviour in one culture may not be seen this way in another culture. Resilient behaviour is also related to a child’s developmental processes. Children respond differently to risk over time (p. 3).

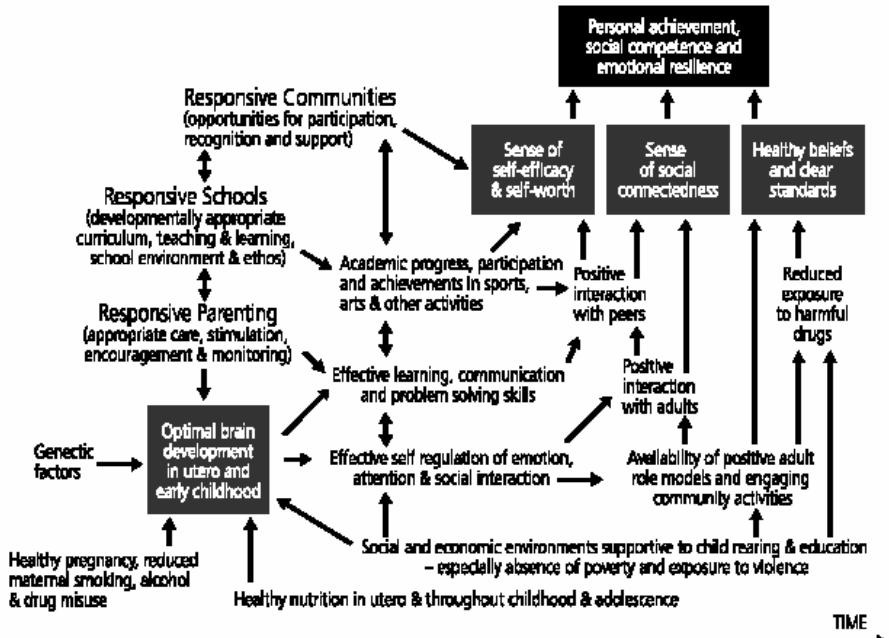
Comprehensive accounts of protective and risk factors have been formulated in relation to crime (National Crime Prevention, 1999) and suicide. The following diagrams relate to protective and risk factors associated with suicide (NSW CCYP & CCYP QLD, 2004).

Figure 3: Pathways to poor outcomes



Note: From *New directions in Australian suicide prevention*, by S. R. Siburn, 2003, Keynote address to the 1st Asia-Pacific Injury Prevention Conference and 6th National Conference on Injury Prevention and Control, Perth, Western Australia, 16-18 March.

Figure 4: Pathways to resilience



Note: From *New directions in Australian suicide prevention*, by S. R. Siburn, 2003, Keynote address to the 1st Asia-Pacific Injury Prevention Conference and 6th National Conference on Injury Prevention and Control, Perth, Western Australia, 16-18 March.

Newman's review of the literature suggests the following key points which promote resilience across the lifecycle:

- Strong social support networks
- The presence of at least one unconditionally supportive parent or parent substitute
- A committed mentor of other person from outside the family
- Positive school experiences
- A sense of mastery and a belief that one's own efforts can make a difference
- Participation in a range of extra curricular activities

- The capacity to re-frame adversities so that the beneficial as well as the damaging effects are recognised
- The ability- or opportunity-to ‘make a difference’ by helping others through part-time work
- Not to be excessively sheltered from challenging situations to develop coping skills.
(T. Newman, 2002, p.69)

What does the resilience research mean for planning for settled and stable arrangements?

Resilience literature indicates that risk factors are cumulative, but if the cycle of accumulation can be broken, most children with appropriate intervention will increase their ability to cope with adversity (T. Newman, 2002). This once again points to the importance of prevention and early intervention in promoting resilience.

Newman’s (2002) review of the current literature stresses the importance of extended family relationships and community members rather than transient involvement of professionals (p.21). Gilligan’s (1999) report of professional practice in engaging with ‘natural’ mentors; such as teachers and sporting coaches, to assist young people in out-of-home care is an example of this idea.

The bio-ecological framework and attention to risk and protective factors are embodied in the whole of government and community approaches implied in LAC, Every Child Matters in the United Kingdom, the Early Years Framework in Australia. The ACT Children’s Plan is also an example of these approaches.

