Literature Review

The impact and experience of moving while in care

July 2013

Introduction

Common sense and research evidence tell us that stability of home and family is good for children and young people. For children in care their story will include at least one move from birth family to carer family, and usually subsequent moves. At 30 June 2012, of the 2,546 children in out-of-home care in South Australia[1], almost one in every five children had had between six and ten placement moves and another one in seven had had more than ten placement moves. One in five though had had only one placement change.[2]

Understanding better the impact of these moves and what can be done to ameliorate the negative effects is critical to good child protection practice. With the growth and development of out-of-home care for children in need of protection, researchers and practitioners have wondered how it must feel for children to be displaced from their immediate birth family and 'adopted' by another, often preceded by other moves. The literature has much to tell us about the likely impact, and something to say about children's views.

Successful outcomes for children in care

What constitutes successful outcomes from being in care is what we expect for all children but often complicated by a child's history of trauma and complex 'parenting' by multiple players. Successful outcomes include: children achieving developmental milestones within acceptable age ranges; children being able to form and sustain attachments; educational

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[1] This total is different to that reported in the Background because the first group of 2,443 are under custody or guardianship orders, which is not coterminous with those in out-of-home care.

[2] Due to this being a point in time count of all children, it includes children new to out of home care. It therefore does not show how many placements children have over their time in care.

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success; children and young people emerging from the care system as resilient adults; and children remaining in a placement until they age out of the care system (Berridge 2005; Fernandez 2007; Delfabbro et al 2007a). This literature review highlights the impact placement stability, and its inverse of frequent moves, has on achieving these outcomes.

Delfabbro et al (2007a) suggest that more research is needed into what factors contribute to stability and how the child's background and characteristics interplay with the quality of care and the influence of the systems surrounding out-of-home care. The Delfabbro study *Certainty for children in care: Children with stable placement histories in South Australian Out of Home Care 2000-2005* showed the significance of good quality care to stability for children and that 'those in more stable care were generally better adjusted and had fewer conduct problems than other children in care.' (p45)

US-based psychotherapist, paediatrician and author Vera Fahlberg who worked for many years with children in alternative care, was interviewed in 2012 and reflected on changes that she has noted since she started working with children and since writing her landmark book *A child's journey through placement* (Fahlberg 1994). She noted that over the years there had been societal changes such as the increase in prevalence of 'crack' babies and HIV positive infants, but she also said

> *How few [changes] reflect an actual change in the needs of children being placed and how many reflect a change in laws and societal values. The basic needs of children have remained constant and the basic importance of families as opposed to institutional settings as the source of child rearing has remained the same. (Fahlberg 2012, p 5)*

Basic needs which should be met include: normality, family care, respect of a child's origins, their views able to be expressed and heard, and hope for the future (Berridge, 2005).

What constitutes a move in care?

As children move through the care system, most face separation and loss on a number of occasions. This happens when they move from their immediate birth family into the care system and then subsequent moves. These changes are referred to by a variety of terms: instability, disruption, breakdown, placement change, shifts in placement, placement pathways and a move event (Unrau 2007). Some authors do not include the initial entry into care as a placement move, but they do include re-entry into care after either a return home or adoption (Hyde & Kammer 2009). Others count re-entry as a placement change if there

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was a gap of more than two months between successive entries to care (Tregeagle & Hamill 2011, AIHW 2011).

The term 'placement' can refer to: foster homes, adoptive homes, group homes, residential facilities, institutions and other substitute care facilities (Unrau 2007). A move occurs when a child leaves one living arrangement and enters another with both placements being part of the care system. Unrau examines moves from the standpoint of those affected by the move, thus giving credence to the lived experiences of the child, the caseworker, the caregivers and the birth parents. She highlights the fact that most of the research data is gained from case records and therefore the reader is unable to 'see' what the experience is like from the viewpoint or standpoint of the child or the foster carers or the birth family.

The Australian Institute of Health and Welfare which reports on child protection data, among other things, says that a placement change "…includes a change in the placement type, for example from home based to a facility based placement; or within placement types a change in the venue, for example, a change from one home based placement to a different home based placement." (AIHW 2011)

Living in out-of-home care often entails 'moves' to respite care, that is, a temporary stay in another family's home or residential unit on either a regular or occasional basis. The place of respite care when considering placement moves is rarely addressed directly in the literature. However the AIHW counting rules include respite or temporary placements as a change if they last more than six days (AIHW 2011).

