



Permanency planning and placement stability



NSW Department of
Community Services

Introduction

This Research to Practice Note is based on a comprehensive literature review of Australian and international research on permanency planning and out-of-home care. The NSW Department of Community Services (DoCS) commissioned the review. It was undertaken by Dr Elizabeth Fernandez and Peter Maplestone at the University of NSW (March 2006).¹

This note presents the key research evidence that informs interventions to decrease the likelihood of placement breakdown and assist in permanency planning.

Background

Permanency planning (PP) came to prominence in the 1970s after influential research studies in the United States and the United Kingdom. These studies drew attention to the plight of children who drift from one placement to another without anyone taking purposeful action to help them achieve stability in their lives.

This coincided with a growing understanding of the importance of attachment and stability in child development and the poor learning and psychosocial outcomes for children in care experiencing instability.

What is permanency planning?

While there is no single, simple universally accepted definition of permanency planning, the literature identifies a set of common parameters and terms of reference. The two core features of permanency planning are concrete planning and decision-making so that children in care are placed with caring adults in stable lifetime relationships.

Permanency planning aims to address:

- poor outcomes experienced by children who are placed in unplanned, impermanent foster care
- the lack of effort to reunite children with their birth families
- the lack of service and support to the birth and foster families.

Permanence should be achieved through a continuum of methods or programs from family preservation, planned care with new families, reunification and permanent family placement through to guardianship or adoption.

The NSW *Children and Young Persons (Care and Protection) Act 1998* outlines the need for permanency planning to provide a child or young person with a stable placement. It should offer long-term security, meet the child or young person's needs, and avoid the instability and uncertainty that arises from a succession of different placements or temporary care arrangements.

Placement patterns and stability outcomes

An overview of the trends in placement patterns and the factors associated with placement stability is shown below. It is important to note that research in this area is limited and most studies focus on foster care generally and do not examine the differences between kin and non-kin placements. Most of the evidence comes from the United States and the United Kingdom and consideration must be given to differences in their child welfare systems.

Trends in placement patterns

Three major trends were identified in the literature:

1. A tendency for most children to experience stability
2. Periods of risk of instability early in placements
3. Long waits for permanency on average.

Most children placed in care manage to find a reasonable level of stability, but many have to wait too long for a placement or experience disruption and instability once placed.

There is evidence that the early phase of a placement is a high risk time for placement instability, particularly the first six to seven months.^{2,3}

In contrast, another study found that kinship placements were 82 to 86 per cent less prone to disruption at the start of a placement. However, this advantage gradually diminished over time to a similar stability rate as non-kin placements at the three year mark.⁴

Long waits for permanency were found in several studies. Despite being freed for adoption, many children experienced significant delays in permanent placement. One study found that the average time in the system before permanency was 2.3 years; 72 per cent of children achieved permanency within four years, 15 per cent permanency after four years and for 13 per cent there was no record of a permanency outcome.⁶

Factors associated with placement stability

Several factors are linked with placement disruption. These include:

- the child is older
- birth families are from economically and socially marginalised ethnic minorities
- children have health and behavioural problems
- whether or not children are placed with their kin (wider family).

Child characteristics

Age

The evidence shows there is a relationship between increased age and risk of instability.⁷ One study found infants placed before the age of one year were twice as likely to achieve stability. Another study found that higher instability rates were displayed with older children (11 to 13 years).⁸

Gender

The association between gender and placement movement is unclear.

The evidence suggests that in children and young people with high needs, girls may fare worse in treatment foster care programs than boys. While girls complete programs at the same rate as their male counterparts, during treatment girls are more likely to run away.

A further study found adolescent girls have the highest probability of placement disruption (55 per cent) followed by older boys (13 per cent) in treatment foster care programs.⁹

Ethnicity

The evidence shows that instability is associated with being from economically and socially marginalised racial minorities. In comparison to their counterparts, Aboriginal and Torres Strait Islander children in Australia were found to experience higher levels of instability or placement disruption.

Reasons for placement

Only a few studies examined the relationship between reasons for placement and stability outcomes. One study found that placement for reasons other than neglect was predictive of instability.¹⁰ While another study noted that pre-placement disadvantage was predictive of instability.¹¹

Conversely, pre-placement rejecting attitudes by birth parents were predictive of stability.¹² As well, where children's developmental and behavioural problems (especially aggressiveness, destructiveness and over activity) were the reasons for placement, they were predictive of disruption.¹³

A carer's level of commitment and resilience was found to be a protective factor against the effect of the problems that led to the placement.