8. Problems of Prediction

One of the difficulties in decision making in child protection generally and in placement planning in particular is that accurate predictions are problematic (Campbell et al., 2003). The issue is in predicting which parents are incapable of changing to meet the needs of their children (Cashmore, 2001b).

‘First, there are general problems of uncertainty in the behavioural sciences; second there are gaps in knowledge with respect to specific questions asked by the law; and third, there are inherently unanswerable questions asked by the law’ (Campbell et al.,

2003, p.131). It is impossible to predict how people will behave, how children's lives will develop and what the effects of planned interventions will be (Campbell et al., 2003).

Even the best well thought out plan may result in unintended outcomes. Children may become embedded and attached in situations that were planned to be short term. This situation may require a decision to disrupt this unplanned attached relationship in favour of a plan for stable and settled long term arrangements with a family where the child has no developed attachments (Cooper & Webb, 1999).

9. Participation in decision making

There is some evidence that participatory approaches to decision making about placements results in more stable long term living situations for children (Kiely, 2005; Lupton & Stevens, 1997). This lies at the heart of LAC and Choice Counts in the United Kingdom. Family Group Conferencing provides a specific practice methodology for implementing participatory approaches including family members, the young person (dependent on age) and professionals (Shore et al., 2002). There is evidence that Family Group Conferencing is valuable in engaging family members in case-planning for children, and its overall effectiveness in providing increased support to participating families (Lupton, 1999, cited in Shore et al., 2002, p.2). The study by Shore, Wirth, Cahn, Yancey and Gunderson (2002) in the USA followed 114 children for two years after the conference. The children involved were found to have high rates of reunification or kinship placement and low rates of referral to the protective services.

The current trend towards partnerships and participation in child protection does involve complexity, problems and conflict. Conflict is an inherent part of the process of involving birth parents, foster parents, children as well as community and statutory agencies in decision-making. Parents and other relatives may show resistance to care planning unless this conflict is first addressed and worked with by the statutory workers. Cooper and Webb argue that delays are often caused by the failure to resolve conflict over case plans (Cooper & Webb, 1999).

The pressure for achieving settled and stable outcomes in the current policy environment in the UK add to the conflict, which needs to be addressed in the placement planning process (Cooper & Webb, 1999, p.131).

The evidence is mounting that the views of young people and children have to be taken seriously in order to achieve placement stability. This fact is emerging as a strong predictor of placement stability (Schofield, 2003; Triseliotis, 2002, p. 30).

10. What we know about out-of-home care options

The concept of permanence

Because of the strong affiliation of the term ‘permanency planning’ with adoption we have used instead the idea of settled and stable arrangements to frame this literature review. However, the concept has had a strong influence on the literature and policy directions and needs to be discussed. In the literature ‘permanency planning’ is a term that is used in relation to the continuum of child protection interventions from placement prevention activities, reunification, kinship care right up to termination of parental rights and adoptions (Cashmore, 2000, p.18).

Cashmore (2001b) advocates that permanency can be achieved for children ‘via a range of options’ (p. 224). Cashmore is concerned that there is a danger of designing a system to meet the needs of a small number of children who will not be able to return home as in the current US system. She considers that there is a great risk of alienating parents who will not be willing to cooperate with plans unless they feel that they are in partnership with child protection agencies. However, she notes that there is a lower use of adoption in Australia which may mean that adoption is not being considered to the extent that it could be (Cashmore, 2001b, p.225).

Charles and Nelson (2000) argue that there is a need and desire for permanency amongst children and young people regardless of their history, age and level of life skills. Taking a broader view of permanency, options for achieving stability and continuity for children include family support, family reunification, long term foster care, guardianship orders, and adoption. The emphasis is on achieving stable and continuous quality care for

children. The implication is that this care does not end when a child turns 18. It also does not necessarily mean that the adolescent will live with the designated caretakers.

Some writers have emphasised the importance of not expecting a single ‘true way’ to achieve appropriate planning for settled and stable arrangements for children, but of remaining flexible with a variety of approaches to suit particular situations. These may include concurrent planning, fostering, kinship care and open adoption and in some cases, specialised residential services (Bath, 2000; O'Neill, 2000).