Stability in care

Similar to legislative directions for child protection in other jurisdictions, the South Australian *Children's Protection Act 1993* has as one of its objects:

> *Every child has a right to care in a safe and stable family environment or, if such a family environment cannot for some reason be provided, in some alternative form of care in which the child has every opportunity that can be reasonably provided to develop to his or her full potential. 4 (2)*

A 'safe and stable environment' implies that children are in stable home circumstances, but many children who enter state care will have several moves. The nature of the child protection process, and the requirement to respond promptly to a child's lack of safety mean that children who are removed from their family are often initially placed in a short term arrangement and this placement does not become their permanent home.

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Stability in care though, is not just about number of placement moves. This is only one possible definition and arguably the less important measure when considering what contributes to successful outcomes.[3] Stability in care can be 'time dependent', that is, a child has stability now but did not in the past, or 'proportion dependent' where a child who has spent a substantial proportion of their time in care in one placement is considered to have had stability in care (Cashmore and Paxman, 2006).[4] It may be 'view dependent', where stability is defined by emotional state or 'felt' security, such as the child experiences stability when they feel happy and safe in their placement (Cashmore and Paxman 2006; Schofield 2002).   It may be dependent on the consistency of approach among carers, which is often hard to achieve in residential care (Norgate et al 2012).

Australia's Productivity Commission in its annual *Report on Government Services* defines 'stability of placement' as the proportion of children who had one or two placements during a period of continuous out-of-home care (Productivity Commission 2013). However the authors note that while low numbers of placements are desirable, this must be balanced against other placement quality indicators. This measure is adopted in the *National Standards for Out-of-Home Care* (FaHCSIA, 2010). A US study in California defined placement instability as three or more moves after the first year in care (Webster et al 2000).

Pecora (2007) reports that care leavers' satisfaction with their experience of foster care is influenced by the number of placements that they had. It is important that workers recognise that for children, 'separation involves fear which needs to be mastered, and that loss involves grief which needs to be expressed' (Aldgate and Simmonds 1988 cited in Fahlberg 1994 p 133).   However, not all placement changes need to be seen as bad. Pecora (2007) acknowledges that there are times when it is in a child's best interests to move on from a particular placement. For example, Norgate et al (2012) in their interviews with social workers found that one placement in residential care may mean numerous changes of

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[3] Tregeagle and Hamill (2011) note that some commentators claim that stability is only used as a proxy measure for good outcomes because it is easier to assess than changes in a child's development (Chistiansen et al, 2010).

[4] Cashmore and Paxman (2006) found in their longitudinal study of 47 young people leaving care in NSW that those who had had one placement that lasted for at least 75 per cent of their time in care were more positive about their time in care, were less mobile and had better outcomes 12 months after they left care.

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staff, and a move could result in more stability of care. Similarly, a move to get a 'better fit' for a child will likely mean more stability in the long run (Barber & Delfabbro 2003, Norgate et al 2012, Fahlberg 1994, Argent 2006).

A multivariate analysis of the case records of 5,557 children who had been in care for more than seven years in California, US, found that children who had more than one placement move during their first year in care were more likely to experience placement instability later (Webster et al 2000).

Norgate et al (2012) collected social workers' views on factors influencing placement instability. The social workers said that unplanned moves tended to be driven by crisis, and that they were often precipitated by the acting-out behaviour of the children which was not managed due to a lack of support services, a shortage of foster carers who could respond to the needs of children, and social workers' case loads which were too large to allow them to provide enough support to maintain the placements. This study highlighted the critical need for foster carers who are well trained and supported so that they can respond to the needs and behaviours of the children in their care.

Fewer placement changes have many positive outcomes for children in care such as: minimising pain and trauma; lessening the disorders of child attachment, behaviour and mental health; decreasing school mobility which leads to higher academic achievement; maximising continuity of services; decreasing foster parent stress leading to greater retention of carers and lower program costs; and increasing the likelihood that a child will be able to sustain positive relationships into adulthood (Pecora 2007; Delfabbro et al 2007b; Barber & Delfabbro 2003). Specific to positive mental health impacts of placement stability, Rubin et al (2004) found a significant association between mental health service use and frequency of placement change and episodic foster care.