Type of placement

Although many studies did not examine the effect of type of placement on stability, one study found that kinship placements had a 70 per cent lower rate of disruption than non-kin placements. Another study noted that children in kinship care make fewer moves.^{4, 10}

Length of time in care

As noted earlier, many of the reviewed studies found that the first six to seven months in a placement is the period of highest vulnerability to placement movement.

Service factors

The effect of service factors (for example, workforce issues, workers' experience and training, and foster parents) has seldom been examined in detail. One study found foster parents' (both kin and non-kin) eligibility for financial support was predictive of stability.¹⁴ The provision of support services (that is, timely access to appropriate mental health and therapeutic services) was found in another study to predict lower disruption rates.¹⁵

Contact with birth parents

The research evidence is often considered to be strongly in favour of contact, as it is thought to maintain attachment and encourage reunification.¹⁶

However, on close examination the evidence is weaker than generally considered. Interestingly, both the study which found lack of contact was predictive of stability, and the study which found rejection by birth parents was predictive of stability, tabled results that did not demonstrate that contact was beneficial.^{2, 12}

Recommendations about contact with birth parents require that each case is considered on an individual basis.

Foster parent/family characteristics

Few clear trends can be derived from the literature; however some studies observed the following:

Placements were more likely to break down

- where carers had children of their own close in age to the placed child
- when carers had children of their own under five years of age.¹⁷

Placements were less likely to break down

- where children were placed with their siblings or with other unrelated foster or adopted children
- with carers who were older women (over 40 years) and/or highly experienced.

Within kinship placements the closeness of the relative was a factor; placements with grandmothers were more stable than more distant relatives by 16 per cent.

Summary of the key research findings

- The first six to seven months of a placement is the period of highest vulnerability to placement movement.
- There is a strong relationship between a child's increased age and risk of instability.
- Instability is associated with being from economically and socially marginalised racial minorities.
- Stability is associated with positive psychosocial/developmental outcomes.

Main indicators of good outcomes

The literature pinpoints the core needs of children in foster care as follows:

- good enough parenting (nurture and 'boundaries')
- development and support of good attachments
- good education and experiences of school
- support for developing a sense of identity
- support for friendships and the development of skills and interests.¹⁸

Implications for policy and practice

A number of implications for policy and practice can be drawn from the studies reviewed on stability outcomes. It is however important to bear in mind that this note often refers to foster care broadly and does not make a distinction between kin and non-kin placements.

Continuity

Although evidence is not yet conclusive, it is generally agreed that maintaining safe contact between children and birth families and/or wider kinship networks is an important step towards continuity, in the context of disruption and high turnover in placements.

Children who are reunified with their family tend to return home in the early weeks or months after placement. The initial six months emerges as a crucial period for restoration and decisions about reunification should be a priority.

Preventative and supportive programs to assist disadvantaged minority parents and families in poverty was stressed in a range of studies.

Assessment of children

Greater in-depth assessment of children coming into care and profiling risk factors in the crucial early stages of placements should be part of agency placement and planning processes. The provision of increased or intensive support can then be targeted to children and foster families during the initial stage of the placement.

Children's participation in decision-making

Children's participation and representation in decisions that affect their long-term welfare and wellbeing is crucial. A child's willingness to join a new family and the degree to which their wishes are heard and acted upon are factors logically connected to placement outcomes, particularly the risk of disruption.

Recruitment of carers

In a climate where the demand for foster carers outstrips supply, finding a good match between a child and foster carer may be difficult.

There are no identifiable trends in the research that identify the characteristics of potential good adoptive or foster parents. A wide range of singles and couples have been shown to successfully parent foster children.

A more systematic approach to identifying carer suitability and readiness for committed and sensitive care giving relationships may decrease the number of placement disruptions.

Measures, such as subsidies and post-adoption support programs, can counteract the tendency for older children and those with special needs to be overlooked by prospective adoptive parents, agencies and judicial decision-makers.

Support and training for carers

Support and training for foster carers to increase their parenting skills can decrease the number of placement disruptions.

Useful websites

- National Resource Centre for Family-Centred Practice and Permanency Planning – www.hunter.cuny.edu/socwork/nrcfcpp/
- Oregon Social Learning Centre – www.oslc.org
- Child and Adolescent Services Research Centre – www.casrc.org
- California Evidence Based Clearinghouse for Child Welfare – www.cachildwelfareclearinghouse.org

The DoCS Research to Practice program aims to promote and inform evidence-based policy and practice in community services.

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