Concurrent planning

‘Concurrent planning’ is a particular program originating in the USA. It involves planning for both reunification and placement from the time it is first decided that children must be separated from their caregivers (O'Neill, 2000). Key principles to operationalise concurrent planning into a collaborative and open process include involving both original and foster families from the start to plan for the well-being of the child or young person and in setting agreed goals and timelines. In both UK and USA certain timelines are statutory. Children’s participation is integral according to their level of development and ages. O'Neill (2000) argues that concurrent planning promotes permanence in a timely and open way: it works towards the child returning home to the birth family whilst concurrently planning permanency .

Concurrent planning emerged in the USA following the work of Katz, and the development of the ‘Seattle model’ (in Monck et al., 2004, p. 323). It requires that a child protection team works concurrently on two plans. The first is for reunification with the birth parents. This involves intense support to the parents or other members of the birth family in order to address the problems which led to the child’s removal. During this time, the child is placed with carers who have the status of foster parents, and if reunification is not thought to be suitable in the agreed time frame, the child remains with the foster parents and is adopted (Monck et al., 2004).

Concurrent planning may be confused with parallel planning or contingency planning. However it is distinguished from these concepts by the fact that the carers with whom the child is placed following separation from his or her biological family, are at the beginning willing to adopt the child if reunification fails. Clearly this arrangement only



suits a particular group of children, birth parents and prospective adoptive parents. The birth families need strengths and adoptive parents need to be willing to face the uncertainty (Monck et al., 2004). Early results in both the USA and the United Kingdom of this process for a selected group are encouraging in terms of promoting timely and permanent care for children under 8 years old (Monck et al., 2004).

Family support

The judiciary may be reluctant to make permanent care orders unless they can see clearly that the parents have been given a chance or that sufficient time and resources have been devoted to assisting the biological family make the necessary changes to enable the return of their children to their care (Bath, 2000; Cashmore, 2001b; O'Neill, 2000). Berry (2004) indicates that the research evidence, largely American, shows that once a child is removed, the services follow the child, leaving vulnerable families without ongoing support. However, judicial decisions to return the child home are predicated on change in parents.

There is an agreed need to identify programs that work with biological families and make sure they receive sufficient funding (Hollingsworth, 2000). Berry's review of the research indicates the importance of providing concrete resources to assist biological families early (Barth and Berry 1994 cited in Berry, 2004). Experiential parenting training has been shown to make a difference, together with services delivered at home by one caseworker, rather than a series of different workers. Reunification 'outcomes' (unspecified) are better when the biological family has received more than 50% of service time in the family home and when services are delivered by one caseworker rather than a series of referrals (Berry, 2004).

What does the research tell us about adoption and long-term fostering?

Triseliotis in a review of outcomes of long -term fostering and adoption indicated that whilst the differences in outcomes for children between the two are diminishing, adoption does confer 'significant advantages to children who cannot return to their birth families, especially in terms of emotional security and sense of belonging' (Triseliotis, 2002, p. 30). This is echoed by Cashmore (2000) who refers to adoption as providing a reduction in ambiguity for young people, who may be concerned about loss of family once they leave care.

However, Rutter (2000) argues that there is a lack of research about the differences in outcome between adoption and long term fostering. Cashmore (2000) points out that in terms of the child's point of view, there may be some differences in favour of adoption and how they feel is affected by their choice in the matter .

Triseliotis (2002) concludes that it would wrong to see this as clear cut, because long-term fostering can be useful for children who: do not want adoption; are attached to carers for whom a move would not be in their interests; have a high level of involvement with their birth family; want time to know the carer and vice versa before deciding (p. 30).

In the UK adoption allowances have enabled more long-term foster carers to adopt, addressing the previously existing financial disincentive (Triseliotis, 2002). However, there is some ambiguity about the provision of post adoption services. On the one hand there is a 'specialness' of the post adoption family and their needs; on the other hand there is a desire for normalisation and autonomy, and an expectation that they must make their way like any other family (Luckock & Hart, 2005). There is evidence of the need for post-adoptive support for families adopting children who have been in out-of-home care (Parkinson, 2003).