Delfabbro, Barber and collaborators have identified factors that can assist in understanding what influences placement stability. The factors fall into the categories of: the characteristics of the child (such as age or exposure to abuse during their early years); characteristics of carer(s) and the home environment that they provide; and the operation of the out-of-home care system, including how well the child is prepared for placements and their understanding and acceptance of their situation (Delfabbro et al 2007a).

They concluded that good quality care meant that children were generally better adjusted and had fewer behaviour problems, but they also propose that these children may well have

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been better adjusted when they came into care. This was supported by the work of Osborn and Bromfield (2007) who found that:

> *[C]hildren with a history of placement disruption experience an average of 11 placements during their time in care and five placement breakdowns over the previous two years. There is a strong coincidence of early trauma and abuse and subsequent placement instability.*
> *Children with high levels of placement disruption are reliably identified as those children who in the previous two years have experienced two or more breakdowns due to their behaviour. (p7)*

Osborn and Bromfield (2007) reviewed 21 research studies on outcomes for children in care that were undertaken between 1994 and 2006. In summary, they found 'a worrying trend of increasingly complex behavioural problems and extensive placement instability' (p12). Collectively the studies found that problems increased the longer the children spent in indefinite periods in care.

When challenging behaviours are high or extreme, Hyde and Kammer (2009) say that residential treatment is better resourced than foster care and therefore better able to respond to some of the more challenging behaviours of young people. They point out that, in general, foster placements are quicker to disrupt when there is acting-out behaviour.

When placement disruption occurs, Fitzgerald (1990) maintains that it is important to learn from disruption and that as a result of a disruption, the child's needs should be met more effectively, practice improved and that families can be helped to recover from the experience.

Aboriginal and Torres Strait Islander children

In June 2012 in Australia, Aboriginal and Torres Strait Islander children were ten times more likely to be placed in care than non-Aboriginal and Torres Strait Islander children. The rate of child protection substantiations was 35.7 per 1,000 children as opposed to 3.9 per 1,000 for non-Aboriginal and Torres Strait Islander children. Nationwide, 33 per cent of all children in out-of-home care identified as Aboriginal or Torres Strait Islander (Child Family Community Australia 2012). In South Australia, more than one in four (27 per cent) of the children and young people who are the subjects of care and protection orders are Aboriginal or Torres Strait Islander children (GCYP 2012).

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There is increasing attention paid to examining assumptions about what constitutes wellbeing and good early childhood experiences for Aboriginal children, because of differences in child-rearing practice and the high value of Indigenous knowledge and identity to wellbeing. The implications of this to placement decisions for Aboriginal children in out-of-home care can be a source of tension and debate in practice.

All Australian states and territories have committed to comply with the *Aboriginal and Torres Strait Islander Child Placement Principle* to help correct past practice of Aboriginal children being removed from their family and community, and losing the benefits of their own cultural history and place. The preferred order for child placements in the *Aboriginal Child Placement Principle* (ACCP) is that children are placed with:

1. the child's extended family
2. the child's Indigenous community
3. other Indigenous people. (Child Family Community Australia 2012)

Ten years ago, the then SA Department of Human Services reviewed its practice of placement decisions for Aboriginal children because of concerns about the high number of Aboriginal children in non-Aboriginal care. Among the conclusions was the importance of finding Aboriginal placements for children *early* in their placement histories and that the ACCP must be interpreted as inclusive of placement support programs and not simply as the need to ensure Aboriginal placement *starts* (Department of Human Services, 2003).

Indicators of wellbeing for Aboriginal and Torres Strait Islander children should include cultural and spiritual aspects as well as social status, physical and emotional wellbeing, and these should be considered in relation to the wellbeing of the child's community (McMahon & Reck 2003 in Higgins et al 2006).

From interviews with Indigenous workers, carers and young people, Higgins et al (2005) reported that the traditional practice of shared care of children among several adults called into question the relevance of parent-child attachment theories for Aboriginal or Torres Strait Islander children and the need for formal out-of-home care processes, particularly in regard to kinship care.

The same summary of interview findings (Higgins et al 2005) alerted readers to the tension in deciding between a parent (or child) who wishes their child to *not* be placed within the Indigenous community and what is in the child's best interests for strong cultural connections.

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The perspectives of 16 Aboriginal and Torres Strait Islander young people in care were sought by Higgins, Higgins, Bromfield and Richardson in their 2006 study about Indigenous young people's experiences of out-of-home care . They found that Aboriginal and Torres Strait Islander young people in care in Australia identified contact with their birth families and returning home as their most important concern, which is consistent with the findings of a similar study in Canada (Jones & Kruk, 2005). They also found that Indigenous children from metropolitan areas and non-Indigenous children from rural areas had longer histories of alternative care and that Indigenous children were less likely than non-Indigenous children to have contact with their families, particularly in their first months in care.

While it is not possible to generalise from these responses, there were clear preferences for being back in their community and reunited with their parents. The themes of reconnection with people and place were very strong. There was also an emphasis on the relationship with siblings.

> *It would appear that many young people in care are already experiencing a*
> *cultural commitment to community and caring, which is reflected in their sense*
> *of responsibility to family. (Higgins et al 2006 p 8)*

Delfabbro, Barber and Bentham (2002) found that Indigenous children were less likely to be reunified with their birth families than non-Indigenous children. However, the findings about placement disruption and moves for Australian Indigenous children are not consistent. Osborn, Delbabbro and Barber (2008) did not find significant differences between the Indigenous sample and non-Indigenous sample for placement breakdown in the two years prior to the research. However, a recent survey by the Create Foundation of young people's views and experience of care found that Indigenous children and young people encountered more placements and more disruption during their time in care than other young people (McDowell, 2013).

Based on consultation with Aboriginal and non-Aboriginal carers, workers and young people, Kiraly and Humphreys (2011) provided, among other things, 'key pointers' to good practice in Aboriginal kinship care. The core message here reinforces the significance of understanding Aboriginal family life, its broader definition and its significance to wellbeing.

Summed up by the Secretariat of National Aboriginal and Islander Child Care (2005):

> *...for cultural and spiritual reasons, maintaining contact or involvement with*
> *family or returning to family will always be in the Aboriginal or Torres Strait*

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Islander child's best interests if safety issues can be addressed… Family and community are the source of an Aboriginal or Torres Strait Islander child's culture – remove them from family and you deny them their culture. (p.2)

Planning for stability

While some placement changes happen as a result of crisis, most can be foreseen and prepared for. Placement breakdown is a process rather than an event (Gilbertson & Barber, 2003; Berridge & Cleaver, 1987; Hayden et al 1999). Better still, when the placement is largely supportive and positive, there is an obligation to plan to prevent disruption.

When social workers were asked about care planning (Delfabbro et al 2007a) they talked of the need for concurrent planning, such as planning for a long term placement while also working towards reunification, and good transitional care arrangements. They emphasised the importance of timeliness in decision making about placement change, that is, decisions were made efficiently and effectively.

In a US-based study about placement stability, Barber and Delfabbro (2003) concluded that most children found stable placements within their first 12 months in care. They also concluded that child welfare workers need not be afraid of moving children at least up to the eighth month point if more suitable arrangements become available. They do not suggest that decisions should be taken lightly or without proper consultation but rather that placement stability should not be the sole, or even primary, objective.

Research on the impact of institutional care on infants suggests that there are "sensitive periods in several domains of development" in very young children, so that their age at achieving consistency of carer (through adoption) was significant to cognitive, language and secure attachment development (Zeanah 2009; Zeanah et al 2011). Citing Kreppner el al (2001), Zeanah (2009) says that,

[F]or children with multiple impairments, those adopted before six months of age have made almost complete recoveries. In those adopted after six months, long-term impairments have been evident. (p 275)

Institutional care is very different to one or two changes in primary carers in family settings but other evidence on the development of secure attachments suggests that early attachments in infancy are formed to only a few people (Main, 1995, 1999).[5] On a more

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[5] For information on good practice in arranging family contact and infants' needs for stability, also see Humphreys and Kiraly, 2009.

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encouraging note though, Daniel Siegel says that it may never be "too late" to begin to offer children the basic elements of secure attachments (Siegel & Solomon 2003).

Delfabbro et al (2007b) found that families with multiple and complex difficulties can take years to resolve these to a point where it is safe for a child to be reunited with them. They point out the need to consider whether placement stability is more important in these situations than working endlessly towards reunification and increasing the risks of harm that the child is facing. They reiterate the importance of the child's time frames in decision making, that is, a month's delay in decisions or a year of uncertainty is a proportionally long time in the life of a child.

Reasons for moving in care

As acknowledged above, there can be very good reasons for making a placement change, and a change can result in more stability over a longer time frame. However, when placement changes are unwanted or unplanned it is also useful to learn from what happened.