Triseliotis (2002) identifies one of the biggest planning issues as the situation which arises when long term foster carers are willing to care for the child long term, but are not willing to adopt. Because there is unpredictability in long term fostering, the workers involved have to decide whether to break the strong bonds now or run the risk of the placement breaking down. In contrast, adoptive parents tend to persevere, even when the placement becomes difficult (Triseliotis, 2002, p. 31).

Other possibilities may be enduring parenting orders, or Special Guardianship Orders as in the United Kingdom and in the ACT (Enduring Parental Responsibility), which are intended to give greater security than long term fostering. The Special Guardianship provision in the United Kingdom has not been implemented for long enough to provide any research on outcomes (Triseliotis, 2002). In the ACT there has been no research on the implications of this provision. This is clearly a gap in our knowledge.

Cashmore's 2000 review of research for permanency planning found that some factors were common to both long term foster care and adoption. These include:

- The child's age at placement is related to placement instability: the older the child is at placement, the older they were separated from their parent, the more likely the placement is to end early.
- Placements are more vulnerable to disruption between the first and the second years.
- The longer the child has been in care and the more placements experienced, the more likely the new placement is to disrupt.
- Children's emotional or behaviour problems are associated with placement disruption.
- The presence of the child's siblings is protective
- The presence of children in the same house close in age and unrelated is associated with a higher level of placement disruption than if the carer has no children.
- Placements with older women who are experienced carers are less likely to break down than those with younger and less experienced carers (Cashmore, 2000, pp. 19-20).

Other issues relating to adoption and long term fostering include the necessity and difficulty of matching, and preparation of the new family and children needing to be placed (Rushton, 2004). Rushton also raises the importance of researchers developing more sophisticated measures of outcome of placements than simply disruption rates or adopter satisfaction. He emphasises that adoption research remains 'probabilistic, not deterministic' (Rushton, 2004).

Another form of care which provides continuity is kinship care. This form of care has not been explored fully in this literature review. However, studies indicate that children in kinship care are less likely to undergo multiple placements (Webster, Barth, & Needell, 2000).



Open adoption

Adoption can be seen as a continuum with closed adoption (secret) at one end, and open adoption where birth mother and adoptive family maintain direct ongoing communication and contact at the other (Wrobel, Aysers-Lopez, Grotevant, McRoy, & Friedrick, 1996). Contact can involve a large variation in frequency and type (Hughes, 1995). Rutter (2000) observes that there is a paucity of systematic evidence on outcomes comparing the continuum of adoption practices with respect to openness (p.693). Preliminary research has yielded mixed findings (Frasch, Brooks, & Barth, 2000). However there is evidence to suggest there are advantages to open adoption (Sobol, Daly, & Kelloway, 2000). Other replicated evidence is that there is no difference between open and confidential adoption on children's adjustment (Berry et al. 1998 cited in Sobol et al., 2000).

Open practices in adoption and fostering have been more frequent in Australia than in USA and UK, where interest is now being shown (O'Neill, 2000). Open adoption and open long term fostering is not without issues and uncertainties. 'The solution for many is an additional problem for the few' (Bath, 2000, p.15). Hughes (1995) argues that in post-adoption arrangements 'a child-centred individualised approach must be the foundation of practice and that a priori assumptions and the uncritical application of findings in relation to other forms of surrogate care are not consistent with child-centred-ness' (p.745).

In the ACT there is provision for orders which provide long term stable and settled arrangements for children which at the same time do not terminate contact with the birth family. These are the provision for Conditional or Open Adoption (*Adoption Act 1993*) and for enduring parental responsibility (*Children and Young People's Act 1999*). There is potential to further explore the use of these provisions and their outcomes for children and their families. Parkinson (2003) argues that such orders as enduring parenting orders can be utilised to provide stability for children and that 'the failure to provide certainty and stability to long-term foster carers may be nothing more than a failure of legal imagination' (p. 161).

11. Contact, continuity and placement

Increasingly the literature is considering how continuity can be promoted for children in out-of-home care. This may be through continuing relationships between birth families and children, either through reunification, or through more open forms of guardianship and adoption. It has been noted that contact with extended family may be particularly important for children's identity, even if for some reason of safety, contact with birth parents is not possible (Parkinson, 2003). Clearly there are some children for whom contact with birth families may be a source of instability (Jackson, 2002; Thomson & Thorpe, 2004).