John Fitzgerald worked at the Exchange Centre in London in the 1980s. There were about 200 children placed for adoption through the centre each year, and about nine per cent of these placements ended in disruption. Fitzgerald developed a way of addressing these situations and working through them with all concerned so that children could be re-placed and achieve permanence in their new placement. His work is documented in the book *Understanding Disruption* (Fitzgerald 1990). A central tenet of Fitzgerald's work is that children should be helped to understand the realities of what has happened and that they should be able to contribute to discussions about the disruption even if they are not present.

Fitzgerald and others considered what contributes to the likelihood of placement disruption. The reasons include:

- Issues in the foster family such as unresolved feelings about childlessness, difficulty with authority, families' own issues, lack of warmth and joylessness (Fitzgerald 1990).

- Conflict between the foster family and the child protection agency (Fitzgerald 1990).

- The child's emotional needs not being recognised or met, or abuse or neglect of children while in care (Fitzgerald 1990; Fahlberg 1990).

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- Lack of support to carers at time of crisis or falling confidence to manage behaviours (Cashmore & Paxman 2006; Norgate 2012).

- Other work pressures which lead to hasty decisions by the child protection agency or poor monitoring of the placement (Fitzgerald 1990; Donley 1978; Fahlberg 1994).

- Moves done too quickly and without good preparation or good matching (Fahlberg 1994; Hyde & Kammer 2009).

- Caregivers' lack of knowledge about how to respond to behaviours, or a child insisting on leaving (Hyde & Kammer 2009; Fahlberg 1994).

The reasons adults give for a placement disruption may not be the full picture or may be incorrect if the young person's views are not represented. Gilbertson and Barber (2003) found this to be the case when they interviewed 13 young people about recent placement breakdowns.

> *…when social workers were asked about the reasons for the breakdown, none intimated that factors other than behaviour were involved, that the young person might have had a different view, or that the placement might have been unsuitable. While these young people were by their own admission disruptive, designating their behaviour as the primary reason for placement breakdown may be incomplete or incorrect.* (p.29)

Impacts on children of moving

Understanding the impact on children will help guide the way a move is made and the interactions that adults have with children.

The effects that a placement change or a history of placement changes has on a child are complex and dynamic, partly because a child or adult's perception and memory may change over time (Unrau 2007, Unrau, Seiter and Putney 2008). Typically though, children are likely to feel powerless, a loss of 'place' in school, family or neighbourhood, and sometimes, shock and grief.

Fitzgerald (1990), Fahlberg (1994) and Unrau et al(2008) found that children often felt *powerless* about the move. Fitzgerald (1990) writes that the child will feel frightened about the future and the many unknowns that are to be faced. The child has no way of knowing whether there will ever be a permanent home or not. The child can feel worthless and bad. The child has to move, whether she or he wants to or not.

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Fahlberg (1994) writes that the child may feel that they have no control, that they have been kidnapped or snatched and that the importance of their family ties diminishes when there is a 'power based' move, that is, a move done to them rather than involving them. Without preparation for moves, children can become prone to chronic fears and anxiety and may withdraw or become overly compliant. Others become more assertive and try to control everything. Yet others may develop chronic guilt as they hold themselves responsible. A child can perceive a move as someone coming to take her or him or the child can perceive that she or he is being given to someone else.

> *The least harmful perception of how a separation comes about is for the young person to see decision-making as a shared responsibility. It is best if the child feels that he or she, along with others, has input but not full responsibility for the plan.* (Fahlberg 1994 p 157)

In considering the child's perceptions of moving, Fahlberg points to the importance of egocentric and magical thinking in children's perceptions. Hence, a child may view herself or himself as the cause of a move. Children should understand what is happening, and that they feel that someone is in control and taking responsibility for planning their future (Fitzgerald 1990).

Fitzgerald (1990), Schofield (2002) and McDowell (2013) write about the importance of *hope and belonging* for children. They need to be able to hope that someone will love them, and that there will be someone to whom they can belong. Fitzgerald maintains that children who have experienced disruption will need help. Similarly, Cashmore and Paxman (2006) conclude that young people's sense of security was a 'more significant' predictor of their outcomes after leaving care then stability *per se*. They say then that 'the issue is twofold: how to ensure stability in care and how to translate stability into a sense of security and belonging so that young people leaving care have a safety net of supports around them that they can trust and are willing and able to access.' (p238)

Placement changes for school-age children usually imply a change in school and all the attendant changes such as loss of friends and the adjustments that need to be made to accommodate differences in a school's culture and pedagogy (Hyde & Kammer 2009). Unrau (2008) explains that children who move from one place to another are concerned about how their relationships and connections with people change.

In their study of children in out-of-home care in the Netherlands, Strijker, Knorth and Knot-Dickscheit (2008) found that a move meant the loss of social relations, adapting to a

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different social and physical environment, learning new house rules and developing a new social network. They found significant associations between the number of placements and the prevalence of attachment disorders, behavioural problems and breakdown of new placements.

There may also be feelings of *shock and grief*. Fahlberg (1994) writes about separation and loss, including factors influencing the reaction to separation and how unresolved separations may interfere with new attachments. She follows this with ideas for minimising the trauma of moves (see *Positive placement moves* below). When interviewed in 2012, she reflected on the changes that had occurred since her book was published in 1994 and notes that 'the basic needs of children have remained constant' and

> *[T]here have been significant advances in knowledge especially in the areas of brain development and the treatment of post traumatic stress syndrome in children. Such advances….do not obviate the need to make use of the basics of child development; the impact of loss (or separation from family members) on children…* (Fahlberg 2012 p 5)

The reactions of children to separation from their caregivers vary from severe depression in children who are strongly attached and then abruptly separated to almost no reaction in children who have little connection to their caregivers or who have been emotionally neglected. The main factors that influence an individual's reaction to loss are the strength of the relationship being broken and the abruptness of the separation (Fahlberg 1994).

Fahlberg (1994) generalises that the stronger the relationship, the more traumatic the loss. A corollary to that is that if there is no love, there is no pain in loss.[6] The more abrupt the loss, the more difficult it will be to complete the grieving process. Children may withdraw or they may become active and act out; they may be overcome by fear – and for a child the known is preferable to the unknown. It may feel like a better option to stay in, or return to, a 'bad' placement rather than move to something unfamiliar.

Children's voices

A common theme in the literature was the importance of hearing the views of children in care. Authors like Mitchell and colleagues, Hyde and Kammer, Sinclair, Wilson and Gibbs

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[6] The work of Brodzinsky and Schechter discuss children's perceptions of adoption in the context of developmental theories (Brodzinsky and Schechter 1990), making the links between developmental stages and impact of change.

have written about what children have had to say and others such as Delfabbro, Barber, Fahlberg, Fitzgerald, and Fernandez say that children's views should be taken into consideration.

In the 2013 Create Foundation's Report Card (McDowell 2013), which records the views of over 1,000 Australian children and young people in care, 33.2 per cent said that they did have a say about the place they live in now (46.6 per cent in SA, N = 103). When asked whether they had ever been moved from a placement they did not want to leave, 25.9 per cent said that they had (35.9 per cent in SA).

Mitchell et al (2010) worked with twenty children aged eight to fifteen years to garner advice to other children in care, foster parents and child welfare workers about the move into foster care. The children wanted those entering care to know that there is no set type of foster family and that the dynamics of the foster family would differ from those of the birth family. They stressed the need for politeness and open communication of feelings. Also, placement change is not always bad. One child said:

> *Sometimes it takes more than one placement before children will find a placement where they will get along with the foster parents and feel they can adapt comfortably.* *(Mitchell et al 2010 p 178)*

The children in Mitchell's study identified positives in moving, such as meeting new friends and peers and also having opportunities that they would otherwise not have had. They suggested that children try to be calm and respectful and express their emotions in a positive way and give foster parents a chance. Some children spoke of having items of sentimental value during the transition into care. It was also suggested that the child could talk with the new foster parents about what made them feel at home and what they like and what they do not like. Social support was identified as minimising stress.

Advice from the young people to foster parents included to familiarise the child with the home and the people who live there as well as telling the child the benefits of the home.

Other practical suggestions were that children need to know the house rules and what responsibilities they would have and to be familiar with the family pets. Physical activity and comfort food also help in settling in.

Advice from young people to child welfare workers was to consult with children about placements and to ask for their opinions about important matters such as family visitation and preferred school. The children stressed the importance of having information and also

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being reassured that their best interests were being considered. The child welfare worker should undertake the transfer to the new home and be compassionate and supportive (Mitchell et al, 2010).