The research on this issue of contact has mixed results and more is required (Cashmore, 2000; Schofield, 2003). There is a large variety of scenarios which require decisions about contact: short term and respite foster care; transitional foster care as a way of moving children to stable situations elsewhere; and long-term or permanent foster care. Other variables include the age of the child, and the policy and agency environment. Leather's (2002) study of 230 twelve and thirteen year olds who had been in care for a year or longer, found that parental visiting frequency was a strong predictor of reunification, as has been indicated in other previous research. She also found that inclusive practice (parental involvement in children's lives whilst in placement), was not associated with either better or worse adaptation of the child to care. However she is clear that these results may not be generalisable to other age groups, or to children who enter or leave care within a year (Leathers, 2002).

Luckock and Hart (2005) consider that whilst the research on contact is equivocal, the balance is leaning towards contact between birth parents and the child in out-of-home care (pp. 125-134). Some literature indicates reduced placement disruption if there is contact with relatives (Doran & Berliner, 2001; Schofield, 2003). Browne and Maloney (2002), who examined placement outcomes for children who had varying degrees of contact with their birth parents, argue that more research is needed on this.

Another area in which more research is needed is the contact relationships with siblings (Schofield, 2003). Sibling relationships may be unclear and involve certain factors, for

example, whether a single child has been rejected in their group of siblings. At present the presumption remains ‘in favour of keeping siblings together’ (Schofield, 2003, p.2).

Schofield (2003) questions any assumption that the more contact there is the better. She argues that given the inconclusive nature of the research, professional judgement and individual assessments are required, utilising knowledge of children’s developmental needs. Contact needs to be planned and all people involved carefully supported. Children and young people want to be consulted on matters of contact (Schofield, 2003). Skills of empathy and sensitivity are needed by foster carers in helping children negotiate contact with parents (Neil, Beek, & Schofield, 2003).

Adolescence and placement

For adolescents, developing tasks relating to emerging identity need to be taken into account and therefore flexibility is required. The concept of permanence is not clear cut for adolescents (Charles & Nelson, 2000, p.13), and sometimes the right to identity may appear to clash with the right to permanence (Bath, 2000). Studies have shown that attachment to a supportive adult, related or unrelated can be one of the key variables associated with resilience (Charles & Nelson, 2000). It may be important to rethink concepts of permanency for young people, so that a range of options are considered such as guardianship, adoption and less formal arrangements that are non-legal but socially secure (Charles & Nelson, 2000, p.26). Sometimes the concept of permanence may conflict with ‘kinship care’ where there may be less permanence (Bath, 2000). Cashmore (2001b) argues that research on children’s view points indicates that children want a sense of permanence and a sense of identity, not a choice between one and the other (p.229).

Qualitative research undertaken by the NSW Community Services Commission into the experiences of children and young people in foster care indicates that many children and young people express a need for genuine participation in decision making about their lives (NSW Community Services Commission, 2000). This research also highlighted a need for continuing and regular contact with birth family where possible, a need for careful matching with foster carers, genuine relationship with workers, a need for history of their families and their lives (NSW Community Services Commission, 2000). Many children and young people are dealing with grief and loss and wish to keep relationships



with significant others. This research stresses the importance of maintaining family and cultural identity through such things as life story materials (NSW Community Services Commission, 2000).

Barriers to permanency

Cashmore (2000) suggests that the lack of specialist workers and the unwillingness of the judiciary to make longer term orders when they do not know who the carers will be are barriers to achieving settled and stable arrangements for children. As previously noted, courts may be unwilling to decide on permanent care orders unless they are confident that the parents have been given sufficient opportunity to change and this is question of investing resources in the biological parents (Bath, 2000).

Cashmore (2000; 2001b) argues that a number of measures could promote the use of open adoption and permanent care orders in Australia as an option, which do not go to the American extreme of terminating parental rights. These measures include: financial support for children and adoptive families; training, support and supervision for workers to help them make the difficult decisions about whether reunification is viable or feasible within the child's time-scale.