In another study (Hyde & Kammer 2009), children and young people talked about the reasons placements did not work out, from their point of view. They felt that the people who were trying to take care of them did not know what to do or how to respond to their anger, grief or frustration. In their experience, foster placements disrupted more quickly than residential treatment places. Participants also spoke of the poor placement matches that they had experienced. They attributed these to generation gaps, differences in religious beliefs and practices, personality differences, and a limited tolerance of the developmental experiences of adolescents.

Children sought a say in choosing their carers and talked of feelings of insecurity and powerlessness (Sinclair, Wilson & Gibbs 2001). Other things that children asked for were: respect for their wishes about adoption, fostering or returning home; less frequent moves; moves when placements were not working out; ability to stay after 18 if they wanted; efficient planning and review; good information on plans for their future and their own past; and regular contact with social workers on their own.

Whiting and Lee (2003) analysed the stories of 23 pre-adolescent foster children. They found that many children talked about feeling confused, being angry, experiencing loss and uncertainty about how they came to be in care and the status of their current placement.[7] Unrau, Seita and Putney (2008) also found that children were confused and felt a loss of personal power over their destiny.

Fernandez (2007 and 2009) has undertaken longitudinal research on children in care in Australia. She found that when coming into care, most children felt sad, worried, lonely and angry. However, she also found that over time, the children showed consistent patterns of improved outcomes in such areas as adjustment, satisfaction, integration, academic progress and behavioural outcomes. This finding is supported by the recent Create Foundation's report on young people's views which indicate that, for most children, basic needs were being met, particularly the need to feel loved, safe and secure (McDowell 2013).

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[7] This provides an interesting parallel to Howe's findings on success in adoptions and the importance of the questions: 'who were my first parents and what were they like' and 'why did they give me up?' (Hodges 1988 cited in Howe 1992).

Interviews with adults who had been foster children revealed that placement moves are remembered as a series of losses, and are also viewed as causing emotional scars (Unrau 2008). In looking at the way that moves are remembered and also the perceived consequences of moves, many themes emerge including: loss of power over personal identity; loss of friends and connection with school; loss of personal belongings and loss of the memories attached to those; loss of siblings; and loss of self-esteem. On a more positive note the respondents said that moves can mean guarded optimism, leaving a bad placement, a chance to start over, connecting with people and the opportunity to interact with different people and families.

The *UN Convention on the Rights of the Child* is very clear about listening to the voice of the child. Gilligan (2002), in writing about the need to strive for balance between protecting children and encouraging their independent development, says that the voices of children are pragmatic, therapeutic, ethical, and philosophical. He acknowledges the challenges in engaging with children, including the complexities of gaining consent and trust.

Gilligan concludes that

> *The words of the young people bring to life their lived experience and illuminate for the adults in their lives the tensions, dilemmas and pain that is often their lot. If adult carers and social workers are to have any hope of meeting the needs of children in foster care then they must among other things, listen very closely to the lived experience of children in foster care, through the medium of research and the participation of young people in policy and decision making fora.*
> *(Gilligan 2002 p 56)*

The Australian Centre for Excellence in Child and Family Welfare (2011) traces the historical development of the view that children are competent even at a very young age, to be a commentator on their own life and to contribute to decision-making. They suggest that the child protection and child welfare system must be challenged for the way it reinforces adult power over children by asserting the supremacy of adult knowledge of what is best for them.

Seeking children's views is often justified by reference to children's rights but as Schofield (2002) presents it in her development of a psychosocial model of long-term foster care it has 'beneficial developmental consequences for the child's sense of self-efficacy and the ability to think and reflect.' (p 271)

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Of course, children's voice is not to be limited to decisions about what is happening to them. Vicary et al (2009) discuss the need for children to be involved in debates on policy and in research including the example in Western Australia of children in care being involved in the development of a Charter of Rights. They see the involvement of children as a way to check the relevance of policies and programs, as well as equipping children and young people with skills for the future.

One example of children and young people who are in care being involved in policy development comes from the London Borough of Lambeth. Their Corporate Parenting Board, which guides the local council's corporate parenting strategy, has a Children in Care Council (CiCC) with approximately twenty members aged between 13 and 25. The CiCC provides a voice for children and young people who are in care and they speak to the Corporate Parenting Board. During 2011-12 the CiCC achieved a number of significant outcomes for children in care including the development of a new 'staying put' policy for looked after children (Ofsted 2012).

Positive placement moves

Placement moves can be made more positive for children and young people in care by taking into account the likely impact on children and what children have to say, and having an efficient and inclusive decision-making process.

Fahlberg (1994) says that the young person must feel that they have had some say in making the decision. She and others (McIntosh 1999, Argent 2006), stress the importance of planning transitions and using pre-placement visits to diminish fears and worries of the unknown for the child as well as for the potential carers. Such visits can help to transfer attachments, to start the grieving process, empower the new carers and encourage making commitments for the future. Once the transition is completed, post-placement support is important to maintain the flow of information, build relationships and also to review and work through emotions raised by the separation from the previous placement. Contact with birth parents can help to resolve some of the separation issues.

In undertaking transition planning, the attitudes of the people that the child is leaving and those to whom the child is moving need to be considered. Children need to be encouraged to talk about their feelings and they may need some help to identify what those feelings are (Fahlberg 1994). The emotional turbulence provides the opportunity for the new carer to understand and respond to the 'inner experience of the child' (McIntosh 1999).

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Children need to understand what is happening, and to understand the differing roles that people play in their lives. The fact that they have virtually three sets of parents: birth parent, legal parent (court/minister/social worker) and parenting parents can become confusing (Fahlberg 1994). McIntosh (1999) writes that child-focused workers allow the child to hold on to relationships that have held them, while new relationships are forming.

Argent's (2006) book *Ten top tips for placing children* encapsulates many of the suggestions from other authors. Argent's tips are: know the child; work with the child; find a family for *this* child; prepare a family for *this* child and the child for *this* family; use introductions to listen, hear and observe; maintain and monitor continuity for this child; agree a support plan for this placement; do not overlook the birth family; promote openness; and do not fear failure.

Of course there are impediments to making a positive child-focused placement move, not the least of which is relief at finding a suitable placement, as McIntosh (1999) writes.

> *Often professionals are so relieved that a good link has been found, and can lose sight of the fact that a 'good link' means nothing to a child who has not had a part in the decision and who must leave what has been a safe and familiar home. (p29)*

McIntosh criticises the argument that rapid transitions 'will hurt less if you tear the bandaid off quickly', instead arguing for longer time frames except in the few circumstances where the relationship has been brief or unsupportive, the child is unduly distressed by staying, or clearly indicates their readiness to move. She suggests a minimum period of transition of between six to ten weeks for pre-verbal children.

In 2007, the Youth Advisors to the SA Guardian for Children and Young People prepared a *Checklist for Social Workers* to assist in providing the child or young person with information about what is happening to her or him on entering care or changing placement. The 18 questions are the things they had wanted to know or worried about when they were moving. The very first question was 'what is happening to me and why?'.(GCYP 2007).

Summary

Frequency of moves for children in care adds to the trauma and insecurity they have often suffered before coming into care. The review of literature suggests though that stability in care and its impact is perhaps better understood by examining the 'felt security' of children rather than counting the number of placements. However, most reports of stability resort to

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a count, including the governments of Australia in reporting on placement stability for the national standards, which counts the proportion of children exiting care who had one or two placements during a period of continuous out-of-home care.

It is clear that minimising the number of moves is desirable, considering the likely adverse impacts of loss and dislocation. However, placement change can be desirable to get a better fit for a child, in the anticipation that the child will have more stability and security where they feel they belong.

Decisions about placements for Aboriginal and Torres Strait Islander children are guided in the first instance, by reference to the Aboriginal Child Placement Principle, which emphasises the significance of care and child-rearing by Aboriginal people, retaining the child as close as possible to his or her own clan. The significance of this is underscored by Aboriginal young people in care who, when asked as a group, consistently say that contact with their families of origin is their most important concern.

Placement changes can be counted, but placement breakdown or disruption is invariably a process, not an event. Planning for stabilising a good placement or preparing well for a placement change is usually possible.

Understanding the likely impact of moves on children, and on each child, will help guide the decisions about moves and the way the move is made. Typically, children feel powerless about the moves, experience loss of 'place' and relationships, and sometimes experience shock and grief. Children may also view themselves as the cause of the move. Unresolved separations may work against forming good relationships with new carers.

The adverse impact of moves can be anticipated and ameliorated by talking with children about the reasons for the move, what they wish for, and what would help make the move easier. Planned transitions and post-placement support can make a move a more positive experience. In some cases it may be that the relief for social workers in finding a suitable placement, or any placement, is what is uppermost in their minds, and the focus becomes the many practical tasks of making the move, not the child's anxiety. Nobody disagrees with the principle of child-focused practice; it is sometimes competing for time though.

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