12. Child Protection Agencies and Judicial Decision-Making

Cashmore (2001b) notes the importance of developing measures to overcome the court's reluctance to make long term and permanent orders. This includes training for judicial officers in relation to child development and attachment and the capacity to review restoration and other orders on a time limited basis (p.228).

Campbell and others, (Campbell et al., 2003) analysed court issues during the initial two years of a the Victorian Child Protection Service's High Risk Infants project. They noted that there was considerable tension between child protection workers and judicial officers. This involved difficulty in each group understanding the other's points of view and needs in the decision making process, particularly where there was perceived conflict between the dual principles of family preservation and child safety. For example, judicial decision-makers may not understand that relatively few cases are brought to court for permanent care orders and those that are, in the opinion of child protection services,

involve very serious safety concerns. On the other hand legal practitioners reported concerns about court reports which did not clearly express the facts of the case, and did not attend to family strengths thereby giving an impression of bias (Campbell et al., 2003).

Mitchell (2003) has identified the need for training of the judiciary on the emerging knowledge on child development, the importance of first few years of life and other psychological and social factors impacting on cases. Campbell et al. (2003) suggest that improvements in information sharing between disciplines involved in court proceedings and ‘opportunities for conducting a more open and shared discourse between child protection workers, lawyers and magistrates’ would lead to better outcomes for infants and older children (p. 133).

Conclusion

In this literature review we have examined the problem of providing stable and settled living arrangements for children who are in need of care and protection. The literature covers theoretical and empirical studies, reports and policy statements from Australia and overseas, including the United Kingdom, United States of America and Canada. In recognition that the literature is developed in a variety of legislative, policy, historical and cultural contexts we agree with Trisileotis (2002) who argues that the evidence we seek is ‘not the truth, but the weight of evidence and probabilities’ (p.24).

Of particular importance in this literature review is the research on early brain development and the implications for early intervention and prevention; not only the importance of family support, parent education and other strategies to prevent children entering care, but for making critical decisions about placements within time frames that are consistent with the developmental needs of young children. The literature sets out clearly the importance of adequate nutrition and stimulation, the negative impacts of high stress for young children and the implications for long term cognitive, emotional and behavioural development of children who are exposed to *prolonged* deprivation and high stress.

Further it examines what we know about attachment, its importance in the development of the regulation of emotion and behaviour, and the need for extreme caution about placement arrangements for children aged between 6 months and two or three years. While researchers do not agree on the degree of flexibility of time frames for early development there *is* general agreement about the need to seek optimum environments in the early years, including stable and settled arrangements, the need to reduce stress and maximise development opportunities for children suffering physical deprivation (nutrition and stimulation), attachment disruption and high levels of stress. The research, particularly the tragic natural experiment of the Romanian orphans, indicates that stable, loving environments can positively mediate the impacts of these very high risk factors.

Conversely there is compelling evidence that multiple placements and so called ‘foster care drift’ results in serious relational, emotional and cognitive consequences for children. We believe that the implications of the research are that contact arrangements for children suffering multiple deprivations and stress need to be carefully considered. It is critical that these children have their identity needs satisfied through a range of strategies (eg: life story books and exchanges of information) and are not further harmed by the uncertainties and anxieties of frequent contact in high stress situations. These children need to be safe to grow and develop in stable and settled arrangements in their extended families, or alternatively, with adoptive parents, or under long term orders such as guardianship or enduring parental responsibility orders. The greater level of certainty in these orders is more likely to reduce stress in their immediate environments, normalise their lives and empower them to plan for the future, like any other child or young person.

The literature, overall, reminds us that there are no simple formulas for placement planning. Much of the evidence about what is ‘good’ for children in out-of-home care is still fraught with disagreements over critical time frames, the nature and frequency of contact and how best to ensure that children address identity issues. Further there are clearly substantial individual differences between children and young people including different configurations of risk and protective factors in their environments.

Although this literature review has not extensively canvassed family decision making processes and collaborative models of practice there are strong arguments for

strengthening these approaches so that these difficult decisions are made involving those who have a long term interest in them including children and young people themselves. The evidence based *Looking After Children (LAC)* Case Management System which was introduced system wide in the ACT in 2001, the first jurisdiction in Australia to do so, has considerable potential to embrace collaborative and participatory practices which take into account the complex messages from this research.

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